



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.

1. Committee I.D. Number 139793		3. This Statement covers From: 10/19/20 to 11/23/20	
2. Committee Name TERENCE MEKOSKI FOR MACOMB COUNTY SHERIFF		4. Candidate Last Name MEKOSKI First Name TERENCE M.I. H 4a. Office Sought including District # or Community Served (if applicable) MACOMB COUNTY SHERIFF 4b. County of Residence MACOMB	
5. Committee's Mailing Address 42211 Garfield Road, #230 Clinton Township, MI 48038 Area Code and Phone: (588) 277-1136 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 Paula Verticchio P.O. Box 271 Washington, MI 48094 Area Code & Phone: _____	
7. Treasurer's Business Address Paula Verticchio P.O. Box 271 Washington, MI 48094 Area Code and Phone: _____		8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) Paula Verticchio P.O. Box 271 Washington, MI 48094 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 11/03/20		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 8a, 8b, 8c or 8d to indicate which Statement is being amended.) 9e. Dissolution of Candidate Committee ☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is hereby discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no later 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: 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: Paula Verticchio Signature: <i>[Signature]</i> Date: 11-24-20 Candidate: Terence H. Mekoski Signature: <i>[Signature]</i> Date: 11-24-20			



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 139793

2. Committee Name TERENCE MEKOSKI FOR MACOMB COUNTY SHERIFF

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>12,230.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>\$12,230.00</u>	(18.) \$ <u>\$175,116.06</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u>\$0.00</u>	(19.) \$ <u>\$100.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>\$12,230.00</u>	(20.) \$ <u>\$175,216.06</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>\$2,853.62</u>	(21.) \$ <u>\$19,357.38</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u>\$0.00</u>	(22.) \$ <u>\$0.00</u>
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>\$20,256.36</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u>\$0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u>\$0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>\$20,256.36</u>	(23.) \$ <u>\$172,828.50</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u>\$0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u>\$0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	<u>\$0.00</u>	(24.) \$ <u>\$0.00</u>
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>\$13,200.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u>\$0.00</u>	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>\$10,413.92</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>\$12,230.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>\$22,643.92</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>\$20,256.36</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>\$2,387.56</u>	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139793

2. Committee Name TERENCE MEKOSKI FOR MACOMB COUNTY SHERIFF

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>10/19/20</u>	
Name & Address: <u>Joseph Szacon</u> <u>38411 Jonathan Street</u> <u>Clinton Township, MI 48036</u>		\$ <u>1000.00</u>	\$ <u>1000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/19/20</u>	
Name & Address: <u>Kenneth Quisenberry</u> <u>58 Church Street</u> <u>Ortonville, MI 48462</u>		\$ <u>500.00</u>	\$ <u>750.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/20/20</u>	
Name & Address: <u>Jimmy Zeer</u> <u>4351 Auburn</u> <u>Shelby Township, MI 48317</u>		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Sunset Liquor</u>		Click Here for Memo Itemization	
Business Address <u>4351 Auburn, Shelby Township, MI 48317</u>			
Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/23/20</u>	
Name & Address: <u>Bohdan Fedorak</u> <u>43227 Winterfield Drive</u> <u>Sterling Heights, MI 48314</u>		\$ <u>100.00</u>	\$ <u>600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Mortgage Rep</u> Employer <u>Quicken Loans</u>		Click Here for Memo Itemization	
Business Address <u>1528 Woodward Ave, Detroit, MI 48226</u>			
Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal \$1,800.00

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 139793

2. Committee Name TERENCE MEKOSKI FOR MACOMB COUNTY SHERIFF

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>10/22/20</u>	
Name & Address: Nathan Inks 11848 Angus Cir. Sterling Heights, MI 48312		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/26/20</u>	
Name & Address: Angela Stanzione 13232 Towering Oaks Drive Shelby Township, MI 48315		\$ <u>400.00</u>	\$ <u>600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/26/20</u>	
Name & Address: Celine Banka 36822 Lodge Sterling Heights, MI 48312		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/27/20</u>	
Name & Address: Matthew Aubrey 53400 Tundra Drive Shelby Township, MI 48316		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Tap & Barrel</u> Business Address <u>50055 Van Dyke Rd, Shelby, MI 48317</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$850.00

