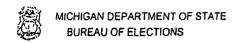
# CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

COVER PAGE			
Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and c	d signed by andidate.	3. This Statement covers From	8-26-25 10/0-19-25
1. Committee 1.D. Number 69954-50	_	4. Candidate Last Name	First Name M.I.  DEANNA strict # or Community Served (If applicable)
2. Committee Name HEE TO REE	lect	City Co	UNCIL
DEANNA KOSKI		4b. County of Residence	
5. Committee's Mailing Address 15079 HARVEST NEADOSTERLINGS HTS. MI 4	ms Dr 8313	O. Treasurer's Name & Reside TOEAANA 15079 HARNE	HOSKI KOSKI ST MEADOWS DC S M, 48313
Area Code and Phone 586 7/3 555 If the address in this box is different from the comm mailing address on the Statement of Organization, be sent to this address by the filing official.	illee	SHERING HT Area Code & Phone 586	_
7. Treasurer's Business Address	۽ رات ۾ .		s Name and Mailing Address (If the committee has a
7. Treasurer's Business Address, 15079 HARVEST MEADO STERLING HTS MI	WSYR	Designated Necold Reepery	
Area Code and Phone \$6 718 55	<u> 5</u> 9	Area Code and Phone	
9. TYPE OF STATEMENT			9e.
9a, Pre-Election OR 9b. Post-Election	Required ON is not on the current year.	ILY if candidate ballot for the	By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here
Pre-Election or Post-Election Statement relates to: Primary	July Quart	erly	by discharged and forgiven, and no longer collectible from the committee. The committee has no oustanding assets, lowes no lates fees or has any oustanding debt.
General V	October Q	uarterly	
Convention			Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.
Special	9c. Annua	Statement ( )	
School		Coverage Year	Effective date of dissolution
Caucus	(Comp	dment to Campaign Statement lete Item 9a, 9b, 9c or 9e to e which Statement is being ed.)	Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.
Date of Election, Convention or Caucus			
<ol> <li>Verification: I\We certify that all reasonable dilige my\our knowledge and belief the contents are true, a</li> </ol>	ence was used i	n the preparation of this stateme mplete,	nt and attached schedules (if any) and to the best of
Current Treasurer or TOFANNA	COSKI	Meanna	15-23-25
Designated Record keeper Type or Print Name	102111	Signature	Date 10-33-23
Candidate DEANNA KOSKI		, leanna	Haske 10-23-25
Type or Print Name		Signature	· · · · · · · · · · · · · · · · · · ·
Authority granted under P.A. 388 of 1976			

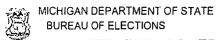


## **SUMMARY PAGE**

1. Committee I.D. Number 69954-50

2. Committee Name Committee to REELECT DEANNA Koski

Column I This Period  (3a.) \$ 17168, 30	Column II Cumulative this election cycle
(3a.) \$ 17168, 30	
(3a) \$ /7/68, 50	
(3b.) \$ NOT APPLICABLE	10 20
(3c.) \$ 17168, 30	(18.) \$ 18, 363.39
(4.) \$	(19.) \$
(5.) \$ <u>17/68</u> , <u>30</u>	(20.) \$ 18, 363, 36
(6.) \$	(21.) \$
(7.) \$	(22.) \$
·	
100009	•
(8a.) \$ 12493.	
(8b.) \$	, ·
(8c.) \$	12 070 09
(9.) s 12493.	(23.)\$ 13,038, =9
(10a.) \$	
(105.) \$	·
-0	(24.)\$
(11.)	(24.) 4
8/44 50	
(12a.) \$	
(12b.) \$	
BALANCE STATEMENT 75  (13.) $s \frac{4321}{75}$ , 75  (14.) + $s \frac{17168}{21490}$ , 95.  (16.) - $s \frac{12493}{8996}$ , 96  (17.) $s \frac{8996}{96}$ , 96	
	(3b.) \$ NOT APPLICABLE  (3c.) \$ $17/68$ , 30  (4.) \$ (5.) \$ $17/68$ , 30  (6.) \$ (7.) \$  (8a.) \$ $12493$ , 9  (8b.) \$ (8c.) \$ (9.) \$ $12493$ , 99  (10b.) \$  (111.) \$  (12a.) \$ $3664$ , 50  (12b.) \$  BALANCE STATEMENT  (13.) \$ $1321$ , 75  (15.) = \$ $21,490$ , 05.  (16.) - \$ $12493$ , 09  (16.) - \$ $12493$ , 09



