CANDIDATE COMMITTEE

FOR OFFICIAL USE ONLY

COVER PAGE		FOR OFFICIAL USE ONLY		
Report must be legible, typed or printed in ink the treesurer (or designated record keuper) ar	and signed by 3. This is	Statement covers	From: 7_19 71	9 17 01
1. Committee I.D. Number -50	4. ¢ar	didale Last Name	DEANNA	8-23-21 M.I
2. Committee Name HEE TORE Elect DEANNA KOSKI		1a. Office Sought Including District # or Community Served (If applicable) City Council 4b. County of Residence MALOMB		
5. Committee's Mailing Address	6 Teans	rece's Name & C		
15079 HARVEST STERLING HTS MIY	19313 DE	EANNA	Koski Koski RVEST MEAD Hts M1 48	oω≤
Area Code and Phone 586 5662 If the audress in this box is different from the commiling address on the Statement of Organization be sent to this address by the other of the sent to this address by the other of the sent to this address by the other of t	THE PERSON PROPERTY.			
- was sources by the lifting official,	Area Code		<u> 16 566238</u>	
7. Treasurer's Business Address	8. Dosign Designate	aled Record keep	per's Name and Mailing Address	the corpolitee has a
15079 HARVEST MEADOWS STERING HIS, MI 48313		o misora keaper,	, ea.	21 SEP
STERING 1113, I'LL T			# ()	
Area Code and Phone 586 566 23	388' Arm Carlo		10.7 10.7 11.7 11.7	ED AHIC
9. TYPE OF STATEMENT		and Phone	De	
9a Pro-Election OR 9b. Post-Election	is not on the patiot for the		By checking this item law-	certify any outstanding debt
Pre-Election or Post-Election Statement relates to: Primary	July Quarterly		by discharged and forgiven, and the committee. The committee	no longer collectible from
General	October Quarterly		awas no lates fees or has any or	istanding deti.
Convention	, .		Further, if the dissolution cannot considered a request for the Rep	be granted, that this be
Speciai	e. Annual Statement (orming vraider,
School Caucus	Coverage Year		Effective date of dissol	ution
	9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9a to			
Date of Floring Comment	indicate whi⊏h Stater amended.)	nent is being	Note: The disposition of residual Schodule 18 and the Summary P	funds must be reported on large.
Ave 3 2021				
<u> </u>				
10. Verification: NWe certify that all reasonable diligend my/our knowledge and belief the contents are true, add Current Transurer or	e was used in the preparation	O of this statement	1	
	urale and complete.	A de this Statemen	at and attoched schedules (if any)	and to the best of
Designated Record keeper JEANNA Type or Print Name	OSKU YOU	ma	de x	34-21
Candidate DEANNA KOSKI	Signatur		Pate 05	31-21
Authority granted under P.A. 388 of 1976	Signatu	·e	Dale 8	(第-2)
9 arm new origin m.A. 388 of 1976				

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.	3 This Colors		
Committee LD. Number	3. This Statement covers From: 7-19-21 to 8-23-21		
69954-50	1. Candidate Last Name First Name M.I.		
2. Committee Name HEF TORE ELECT DEANNA KOSKI	4a. Office Sought Including District # or Community Served (If applicable) C: ty COUNCIL		
	4b. County of Residence MACOMB		
5. Committee's Mailing Address 15079 HARVEST MEADOLD	6. Treasurer's Name & Recidential address		
Sterling Hts, MI 48313	DEANNA KOEKI 15079 HARVEST MEADOWS STERLING 1175 MI 4831-3		
Area Code and Phone 586 5662388 If the address in this box is different from the committee	Sterling 11ts MI 483/3		
be sent to this address by the filing official.	Area Code & Phone 586 5662388		
1,5079 HARVEST MEADOWS	Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)		
StERING Hts, M. 48313			
0,2,4,000 1110,000			
Area Code and Phone 586 5662388	Armo Cod		
S. THE OF STATEMENT	vea Code and Phone		
95. Pre-Flection OR 95. Post-Election Required ONLY is not on the bar	if candidate		
Pre-Election or Post-Election Statement relates to: Primary July Quarterly July Quarterly	by the committee to the candidate or his or her spouse is bern		
	Owes no lates fees or has any oustanding date.		
Convention October Quan	orly j		
Suecial	Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.		
Ac.	*		
School	Coverage Year Effective date of dissolution		
Caucus Sd. Amendanci	N lo Campaign Stotes		
1 completo	mom 9a, 9b, 9c or 9c to		
Date of Election, Convention or Caucus	Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.		
AUG 3 2021			
100 5,000			
riy/our knowledge and belief the contents are true, accoming and the	preparation of this statement and attached schedules (if any) and to the best of		
Surrent Treasurer or Designated Record keeper JEANN A	e. and to the best of		
Type or Print Norne	Cignature 5-25-2)		
Sindidate DEANNA KOSKI			
Type or Print Name	Signalure Dale 8-25-2)		
Authority granted under P.A. 388 of 1970			