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 139793

2. Committee Name TERENCE MEKOSKI FOR MACOMB COUNTY SHERIFF

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>10/27/20</u> Name & Address: Terence Mekoski 42211 Garfield, #238 Clinton Township, MI 48038		\$ <u>200.00</u>	\$ <u>18200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Sr Fin Inv-Forf Fin Analyst</u> Employer <u>FSA LLC</u> Business Address <u>20110 Ashbrook Place #230, Ashburn, VA 20147</u> Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/28/20</u> Name & Address: Denise Jacks 46355 Rockford Drive Shelby Township, MI 48315		\$ <u>75.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/28/20</u> Name & Address: Kevin Schaumburger 6423 Sylvan Drive Gladwin, MI 48624		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/28/20</u> Name & Address: Beth Talbert 14291 Haverhill Dr. Shelby Township, MI 48315		\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$335.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

1. Committee I.D. Number 139793
2. Committee Name TERENCE MEKOSKI FOR MACOMB COUNTY SHERIFF

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3. Contribution #1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/28/20</u> Name & Address: <u>Nicole Becker</u> <u>1775 Schoenith Ln.</u> <u>Bloomfield Hills, MI 48302</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Derrick George Law</u> Business Address <u>444 South Washington, Royal Oak, MI 48067</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>2500.00</u>	\$ <u>2500.00</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/28/20</u> Name & Address: <u>Jeffrey Ellis</u> <u>6949 Carrington Cir E.</u> <u>West Bloomfield, MI 48322</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>50.00</u>	\$ <u>50.00</u>
3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/28/20</u> Name & Address: <u>Derrick E. George</u> <u>444 South Washington</u> <u>Royal Oak, MI 48067</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Derrick George Law</u> Business Address <u>444 South Washington, Royal Oak, MI 48067</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>2500.00</u>	\$ <u>3500.00</u>
3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/28/20</u> Name & Address: <u>Anthony Stone</u> <u>24192 Ashford Ln.</u> <u>Clinton Township, MI 48043</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>50.00</u>	\$ <u>50.00</u>

Page Subtotal **\$5,100.00**

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

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Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139793
2. Committee Name TERENCE MEKOSKI FOR MACOMB COUNTY SHERIFF

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>10/28/20</u>	
Name & Address: Joseph Lambourn 3600 Allen Road Ortonville, MI 48462		\$ <u>250.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/28/20</u>	
Name & Address: Jackie Roberts 5127 Forest Avenue Otter Lake, MI 48464		\$ <u>50.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/29/20</u>	
Name & Address: Daniel Russell 17680 Maisons Drive Clinton Township, MI 48038		\$ <u>500.00</u>	\$ <u>1500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>President/CEO</u> Employer <u>Industrial Marketing Consultants, Inc.</u> Business Address <u>P.O. Box 84, Romeo, MI 48064</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/29/20</u>	
Name & Address: Terry Datsko 38247 Santa Barbara Clinton Township, MI 48038		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$840.00**

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**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

1. Committee I.D. Number 139793

2. Committee Name TERENCE MEKOSKI FOR MACOMB COUNTY SHERIFF

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>10/29/20</u>	
Name & Address: <u>Suzanna Nestorovski</u> <u>47618 Rail Drive</u> <u>Shelby Township, MI 48315</u>		<u>\$ 50.00</u>	<u>\$ 50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/29/20</u>	
Name & Address: <u>Angela Stanzione</u> <u>13232 Towering Oaks Drive</u> <u>Shelby Township, MI 48315</u>		<u>\$ 200.00</u>	<u>\$ 600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/29/20</u>	
Name & Address: <u>John Ange</u> <u>3031 Alden Court</u> <u>Port Huron, MI 48060</u>		<u>\$ 250.00</u>	<u>\$ 250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Macomb Prosecutor's Office</u> Business Address <u>1 S. Main, Mount Clemens, MI 48043</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/29/20</u>	
Name & Address: <u>Thomas Mitchell</u> <u>40171 William Drive</u> <u>Sterling Heights, MI 48313</u>		<u>\$ 100.00</u>	<u>\$ 300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$600.00

Grand Total of All Schedules 1A
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/29/20</u> Name & Address: Luigi Gjokaj 21723 Raymond St. Clair Shores, MI 48082		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/29/20</u> Name & Address: Gloria Pizzo 4862 Fairways Drive Brighton, MI 48116		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/29/20</u> Name & Address: Anthony Chirco 14377 Bournemuth Shelby Township, MI 48315		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/29/20</u> Name & Address: Robert Little 14625 Shirley Warren, MI 48089		\$ <u>100.00</u>	\$ <u>725.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$350.00**