Page \_\_\_\_\_ of \_\_\_\_

## ITEMIZED CONTRIBUTIONS **SCHEDULE 1A**

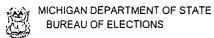
1. Committee I.D. Number 69954-50

Committee I.D. Number 69954-50

Committee I.D. Number 69954-50

Committee I.D. Number 69954-50

CANDIDATE COMMITTEE 2. Committee Name . DE	HNNA NO	
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 9-24-25  Name & Address:  TOMA SHAVROS R  38600 VAN DYKE  5+ERIING H+5 MI 48312	\$ 200,00	s 200.
5. If over \$100.00 cumulative, please provide:  Occupation SE/P/DEV Employer BENEDICT Holdings  Business Address 38600 VAN DyKE #255, STERING;  Type of Contribution: Direct Loan from a person Fund Raiser	4ts M, 48	?3 <i>h</i> _
Name & Address  CALCATERRA LAWRENCE  36900 5CHORNHERR  5+ERING H+5 M; 483/2  5. If over \$100.00 cumulative, please provide:	s 100,00	s 100.
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 9-24-25 Name & Address:  MACC ARONE, III RAIPH  13921 BASI/15CO CHASE DR  5HE/BY MI 48815 5. If over \$100.00 cumulative, please provide:	s 100,00	s 100, -
Occupation Employer	øb.	
Business Address Direct Loan from a person Fund Raiser		
3. Contribution #4 PAC Receipt? (YES?) 4. Date of Receipt 9-24-25 Name & Address  SHERLING HEIGHTS FIRE FIGHTERS UNION LOCAL  38911 VAN DYKE  SHERLING HTS MI 483/2  5. If over \$100.00 cumulative, please provide:	1557 \$1557.	\$1557°
Occupation Employer		
D. I. Add		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal  Grand Total of All Schedules 1A  (Complete on last page of Schedule)	195:7, 00	



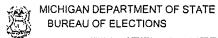
Page \_\_\_\_\_of \_\_\_

## **ITEMIZED CONTRIBUTIONS** SCHEDULE 1A

1. Committee I.D. Number

Committee To NEE/ED-

CANDIDATE COMMITTEE 2. Committee Name . DE	HNNH NO	<u> </u>
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 9-24-25 Name & Address:  INKS NAHHAN  IBY8 ANGUS CIR  5. If over \$100.00 cumulative, please provide:  Occupation Atty Employer Block Shiggett PC  Business Address 161 OHAWA NW, GRAND RAPIDS, MI  Type of Contribution: Direct Loan from a person Fund Raiser	\$ 500.00	\$ 500-
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 9-24-25 Name & Address  BONNER, LUKAS  4875 SAWGRASS DR W  ANN ARBOR MI 48108  5. If over \$100.00 cumulative, please provide:  OccupationEmployer	\$ <u>100</u> ,00	s 100.
Business Address		
Type of Contribution: Direct Loan from a person Fund Ralser	·;	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 9-24-25  Name & Address:  CASMERE A/AN  28836 PANAMA  WARREN, M, 48092  5. If over \$100.00 cumulative, please provide:  Occupation SE/F Employer RIENDLY OUTDOOR  Business Address 33 400 MAN/E LANE SHERING HH  Type of Contribution: Direct Loan from a person Fund Raiser	\$ 200,000 Storage S M1 49	s <u>200.</u> = 83/2
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 9-24-25  Name & Address  WE/55, HARVEY 32820 WOOD WARD AVE #200  Roy AI CAK M, 48073  5. If over \$100.00 cumulative, please provide:  Occupation SE/F Employer TDW Property  Business Address 32820 WOOD WARD, RoyAL CAK M,  Type of Contribution: Direct Loan from a person Pund Raiser	; 200, °E 48013	\$ 200/
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary	



