## FILED 2021 NBU 18 AM10:47 MACOMB COUNTY CLERK

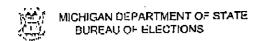


## MICHIGAN DEPARTMENT OF STATE **BUREAU OF ELECTIONS**

Type or Print Name

CANDIDATE COMMI	TTEE		FOR OFFICIAL USE ONLY
COVER PAGE			
Report must be legible, typed or printed in ink a the treasurer (or designated record keeper) and	ind signed by I candidate.	3. This Statement covers Fi	10m; 8-24-21 10 10-17-21
1 Committee I.O. Number 69954-50	1	4. Candidate Last Name  KOSKI  4a. Office Sought Including	First Name M.I.  DEANNA  District # or Community Served (If applicable)
Committee Name HEE TORE L	Elect	City C	OUNCIL
DEANNA KOSKI	•	4b. County of Residence	MACOMB
5. Committee's Malling Address	المستحريات	6. Troasurer's Name & Aus	iduntial Acdress
5. Committee's Malling Address 15019 HARNEST MEA	مغرب مرسد	DEANNA	Koski
Sterling HE Mi 4	83/3	15079 HAK	RVEST MEADOWS
Area Cade and Phone 556 545 X  If the address in this box is different from the community address on the Statement of Organization	miltee	STERING	<b></b>
be sent to this address by the filling official,		Area Code & Phone	<u>55462388</u>
7. Treasurer's Business Address	Barria a	Designated Record keeps     Designated Record keeps	er's Name and Mailing Address (If the committee has a
15079 HARVEST NE	HDOUS	, тобролу	
15079 HARVEST ME STERLING HTS MIS	48 <i>3</i> /3		
Area Code and Phone 586 52625	38	Area Code and Phone	
D. TYPE OF STATEMENT		A-1 v-	9c.
9a. Fre-Election OR 9b Post-Election	is not an the t	LY if candidate pallol for the	By checking this item (04), and (0
Pre-Election or Post-Election Statement relates to:	Current year:		By checking this item t/We certify any outstanding debt by the committee to the candidate or his or her spouse is he
Primary	July Quarte	rly	by discharged and forgiven, and no longer collectible from the committee. The committee has no ouslanding assets, owes no lates fees or has any ouslanding debt.
General .	October Qu	arlerly	Senter Week and the sentence of the sentence o
Canvention			Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.
Special	9c.		1
School -	Annuar	Statement () Coverage Year	Effective date of dissolution
Cancus	9d. Amendr	nent lo Campaign Statement	,
	(Campie	ité item 9a, 9b, 9c or 9e to which Statement is being	Note: The disposition of residual funds must be reported on Schedule 18 and the Summary Page.
Date of Election, Convention or Caucus			and me memory range.
11-2-21			
			_
Q. Ventication "Wie continue."	<u> </u>		, a
nylour knowledge and belief the contents are true, a	ice was used in t curate and come	he preparation of this statume	of and attached schedules (if any) and to the best of
Current Treasurer or	-1/1	1	2/1 -
Designated Record keeper DEAN NATIO	<u>&gt;√  ;</u>	Webner	Date 11-17-21
Type or Print Name	C	Signature	Date //

Sionature



## FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

1. Committee I.D. Number 69954 - 50

COM METTEE TORE EIECT

2. Committee Name DEANNA KOSKI

	- USE A SEPARATE SH	EET FOR EACH EVENT -	
3. Date Event Was Hold  8 - 18 - 21	4. Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity  DIZER DINNER	6. Address and Name (If any) of Phopage where the activity was held.  8. Address and Name (If any) of Phopage where the activity was held.  8. Address and Name (If any) of Phopage where the activity was held.  8. Address and Name (If any) of Phopage where the activity was held.  8. Address and Name (If any) of Phopage where the activity was held.  8. Address and Name (If any) of Phopage where the activity was held.  8. Address and Name (If any) of Phopage where the activity was held.  8. Address and Name (If any) of Phopage where the activity was held.  8. Address and Name (If any) of Phopage where the activity was held.  8. Address and Name (If any) of Phopage where the activity was held.  8. Address and Name (If any) of Phopage where the activity was held.  8. Address and Name (If any) of Phopage where the activity was held.  8. Address and Name (If any) of Phopage where the activity was held.
RIOR HELD IN HU	<b>6</b> ,		Private Residence
7. Total Contributions	50.	<i>0</i> <u>0</u>	
8. Other Receipts		,	
9. Gross Receipts (Add lines	s 7 and 8)		
10. Total Cost of Event (Total Cost includes in-Kind	Contributions and All Expenditure	s Made For the Event)	
11. Check if event was	a joint fund raisor and complete the	e following:	
Co-Sponsor(s)	Contribution (%)	Split	Expenditure Split (%)
admin and a state of a state of the state of			
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	<del></del>	<del>.</del>	,

- 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.

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