



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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 Statement covers From: 7-19-21 to 8-23-21

1. Committee I.D. Number
69954-50

4. Candidate Last Name KOSKI First Name DEANNA M.I.

2. Committee Name
Comm HEE JOE Elect
DEANNA KOSKI

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

4b. County of Residence MALOMB

5. Committee's Mailing Address
15079 HARVEST MEADOWS
STERLING HTS, MI 48313

6. Treasurer's Name & Residential Address
DEANNA KOSKI
15079 HARVEST MEADOWS
STERLING HTS MI 48313

Area Code and Phone 586 5662388
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.

Area Code & Phone 586 5662388

7. Treasurer's Business Address
15079 HARVEST MEADOWS
STERLING HTS, MI 48313

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

Area Code and Phone 586 5662388

Area Code and Phone

9. TYPE OF STATEMENT

9a. Pre-Election OR 9b. ☒ Post-Election

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.

Date of Election, Convention or Caucus

AUG 3, 2021

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

Type or Print Name

DEANNA KOSKI

Signature

Date

8-30-21

Candidate

DEANNA KOSKI

Type or Print Name

Signature

Date

8-30-21



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First Name

DEANNA

M.I.

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STERLING HTS, MI 48313

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586 5662388

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Current Treasurer or

Designated Record keeper

DEANNA KOSKI

Type or Print Name

Signature

Date 8-25-21

Candidate

DEANNA KOSKI

Type or Print Name

Signature

Date 8-25-21