



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE
COVER PAGE

FILED
05 OCT 28 PM 2:15
CARMELLA SABAUGH
MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 12-31-04 to 10-23-05
Mo Day Year Mo Day Year

1. Committee I.D. Number

69954-50

2. Committee Name

COMMITTEE TO REELECT
DEANNA KOSKI

4. Candidate Last Name

KOSKI

First Name

DEANNA

M.I.

4a. Office Sought Including District # or Community Served (If applicable)

CITY COUNCIL

4b. County of Residence

MACOMB

5. Committee's Mailing Address

15079 HARVEST MEADOWS
STERLING HEIGHTS, MI 48313
Area Code and Phone 586 566 2388

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

6. Treasurer's Name & Residential Address DEANNA KOSKI

15079 HARVEST MEADOWS
STERLING HEIGHTS, MI 48313
Area Code & Phone (586) 566 2388

7. Treasurer's Business Address

15079 HARVEST MEADOWS
STERLING HEIGHTS, MI 48313
Area Code and Phone 586 566 2388

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

Area Code and Phone ()

9. TYPE OF STATEMENT

9a. ☒ Pre-Election

OR

9b. ☐ Post-Election

9c. ☐ Annual Statement (Coverage Year)

Pre-Election or Post-Election Statement relates to:

☐ Primary

☒ General

☐ Convention

☐ School

☐ Special

☐ Caucus

Date of Election, Convention or Caucus

11-8-05
Month Day Year

9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e. ☐ Dissolution of Candidate Committee

Effective Date of Dissolution

Month Day Year

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper DEANNA KOSKI

Type or Print Name

Signature

Date 10-27-05
Mo Day Year

Candidate DEANNA KOSKI

Type or Print Name

Signature

Date 10-27-05
Mo Day Year



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

1. Committee I.D. Number 69954-50
2. Committee Name COMMITTEE TO REELECT
DEANNA KOSKI

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>9057.41</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>9057.41</u>	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	_____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>9057.41</u>	(20.) \$ _____
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>0</u>	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u>0</u>	(22.) \$ _____
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>4745.67</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u>0</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u>0</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>4745.67</u>	(23.) \$ _____
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	_____	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	_____	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	<u>0</u>	(24.) \$ _____
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>6359.93</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	_____	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>4239.40</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>9057.41</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>13296.81</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>4745.67</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>8551.14</u>	

NOTE: Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000.00 Reporting Waiver threshold.
All required schedules must be included with this statement. *If your ending balance is negative, please recheck your math.



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

69954-50

2. Committee Name

Committee To Reelect DEANNA KOSKI

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.

