



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

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MACOMB COUNTY CLERK

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: 8-27-21 to 10-17-21

1. Committee I.D. Number  
69954-50

2. Committee Name  
COMMITTEE TO RE-ELECT  
DEANNA KOSKI

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

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.

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

Area Code & Phone 586 566 2388

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

Area Code and Phone 586 566 2388

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

Area Code and Phone

9. TYPE OF STATEMENT

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

Pre-Election or Post-Election Statement relates to:

Primary  
General ☒  
Convention  
Special  
School  
Caucus

Date of Election, Convention or Caucus  
11-2-21

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 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: (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 Signature Date 11-17-21

Cand date: DEANNA KOSKI Type or Print Name  
Deanna Koski Signature Date 11-17-21



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

FUND RAISER SCHEDULE 1F  
CANDIDATE COMMITTEE

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

- USE A SEPARATE SHEET FOR EACH EVENT -

|   |  |   |  |
|---|--|---|--|
| 3. Date Event Was Held<br><u>8-18-21</u><br><u>PRIOR HELD IN AUG.</u> | 4. Number of Individuals Attending or Participating (whichever is greater) | 5. Type of Fund Raising Activity<br><u>PIZZA DINNER</u> | 6. Address and Name (If any) of place where the activity was held.<br><u>ROGERS ROOST</u><br><u>33626 SCHODENKER</u><br><u>STERLING HTS 4831</u><br><input type="checkbox"/> Private Residence |
|---|--|---|--|

7. Total Contributions 50.00

8. Other Receipts \_\_\_\_\_

9. Gross Receipts (Add lines 7 and 8) \_\_\_\_\_

10. Total Cost of Event \_\_\_\_\_  
(Total Cost Includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

| Co-Sponsor(s) | Contribution Split (%) | Expenditure Split (%) |
|---------------|------------------------|-----------------------|
| _____         | _____                  | _____                 |
| _____         | _____                  | _____                 |
| _____         | _____                  | _____                 |
| _____         | _____                  | _____                 |
| _____         | _____                  | _____                 |
| _____         | _____                  | _____                 |
| _____         | _____                  | _____                 |
| _____         | _____                  | _____                 |

- 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 (1-1K), 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.