



CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

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

<p>1. Committee I.D. Number 69954-50</p>		<p>3. This Statement covers From: 8-24-21 to 10-17-21</p>	
<p>2. Committee Name COMMITTEE TO REELECT DEANNA KOSKI</p>		<p>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</p>	
<p>5. Committee's Mailing Address 15079 HARVEST MEADOWS STERLING HTS 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.</p>		<p>6. Treasurer's Name & Residential Address DEANNA KOSKI 15079 HARVEST MEADOWS STERLING HTS MI 48313 Area Code & Phone 586 566 2388</p>	
<p>7. Treasurer's Business Address 15079 HARVEST MEADOWS STERLING HTS MI 48313 Area Code and Phone 586 566 2388</p>		<p>8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)</p>	
<p>9. TYPE OF STATEMENT 9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: Primary General <input checked="" type="checkbox"/> Convention Special School Caucus Date of Election, Convention or Caucus 11-2-21</p>		<p>Required ONLY if candidate is not on the ballot for the current year: July Quarterly October Quarterly 9c. Annual Statement () Coverage Year 9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.) 9e. By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt. Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Effective date of dissolution Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.</p>	
<p>0. 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.</p>			
<p>Current Treasurer or Designated Record keeper DEANNA KOSKI Type or Print Name DEANNA KOSKI Type or Print Name</p>		<p>Deanna Koski Signature Deanna Koski Signature</p>	
<p>Date 10-20-21</p>		<p>Date 10-20-21</p>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**SUMMARY PAGE
CANDIDATE COMMITTEE**

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

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>1325.00</u>	(18.) \$ <u>13655.00</u>
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	(19.) \$ <u>13655.00</u>
c. Subtotal of "Contributions"	(3c.) \$ <u> </u>	(20.) \$ <u>13655.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u> </u>	
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>1325.00</u>	
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u> </u>	(21.) \$ <u> </u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0</u>	(22.) \$ <u>0</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>10907.22</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u> </u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u> </u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>10907.22</u>	(23.) \$ <u>13120.98</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u> </u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u> </u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0</u>	(24.) \$ <u>0</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>6248.20</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u> </u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>13048.53</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>1325.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>14373.53</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>10907.22</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>3466.31</u>	



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 69954-50
2. Committee Name Comm. HEE 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 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	<u>9-4-21</u>		
Name & Address: <u>PHILIP RUGGERI</u> <u>55764 ST REGIS</u> <u>SHELBY MI 48313</u>				\$ <u>125.00</u>	\$ <u>125.-</u>
5. If over \$100.00 cumulative, please provide:					
Occupation <u>ATTY</u>		Employer <u>SELF</u>			
Business Address <u>43231 SCHOENTHERR</u> <u>SH MI 48313</u>					
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser					
3. Contribution # 2	PAC Receipt? YES	4. Date of Receipt	<u>9-15-21</u>		
Name & Address: <u>TONY GALLI</u> <u>6303 - 26 MILE</u> <u>WASHINGTON MI 48094</u>				\$ <u>250.00</u>	\$ <u>250.-</u>
5. If over \$100.00 cumulative, please provide:					
Occupation <u>DEV/BDR</u>		Employer <u>SELF</u>			
Business Address <u>6303 - 26 MILE</u> , <u>WASHINGTON MI 48313</u>					
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser					
3. Contribution # 3	PAC Receipt? YES	4. Date of Receipt	<u>9-29-21</u>		
Name & Address: <u>ALAN CASMERE</u> <u>33400 MAPLE LANE</u> <u>STERLING HTS MI 48315</u>				\$ <u>100.00</u>	\$ <u>100.-</u>
5. If over \$100.00 cumulative, please provide:					
Occupation _____		Employer _____			
Business Address _____					
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser					
3. Contribution # 4	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt	<u>9-29-21</u>		
Name & Address: <u>CITIZENS FOR HONEST GOVERNMENT</u> <u>12955 23 MILE, MI 48315</u>				\$ <u>500.00</u>	\$ <u>500.-</u>
5. If over \$100.00 cumulative, please provide:					
Occupation _____		Employer _____			
Business Address _____					
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser					

Page Subtotal

975.00

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 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

10-10-21

Name & Address:

ROBERT MOFFA
37728 LOIS DR, SH, MI 48310

\$100.⁰⁰

\$100.-

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

Occupation

Employer

Business Address

Type of Contribution: ☒ Direct

Loan from a person

Fund Raiser

3. Contribution #2

PAC Receipt?