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

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**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

1. Committee I.D. Number 139793

2. Committee Name TERENCE MEKOSKI FOR MACOMB COUNTY SHERIFF

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>10/29/20</u>	
Name & Address: Max Fellsman 14612 Alpena Drive Sterling Heights, MI 48313		\$ <u>50.00</u>	\$ <u>475.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Consultant</u> Employer <u>City of Warren</u> Business Address <u>1 City Square, Warren, MI 48089</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>11/02/20</u>	
Name & Address: Otis Culpepper 14497 Harbor Island Detroit, MI 48215		\$ <u>1000.00</u>	\$ <u>1000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Culpepper Kinney</u> Business Address <u>615 Griswold #1300, Detroit, MI 48226</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3	PAC Receipt? ☐ YES	4. Date of Receipt <u>11/02/20</u>	
Name & Address: Luke Kajj 10973 Explorer Road El Cajon, CA 91941		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Student</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4	PAC Receipt? ☐ YES	4. Date of Receipt <u>11/04/20</u>	
Name & Address: Anthony Jacobson 24474 26 Mile Rd, Apt. #2 Macomb, MI 48042		\$ <u>5.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$1,305.00**

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 139793

2. Committee Name TERENCE MEKOSKI FOR MACOMB COUNTY SHERIFF

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>11/01/20</u> Name & Address: Jarvis Williams 988 Stratford Place Bloomfield Hills, MI 48304 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>500.00</u>	\$ <u>1500.00</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>11/01/20</u> Name & Address: Jeffrey Denha 5971 Burnham Road Bloomfield Hills, MI 48302 5. If over \$100.00 cumulative, please provide: Occupation <u>Engineer</u> Employer <u>BAFE</u> Business Address <u>965 Wanda Street, Ferndale, MI 48220</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>350.00</u>	\$ <u>850.00</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>11/01/20</u> Name & Address: Kevin Fahey 73955 Kanie Road Bruce, MI 48065 5. If over \$100.00 cumulative, please provide: Occupation <u>Doctor</u> Employer <u>Self</u> Business Address <u>18570 19 Mile, Clinton Township, MI 48038</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>200.00</u>	\$ <u>200.00</u>
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

\$1,050.00

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

\$12,230.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 139793

CANDIDATE COMMITTEE

2. Committee Name TERENCE MEKOSKI FOR MACOMB COUNTY SHERIFF

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? ☐ Yes Name & Address: Terence Mekoski 42211 Garfield #238 Clinton Township, MI 48038 If over \$100.00 cumulative, please provide: Occupation: Sr Fin Inv-For Fin Analyst Employer Name & Business Address: FSA LLC 20110 Ashbrook Place #230 Ashurn, VA 20147 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☒ Goods or Services Purchased by Candidate or Others- LOAN Description <u>Campaign Flyers</u> 5. Date Of Receipt: <u>10/30/20</u> 6. Vendor Name & Address: Prism Printing LLC 51168 Milano Macomb, MI 48042 Click Here for Memo Itemization	\$ 402.80	\$ 3552.39
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: Terence Mekoski 42211 Garfield #238 Clinton Township, MI 48038 If over \$100.00 cumulative, please provide: Occupation: Sr Fin Inv-For Fin Analyst Employer Name & Address: FSA LLC 20110 Ashbrook Place #230 Ashurn, VA 20147 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☒ Goods or Services Purchased by Candidate or Others- LOAN Description <u>Promo Shirts</u> 5. Date Of Receipt: <u>10/30/20</u> 6. Vendor Name & Address: Detroit LaCrosse Co. 44830 Vic Wertz Drive Clinton Township, MI 48036 Click Here for Memo Itemization	\$ 401.90	\$ 3552.39
Contribution #3 PAC Receipt? ☐ Yes Name & Address: Nicole Blank-Becker 1775 Schoenith Ln. Bloomfield Hills, MI 48302 If over \$100.00 cumulative, please provide: Occupation: Attorney Employer Name & Address: Derrick George Law 444 South Washington Royal Oak, MI 48067 ☒ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☒ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description <u>Appetizers/Soda</u> 5. Date Of Receipt: <u>10/28/20</u> 6. Vendor Name & Address: Thyme & Honey, St. Clair Shores (\$170) Costco, Madison Heights (\$100) Bounce Party Rental, Detroit (\$125) Service Staff, Royal Oak (\$100) Click Here for Memo Itemization	\$ 495.00	\$ 495.00