6. Amount

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution #1 PAC Receipt? ☐ YES

4. Date of Receipt 10-20-05

Name: DON BIEVINS

Address: 17370 FISH LAKE Rd, Holly, MI 48442

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

100.⁰⁰

100.-

3. Contribution #2 PAC Receipt? ☐ YES

4. Date of Receipt 10-20-05

Name: JAMES BIEVINS

Address: 17370 FISH LAKE Rd, Holly, MI 48442

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

100.⁰⁰

100.-

3. Contribution #3 PAC Receipt? ☐ YES

4. Date of Receipt 10-20-05

Name: JEFFREY EGBERTS

Address: 6868 JOSHUA TREE Ct, PORTAGE, MI 49024

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

40.⁰⁰

40.-

3. Contribution #4 PAC Receipt? ☐ YES

4. Date of Receipt 10-20-05

Name: JOHN TANGALOS

Address: 43455 SCHOENHERR, STERLING HTS, MI 48313

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

50.⁰⁰

50.-

Page Subtotal

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

290.-

Enter this total on
line 3a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

69954-50

2. Committee Name

Committee To Reelect DEANNA Koski

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.				6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	10-20-05		
Name: JAMES YEAREGO Address: 4980 LOCKWOOD, WASHINGTON, MI 48094 5. If over \$100.00 cumulative, please provide: Occupation: OWNER Employer: UTICA - TRANSIT MIX Business Address: 42380 YEAREGO DR, SH MI 48314 Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser				210. ⁰⁰	210-
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	10-20-05		
Name: ALAN CASMERE Address: 28836 PANAMA, WARREN, MI 48092 5. If over \$100.00 cumulative, please provide: Occupation: OWNER Employer: B.E. CASMERE CO Business Address: 28836 PANAMA, WARREN, MI 48092 Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser				210. ⁰⁰	210-
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	10-20-05		
Name: JOHN FENN Address: 13399 WEST STAR, SHELBY, MI 48315 5. If over \$100.00 cumulative, please provide: Occupation: OWNER Employer: FENN & ASSOC Business Address: 13399 WEST STAR, SHELBY MI 48315 Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser				150. ⁰⁰	150-
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	10-20-05		
Name: BRIAN CONAWAY Address: 48797 ALPHA DR #100 5. If over \$100.00 cumulative, please provide: Occupation: WASTE Employer: WMI PAC OF MI Business Address: 48797 ALPHA DR Wixom MI 48393 Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser				150. ⁰⁰	150-
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)				720.-	

Enter this total on
line 3a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

69954-50

2. Committee Name

Committee To Reelect DEANNA KOSKI

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.				6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	10-20-05		
Name: LARRY CAMPBELL					
Address: 1186 E 12 MILE, MADISON HTS MI 48071				20.00	20-
5. If over \$100.00 cumulative, please provide:					
Occupation _____ Employer _____					
Business Address _____					
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser					
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	10-20-05		
Name: CARL BINDER					
Address: 1186 E. 12 MILE, MADISON HTS MI 48071				20.00	20-
5. If over \$100.00 cumulative, please provide:					
Occupation _____ Employer _____					
Business Address _____					
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser					
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	10-20-05		
Name: JOHN BOLOGNA JR					
Address: 19135 SAXON DR, BEVERLY HILLS MI 48025				140.00	140-
5. If over \$100.00 cumulative, please provide:					
Occupation OWNER Employer BMRS					
Business Address 19135 SAXON DR BEVERLY HILLS MI 48025					
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser					
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	10-20-05		
Name: PETER DI NOTO					
Address: 49171 GOLDEN PARK SHELBY MI 48315				140.00	140-
5. If over \$100.00 cumulative, please provide:					
Occupation Bldr Employer NU-WAY HOMES					
Business Address 49171 GOLDEN PK SHELBY MI 48315					
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser					
Page Subtotal				220.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)					

Enter this total on
line 3a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

69954-50

2. Committee Name

Committee To Reelect DEANNA Koski

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.				6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	10-20-05		
Name: ANTHONY FANELLI Address: 50466 HEATHERWOOD LN, SHELBY, MI 48317 5. If over \$100.00 cumulative, please provide: Occupation: Bldr Employer: ANTHONY FANELLI Business Address: 50466 HEATHERWOOD LN, SHELBY MI 48317 Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser				140. ⁰⁰	140.-
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	10-20-05		
Name: DOMINIC J. MOCERI Address: 3005 UNIVERSITY DR AUBURN HILLS MI 48326 5. If over \$100.00 cumulative, please provide: Occupation: SELF Employer: MOCERI MANAGEMENT CO Business Address: 3005 UNIVERSITY DR AUBURN HILLS MI 48326 Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser				140. ⁰⁰	140.-
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	10-20-05		
Name: RANDY SHANK Address: 40715 GULLIVER, S.H., MI 48310 5. If over \$100.00 cumulative, please provide: Occupation: SELF Employer: SUNNYBROOK GOLF Business Address: 7191 E 17 MILE SH MI 48313 Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser				140. ⁰⁰	140.-
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	10-20-05		
Name: VICTOR MARTIN Address: 34911 VAN DYKE SH MI 48312 5. If over \$100.00 cumulative, please provide: Occupation: MEMBER Employer: STERLING INN PROPERTIES Business Address: 34911 VAN DYKE SH MI 48312 Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser				140. ⁰⁰	140.-
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)				560.-	

