MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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: 8-26-25 to 10-19-25

1. Committee I.D. Number: 69954-50

2. Committee Name: COMMITTEE TO REELECT 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 DR STERLING Hts. MI 48313

Area Code and Phone: 5867185559

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 DR STERLING Hts MI. 48313

Area Code & Phone: 586 718 5559

7. Treasurer's Business Address: 15079 HARVEST MEADOWS DR STERLING Hts MI 48313

Area Code and Phone: 586 718 5559

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: Nov 4, 2025

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 oustanding assets, owes no fates fees or has any oustanding 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 (Signature) Date: 10-23-25

Candidate: DEANNA KOSKI (Type or Print Name), Deanna Koski (Signature) Date: 10-23-25

Authority granted under P.A. 388 of 1976

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 69954-50

SUMMARY PAGE
CANDIDATE COMMITTEE

2. Committee Name Committee to Re-Elect Deanna Koski

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) $	17168.30	
b. Unitemized (less than $20.01 each - no Schedule)	(3b.) $	NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) $	17168.30	(18.) $ 18,363.30
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) $		(19.) $
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) $	17168.30	(20.) $ 18,363.30
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) $		(21.) $
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) $	0	(22.) $ 0
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) $	12493.09	
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.) $	12493.09	(23.) $ 13,038.09
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
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.) $	0	(24.) $ 0
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) $	8664.50	
b. Owed to the Committee (Schedule 1E)	(12b.) $		

BALANCE STATEMENT

13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) $	4321.75
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + $	17168.30
15. SUBTOTAL Add lines 13 and 14	(15.) = $	21,490.05
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - $	12493.09
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) $	8996.96

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 9-24-25
Name & Address:
TOMA STAVROS R
38600 VAN DYKE
STERLING Hts MI 48312
$ 200.00 $ 200.

5. If over $100.00 cumulative, please provide:
Occupation SELF/DEV Employer BENEDICT HOLDINGS
Business Address 38600 VAN DYKE, #255, STERLING Hts MI 48312
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
CALCATERRA LAWRENCE
36900 SCHOENHERR
STERLING Hts MI 48312
$ 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 9-24-25
Name & Address:
MACCARONE, III RALPH
13921 BASILISCO CHASE DR
SHELBY MI 48315
$ 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 9-24-25
Name & Address
STERLING HEIGHTS FIREFIGHTERS UNION LOCAL 1557
38911 VAN DYKE
STERLING Hts MI 48312
$ 1557.00 $ 1557.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: Direct Loan from a person ✓ Fund Raiser

Page Subtotal 1557.00

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

Enter this total on line 3a of Summary Page.

Page _____ of _____

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 9-24-25
Name & Address:
INKS NATHAN
11848 ANGUS CIR
STERLING HTS MI 48312
$ 500.00 $ 500.
5. If over $100.00 cumulative, please provide:
Occupation Atty Employer Bloom Sluggett PC
Business Address 161 OTTAWA NW, GRAND RAPIDS, MI 49503
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
BONNER, LUKAS
4575 SAWGRASS DR W
ANN ARBOR MI 48108
$ 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 9-24-25
Name & Address:
CASMERE AIAN
28836 PANAMA
WARREN, MI 48092
$ 200.00 $ 200.
5. If over $100.00 cumulative, please provide:
Occupation SELF Employer FRIENDLY OUTDOOR STORAGE
Business Address 33400 MAPLE LANE STERLING Hts MI 48312
Type of Contribution: Direct Loan from a person ✓ Fund Raiser

3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 9-24-25
Name & Address
WEISS, HARVEY
32820 WOODWARD AVE #200
ROYAL OAK MI 48073
$ 200.00 $ 200.
5. If over $100.00 cumulative, please provide:
Occupation SELF Employer TDW PROPERTY
Business Address 32820 WOODWARD, ROYAL OAK MI 48073
Type of Contribution: Direct Loan from a person ✓ Fund Raiser

Page Subtotal 1000.

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

Enter this total on line 3a of Summary Page.