Page Subtotal \$1,299.70 \$4047.39

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

Enter this total
on line 6 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **139793**

CANDIDATE COMMITTEE

2. Committee Name **TERENCE MEKOSKI FOR MACOMB COUNTY SHERIFF**

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in item 5)
Contribution # 1 PAC Receipt? ☐ Yes Name & Address: Derrick George 444 South Washington Royal Oak, MI 48067 If over \$100.00 cumulative, please provide: Occupation: Attorney Employer Name & Business Address: Derrick George Law 444 South Washington Royal Oak, MI 48067 ☒ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☒ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description Appetizers/Soda 5. Date Of Receipt: 10/28/20 6. Vendor Name & Address: Thyme & Honey, St. Clair Shores (\$170) Costco, Madison Heights (\$100) Bounce Party Rental, Detroit (\$125) Service Staff, Royal Oak (\$100)	\$ 495.00	\$ 495.00
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: Jim Sage 36470 Moravian Drive Clinton Township, MI 48035 If over \$100.00 cumulative, please provide: Occupation: President/CEO Employer Name & Address: Sajos of Clinton Township 36470 Moravian Drive Clinton Township, MI 48035 ☒ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☒ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description Appetizers/Soda 5. Date Of Receipt: 10/29/20 6. Vendor Name & Address: Sajos Banquet Facility 36470 Moravian Drive Clinton Township, MI 48035	\$ 907.20	\$ 907.20
Contribution #3 PAC Receipt? ☐ Yes Name & Address: Terence Mekoski 42211 Garfield #238 Clinton Township, MI 48038 If over \$100.00 cumulative, please provide: Occupation: Sr Fin Inv-For Fin Analyst Employer Name & Address: FSA LLC 20110 Ashbrook Place #230 Ashburn, VA 20147 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☒ Goods or Services Purchased by Candidate or Others- LOAN Description Sign Supplies 5. Date Of Receipt: 11/02/20 6. Vendor Name & Address: Walmart 18400 Hall Road Clinton Township MI 48038	\$ 151.72	\$ 3552.39
Page Subtotal		\$1,553.92	\$4,954.59

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

\$2,853.62

Enter this total
on line 6 of Summary
Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number **139793**
2. Committee Name **TERENCE MEKOSKI FOR MACOMB COUNTY SHERIFF**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name VIP Marketing Pros Address 16850 Collins Ave., Ste 112-212 Sunny Isles, FL 33160 ☐ Fund Raiser	Purpose: <u>Advertising/Marketing (all done in house)</u> Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/19/20</u> Date	<u>\$ 1996.45</u>
Expenditure #2 Name G-Tek Professional Services Address 42888 Mound Rd Sterling Heights, MI 48314 ☐ Fund Raiser	Purpose: <u>Graphic designs/Signs (all done in house)</u> Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/19/20</u> Date	<u>\$ 4,727.60</u>
Expenditure #3 Name Nation Builder Address 520 S. Grand Ave., 2nd Floor Los Angeles, CA 90071 ☐ Fund Raiser	Purpose: <u>Advertising/Marketing (all done in house)</u> Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/21/20</u> Date	<u>\$ 83.00</u>
Expenditure #4 Name G-Tek Professional Services Address 42888 Mound Rd Sterling Heights, MI 48314 ☐ Fund Raiser	Purpose: <u>Graphic designs/Signs (all done in house)</u> Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/21/20</u> Date	<u>\$ 3370.80</u>
Expenditure #5 Name Facebook Address 1 Facebook Way Menlo, CA 94025 ☐ Fund Raiser	Purpose: <u>Advertising/Marketing (all done in house)</u> Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/26/20</u> Date	<u>\$ 900.00</u>