Enter this total on
line 3a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

69954-50

2. Committee Name

Committee To Reelect DEANNA Koski

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.				6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	10-20-05		
Name: STEVE MARANOWSKI Address: 26641 TOM ALLEN, WARREN, MI 48089 5. If over \$100.00 cumulative, please provide: Occupation: SELF Employer: SPARTAN SPECIALTIES LTD Business Address: 26641 TOM ALLEN, WAR, MI 48089 Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser				140.00	140.-
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	10-20-05		
Name: BILL FROLING, JR Address: 3715 E. 15 MILE, S.H. MI 48310 5. If over \$100.00 cumulative, please provide: Occupation: SELF Employer: TITAN MANAGEMENT CO INC Business Address: 3715 E. 15 MILE, SH MI 48310 Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser				140.00	140.-
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	10-20-05		
Name: LARRY CALCATERRA Address: 36900 SCHOENTHER, SH. MI 48312 5. If over \$100.00 cumulative, please provide: Occupation: SELF Employer: WUZEK-CALCATERRA & SONS Business Address: 36900 SCHOENTHER, SH MI 48312 Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser				140.00	140.-
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	10-20-05		
Name: EDWARD MANCINI Address: 6850 - 19 MILE, SH MI 48314 5. If over \$100.00 cumulative, please provide: Occupation: MEMBER Employer: MANCINI ENTERPRISES LLC Business Address: 6850 - 19 MILE SH MI 48314 Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser				140.00	140.-
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)				560.-	

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

69954-50

2. Committee Name

Committee To Reelect DEANNA Koski

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.				6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	10-20-05		
Name: F. M. KHAN Address: 5238 WINDMILL DR. TROY, MI 48065 5. If over \$100.00 cumulative, please provide: Occupation: SELF Employer: FAZAL KHAN & ASSOC INC Business Address: 5238 WINDMILL DR TROY MI 48065 Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser				140.00	140.00
3. Contribution # 2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	10-20-05		
Name: THOMAS FETT Address: P.O. BOX 625 5. If over \$100.00 cumulative, please provide: Occupation: POLICE Employer: S.H. POLICE COA Business Address: P.O. BOX 625 Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser				140.00	140.00
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	10-20-05		
Name: THOMAS GUASTELLO Address: 300 PARK STREET #40, BIRMINGHAM MI 48009 5. If over \$100.00 cumulative, please provide: Occupation: SELF Employer: CENTER MANAGEMENT Business Address: 300 PARK ST BIRMINGHAM MI 48009 Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser				140.00	140.00
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	10-20-05		
Name: SUSAN LUCH Address: 166 RIDGE GROSSE PTE MI 48236 5. If over \$100.00 cumulative, please provide: Occupation: ADMIN Employer: CENTER MANAGEMENT Business Address: 300 PARK ST BIRMINGHAM MI 48009 Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser				140.00	140.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)				560.00	

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

69954-50

2. Committee Name

Committee To Reelect DEANNA KOSKI

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.				6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	10-20-05		
Name: VALIENA ALLISON Address: 102 TELFORD, TROY MI 48098 5. If over \$100.00 cumulative, please provide: Occupation: IND Employer: EXPERI-METAL INC Business Address: 6345 WALL S.H. MI 48312 Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser				140. ⁰⁰	140. ✓
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	10-20-05		
Name: RAY SEQUIN Address: 23036 ENGLEHART, ST CLAIR SHORES MI 48080 5. If over \$100.00 cumulative, please provide: Occupation: SELF Employer: BMRS Business Address: 23036 ENGLEHART, SCS MI 48080 Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser				140. ⁰⁰	140. ✓
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	10-20-05		
Name: STEVE NAUEOVSKI Address: 8777 - 18 MILE, STERLING HEIGHTS MI 48314 5. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Business Address: _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser				100. ⁰⁰	100. ✓
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	10-20-05		
Name: TREVOR ROYSTON Address: 43146 WESTCHESTER, NOVI, MI 48375 5. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Business Address: _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser				100. ⁰⁰	100. ✓