Page _____ of _____

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 9-24-25

Name & Address:
NOTTE MICHAEL
48728 JAMIE CIRCLE
SHELBY MI 48317

$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 9-24-25

Name & Address
BOLOGNA JOHN
19135 SAXON DR
BEVERLY HILLS MI 48025

$200.00 $200.-

5. If over $100.00 cumulative, please provide:

Occupation REAL ESTATE Employer DEVELOPER/SELF

Business Address 19135 SAXON DR, BEVERLY HILLS MI 48025

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:
JUNCEVIC DINO
43500 UTICA
STERLING HTS MI 48314

$2000.00 $2000.-

5. If over $100.00 cumulative, please provide:

Occupation SELF Employer UTICA VANDYKE TOWING

Business Address 43500 UTICA STERLING HTS MI 48314

Type of Contribution: Direct Loan from a person ✓ Fund Raiser

3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 9-24-25

Name & Address
RUGGERI PHILIP
55764 ST REGIS DR
SHELBY MI 48315

$500.00 $500.-

5. If over $100.00 cumulative, please provide:

Occupation Atty Employer SELF

Business Address 43231 SCHOENHERR STERLING HTS MI 48313

Type of Contribution: Direct Loan from a person ✓ Fund Raiser

Page Subtotal 2800.-

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

Enter this total on line 3a of Summary Page.

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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 9-24-25

Name & Address:

GUSH JEAN
15067 HARVEST MEADOWS DR
STERLING Hts MI 48313

$100.00 $100.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person ✓ Fund Raiser

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3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 9-24-25

Name & Address

LOCKWOOD Scott
950 SOUTHDOWN Rd
Bloomfield MI 48304

$200.00 $200.✓

5. If over $100.00 cumulative, please provide:

Occupation ADMIN Employer RELIF

Business Address 950 SOUTHDOWN, BLOOMFIELD MI 48304 / 51301 SCHOENHERR SHELBY, MI 48315

Type of Contribution: Direct Loan from a person ✓ Fund Raiser

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3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 9-24-25

Name & Address:

RADTKE MICHAEL
34205 BARRETT DR
STERLING Hts MI 48312

$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

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3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 9-24-25

Name & Address

DENAULT JR DONALD
15731 MARCIE
FRASER MI 48026

$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

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Page Subtotal 500.—

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

Enter this total on line 3a of Summary Page.

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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 9-24-25

Name & Address:
ROMANO JOE
13236 ERINDLEY
STERLING Hts MI 48312

$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 9-24-25

Name & Address
NAJJAR NICK
850 STEPHENSON HWY #115
TROY MI 48083

$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 9-24-25

Name & Address:
ANDREWS CLARK
53985 SUTHERLAND
SHELBY MI 48316

$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 9-24-25

Name & Address
PANGORI STEPHEN
8106 ROSEBUD LN
CLARKSTON MI 48348

$200.00 $200.✓

5. If over $100.00 cumulative, please provide:

Occupation ADM Employer AEW INC

Business Address 51301 SCHOENHERR SHELBY MI 48315

Type of Contribution: Direct Loan from a person ✓ Fund Raiser

Page Subtotal 500.✓

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

Enter this total on line 3a of Summary Page.

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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 9-24-25

Name & Address:
TURNBULL CHARLES
53957 SUTHERLAND
SHELBY MI 48316

$ 100.00 $ 200.00

5. If over $100.00 cumulative, please provide:

Occupation Atty Employer O'REILLY RANCILIO PC

Business Address 13900 HALL Rd, STERLING HTS MI 48313

Type of Contribution: Direct Loan from a person ✓ Fund Raiser

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3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 9-24-25

Name & Address
SCOTT LAWRENCE
13900 HALL Rd
STERLING HTS MI 48313

$ 200.00 $ 400.00

5. If over $100.00 cumulative, please provide:

Occupation Atty Employer O'REILLY RANCILIO PC

Business Address 13900 HALL Rd STERLING HTS MI 48313

Type of Contribution: Direct Loan from a person ✓ Fund Raiser

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3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 9-24-25

Name & Address:
FENN JOHN,
13288 LILLIAN
STERLING HTS MI 48313

$ 100.00 $ 100.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person ✓ Fund Raiser

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3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 9-24-25

Name & Address
MOCERI DOMINIC
3495 MOCERI CT
OAKLAND MI 48306

$ 6800.00 $ 6800.00

5. If over $100.00 cumulative, please provide:

Occupation OWNER Employer MOCERI

Business Address 3005 UNIVERSITY, AUBURN HILLS MI 48326

Type of Contribution: Direct Loan from a person ✓ Fund Raiser

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Page Subtotal 7200.00

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

Enter this total on line 3a of Summary Page.