## **ITEMIZED CONTRIBUTIONS** SCHEDULE 1A

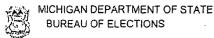
1. Committee I.D. Number 69954-50

2. Committee I.D. Number 69954-50

CANDIDATE COMMITTEE 2. Committee Name . DE	ANNA KO	SKI
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 9-24-25  Name & Address:  NOHE MICHAEL:  48728 JAMIE CIRCLE  5HE/BY M: 483/7  5. If over \$100.00 cumulative, please provide:	\$ 100,00	s 100.
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 9-24-25 Name & Address  BOLOGNA JOHN 19135 SAXON DE BEVERIU HIIIS M. 48025 5. If over \$100.00 cumulative, please provide:	\$ 200,5°	s 200,
Occupation REAL ESTATE Employer DEVELOPER SELF. Business Address 19135 SAXON DR BEVERLY HILLS Type of Contribution.  Direct	M148025	
Type of Contribution. Direct Loan from a person Pund Raiser	· ·	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 9-24-25 Name & Address:  JUNCEVIC DINO 43500 UTICA 5+ERING Hts Mi 48314 5. If over \$100.00 cumulative, please provide:	\$2000, 000	\$2000 T
Occupation SE/F Employer U+1CA VAN DYKE 7  Business Address 43500 U+1CA SERING Hts MI  Type of Contribution: Direct Loan from a person Fund Raiser	TOWING 48314	
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 9-24-35 Name & Address  RUEGERI PHILIP  55764 SHE615 DR  SHE1RY M. 48315  5. If over \$100.00 c/mulative, please provide:  Occupation HHY  Employer 5E/F	500.00	s 500;
Business Address 43231 Schoen HERR Sterling HA  Type of Contribution: Direct Loan from a person Fund Raiser	6 Mi 4831	3
Page Subtotal	2800,-	
Grand Total of All Schedules 1A		

Enter this total on line 3a of Summary Page.

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# ITEMIZED CONTRIBUTIONS SCHEDULE 1A

### CANDIDATE COMMITTEE

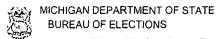
1. Committee I.D. Number 69954-50

COMMITTER TO REFIECT

2. Committee Name DEANNE KOSKI

Page.

7. Cumulative for Enter contributor's name and address. If contribution is from an individual, enter last name, first name, 6. Amount Election Cycle for Each middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Contributor (Through Committee (PAC) Report all contributions regardless of amount. date of receipt) 3. Contribution #1 PAC Receipt? YES 4. Date of Receipt Name & Address: GUSH StERLING HTS 5. If over \$100.00 cumulative, please provide Occupation Employer\_ Business Address Type of Contribution: Loan from a person Fund Raiser 3. Contribution #2 PAC Receipt? 4. Date of Receipt Name & Address LOCKWOOD Scott 950 SOUTHDOWN Rd BLOOMFIELD MI4838 Business Address 92 Type of Contribution: Loan from a person 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt Name & Address: RADTKE MICHAEL 34205 BARRETT DR STERLING HTS MI 483/2 STERINE HIS 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Direct Type of Contribution: Loan from a person Fund Raiser 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name & Address DENAULT JR DONALD 100,00 ,100, MARCIE FRASER 5. If over \$100.00 cumulative, please provide: Occupation\_ Employer Business Address Type of Contribution: Fund Raiser Loan from a person Direct Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Enter this total on line 3a of Summary



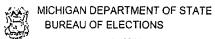
Page \_\_\_\_\_ of \_\_\_\_

## ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number 69954-50

Committee To REELECT

CANDIDATE COMMITTEE 2. Committee Name . DE	ANNA KE	55Ki
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 9-24-25 Name & Address: ROMANO JOE 12236 ERINDLEY 5+ERING H+5 MI 483/3- 5. If over \$100.00 cumulative, please provide:	\$100,00	s/00,
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 9-24-35  NASSAR NICK  S50 SHEPHENSON HWY #115  TROY M1 48083  5. If over \$100.00 cumulative, please provide:	s_100.00	s 100.
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser	<i>i</i> .	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 9-24-25 Name & Address:  ANDREWS CIARK  53985 SUTHERLAND  SHEIBY MI 483/6 5. If over \$100.00 cumulative, please provide:	\$ 100,00	s 100.
Occupation Employer	يف	
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 9-24-35 Name & Address PANGORI STEPHEN 3106 ROSEBUD LN CLARKS LON MI 48348 5. If over \$100.00 cumulative, please provide:	: 200°.	s 200.
Occupation TOM Employer TEW INC.  Business Address 5/301 ScHCENHERR 5HE/By M1  Type of Contribution: Direct Loan from a person Fund Raiser	48315	
Page Subtotal	500,	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary	



