



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

FILED 2025 JUL 25 AM 8:11  
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.

1. Committee I.D. Number <b>69954-50</b>		3. This Statement covers From: <b>1-1-25</b> to <b>7-20-25</b>	
2. Committee Name <b>COMMITTEE TO REELECT DEANNA KOSKI</b>		4. Candidate Last Name <b>KOSKI</b> First Name <b>DEANNA</b> M.I. 4a. Office Sought Including District # or Community Served (If applicable) <b>City Council</b> 4b. County of Residence <b>MACOMB</b>	
5. Committee's Mailing Address <b>15079 HARVEST MEADOWS DR STERLING HTS MI 48313</b> Area Code and Phone <b>586 718 5559</b> 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 <b>DEANNA KOSKI 15079 HARVEST MEADOWS DR STERLING HTS MI 48313</b> Area Code & Phone <b>586 718 5559</b>	
7. Treasurer's Business Address <b>15079 HARVEST MEADOWS DR STERLING HTS MI 48313</b> Area Code and Phone <b>586 718 5559</b>		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. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: Primary <input checked="" type="checkbox"/> General Convention Special School Caucus Date of Election, Convention or Caucus <b>8-5-25</b>		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.	
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 <b>DEANNA KOSKI</b> Type or Print Name		<b>Deanna Koski</b> Signature Date <b>7-23-25</b>	
Candidate <b>DEANNA KOSKI</b> Type or Print Name		<b>Deanna Koski</b> Signature Date <b>7-23-25</b>	



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 69954-50

2. Committee Name COMMITTEE TO RE-ELECT DEANNA KOSKI

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>1195.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>1195.00</u>	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>1195.00</u>	(20.) \$ <u>1195.00</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
6. In-Kind Contributions (Schedule 1-IK, Column 6)	(6.) \$ <u>0</u>	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0</u>	(22.) \$ <u>0</u>
<b>EXPENDITURES</b>		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>545.00</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ _____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ _____	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>545.00</u>	(23.) \$ <u>545.00</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)</b>		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ _____	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0</u>	(24.) \$ <u>0</u>
<b>DEBTS AND OBLIGATIONS</b>		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>6793.20</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0</u>	
<b>BALANCE STATEMENT</b>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>3671.75</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>1195.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>4866.75</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>545.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>4321.75</u>	



ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 69954-50  
2. Committee Name Comm. HEE 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 <u>all</u> 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 <u>7-1-25</u>		
Name & Address: <u>KASZUBSKI MARC D</u> <u>1096 BROMPTON, ROCHESTER HILLS, MI 48309</u>				\$ <u>250.<sup>00</sup></u>	\$ <u>250.<sup>00</sup></u>
5. If over \$100.00 cumulative, please provide:					
Occupation <u>Atty</u>		Employer <u>O'REILLY RANCILIO PC</u>			
Business Address <u>12900 HALL, STERLING HTS MI 48313</u>					
Type of Contribution: Direct <input checked="" type="checkbox"/> Loan from a person Fund Raiser					
3. Contribution # 2	PAC Receipt?	YES	4. Date of Receipt <u>7-1-25</u>		
Name & Address: <u>CHARLES TURNBULL</u> <u>53957 SUTHERLAND CT, SHELBY, MI 48316</u>				\$ <u>100.<sup>00</sup></u>	\$ <u>100.<sup>00</sup></u>
5. If over \$100.00 cumulative, please provide:					
Occupation _____		Employer _____			
Business Address _____					
Type of Contribution: Direct <input checked="" type="checkbox"/> Loan from a person Fund Raiser					
3. Contribution # 3	PAC Receipt?	YES	4. Date of Receipt <u>7-1-25</u>		
Name & Address: <u>TURNBULL JILL</u> <u>53957 SUTHERLAND CT, SHELBY, MI 48316</u>				\$ <u>100.<sup>00</sup></u>	\$ <u>100.<sup>00</sup></u>
5. If over \$100.00 cumulative, please provide:					
Occupation _____		Employer _____			
Business Address _____					
Type of Contribution: Direct <input checked="" type="checkbox"/> Loan from a person Fund Raiser					
3. Contribution # 4	PAC Receipt?	YES	4. Date of Receipt <u>7-1-25</u>		
Name & Address: <u>SCOTT LAWRENCE</u> <u>12900 HALL RD, STERLING HTS, MI 48313</u>				\$ <u>200.<sup>00</sup></u>	\$ <u>200.<sup>00</sup></u>
5. If over \$100.00 cumulative, please provide:					
Occupation <u>Atty</u>		Employer <u>O'REILLY RANCILIO PC</u>			
Business Address <u>12900 HALL RD, STERLING HTS MI 48313</u>					
Type of Contribution: Direct <input checked="" type="checkbox"/> Loan from a person Fund Raiser					