Page _____ of _____

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 9-24-25

Name & Address:
BARIL MARK
38264 PLUM HOLLOW DR
STERLING HTS MI

$ 40.00 $ 40.-

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 9-24-25

Name & Address
POLLARD JAY
359 ENTERPRISE CT
BLOOMFIELD HILLS MI 48302

$ 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 9-24-25

Name & Address:
GALLO TONY
6303 - 26 MILE
WASHINGTON MI 48094

$ 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 9-24-25

Name & Address
WOJNO PAUL
32025 MARGARET CT
WARREN, MI 48093

$ 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

Page Subtotal 340.-

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

Enter this total on line 3a of Summary Page.

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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 9-24-25

Name & Address:
HISHON, ALEX
69753 CRIMSON CT
BRUCE TWP MI 48065

$ 200.00 $ 200.

5. If over $100.00 cumulative, please provide:
Occupation ATTY Employer O'REILLY RANCILIO PC
Business Address 12900 HALL RD, STERLING HTS MI 48313
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
GODFREY LINDA
8933 HENSLEY
STERLING HTS MI 48314

$ 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 9-24-25

Name & Address:
HAMLIN JR EUGENE
12900 HALL RD
STERLING HTS, 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 9-24-25

Name & Address
KASZUBSKI MARC
1096 BROMPTON RD
ROCHESTER HILLS MI 48309

$ 200.00 $ 450.00

5. If over $100.00 cumulative, please provide:
Occupation ATTY Employer O'REILLY RANCILIO, PC
Business Address 12900 HALL RD, STERLING HTS MI 48313
Type of Contribution: Direct Loan from a person ✓ Fund Raiser

Page Subtotal 600.00

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

Enter this total on line 3a of Summary Page.

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 9-24-25

Name & Address:
HINDMAN BOB
34895 GRAESBECK, 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 #2 PAC Receipt? YES 4. Date of Receipt 9-24-25

Name & Address
MACDONALD MICHAEL
18890 SAN QUENTIN DR
LATHRUP VILLAGE MI 48076

$ 200.00 $ 200.

5. If over $100.00 cumulative, please provide:

Occupation ENGINEER Employer HRC

Business Address 555 HUIET DR Bloomfield Hills MI 48302

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:
QUETER WALTER
43181 SCHOEN HERR
STERLING HTS 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 10-3-25

Name & Address
DEANNA KOSKI
15079 HARVEST MEADOWS DR
STERLING HTS MI 48313

$ 1871.30 $ 1871.30

5. If over $100.00 cumulative, please provide:

Occupation RETIRED Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person ✓ Fund Raiser

Page Subtotal	2271.30
Grand Total of All Schedules 1A (Complete on last page of Schedule)	17168.30

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 69954-50

2. Committee Name Committee To Reelect Deanna Koski

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name AMERICAN GRAPHICS Address 34895 GROESBECK CLINTON TWP MI 48035 ☐ Fund Raiser	Purpose: PRINT - MAIL ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	9-22-25	$ 8365.74
Expenditure #2 Name CENTURY BANQUET CENTER Address 33204 MAPLE LANE STERLING Hts MI 48312 ☑ Fund Raiser	Purpose: FOOD/RENTAL ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	9-24-25	$ 1459.05
Expenditure #3 Name C & G NEWSPAPER Address 13650 E. ELEVEN MILE WARREN MI 48089 ☐ Fund Raiser	Purpose: 1/4 Pg AD ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10-17-25	$ 797.00
Expenditure #4 Name C+G NEWSPAPER Address 13650 E. ELEVEN MILE WARREN MI 48089 ☐ Fund Raiser	Purpose: Ad-BANNER ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10-15-25	$ 455.00
Expenditure #5 Name CENTURY BANQUET CENTER Address 33204 MAPLE LANE STERLING Hts MI 48312 ☑ Fund Raiser	Purpose: DEPOSIT/MISC ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	9-24-25	$ 300.00

