



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.

1. Committee I.D. Number 69954-50		3. This Statement covers From: 8-24-21 to 10-17-21	
2. Committee Name COMMITTEE TO RE ELECT DEANNA KOSKI		4. Candidate Last Name KOSKI First Name DEANNA M.I.	
5. Committee's Mailing Address 15079 HARVEST MEADOWS STERLING HTS MI 48313 Area Code and Phone 586 566 2388 <small>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.</small>		4a. Office Sought Including District # or Community Served (If applicable) CITY COUNCIL 4b. County of Residence MACOMB	
7. Treasurer's Business Address 15079 HARVEST MEADOWS STERLING HTS MI 48313 Area Code and Phone 586 566 2388		6. Treasurer's Name & Residential Address DEANNA KOSKI 15079 HARVEST MEADOWS STERLING HTS MI 48313 Area Code & Phone 586 566 2388	
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		8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) 9c. Required ONLY if candidate is not on the ballot for the current year: July Quarterly October Quarterly 9c. Annual Statement () Coverage Year 9d. <input checked="" type="checkbox"/> 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 hereby 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.	
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 DEANNA KOSKI Type or Print Name		Signature Deanna Koski Signature Deanna Koski	
		Date 11-7-21 Date 11-7-21	



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
39128 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 SCHOENTHERR, 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