



CANDIDATE COMMITTEE  
COVER PAGE

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

FOR OFFICIAL USE ONLY

1. Committee I.D. Number <b>69954-50</b>		3. This Statement covers From: <b>10-20-25</b> to <b>11-24-25</b>
2. Committee Name <b>COMMITTEE TO REELECT DEANNA KOSKI</b>		4. Candidate Last Name <b>KOSKI</b> First Name <b>DEANNA</b> M.I. <b>J</b> 4a. Office Sought Including District # or Community Served (If applicable) <b>CITY COUNCIL</b>
5. Committee's Mailing Address <b>15079 HARVEST MEADOWS DR STERLING HEIGHTS MI 48313</b>  <b>586 718 5559</b>		4b. County of Residence <b>MACOMB</b> 6. Treasurer's Name & Residential Address <b>DEANNA KOSKI 15079 HARVEST MEADOWS DR STERLING HTS MI 48313</b>  <b>586 718 5559</b>
7. Treasurer's Business Address <b>15079 HARVEST MEADOWS DR STERLING HTS MI 48313</b>  <b>586 718 5559</b>		8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)
Area Code and Phone 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.		Area Code and Phone
9. TYPE OF STATEMENT 9a. Pre-Election OR <input checked="" type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to:  Primary General <input checked="" type="checkbox"/> Convention Special School Caucus		Required ONLY if candidate is not on the ballot for the current year:  July Quarterly October Quarterly  9c. Annual Statement (____) Coverage Year  9d. <input checked="" type="checkbox"/> Amendment to Campaign Statement (Complete item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)
Date of Election, Convention or Caucus <b>11-4-25</b>		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 <b>11-12-25</b>  Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.
10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.		
Current Treasurer or Designated Record keeper <b>DEANNA KOSKI</b> Type or Print Name		Signature Date <b>12-7-25</b>
Candidate <b>DEANNA KOSKI</b> Type or Print Name		Signature Date <b>12-7-25</b>



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**DEBTS AND OBLIGATIONS**

**SCHEDULE 1E**

**CANDIDATE COMMITTEE**

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.	4. Type of Obligation (Description)	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)
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.	5. Indicate date debt was incurred 6. Indicate original amount of debt	11-10-25 \$ 545.00 \$ 545.00	\$ 545.00	\$ 0.00

Debt #1 Owed to or by:  DEANNA Koski 15079 HARVEST MEADOWS STERLING Hts, MI 48313	Corp? Yes  4. Type: Ad - NEWS 5. Date Debt Was Incurred: 7-18-25 6. Original Amount of Debt: \$ 545.00	11-10-25 \$ 545.00 \$ 545.00	\$ 545.00	\$ 0.00
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Debt #2 Owed to or by:  DEANNA Koski 15079 HARVEST MEADOWS STERLING Hts, MI 48313	Corp? Yes  4. Type: REIMB CC 5. Date Debt Was Incurred: 10-3-25 6. Original Amount of Debt: \$ 1871.30	11-10-25 \$ 1871.30 \$ 1871.30	\$ 1871.30	\$ 0.00
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If bank loan, name of endorser or guarantor:	Amount Endorsed: \$
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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.