YES

4. Date of Receipt

9-25-21

Name & Address

ROBERT HINDMAN
34895 GROESBECK HWY
CLINTON TWP MI 48035

\$100.⁰⁰

\$100.-

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

Occupation

Employer

Business Address

Type of Contribution: ☒ Direct

Loan from a person

Fund Raiser

3. Contribution #3

PAC Receipt?

YES

4. Date of Receipt

10-10-21

Name & Address:

WALT CUETER
43181 SCHOENHERR, SH, MI 48313

\$100.⁰⁰

\$100.-

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

Occupation

Employer

Business Address

Type of Contribution: ☒ Direct

Loan from a person

Fund Raiser

3. Contribution #4

PAC Receipt?

YES

4. Date of Receipt

10-8-21

Name & Address

FRIENDS OF NATE SHANNON
43313 INTERLAKEN DR, SH. 48313

\$50.⁰⁰

\$50.-

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

Occupation

Employer

Business Address

Type of Contribution: ☒ Direct

Loan from a person

Fund Raiser

Page Subtotal

350.⁰⁰

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

1325.⁰⁰

Enter this total on
line 3a of Summary
Page.



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 (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>WHITLOCK BUSINESS SYSTEMS</u> Address <u>275 E 12 MILE</u> <u>MADISON HTS MI 48091</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>LABELS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/26/21</u> Date	\$ <u>21.20</u>
Expenditure #2 Name <u>C&G NEWSPAPER</u> Address <u>13650 - 11 MILE</u> <u>WARREN MI 48089</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>ADS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9-14-21</u> Date	\$ <u>744.16</u>
Expenditure #3 Name <u>MASS MAILING</u> Address <u>35468 MOUND Rd</u> <u>S.H. MI 48310</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>MAILING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9-29-21</u> Date	\$ <u>1301.21</u>
Expenditure #4 Name <u>C&G NEWSPAPER</u> Address <u>13650 - 11 MILE</u> <u>WARREN MI 48089</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>ADS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10-7-21</u> Date	\$ <u>410.00</u>
Expenditure #5 Name <u>AMERICAN GRAPHICS</u> Address <u>34895 GROESBECK</u> <u>CLINTON Twp. MI 48035</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINT, ART, DELIVER</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10-8-21</u> Date	\$ <u>525.60</u> (525.60)

Subtotal this page 3005.17
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

Enter this total
on line 8a of
Summary Page



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 (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>US Postal SERVICE</u> Address <u>7007 - 16 MILE</u> <u>SH., MI 48311</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>STAMPS</u>	<u>10-7-21</u> Date	\$ <u>40.00</u>
Expenditure #2 Name <u>SAWICKI & SONS</u> Address <u>1521 W. LAFAYETTE</u> <u>DETROIT MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>SIGNS</u>	<u>9-15-21</u> Date	\$ <u>235.35</u>
Expenditure #3 Name <u>THE HOME DEPOT</u> Address <u>37000 VAN DYKE</u> <u>SH MI 48312</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>POSTS FOR SIGNS</u>	<u>9-29-21</u> Date	\$ <u>34.65</u>
Expenditure #4 Name <u>COMERICA BANK</u> Address <u>DETROIT, MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>REORDER CHECKS</u>	<u>10-14-21</u> Date	\$ <u>71.36</u>
Expenditure #5 Name <u>AMERICAN GRAPHICS</u> Address <u>34895 GROESBECK</u> <u>CLINTON TWP, MI 48035</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINT & MAIL</u>	<u>10-14-21</u> Date	\$ <u>7520.69</u>