Subtotal this page 11376.79

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

Enter this total on line 8a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 69954-50

2. Committee Name Committee To 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 STICKERINVASION Address STICKERINVASION.COM ORDER# 8230 + #8441 ☐ Fund Raiser	Purpose: STICKERS/Poll HAND OUT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	9-22-25	$ 177.16
Expenditure #2 Name CAR STICKERS INC Address 2146 NE 4th St BEND, OR 97701 ☐ Fund Raiser	Purpose: MAGNETS/Poll HAND OUT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	9-30-25	$ 759.00
Expenditure #3 Name MICHAELS/MEIJER Address 13821 Hall Rd + 15055 HALL SHELBY MI 48315 ☒ Fund Raiser	Purpose: TABLE DECOR ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	9-24-25	$ 143.14
Expenditure #4 Name TREAS, STERLING HTS, Address 40555 UTICA Rd STERLING HTS MI 48311 ☐ Fund Raiser	Purpose: List-MAILING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	9-23-25	$ 37.00
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____	$ _____

Subtotal this page	1116.30
Grand Total of all Schedules 1B (Complete on last page of Schedule)	1249.09

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. [X] 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 ~~or by:~~ Deanna Koski 15079 Harvest Meadows Sterling Hts, MI 48313	4. Type: FO 5. Date Debt Was Incurred: 7-7-00 6. Original Amount of Debt: $ 749.58	$ ____ $ ____ $ ____ $ ____ $ ____	$ ____	$ 749.58 FORGIVEN
If bank loan, name of endorser or guarantor: ____ Amount Endorsed: $ ____				
Debt #2 Corp? Yes Owed to ~~or by:~~ Deanna Koski 15079 Harvest Meadows Sterling Hts MI 48313	4. Type: ADS 5. Date Debt Was Incurred: 10-17-09 6. Original Amount of Debt: $ 486.00	$ ____ $ ____ $ ____ $ ____ $ ____	$ ____	$ 486.00 FORGIVEN
If bank loan, name of endorser or guarantor: ____ Amount Endorsed: $ ____				
Debt #3 Corp? Yes Owed to ~~or by:~~ Deanna Koski 15079 Harvest Meadows Sterling Hts MI 48313	4. Type: Candy - Treat 5. Date Debt Was Incurred: 9-31-10 / 10-19-10 6. Original Amount of Debt: $ 109.67	$ ____ $ ____ $ ____ $ ____ $ ____	$ ____	$ 109.67 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)

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. X 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 ~~or by:~~ Deanna Koski 15079 Harvest Meadows Sterling Hts, Mi 48313	4. Type: FO 5. Date Debt Was Incurred: 4-6-99 6. Original Amount of Debt: $337.00	$ $ $ $ $	$	$337.00 FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: $ _____				
Debt #2 Corp? Yes Owed to ~~or by:~~ Deanna Koski 15079 Harvest Meadows Sterling Hts Mi 48313	4. Type: FO 5. Date Debt Was Incurred: 10-19-99 6. Original Amount of Debt: $885.81	$ $ $ $ $	$	$885.81 FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: $ _____				
Debt #3 Corp? Yes Owed to ~~or by:~~ Deanna Koski 15079 Harvest Meadows Sterling Hts Mi 48313	4. Type: FO 5. Date Debt Was Incurred: 6-16-00 6. Original Amount of Debt: $900.00	$ $ $ $ $	$	$900.00 FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: $ _____				

