



**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: 10-20-25 to 11-24-25

1. Committee I.D. Number  
69954-50

2. Committee Name  
COMMITTEE TO RE-ELECT  
DEANNA KOSKI

4. Candidate Last Name KOSKI First Name DEANNA M.I.  
4a. Office Sought Including District # or Community Served (If applicable)  
CITY COUNCIL  
4b. County of Residence MACOMB

5. Committee's Mailing Address  
15079 HARVEST MEADOWS DR.  
STERLING HTS. MI. 48313

Area Code and Phone 586-718-5559  
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

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

Area Code & Phone 586-718-5559

7. Treasurer's Business Address  
15079 HARVEST MEADOWS  
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  
11-4-25

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  
11-12-25

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 Deanna Koski Date 11/12/25  
Type or Print Name Signature

Candidate DEANNA KOSKI Deanna Koski Date 11/12/25  
Type or Print Name Signature



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
<b>3. Contributions</b>		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>10333.28</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>10333.28</u>	(18.) \$ <u>28,696.58</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(19.) \$ _____
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ <u>10333.28</u>	(20.) \$ <u>28,696.58</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0</u>	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ <u>0</u>
<b>EXPENDITURES</b>		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>19,330.24</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ _____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ _____	
<b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>19,330.24</u>	(23.) \$ <u>32,368.33</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ _____	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (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>0</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _____	
<b>BALANCE STATEMENT</b>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>8996.96</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>10333.28</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>19330.24</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>19330.24</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$ <u>0</u>	



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 <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>10/29/25</u>		
Name & Address: <u>YATOMA MICHAEL</u> <u>13323 EAGLE NEST TRAIL, SHELBY, MI. 48315</u>				<u>\$ 2450.</u>	<u>\$ 2450.</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>YATOMA OIL</u> Business Address <u>51300 DANVIEW TECH. SHELBY MI. 48315</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>10/29/25</u>		
Name & Address: <u>YATOMA MARVEN</u> <u>16392 VIA MERA, MACOMB, MI. 48042</u>				<u>\$ 2450.</u>	<u>\$ 2450.</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>YATOMA OIL</u> Business Address <u>51300 DANVIEW TECH. SHELBY MI. 48315</u> 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>10/29/25</u>		
Name & Address: <u>YATOMA JIMMY</u> <u>12933 RED MAPLE DR. SHELBY, MI. 48315</u>				<u>\$ 2450.</u>	<u>\$ 2450.</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>YATOMA OIL</u> Business Address <u>51300 DANVIEW TECH. SHELBY MI. 48315</u> 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>10/29/25</u>		
Name & Address: <u>YATOMA NORMAN</u> <u>56392 VIA SERBELLONI, MACOMB, MI. 48042</u>				<u>\$ 2450.</u>	<u>\$ 2450.</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>YATOMA OIL</u> Business Address <u>51300 DANVIEW TECH. SHELBY, MI. 48315</u> Type of Contribution: Direct <input checked="" type="checkbox"/> Loan from a person Fund Raiser					

Page Subtotal

9800.00

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>USKIC PASHKO</u> <u>38346 PHYLLIS CT. STERLING HTS. MI. 48312</u>				\$ <u>300.</u>	\$ <u>300.</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>DODGE PARK CONEY ISLAND</u> Business Address <u>35252 DODGE PARK RD. STERLING HTS. MI. 48312</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		
Name & Address: <u>DEANNA KOSKI</u> <u>15079 HARVEST MEADOWS. STERLING HTS. MI. 48313</u>				\$ <u>233.28</u>	\$ <u>233.28</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: Direct <input checked="" type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> 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

533.28

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

10333.28

Enter this total on  
line 3a of Summary  
Page.