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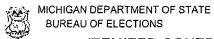
## **ITEMIZED CONTRIBUTIONS SCHEDULE 1A**

1. Committee I.D. Number 69954-50

COMM, HEE TO REE/EQT

COMMITTEE TO REE/EQT

CANDIDATE COMMITTEE 2. Committee Name . DE	HNNA KE	13K1
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 9-24-25  Name & Address:  TURNBULL CHARLES  53957 50 HERLAND  5HEBY MI 483/6  5. If over \$100.00 cumulative, please provide:  Occupation ATTY Employer OREILY RANCI/18  Business Address 13900 HAII RA SHERING HTS N	s <u>100,06</u> Pc 11,48313	, 200,000
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 9-34-35  Name & Address  SCOTT LAWRENCE  19900 HAIL Rd  5+ERLING Hts M. 48313	s 200,00	s 400.00
Business Address 13900 HALL Rd STERLINGHTS	110 PC	B
Type of Contribution: Direct Loan from a person Fund Raiser  3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 9-35	· · · · · · · · · · · · · · · · · · ·	
Name & Address:  FENN JOHN,  13288 LILLIAN  5+ERING Hts MI 48313  5. If over \$100.00 cumulative, please provide:	\$100.2	s 100,00
OccupationEmployer	a.	
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 9-24-35  Name & Address  MOCERI DOM/NIC	,	90
3495 MOCERI CT CAKLAND MI 48306 5. If over \$100.00 cumulative, please provide:	s 6800,0	s 6800,
Occupation OWNER Employer MOCERI		
Business Address 300 5 UNIVERS 1+y, AUBURN HILLS 1  Type of Contribution: Direct Loan from a person V Fund Raiser	M, 48326	
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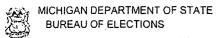
## **ITEMIZED CONTRIBUTIONS SCHEDULE 1A**

1. Committee I.D. Number 69954-50

Committee I.D. Number 69954-50

Committee I.D. Number 69954-50

CANDIDATE COMMITTEE 2. Committee Name	ANNH KO	<u>55Ki</u>
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 9-24-25  Name & Address:  BARIL MARK  38264 PLIMITOLLOW DE  SHERING HTS MI  5. If over \$100.00 cumulative, please provide:  Occupation	\$ 40,00	\$ 40.
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 9-24-35  Name & Address  POLIARD JAY.  359 ENTER PRISE CH  Bloom FIE/D HILLS MI 48302  5. If over \$100.00 cumulative, please provide:  OccupationEmployer	s_100.00	s 100.
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 9-24-35  Name & Address:  GAIIC TONY  6303 - 26 MIE  WASHING TON MI. 48094  5. If over \$100.00 cumulative, please provide:	s 100,00	s 100,
Occupation Employer	ab i	
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 9-24-35  Name & Address  WATNO PAUL 32035 MARGARET 9+32073  DARREN MI 48073  5. If over \$100.00 cumulative, please provide:  Occupation Employer	: 100,00	s_100.
Спрючег		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser	2112 =	
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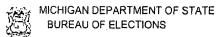


## ITEMIZED CONTRIBUTIONS **SCHEDULE 1A**

CANDIDATE COMMITTEE 2. Committee Nam	DEANNA KOSKI
Enter contributor's name and address. If contribution is from an individual, enter last name, first r middle initial. Check box to indicate if contribution is from a Political Committee or an Independer Committee (PAC) Report all contributions regardless of amount.	name, 6. Amount 7. Cumulative for
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 9-24-7. Name & Address:  HISHON ALEX 69753 CRIMSON CT BRICE TWP MI 48065  5. If over \$100.00 cumulative, please provide: Occupation ATTY Employer CREIILY RANCII Business Address 12900 HAII RA SHENING HTS Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 9-24-5 Name & Address  600 FR EY LINDA 8933 HENSLEY 51 FRING HS MI 48314  5. If over \$100.00 cumulative, please provide:  OccupationEmployer	\$ 100 : 50 \$ 100 .
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	·,
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 9-34-3 Name & Address:  HAMLIN TR EVERNE  12900 HAII RA  STERING HTS, M. 48313  5. If over \$100.00 cumulative, please provide:	\$ 100, 00 s 100, -
Occupation Employer	<u> </u>
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser	
Business Address 12900 HAII Kd, S+ERING H+5  Type of Contribution: Direct Loan from a person Fund Raiser	\$ 300,00 \$ 450,00 Eilio, PC Mi 48313 Subtotal 600,00
Grand Total of All Sched (Complete on last page of S	dules 1A