Page Subtotal
Grand Total of All Schedules 1A
(Complete on last page of Schedule)

480. ✓

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

69954-50

2. Committee Name

Committee To Reelect DEANNA Koski

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.				6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	10-20-05		
Name: JACK CARADONNA Address: 38905 MOUND, STERLING HTS, MI 48310 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser				100. ⁰⁰	100.-
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	10-20-05		
Name: BRIAN KERN Address: 44044 MERRILL, STERLING HTS, MI 48314 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser				100. ⁰⁰	100.-
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	10-20-05		
Name: LOUIS BACKUS Address: 7755 - 17 MILE, STERLING HTS MI 48313 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser				70. ⁰⁰	70.-
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	10-20-05		
Name: SEBASTIAN PALAZZOLO Address: 6031 - 19 MILE S.H. MI 48314 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser				70. ⁰⁰	70.-
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)				340.-	

Enter this total on
line 3a of
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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

69954-50

2. Committee Name

Committee To Reelect DEANNA Koski

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.

6. Amount

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10-20-05

Name: SALVATORE PALAZZOLO
Address: 6031 - 19 MILE STERLING HTS, MI 48314

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

70.⁰⁰

70.-

3. Contribution # 2 PAC Receipt? ☐ YES 4. Date of Receipt 10-20-05

Name: JOSEPH PALUZZI
Address: 13400 CANAL, STERLING HTS, MI 48313

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

70.⁰⁰

70.-

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10-20-05

Name: RYAN HONG
Address: 6125 CENTER DR, S.H. MI 48312

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

70.⁰⁰

70.-

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10-20-05

Name: MARIENE OLIVER
Address: 3492 SUTTON PL, Bloomfield, MI 48301

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

70.⁰⁰

70.-

Page Subtotal
Grand Total of All Schedules 1A
(Complete on last page of Schedule)

280.-

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Summary Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

69954-50

2. Committee Name

Committee To Reelect DEANNA Koski

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.				6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	10-20-05		
Name: MAURICE JANOWITZ Address: 31333 W 1/2 MILE FARMINGTON HILLS MI 48334 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser				70. ⁰⁰	70.-
3. Contribution # 2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	10-20-05		
Name: ERIC FLINN Address: 38600 VAN DYKE #200 S.H. MI 48312 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser				70. ⁰⁰	70.-
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	10-20-05		
Name: NORM HYMAN Address: 38500 WOODWARD #100, Bloomfield Hills, MI 48304 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser				70. ⁰⁰	70.-
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	10-20-05		
Name: DONALD DENAVIT, JR Address: 12560 NOONAN CT UTICA MI 48315 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser				70. ⁰⁰	70.-
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)				280.-	

Enter this total on
line 3a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

69954-50

2. Committee Name

Committee To Reelect DEANNA KOSKI

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.				6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	10-20-05		
Name: SAM DORCHEN Address: 29895 GREENFIELD, SOUTHFIELD, MI 4806 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser				70. ⁰⁰	70.-
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	10-20-05		
Name: JEFF BAHORSKI Address: 12900 HALL RD #350 STERLING HTS MI 48313 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser				70. ⁰⁰	70.-
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	10-20-05		
Name: CLARK ANDREWS Address: 12900 HALL RD #350, S.H. MI 48313 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser				70. ⁰⁰	70.-
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	10-20-05		
Name: LAWRENCE SCOTT Address: 12900 HALL RD #350, SH MI 48313 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser				70. ⁰⁰	70.-
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)				280.-	