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 DOMINIC MOCERI Address 3495 MOCERI CT OAKLAND, MI. 48306 <input type="checkbox"/> Fund Raiser	Purpose: RETURN EXCESS CONTRIBUTIONS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/31/25 Date	\$ 4,350. <sup>00</sup>
Expenditure #2 Name DEREK KOSKI Address 33885 KENNEDY DR. STERLING HTS. MI. 48310 <input type="checkbox"/> Fund Raiser	Purpose: SIGN DELIVERY + PICKUP <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11/10/25 Date	\$ 100. <sup>00</sup>
Expenditure #3 Name BRITTANY KOSKI Address 15079 HARVEST MEADOWS STERLING HTS. MI. 48313 <input type="checkbox"/> Fund Raiser	Purpose: SIGN DELIVERY + PICKUP <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11/10/25 Date	\$ 100. <sup>00</sup>
Expenditure #4 Name DEREK KOSKI Address 33885 KENNEDY DR STERLING HTS. MI. 48310 <input type="checkbox"/> Fund Raiser	Purpose: POLL SNACKS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11/10/25 Date	\$ 50. <sup>00</sup>
Expenditure #5 Name GEOFF GRIEPEY Address 35015 CAVANT DR. STERLING HTS. MI. 48310 <input type="checkbox"/> Fund Raiser	Purpose: CAMPAIGN FACEBOOK ADVERT. <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11/10/25 Date	\$ 150. <sup>00</sup>

Subtotal this page

4,750.<sup>00</sup>

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 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 MARY MARCINAK Address 42752 VAN DYKE STERLING HTS. MI. 48314 <input type="checkbox"/> Fund Raiser	Purpose: ELECTION FUNDRAISER DESSERTS, ETC. <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11/10/25 Date	\$ 300.00
Expenditure #2 Name ADRIAN KOSKI Address 33885 KENNEDY DR STERLING HTS. MI. 48310 <input type="checkbox"/> Fund Raiser	Purpose: EARLY VOTING + ELECTION POLL WORK + GAS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11/10/25 Date	\$ 100.00
Expenditure #3 Name BRITTANY KOSKI Address 15079 HARVEST MEADOWS STERLING HTS. MI. 48313 <input type="checkbox"/> Fund Raiser	Purpose: GRAPHIC DESIGN FLYER + ADS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11/10/25 Date	\$ 500.00
Expenditure #4 Name BRITTANY KOSKI Address 15079 HARVEST MEADOWS STERLING HTS. MI. 48313 <input type="checkbox"/> Fund Raiser	Purpose: ADMINISTRATIVE ASSISTANT - NEWSPAPERS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11/10/25 Date	\$ 500.00
Expenditure #5 Name ADRIAN KOSKI Address 33885 KENNEDY DR STERLING HTS. MI. 48310 <input type="checkbox"/> Fund Raiser	Purpose: DIGITAL MEDIA MARKETING (TIKTOK) <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11/10/25 Date	\$ 500.00

Subtotal this page

1900.00

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 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 ADRIAN KOSKI Address 33885 KENNEDY DR STERLING HTS. MI. 48310 <input type="checkbox"/> Fund Raiser	Purpose: DIGITAL MEDIA MARKETING (FACEBOOK) <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11/10/25 Date	\$ 500.00
Expenditure #2 Name DEANNA KOSKI Address 15079 HARVEST MEADOWS STERLING HTS. MI. 48313 <input type="checkbox"/> Fund Raiser	Purpose: REIMBURSEMENT <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11/10/25 Date	\$ 8664.50
Expenditure #3 Name DEANNA KOSKI Address 15079 HARVEST MEADOWS STERLING HTS. MI. 48313 <input type="checkbox"/> Fund Raiser	Purpose: STAMP - INK - BANK CHARGES REIMBURSEMENT <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11/10/25 Date	\$ 233.28
Expenditure #4 Name SH. K-9 UNIT Address C/O JEREMY WALLEMAN SHPD 40333 DODGE PARK STERLING HTS. MI. 48313 <input type="checkbox"/> Fund Raiser	Purpose: DONATION - K-9 UNIT <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11/12/25 Date	\$ 3282.46
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

12,680.24

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

19,330.24

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: DEANNA KOSKI 15079 HARVEST MEADOWS STERLING HTS, MI 48313	4. Type: <u>FO</u> 5. Date Debt Was Incurred: <u>7-7-00</u> 6. Original Amount of Debt: <u>\$ 749.58</u>	11-10-05 \$ 749.58 \$ \$ \$ \$	\$ 749.58	\$ <u>0</u> 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: <u>ADS</u> 5. Date Debt Was Incurred: <u>10-17-09</u> 6. Original Amount of Debt: <u>\$ 486.00</u>	11-10-05 \$ 486.00 \$ \$ \$ \$	\$ 486.00	\$ <u>0</u> 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: <u>CANDY TREAT</u> 5. Date Debt Was Incurred: <u>3-31-10 / 10-19-10</u> 6. Original Amount of Debt: <u>\$ 109.67</u>	11-10-05 \$ 109.67 \$ \$ \$ \$	\$ 109.67	\$ <u>0</u> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) 0