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## **ITEMIZED CONTRIBUTIONS** SCHEDULE 1A

1. Committee I.D. Number 69954-50

Committee To REE/ED+

line 3a of Summary

CANDIDATE COMMITTEE 2. Committee Name DE	ANNH KE	<u> 5K1</u>
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 9-24-25  Name & Address:  HINDMAN BOB  34895 GROES BECK, Clintal tup, M148035	\$ 100°, 39	s 100 /
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 9-34-35 Name & Address		
MACDONALD MICHAEL 18890 SAN QUENTIN DE LATHRUP VILLAGE MI 48076 5. If over \$100.00 cumulative, please provide:	s 200,59	\$ 200.
Occupation <u>ENGINEER</u> Employer <u>HRC</u>	m. 485	Z12
Business Address 555 HUIET DR Blown FIELD HILLS	1116705	
Type of Contribution: Direct Loan from a person Fund Raiser	Ž.	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 9-24-35  Name & Address:  CUETER WALTER  #3181 SCHOEN HERR  SHERING HTS M. 483/3  5. If over \$100.00 cumulative, please provide:	\$100 ged	s/00.
Occupation Employer	<b>.</b> .	
Business Address		
Type of Contribution: Direct Loan from a person Fund Ralser		
Occupation RETIRED  PAC Receipt? YES 4. Date of Receipt 10-3-25  A DEANNA KOSKI MEADOWS DR  15079 HARVEST MEADOWS DR  15079 HARVEST 4831-3  Employer  Employer	\$1871. 30	s/871.
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser		
Type of Contribution: Direct Loan from a person Fund Raiser  Page Subtotal  Grand Total of All Schedules 1A	2271, 30	
(Complete on last page of Schedule)	Enter this total on	I



## ITEMIZED EXPENDITURES **SCHEDULE 1B CANDIDATE COMMITTEE**

1. Committee I. D. Number 69954-50

2. Committee Name Committee Take Elect DEANNA

3, Name and address of person or vendor to whom paid	4. Purpose (Required Information) 5. Date 6. A	mount
Expenditure #1 Name AMERICAN GRAPHICS  Address 34895 GROES BECK  CLINTON TWO MI 48035	Purpose: PRINT - MAIL 9-27-25 \$ 8	3365
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	-
Expenditure #2 Name CENTURY BANQUET CENTER  Address 33204 MAPLE LANE STERLING HTS MI 483/2	Purpose: FOOD/RENTAL Date	459,05
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	
Expenditure #3  Name CA GNEWS PAPER  Address  13650 E. Eleven Mile	Purpose: 14 Pg Atb Date Date	797.°
WARREN M. 48089	Check box if this expenditure is payment of debt or obligation reported on previous statement	
Expenditure #4  Name 1+6 NEWS PAPER  Address  13650 E. ELEVEN MILE	Purpose: Ad-BANNER Date	455.00
WARREN MI 48089	Check box if this expenditure is payment of debt or obligation reported on previous statement	
Expenditure #5 Name CENTURY BANQUET CENTER  Address 33204 MAPLE LANE STERVING HTS MI 48312	Purpose: DEPOSIT/MISC 9-24-25 s	30000
SHERVING HTS 1111 70 27	Check box if this expenditure is payment of debt or obligation reported on previous statement	400
	· ·	376,79
	Grand Total of all Schedules 1B (Complete on last page of Schedule)	

Enter this total on line 8a of Summary Page



# ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number 69954-50

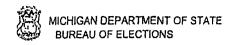
2. Committee Name Committee Take Elect DEANNA KOSKI