Enter this total on
line 3a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

69954-50

2. Committee Name

Committee To Reelect DEANNA KOSKI

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.				6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	10-20-05		
Name: GERALD GUIDER Address: 31302 SARATOGA DR WARREN MI 48093 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser				70. ⁰⁰	70. ✓
3. Contribution # 2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	10-20-05		
Name: LILLIAN ADAMS Address: 8155 CLAY CT, STERLING HTS MI 48313 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser				70. ⁰⁰	70. ✓
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	10-20-05		
Name: WAIT CUETER Address: 42850 SCHOENHERR, SH. MI 48313 5. If over \$100.00 cumulative, please provide: Occupation OWNER Employer CUETER PROPERTIES INC Business Address 42850 SCHOENHERR SH MI 48313 Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser				500. ⁰⁰	500. ✓
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	10-20-05		
Name: PHILIP RUGGERI Address: 38700 VAN DYKE, S.H. MI 48312 5. If over \$100.00 cumulative, please provide: Occupation Atty Employer PHILIP RUGGERI Business Address 38700 VAN DYKE SH MI 48312 Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser				500. ⁰⁰	500. ✓
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)				1140. ✓	

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

69954-50

2. Committee Name

Committee To Reelect DEANNA Koski

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>10-21-05</u> Name: <u>AMERICAN POLISH COALITION OF REPUBLICANS</u> <u>P.A.C.</u> Address: <u>11927 HIAWATHA, SHELBY, MI 48315</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	70. ⁰⁰	70.-	
3. Contribution #2 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>10-20-05</u> Name: <u>JOAN WIEGAND</u> Address: <u>39580 MOUND Rd, STERLING Hts MI 48310</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>SELF</u> Employer <u>WIEGAND'S TRUCKING</u> Business Address <u>39580 MOUND, SH, MI 48310</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	400. ⁰⁰	400.-	
3. Contribution #3 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>10-20-05</u> Name: <u>STERLING HEIGHTS FIRE FIGHTERS UNION LOCAL 1557</u> Address: <u>PO BOX 308, STERLING Hts MI 48311</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer <u>PAC Acct</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	300. ⁰⁰	300.-	
3. Contribution #4 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>10-20-05</u> Name: <u>FORD MOTOR CO CIVIC ACTION FUND</u> Address: <u>THE AMERICAN Rd, DEARBORN, MI 48121</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer <u>MI PAC</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	70. ⁰⁰	70.-	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		840.-	

Enter this total on
line 3a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

69954-50

2. Committee Name

Committee To Reelect DEANNA Koski

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>10-20-05</u> Name: <u>DAIMLER CHRYSLER CORP MI PSC</u> Address: <u>1000 CHRYSLER DR C1M5 485-10-95</u> <u>AUBURN HILLS MI 48326</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer <u>Political Support Commit</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		250. ⁰⁰	250.-
3. Contribution #2 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>10-20-05</u> Name: <u>ANTHONY MARROCCO Victory Pac</u> Address: <u>39655 MORAVIAN DR, CLINTON, MI 48036</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer <u>PAC</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		70. ⁰⁰	70.-
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10-20-05</u> Name: <u>DEANNA KOSKI</u> Address: <u>15079 HARVEST MEADOWS, STERLING HTS, MI 48310</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		1987.41	1987.41
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: _____ Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal
Grand Total of All Schedules 1A
(Complete on last page of Schedule)

2367.41

9057.41

Enter this total on
line 3a of
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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 69954-50
2. Committee Name COMMITTEE TO REELECT DEANNA KOSKI