Page Subtotal

650.<sup>00</sup>

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



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 <u>all</u> 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		
Name & Address: <u>DEANNA KOSKI</u> <u>15019 HARVEST MEADOWS DR, STERLING HTS, MI 48313</u>				<u>\$ 545.00</u>	<u>\$ 545.00</u>
5. If over \$100.00 cumulative, please provide:					
Occupation <u>RETIRED</u> Employer _____					
Business Address _____					
Type of Contribution: Direct _____ Loan from a person <input checked="" type="checkbox"/> Fund Raiser _____					
3. Contribution #2	PAC Receipt?	YES	4. Date of Receipt		
Name & Address				\$ _____	\$ _____
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		
Name & Address				\$ _____	\$ _____
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		
Name & Address				\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide:					
Occupation _____ Employer _____					
Business Address _____					
Type of Contribution: Direct _____ Loan from a person _____ Fund Raiser _____					

Page Subtotal

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)



ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE

1. Committee I. D. Number 69954-50  
2. Committee Name Committee To Re Elect DEANNA KOSKI

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>C AND G NEWSPAPER</u> Address <u>13650 E. 11 MILE</u> <u>WARREN, MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>NEWSPAPER Ad</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-18-25</u> Date	\$ <u>545.00</u>
Expenditure #2 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #3 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Subtotal this page			<u>545.00</u>
Grand Total of all Schedules 1B (Complete on last page of Schedule)			<u>545.00</u>

Enter this total  
on line 8a of  
Summary Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS  
SCHEDULE 1E  
CANDIDATE COMMITTEE

1. Committee I.D. Number 69954-50  
2. Committee Name Committee to ReElect DEANNA KOSKI

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee OR b. Debts and obligations owed to or forgiven by the committee.  
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? Yes Owed to or by: <u>DEANNA KOSKI</u> <u>15079 HARVEST MEADOWS</u> <u>STERLING Hts, MI 48313</u>	4. Type: <u>FO</u> 5. Date Debt Was Incurred: <u>7-7-00</u> 6. Original Amount of Debt: <u>\$ 749.58</u>	\$ \$ \$ \$ \$	\$	\$ <u>749.58</u>  FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? Yes Owed to or by: <u>DEANNA KOSKI</u> <u>15079 HARVEST MEADOWS</u> <u>STERLING Hts MI 48313</u>	4. Type: <u>ADS</u> 5. Date Debt Was Incurred: <u>10-17-09</u> 6. Original Amount of Debt: <u>\$ 486.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>486.00</u>  FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? Yes Owed to or by: <u>DEANNA KOSKI</u> <u>15079 HARVEST MEADOWS</u> <u>STERLING Hts MI 48313</u>	4. Type: <u>CANDY-TREAT</u> 5. Date Debt Was Incurred: <u>9-31-10 / 10-19-10</u> 6. Original Amount of Debt: <u>\$ 109.67</u>	\$ \$ \$ \$ \$	\$	\$ <u>109.67</u>  FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

1345.25

Grand Total of all Schedules 1E  
(Complete on last page of Schedule showing amounts owed by or to the committee)

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS  
SCHEDULE 1E  
CANDIDATE COMMITTEE

1. Committee I.D. Number 69954-50  
2. Committee Name Committee to ReElect DEANNA Koski

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee OR b. Debts and obligations owed to or forgiven by the committee.  
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3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? Yes Owed to <del>or by</del> : <b>DEANNA Koski</b> <b>15079 HARVEST MEADOWS</b> <b>STERLING Hts, MI 48313</b>	4. Type: <u>FO</u> 5. Date Debt Was Incurred: <u>4-6-99</u> 6. Original Amount of Debt: <u>\$ 337.<sup>00</sup></u>	\$ \$ \$ \$ \$	\$	\$ <u>337.<sup>00</sup></u>  FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? Yes Owed to <del>or by</del> : <b>DEANNA Koski</b> <b>15079 HARVEST MEADOWS</b> <b>STERLING Hts MI 48313</b>	4. Type: <u>FO</u> 5. Date Debt Was Incurred: <u>10-19-99</u> 6. Original Amount of Debt: <u>\$ 885.<sup>81</sup></u>	\$ \$ \$ \$ \$	\$	\$ <u>885.<sup>81</sup></u>  FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? Yes Owed to <del>or by</del> : <b>DEANNA Koski</b> <b>15079 HARVEST MEADOWS</b> <b>STERLING Hts MI 48313</b>	4. Type: <u>FO</u> 5. Date Debt Was Incurred: <u>6-16-00</u> 6. Original Amount of Debt: <u>\$ 900.<sup>00</sup></u>	\$ \$ \$ \$ \$	\$	\$ <u>900.<sup>00</sup></u>  FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