2.0	Official realities (Valide St.)	
Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date 6. Amount
Expenditure #1 Name StickERINVASION  Address  5tickERINVASION  ORDER# 8230 +#8441  [] Fund Raiser	Purpose: SHICKERS / Pall HAND OU  Check box if this expenditure is payment of debt or obligation reported on previous statement	<i>!</i> *
Expenditure #2 Name CAR STICKERS INC  Address 2146 NE 441 St BEND, OR 97701  Grund Ralser	Purpose: MAGNETS/BIL HAND O  Check box if this expenditure is payment of debt or obligation reported on previous statement	·
Expenditure #3  Name MICHAELS MEISER  Address  /3821 HAII Rd + 15055 HAIL  SHEIBY MI 48315  [Visual Raiser	Purpose: TABLE DECOR  Check box if this expenditure is payment of debt or obligation reported on previous statement	9-24-25 143.14 Date
Expenditure #4  Name TREAS, STERLING HTS,  Address  40555 UTICA RT  STERLING HTS MI 48311  Fund Raiser	Purpose: <u>UST-MAIJING</u> Check box if this expenditure is payment of debt or obligation reported on previous statement	
Expenditure #5 Name Address Fund Raiser	Purpose:  Check box if this expenditure is payment of debt or obligation reported on previous statement	\$
	Subtr	otal this page 1116,30

Grand Total of all Schedules 1B (Complete on last page of Schedule)

1249309

Enter this total on line 8a of Summary Page



1. Committee I.D. Number 69954-50

2. Committee Name Committee to REELEAT DEANNA KOSKI

CANDIDATE COMMITTEE 2.00	orumitee warne Control 1102	- 10/100/		
This Schedule itemizes:			,	
a. Debts and obligations owed by or forgiven the comments. (Check	militee OR b, Debis & either a or b, Use only for the pu	s and obligations owed <u>to</u> or rpose checked.)	forgiven by the cor	nmittee.
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 quarantors, 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)
	4. Type: <i>FO</i>	s .		
DEANNA KOSKY DEANNA KOSKY 15079 HARVEST MEADOWS STERLING HTS, MI 48313	5. <u>Date Debt Was Incurred</u> :  7-7-00  6. <u>Original Amount of Debt</u> :  8 749 58	\$ \$ .\$	\$	\$ 749.58 FORGIVEN
If bank loan, name of endorser or guarantor:		Amo	unt Endorsed: \$	
Debt #2 Corp? Yes Owed to or by:	4. Type: A.D.S	\$		
Owed to early DEANNA KOSKI 15079 HARVEST MEADOWS STERLING HTS MI 48313	5. Date Debt Was Incurred:  10-11-09  6. Original Amount of Debt:  \$ 486.	\$ \$ \$ \$	\$	\$ 486.
If bank loan, name of endorser or guarantor:		Am	ount Endorsed: \$_	
Debt #3 Corp? Yes Owed to erby:  DEANNA KOSKI 15079 HARVEST MEADOWS STERLING HTS MI 48313	4. Type (ANDY - TREAT  5. Date Debt Was Incurred:  9-31-10   10-19-10  6. Original Amount of Debt:  \$ 1090 67	\$	\$	\$109.67 FORGIVEN
If bank loan, name of endorser or guarantor:		Arr	ount Endorsed: \$_	,
The second secon			(Outstanding debt)	1345,25
	implete on last page of Schedule s	howing amounts owed by or		Enter this total on line 12a "owed by"" or line 12b
A debt or obligation must be shown on this Schedul this Campaign Statement or it was forgiven during t	ie if there was an outstanding an he period covered by this Camp	nount owed on it at the cit aign Statement.	Janiy date of	"owed to" of the Summary Page
Page of				