Page Subtotal (Outstanding debt) 2122.81

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

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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. X 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 ~~or by:~~ 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: $241.00	$ ____ $ ____ $ ____ $ ____ $ ____	$ ____	$ 241.00 FORGIVEN
If bank loan, name of endorser or guarantor: ____ Amount Endorsed: $ ____				
Debt #2 Corp? Yes Owed to ~~or by:~~ Deanna Koski 15079 Harvest Meadows Sterling Hts MI 48313	4. Type: NLC 5. Date Debt Was Incurred: 6-4-99 6. Original Amount of Debt: $664.13	$ ____ $ ____ $ ____ $ ____ $ ____	$ ____	$ 664.13 FORGIVEN
If bank loan, name of endorser or guarantor: ____ Amount Endorsed: $ ____				
Debt #3 Corp? Yes Owed to ~~or by:~~ 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	$ ____ $ ____ $ ____ $ ____ $ ____	$ ____	$ 595.00 FORGIVEN
If bank loan, name of endorser or guarantor: ____ Amount Endorsed: $ ____				

Page Subtotal (Outstanding debt) 1500.13

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.

Page ____ of ____

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. X 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 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 ~~or by:~~ DEANNA KOSKI 15079 HARVEST MEADOWS STERLING HTS, MI 48313	4. Type: Cost FR 5. Date Debt Was Incurred: 5-15-13 6. Original Amount of Debt: $337.05	$ ____ $ ____ $ ____ $ ____ $ ____	$ ____	$337.05 FORGIVEN
If bank loan, name of endorser or guarantor: ____ Amount Endorsed: $ ____				
Debt #2 Corp? Yes Owed to ~~or by:~~ DEANNA KOSKI 15079 HARVEST MEADOWS STERLING HTS MI 48313	4. Type: Cost FR 5. Date Debt Was Incurred: 9-9-15 6. Original Amount of Debt: $692.96	$ ____ $ ____ $ ____ $ ____ $ ____	$ ____	$692.96 FORGIVEN
If bank loan, name of endorser or guarantor: ____ Amount Endorsed: $ ____				
Debt #3 Corp? Yes Owed to ~~or by:~~ DEANNA KOSKI 15079 HARVEST MEADOWS STERLING HTS MI 48313	4. Type: Cost FR 5. Date Debt Was Incurred: 10-24-19 6. Original Amount of Debt: $250.00	$ ____ $ ____ $ ____ $ ____ $ ____	$ ____	$250.00 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. X 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 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 or ~~by~~: Deanna Koski 15079 Harvest Meadows Sterling Hts MI 48313	4. Type: Ad - News 5. Date Debt Was Incurred: 7-18-25 6. Original Amount of Debt: $545.00	$ ____ $ ____ $ ____ $ ____ $ ____	$ ____	$545.00 FORGIVEN
If bank loan, name of endorser or guarantor: ____ Amount Endorsed: $ ____				
Debt #2 Corp? Yes Owed to or ~~by~~: Deanna Koski 15079 Harvest Meadows Sterling Hts MI 48313	4. Type: Reimb Credit Card 5. Date Debt Was Incurred: 10-3-25 6. Original Amount of Debt: $1871.30	$ ____ $ ____ $ ____ $ ____ $ ____	$ ____	$1871.30 FORGIVEN
If bank loan, name of endorser or guarantor: ____ Amount Endorsed: $ ____				
Debt #3 Corp? Yes Owed to or by:	4. Type: ____ 5. Date Debt Was Incurred: ____ 6. Original Amount of Debt: $ ____	$ ____ $ ____ $ ____ $ ____ $ ____	$ ____	$ ____ FORGIVEN
If bank loan, name of endorser or guarantor: ____ Amount Endorsed: $ ____				

Page Subtotal (Outstanding debt) 2416.30

Grand Total of all Schedules 1E 8664.50
(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

FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE

1. Committee I.D. Number 69954-50

2. Committee Name COMMITTEE TO REELECT DEANNA KOSKI

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held	4. 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 BANQUET CENTER ☐ Private Residence

7. Total Contributions 15297.00

8. Other Receipts

9. Gross Receipts (Add lines 7 and 8) 15297.00

10. Total Cost of Event 1902.19
(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-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.