2122.<sup>81</sup>

Grand Total of all Schedules 1E

(Complete on last page of Schedule showing amounts owed by or to the committee)

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS  
SCHEDULE 1E  
CANDIDATE COMMITTEE

1. Committee I.D. Number 69954-50  
2. Committee Name Committee to REELECT DEANNA KOSKI

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee OR b. Debts and obligations owed to or forgiven by the committee.  
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3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? Yes Owed to <del>or by</del> : DEANNA KOSKI 15079 HARVEST MEADOWS STERLING HTS, MI 48313	4. Type: <u>NLC</u> 5. Date Debt Was Incurred: <u>5-24-99</u> 6. Original Amount of Debt: <u>\$ 241.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>241.00</u> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? Yes Owed to <del>or by</del> : DEANNA KOSKI 15079 HARVEST MEADOWS STERLING HTS MI 48313	4. Type: <u>NLC</u> 5. Date Debt Was Incurred: <u>6-4-99</u> 6. Original Amount of Debt: <u>\$ 664.13</u>	\$ \$ \$ \$ \$	\$	\$ <u>664.13</u> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? Yes Owed to <del>or by</del> : DEANNA KOSKI 15079 HARVEST MEADOWS STERLING HTS MI 48313	4. Type: <u>FO</u> 5. Date Debt Was Incurred: <u>2-16-99</u> 6. Original Amount of Debt: <u>\$ 595.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>595.00</u> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

Grand Total of all Schedules 1E  
(Complete on last page of Schedule showing amounts owed by or to the committee)

1502.13

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.





MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS  
SCHEDULE 1E  
CANDIDATE COMMITTEE

1. Committee I.D. Number 69954-50  
2. Committee Name Committee to Reelect Deanna Koski

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee OR b. Debts and obligations owed to or forgiven by the committee.  
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? Yes Owed to <del>or by</del> : <u>DEANNA Koski</u> <u>15079 HARVEST MEADOWS</u> <u>STERLING Hts, MI 48313</u>	4. Type: <u>Cost FR</u> 5. Date Debt Was Incurred: <u>5-15-13</u> 6. Original Amount of Debt: <u>\$ 337.05</u>	\$ \$ \$ \$ \$	\$	\$ <u>337.05</u> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? Yes Owed to <del>or by</del> : <u>DEANNA Koski</u> <u>15079 HARVEST MEADOWS</u> <u>STERLING Hts MI 48313</u>	4. Type: <u>Cost FR</u> 5. Date Debt Was Incurred: <u>9-9-15</u> 6. Original Amount of Debt: <u>\$ 692.96</u>	\$ \$ \$ \$ \$	\$	\$ <u>692.96</u> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? Yes Owed to <del>or by</del> : <u>DEANNA Koski</u> <u>15079 HARVEST MEADOWS</u> <u>STERLING Hts MI 48313</u>	4. Type: <u>Cost FR</u> 5. Date Debt Was Incurred: <u>10-24-19</u> 6. Original Amount of Debt: <u>\$ 250.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>250.00</u> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) 1280.01

Grand Total of all Schedules 1E  
(Complete on last page of Schedule showing amounts owed by or to the committee)

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS  
SCHEDULE 1E  
CANDIDATE COMMITTEE

1. Committee I.D. Number 69954-50  
2. Committee Name Committee to Reelect DEANNA KOSKI

This Schedule itemizes:				
a. <input checked="" type="checkbox"/> Debts and obligations owed by or forgiven the committee OR b. Debts and obligations owed to or forgiven by the committee. (Check either a or b. Use only for the purpose checked.)				
3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? Yes Owed to <del>by</del> <b>DEANNA KOSKI</b> <b>15079 HARVEST MEADOWS DR</b> <b>STERLING HTS, MI 48313</b>	4. Type: <b>Ad-NEWS</b> 5. <u>Date Debt Was Incurred:</u> <b>7-18-25</b> 6. <u>Original Amount of Debt:</u> <b>\$ 545.00</b>	\$ \$ \$ \$ \$	\$	<b>\$ 545.00</b>  FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #2 Corp? Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$	\$  FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #3 Corp? Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$	\$  FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt)

Grand Total of all Schedules 1E  
(Complete on last page of Schedule showing amounts owed by or to the committee)

**545.00**  
**6793.20**

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page