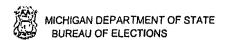


1. Committee I.D. Number

69954-50

2. Committee Name Committee to REELECT DEANNA KOSK

CANDIDATE COMMITTEE 2.C	ommittee Name 2/1/11/11/12	= 10 NECTEG	-DET INPIL	7102/11
This Schedule itemizes:			,	
a. Debts and obligations owed by or forgiven the come (Chec	mittee OR b. Debt ck either a or b. Use only for the pu	s and obligations owed <u>to</u> or urpose checked.)	r forgiven <u>by</u> the cor	nmittee.
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 er by:	4. Type: <u>FO</u>	\$		
Owed to serby: DEANNA KOSKY 15079 HARVEST MEADOWS STERLING HTS, M. 48313	5. Date Debt Was Incurred:  #-6-99  6. Original Amount of Debt: \$ 337	\$ .\$ .\$	\$	\$ 337.00 FORGIVEN
If bank loan, name of endorser or guarantor:	,	Amo	ount Endorsed: \$ -	
Debt #2 Corp? Yes Owed to or by.	4. Type: <u>FO</u>	\$\$		
DEANNA KOSKI ISO79 HARVEST MEADOWS STERLING HTS MI 48313	5. Date Debt Was Incurred:  10-19-99  6. Original Amount of Debt:  \$ 385, 81	\$ \$ \$ \$	\$	\$ 885; FORGIVEN
If bank loan, name of endorser or guarantor:		Am	ount Endorsed: \$	
Debi#3 Corp? Yes Owed to Gray:  DEANNA KOSKI 15019 HARVEST MEADOWS 3 FERING HTS MI 48313	4. Type: FO  5. Date Debt Was Incurred: 6-16-60  6. Original Amount of Debt: \$ 900.	\$	\$	\$ 900.
If bank loan, name of endorser or guarantor:		Am	nount Endorsed: \$	
(Co	implete on last page of Schedule s	Grand Total o	(Outstanding debt) of all Schedules 1E r to the committee)	A122,81
A debt or obligation must be shown on this Schedu this Campaign Statement or it was forgiven during t			osing date of	on line 12a "owed by"" or line 12b "owed to" of the Summary Page
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CAND	IDATE	COMMITTEE
CAND	IUAIC	COMMINITEE

CANDIDATE COMMITTEE 2. C.	ommittee Name	E 10 NECIEG	DETINET	TOSAL
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 quarantors, 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)
Debi#1 Owed to orby:  DEANNA KOSKI 15079 HARVEST MEADOWS STERLING HTS, MI 48313	4. Type: NLC  5. Date Debt Was Incurred: 5-24-99  6. Original Amount of Debt: \$ 241.	\$ \$ \$	\$	\$ <u>241.</u> FORGIVEN
If bank loan, name of endorser of guarantor:		\$Am	ount Endorsed: \$ _	
Debi#2 Corp? Yes Owed to erby: DEANNA KOSKI 15079 HARVEST MEADOWS STERLING HTS M. 48313	4. Type: NLC  5. Date Debt Was Incurred: 6-4-99 6. Original Amount of Debt: 5 664, 13	\$\$\$\$	\$	664. 13 FORGIVEN
If bank loan, name of endorser or guarantor:		Ar	mount Endorsed: \$_	
Debl#3 Owed to GADAWS  DEANNA KOSKI 15079 HARVEST MEADOWS STERLING HTS MI 48313	4. Type: FO  5. Date Debt Was Incurred: 2-16-99  6. Original Amount of Debt: 595,00	\$	\$	\$ <b>595.</b> FORGIVEN
If bank loan, name of endorser or guarantor:		A	mount Endorsed: \$_	
		•	(Outstanding debt)	15al 13
(Co	mplete on last page of Schedule s	Grand Total howing amounts owed by	of all Schedules 1E 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.