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.  
(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: DEANNA KOSKI 15079 HARVEST MEADOWS STERLING HTS, MI 48313	4. Type: <u>FO</u> 5. Date Debt Was Incurred: <u>4-6-99</u> 6. Original Amount of Debt: <u>\$ 337.00</u>	11-10-25 <u>337.00</u> \$ \$ \$ \$	\$ <u>337.00</u>	\$ <u>0</u> 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: <u>FO</u> 5. Date Debt Was Incurred: <u>10-19-99</u> 6. Original Amount of Debt: <u>\$ 885.81</u>	11-10-25 <u>885.81</u> \$ \$ \$ \$	\$ <u>885.81</u>	\$ <u>0</u> 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: <u>FO</u> 5. Date Debt Was Incurred: <u>6-16-00</u> 6. Original Amount of Debt: <u>\$ 900.00</u>	11-10-25 <u>900.00</u> \$ \$ \$ \$	\$ <u>900.00</u>	\$ <u>0</u> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) 0

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. ☒ 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>NLC</u> 5. Date Debt Was Incurred: <u>5-24-99</u> 6. Original Amount of Debt: <u>\$ 241.00</u>	11-10-95 <u>241.00</u> \$ \$ \$ \$	\$ <u>241.00</u>	\$ <u>0</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>NLC</u> 5. Date Debt Was Incurred: <u>6-4-99</u> 6. Original Amount of Debt: <u>\$ 664.13</u>	11-10-95 <u>664.13</u> \$ \$ \$ \$	\$ <u>664.13</u>	\$ <u>0</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>FO</u> 5. Date Debt Was Incurred: <u>2-16-99</u> 6. Original Amount of Debt: <u>\$ 595.00</u>	11-10-95 <u>595.00</u> \$ \$ \$ \$	\$ <u>595.00</u>	\$ <u>0</u>  FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) 0

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.  
(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: DEANNA Koski 15079 HARVEST MEADOWS STERLING Hts, MI 48313	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>	11-10-25 \$ 337. <sup>00</sup> \$ \$ \$ \$	\$ 337. <sup>05</sup>	\$ <u>0</u> 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: <u>COST FR</u> 5. Date Debt Was Incurred: <u>9-9-15</u> 6. Original Amount of Debt: <u>\$ 692.96</u>	11-10-25 \$ 692. <sup>96</sup> \$ \$ \$ \$	\$ 692. <sup>96</sup>	\$ <u>0</u> 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: <u>COST FR</u> 5. Date Debt Was Incurred: <u>10-24-19</u> 6. Original Amount of Debt: <u>\$ 250.<sup>00</sup></u>	11-10-25 \$ 250. <sup>00</sup> \$ \$ \$ \$	\$ 250. <sup>00</sup>	\$ <u>0</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)

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 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>Ad - NEWS</u> 5. Date Debt Was Incurred: <u>7-18-25</u> 6. Original Amount of Debt: <u>\$ 545.00</u>	11-10-25 \$ <u>545.00</u> \$ \$ \$	<u>545.00</u>	\$ <u>0</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>REIMB CC</u> 5. Date Debt Was Incurred: <u>10-3-25</u> 6. Original Amount of Debt: <u>\$ 1871.30</u>	11-10-25 \$ <u>1871.30</u> \$ \$ \$	<u>1871.30</u>	\$ <u>0</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>BANK CHARGES</u> 5. Date Debt Was Incurred: <u>11/5/25</u> 6. Original Amount of Debt: <u>\$ 233.28</u>	11-10-25 \$ <u>233.28</u> \$ \$ \$	<u>233.28</u>	\$ <u>0</u> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) 0

Grand Total of all Schedules 1E  
(Complete on last page of Schedule showing amounts owed by or to the committee) 0

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

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