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>MASS MAILING</u> Address <u>PO BOX 1299</u> <u>STERLING HTS, MI 48311</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>POSTAGE / MAILING</u> Expenditure Code <u>MA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>2/26/05</u>	<u>385.³⁸</u>
Expenditure #2 Name <u>AMERICAN GRAPHICS PRINTING</u> Address <u>34895 GROESBECK</u> <u>CLINTON TWP MI 48035</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING / ARTWORK</u> Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>2/26/05</u>	<u>369.⁴⁸</u>
Expenditure #3 Name <u>CHARTER ONE</u> Address <u>P.O. BOX 89428</u> <u>CLEVELAND, OH 44101</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>BANK CHARGES</u> Expenditure Code <u>BK</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>1/1/05</u> <u>THRU</u> <u>9/30/05</u>	<u>125.⁰⁰</u>
Expenditure #4 Name <u>PENNA'S OF STERLING</u> Address <u>38400 VAN DYKE</u> <u>STERLING HTS, MI 48312</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>FOOD / HALL</u> Expenditure Code <u>FE + RE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/60/05</u>	<u>1738.⁴⁰</u>
Expenditure #5 Name <u>PATRICIA SCOTT</u> Address <u>37423 BARRINGTON</u> <u>STERLING HTS MI 48312</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>FUNDRAISER DECORATIONS</u> Expenditure Code <u>IC</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/20/05</u>	<u>140.⁰⁰</u>
Subtotal this page Grand Total of all Schedules 1B (Complete on last page of Schedule)			<u>2758.²⁶</u>

Enter this total
on line 8a of
Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number

69954-50

2. Committee Name

Comm, HERE to REELECT DEANNA KOSKI

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name US POSTAL SERVICE Address WARREN POST OFFICE WARREN MI 48090 <input type="checkbox"/> Fund Raiser	Purpose: STAMPS Expenditure Code MA <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	4/15/05	174.00
Expenditure #2 Name KINKO'S Address 41150 GARFIELD CLINTON TWP, MI 48038 <input type="checkbox"/> Fund Raiser	Purpose: PRINTING LABELS - LETTER Expenditure Code PA <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	2/24/05 4/15/05	27.56 44.52
Expenditure #3 Name OFFICE MAX Address 37600 VAN DYKE STERLING HTS MI 48312 <input type="checkbox"/> Fund Raiser	Purpose: SUPPLIES / FILE Expenditure Code OE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	4/15/05	49.48
Expenditure #4 Name OFFICE DEPOT Address 44835 SCHOENHERR STERLING HTS MI 48313 <input checked="" type="checkbox"/> Fund Raiser	Purpose: PENS / TAGS / C BOX Expenditure Code OE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/20/05	42.35
Expenditure #5 Name PRINT MASTERS Address 26039 DEQUINDRE MADISON HTS MI 48071 <input type="checkbox"/> Fund Raiser	Purpose: PRINTING Expenditure Code PA <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/12/05	1060.00

Subtotal this page
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

1297.91

Enter this total
on line 8a of
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PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 69954-50
2. Committee Name COMMITTEE TO RE/ELECT DEANNA KOEKI

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>ROBERT REEPPA</u> Address <u>HARVEST MEADOWS CT</u> <u>STERLING HTS MI 48313</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>BAND</u> Expenditure Code <u>ET</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/20/05</u>	<u>300.⁰⁰</u>
Expenditure #2 Name <u>GERRY DOUGHERTY</u> Address <u>POPLAR, WARREN, MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>SIGNATURE GATHERING PET</u> Expenditure Code <u>CN</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4/5/05</u>	<u>150.⁰⁰</u>
Expenditure #3 Name <u>TREAS STERLING HTS</u> Address <u>40555 UTICA</u> <u>STERLING HTS, MI 48311</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>MAIL PROGRAM</u> Expenditure Code <u>CO</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/17/05</u>	<u>38.⁰⁰</u>
Expenditure #4 Name <u>US POSTAL SERVICE</u> Address <u>STERLING HTS Post Office</u> <u>STERLING HTS MI 48312</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>STAMPS</u> Expenditure Code <u>MA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/26/05</u>	<u>148.⁰⁰</u>
Expenditure #5 Name <u>FEDEX KINKO'S</u> Address <u>41150 GARFIELD</u> <u>CLINTON TWP MI 48038</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>PAPER / SUPPLIES</u> Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/17/05</u>	<u>53.⁵⁰</u>

Subtotal this page
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

689.50
4745.67

Enter this total
on line 8a of
Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 69954-50
2. Committee Name Committee To REELECT DEANNA KOSKI

This Schedule itemizes:

☒ a. Debts and obligations owed by or forgiven the committee OR b. Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: <u>DEANNA KOSKI</u>	4. Type: _____ Code <u>FO</u> 5. Date Debt Was Incurred: <u>4-6-99</u> 6. Original Amount of Debt: <u>\$ 337.00</u>	<u>1 1</u> \$ <u>1 1</u> \$ <u>1 1</u> \$ <u>1 1</u> \$	\$ _____	<u>\$ 337.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: <u>DEANNA KOSKI</u>	4. Type: <u>NLC</u> Code <u>FO</u> 5. Date Debt Was Incurred: <u>10-19-99</u> 6. Original Amount of Debt: <u>\$ 885.81</u>	<u>1 1</u> \$ <u>1 1</u> \$ <u>1 1</u> \$ <u>1 1</u> \$	\$ _____	<u>885.81</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: <u>DEANNA KOSKI</u>	4. Type: <u>NLC</u> Code <u>FO</u> 5. Date Debt Was Incurred: <u>6-16-00</u> 6. Original Amount of Debt: <u>\$ 900.00</u>	<u>1 1</u> \$ <u>1 1</u> \$ <u>1 1</u> \$ <u>1 1</u> \$	\$ _____	<u>900.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

2122.81

Grand Total of all Schedules 1E

(Complete on last page of Schedule showing amounts owed by or to the committee)

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number

2. Committee Name

number 69954-50
Committee To REELECT DEANNA KOSKI

This Schedule Itemizes:

a. Debts and obligations owed by or forgiven the committee OR b. Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 _____ Corp? <input type="checkbox"/> Yes Owed to or by: <u>DEANNA KOSKI</u> _____ _____	4. Type: <u>NLC</u> Code <u>FO</u> 5. <u>Date Debt Was Incurred:</u> <u>7-7-00</u> 6. <u>Original Amount of Debt:</u> \$ <u>749.58</u>	_____ / / \$ _____ _____ / / \$ _____ _____ / / \$ _____ _____ / / \$ _____	\$ _____	\$ <u>749.58</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #2 _____ Corp? <input type="checkbox"/> Yes Owed to or by: <u>DEANNA KOSKI</u> _____ _____	4. Type: _____ Code _____ 5. <u>Date Debt Was Incurred:</u> <u>10-20-05</u> 6. <u>Original Amount of Debt:</u> \$ <u>1987.41</u>	_____ / / \$ _____ _____ / / \$ _____ _____ / / \$ _____ _____ / / \$ _____	\$ _____	\$ <u>1987.41</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #3 _____ Corp? <input type="checkbox"/> Yes Owed to or by: _____ _____ _____	4. Type: _____ Code _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	_____ / / \$ _____ _____ / / \$ _____ _____ / / \$ _____ _____ / / \$ _____	_____	_____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt)

Grand Total of all Schedules 1E

(Complete on last page of Schedule showing amounts owed by or to the committee)

2736.99
6359.93

Enter this total
on line 12a
"owed by" or
line 12b "owed
to" of the
Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

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Authority granted under P.A. 388 of 1976

CFR REV 7/1999c-1e



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number

69954-50

2. Committee Name

COMMITTEE TO REELECT DEANNA KOEKI

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held

10-20-05
Month Day Year

4. Number of Individuals Attending
or Participating (whichever is
greater)

54

5. Type of Fund Raising Activity

DINNER PARTY

6. Address and Name (If any) of the
place where the activity was held

38400 VAN DYKE RD #48812
STERLING HTS MI 48312
PENNA'S OF STERLING
Private Residence

7. Total Contributions of \$20.00 or less

&

8. Total Contributions of \$20.01 or more

7070.00

9. SUBTOTAL (Add lines 7 and 8)

7070.00

10. Other Receipts

&

11. Gross Receipts (Add lines 9 and 10)

7070.00

12. Total Cost of Event*
and All
Made For the Event

2220.75

*Includes In-Kind Contributions
Expenditures

13. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)

Contribution Split
(%)

Expenditure Split
(%)

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.