Subtotal this page 7902.05

Grand Total of all Schedules 1B
(Complete on last page of Schedule) 10907.22

Enter this total
on line 8a of
Summary Page



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 (Description) 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? Yes Owed to or by: <u>DEANNA KOSKI</u> <u>15079 HARVEST MEADOWS</u> <u>STERLING HTS, MI 48313</u>	4. Type: <u>NLC</u> 5. Date Debt Was Incurred: <u>5-24-99</u> 6. Original Amount of Debt: <u>\$ 241.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>241.00</u> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Debt #2 Corp? Yes Owed to or by: <u>DEANNA KOSKI</u> <u>15079 HARVEST MEADOWS</u> <u>STERLING HTS MI 48313</u>	4. Type: <u>NLC</u> 5. Date Debt Was Incurred: <u>6-4-99</u> 6. Original Amount of Debt: <u>\$ 664.13</u>	\$ \$ \$ \$ \$	\$	\$ <u>664.13</u> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Debt #3 Corp? Yes Owed to or by: <u>DEANNA KOSKI</u> <u>15079 HARVEST MEADOWS</u> <u>STERLING HTS MI 48313</u>	4. Type: <u>FC</u> 5. Date Debt Was Incurred: <u>2-16-99</u> 6. Original Amount of Debt: <u>\$ 595.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>595.00</u> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

1500.13

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

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

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 endorsers or guarantors, if any.	4. Type of Obligation (Description) 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? Yes Owed to or by: DEANNA KOSKI 15079 HARVEST MEADOWS STERLING Hts, MI 48313	4. Type: FO 5. Date Debt Was Incurred: 4-6-99 6. Original Amount of Debt: \$337.00	\$ \$ \$ \$ \$	\$	\$337.00 FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? Yes Owed to or by: DEANNA KOSKI 15079 HARVEST MEADOWS STERLING Hts MI 48313	4. Type: FO 5. Date Debt Was Incurred: 10-19-99 6. Original Amount of Debt: \$885.81	\$ \$ \$ \$ \$	\$	\$885.81 FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? Yes Owed to or by: DEANNA KOSKI 15079 HARVEST MEADOWS STERLING Hts MI 48313	4. Type: FO 5. Date Debt Was Incurred: 6-16-00 6. Original Amount of Debt: \$900.00	\$ \$ \$ \$ \$	\$	\$900.00 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

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

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.
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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 (Description) 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? Yes Owed to or by: DEANNA KOSKI 15079 HARVEST MEADOWS STERLING HTS, MI 48313	4. Type: <u>FO</u> 5. Date Debt Was Incurred: <u>7-7-08</u> 6. Original Amount of Debt: <u>\$ 749.58</u>	\$ \$ \$ \$ \$	\$	\$ <u>749.58</u> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? Yes Owed to or by: DEANNA KOSKI 15079 HARVEST MEADOWS STERLING HTS MI 48313	4. Type: <u>ADS</u> 5. Date Debt Was Incurred: <u>10-17-09</u> 6. Original Amount of Debt: <u>\$ 486.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>486.00</u> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? Yes Owed to or by: DEANNA KOSKI 15079 HARVEST MEADOWS STERLING HTS MI 48313	4. Type: <u>CARDY-TREAT</u> 5. Date Debt Was Incurred: <u>3-3-10 / 10-19-10</u> 6. Original Amount of Debt: <u>\$ 109.67</u>	\$ \$ \$ \$ \$	\$	\$ <u>109.67</u> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

1345.25

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

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

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 (Description) 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? Yes Owed to or by: DEANNA KOSKI 15079 HARVEST MEADOWS STERLING Hts, MI 48313	4. Type: Cost FR 5. Date Debt Was Incurred: 5-15-13 6. Original Amount of Debt: \$337.05	\$ \$ \$ \$ \$	\$	\$337.05 FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? Yes Owed to or by: DEANNA KOSKI 15079 HARVEST MEADOWS STERLING Hts MI 48313	4. Type: Cost FR 5. Date Debt Was Incurred: 9-9-15 6. Original Amount of Debt: \$692.96	\$ \$ \$ \$ \$	\$	\$692.96 FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? Yes Owed to or by: DEANNA KOSKI 15079 HARVEST MEADOWS STERLING Hts MI 48313	4. Type: Cost FR 5. Date Debt Was Incurred: 10-24-17 6. Original Amount of Debt: \$250.00	\$ \$ \$ \$ \$	\$	\$250.00 FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

1280.01

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

Grand Total of all Schedules 1E

6248.20

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.

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