Page \_\_\_\_\_ of \_\_\_



CANDIDATE COMMITTEE 2.0	ommittee Name Campit It Ca	- 10 11501-9	SIJEA INPIL	1205/16
This Schedule itemizes:				
a. Debts and obligations owed by or forgiven the common (Check	mittee OR b. Debts ok either a or b. Use only for the pu	s and obligations owed <u>to</u> or rpose checked.)	forgiven by the con	nmittee.
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 quarantors, 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:	4. Type: Co5+ FR	<u> </u>		
Owed to enthrice Corp? Yes  DEANNA KOSKI 15079 HARVEST MEADOWS  STERLING HTS, MI 48313	5. Date Debt Was Incurred:  5-15-13  6. Original Amount of Debt:	\$ \$ .\$	\$	s.337.
If bank loan, name of endorser of guarantor:	\$ <u>337, 05</u>	\$	unt Endorsed: \$ —	FORGIVEN
Debt #2 Corp? Yes	Cont FR	,	UN LINGUISCO. V =	
Owed to er by:	4. Type: Cost FR	\$	:	
DEANNA KOSKI ISO79 HARVEST MEADOWS STERLING HTS M. 48313	5. <u>Date Debt Was Incurred</u> : 9-9-15 6. <u>Original Amount of Debt</u> : \$ 692,196	\$ \$ \$	s	£92. 96
	\$	<u> </u>		FORGIVEN
If bank loan, name of endorser or guarantor:		Am	ount Endorsed: \$	
DEANNA KOSKI JEANNA KOSKI 15079 HARVEST MEADOWS 3 FERLING HTS MI 48313	4. Type: Cost FR.  5. Date Debt Was Incurred:  10-24-19  6. Original Amount of Debt:  \$ 250,00	\$ \$ \$ \$	\$	\$ <u>256,</u> FORGIVEN
If bank loan, name of endorser or guarantor:		Arr	nount Endorsed: \$	,
	<b>****</b>	Page Subtotal	(Outstanding debt)	1280,01
(Co A debt or obligation must be shown on this Schedu this Campaign Statement or it was forgiven during t	emplete on last page of Schedule s le if there was an outstanding ar he period covered by this Camp	Grand Total of the country of the co	of all Schedules 1E r to the committee)	Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page
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CANDIDATE COMMITTEE 2. C	ommittee Name Cammitte	E TO KELLECY	DEANNE	t Nosk
This Schedule Itemizes:				
a. Debts and obligations owed by onforgiven the community (Chec	<del>nittee</del> <b>OR</b> b. Debts ok either a or b. Use only for the pu	s and obligations owed <u>to</u> or rpose checked.)	forgiven by the cor	nmittee.
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	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	4. Type: Ad - NEWS	<b>\$</b>		·
DEANNA KOSKI ISO19 HARVEST MEADOWS STERLING HTS MI 48313	5. <u>Date Debt Was Incurred</u> :  7-18-25  6. <u>Original Amount of Debt</u> :  \$ 545,00	\$ \$ .\$	\$	\$ <u>545,000</u> FORGIVEN
If bank loan, name of endorser or guarantor:		Amo	ount Endorsed: \$ _	
Deanna Koski Deanna Koski 15019 Harvest Meadows Stering Hts M1 48313	4. Type: CREDIT  5. Date Debt Was Incurred:  (0-3-25)  6. Original Amount of Debt:  \$ 1871. 30	\$ \$ \$ \$	\$	\$ <u>/871,</u> FORGIVEN
, i		<u> </u>		
If bank loan, name of endorser or guarantor:		Am	ount Endorsed: \$_	
Debt #3 Corp? Yes Owed to or by:	4. Type:	\$ \$	<b>!</b>	
·	6. Original Amount of Debt:	\$\$ \$	\$	\$FORGIVEN
If bank loan, name of endorser or guarantor:		An	nount Endorsed: \$_	
		Grand Total	(Outstanding debt)	2416.32 8664.50
(Co A debt or obligation must be shown on this Schedu this Campaign Statement or it was forgiven during t	omplete on last page of Schedule s le if there was an outstanding ar the period covered by this Camp	nount owed on it at the cl		Enter this total on line 12a "owed by"" or line 12b "owed to" of the Summary Page

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## FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

1. Committee I.D. Number 69954-50

2. Committee Name To REELECT DEANN A Koski

0,11010,1112	2. Com	mittee Name 7011EE1E	LI JEHNNH NOSKI
	- USE A SEPARATE SH	EET FOR EACH EVENT	-
3. Date Event Was Held	Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity	6. Address and Name (If any) of the place where the activity was held.
9-24-25	50	RE-Election	CENTURY BANGOET CENT
			Private Residence
7. Total Contributions	1529	7.00	
8. Other Receipts			
9. Gross Receipts (Add lines 7			
10. Total Cost of Event (Total Cost includes In-Kind Co	ntributions and All Expenditures		
11. Check if event was a jo	int fund raiser and complete the	following:	
Co-Sponsor(s)	Contribution S (%)	plit	Expenditure Split (%)
	•		
**************************************			
	-		
**************************************	•	<del></del>	ANNA ANNAMA SERVER SERV
		M - Section	
***************************************			
			***************************************
The committee is require	red to file a separate Fund Raise	er Schedule for each fund raisi	ng event held during the
<ul> <li>period covered by the 0</li> <li>Receipts and expenditu</li> </ul>	Campaign Statement. ures listed on a Fund Raiser Sch	edule must also be reported o	n the Itemized Contributions
Schedule (1A), Itemize	d In-Kind Contributions Schedul	e (1-IK), Itemized Expenditures	Schedule (1B) and the
<ul><li>Summary Page.</li><li>Each committee that page.</li></ul>	articipated in a joint fund raiser n	nust file a Fund Raiser Schedu	le for the event.
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