



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: 11-29-11 to 12-31-12

1. Committee I.D. Number

69954-50

4. Candidate Last Name

KOSKI

First Name

DEANNA

M.I.

2. Committee Name

COMMITTEE TO REELECT
DEANNA KOSKI

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
STERLING HEIGHTS MI
48313

Area Code and Phone

586 566 2388

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 HEIGHTS MI 48313

Area Code & Phone

586 566 2388

7. Treasurer's Business Address

15079 HARVEST MEADOWS
STERLING HEIGHTS MI
48313

Area Code and Phone

586 566 2388

8. Designated Record keeper's Name and Mailing Address (If the committee has a
Designated Record keeper)

Area Code and Phone

9e.

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

Required ONLY if candidate
is not on the ballot for the
current year:

July Quarterly

October Quarterly

9c. ☒ Annual Statement 2012
Coverage Year

9d. Amendment to Campaign Statement
(Complete Item 9a, 9b, 9c or 9e to
indicate which Statement is being
amended.)

By checking this item I/we certify any outstanding debt
by the committee to the candidate or his or her spouse is here
by discharged and forgiven, and no longer collectible from
the committee. The committee has no outstanding assets,
owes no late fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be
considered a request for the Reporting Waiver.

Effective date of dissolution

Note: The disposition of residual funds must be reported on
Schedule 1B and the Summary Page.

10. Verification: (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

Signature

Date

1-29-13

Candidate

DEANNA KOSKI

Type or Print Name

Signature

Date

1-29-13