Subtotal this page **\$11,077.85**

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 **139793**
2. Committee Name **TERENCE MEKOSKI FOR MACOMB COUNTY SHERIFF**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name STRIPE Address 510 Townsend Street San Francisco, CA 94103 ☐ Fund Raiser	Purpose: <u>Service Fee (all done in house)</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/22/20</u> Date	\$ <u>3.20</u>
Expenditure #2 Name STRIPE Address 510 Townsend Street San Francisco, CA 94103 ☐ Fund Raiser	Purpose: <u>Service Fee (all done in house)</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/28/20</u> Date	\$ <u>4.23</u>
Expenditure #3 Name STRIPE Address 510 Townsend Street San Francisco, CA 94103 ☒ Fund Raiser	Purpose: <u>Service Fee (all done in house) 10/28</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/28/20</u> Date	\$ <u>73.39</u>
Expenditure #4 Name STRIPE Address 510 Townsend Street San Francisco, CA 94103 ☒ Fund Raiser	Purpose: <u>Service Fee (all done in house) 10/29</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/28/20</u> Date	\$ <u>11.05</u>
Expenditure #5 Name Facebook Address 1 Facebook Way Menlo, CA 94025 ☐ Fund Raiser	Purpose: <u>Advertising/Marketing (all done in house)</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/30/20</u> Date	\$ <u>900.00</u>

Subtotal this page **\$991.87**

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 **139793**
2. Committee Name **TERENCE MEKOSKI FOR MACOMB COUNTY SHERIFF**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name SQUARE Address 901 Mission St., Suite 210 San Francisco, CA 94103 ☐ Fund Raiser	Purpose: <u>Service Fee (all done in house)</u> Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/29/20</u> Date	<u>\$ 4.10</u>
Expenditure #2 Name Italian Tribune Address 21852 23 Mile Rd Macomb, MI 48042 ☐ Fund Raiser	Purpose: <u>Advertising (all done in house)</u> Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/30/20</u> Date	<u>\$ 277.00</u>
Expenditure #3 Name Google LLC Address 1600 Amphitheatre Pkwy Mountainview, CA 94043 ☐ Fund Raiser	Purpose: <u>Advertising/Marketing (all done in house)</u> Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/02/20</u> Date	<u>\$ 84.76</u>
Expenditure #4 Name STRIPE Address 510 Townsend Street San Francisco, CA 94103 ☒ Fund Raiser	Purpose: <u>Service Fee (all done in house) 10/29</u> Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/02/20</u> Date	<u>\$ 15.70</u>
Expenditure #5 Name STRIPE Address 510 Townsend Street San Francisco, CA 94103 ☒ Fund Raiser	Purpose: <u>Service Fee (all done in house) 10/29</u> Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/04/20</u> Date	<u>\$.45</u>
Subtotal this page			\$382.01
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 139793
2. Committee Name TERENCE MEKOSKI FOR MACOMB COUNTY SHERIFF

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Terence Mekoski Address 42211 Garfield #238 Clinton Township, MI 48038 ☐ Fund Raiser	Purpose: <u>Reimbursement</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/30/20</u> Date	<u>\$ 402.80</u> Click Here for Memo Itemization Type
Expenditure #2 Name Terence Mekoski Address 42211 Garfield #238 Clinton Township, MI 48038 ☐ Fund Raiser	Purpose: <u>Reimbursement</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/30/20</u> Date	<u>\$ 401.90</u> Click Here for Memo Itemization Type
Expenditure #3 Name Terence Mekoski Address 42211 Garfield #238 Clinton Township, MI 48038 ☐ Fund Raiser	Purpose: <u>Reimbursement</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/02/20</u> Date	<u>\$ 151.72</u> Click Here for Memo Itemization Type
Expenditure #4 Name Terence Mekoski Address 42211 Garfield #238 Clinton Township, MI 48038 ☐ Fund Raiser	Purpose: <u>Reimbursement</u> ☒ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/20/20</u> Date	<u>\$ 5000.00</u> Click Here for Memo Itemization Type
Expenditure #5 Name G-Tek Professional Services Address 42888 Mound Rd Sterling Heights, MI 48314 ☐ Fund Raiser	Purpose: <u>Graphic designs/Signs (all done in house)</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/12/20</u> Date	<u>\$ 742.00</u> Click Here for Memo Itemization Type

Subtotal this page **\$6,698.42**

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 **139793**
2. Committee Name **TERENCE MEKOSKI FOR MACOMB COUNTY SHERIFF**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Facebook Address 1 Facebook Way Menlo, CA 94025 ☐ Fund Raiser	Purpose: <u>Advertising/Marketing (all done in house)</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/17/20</u> Date	\$ <u>828.38</u>
Expenditure #2 Name Italian Tribune Address 21852 23 Mile Rd Macomb, MI 48042 ☐ Fund Raiser	Purpose: <u>Advertising/Marketing (all done in house)</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/20/20</u> Date	\$ <u>277.00</u>
Expenditure #3 Name STRIPE Address 510 Townsend Street San Francisco, CA 94103 ☐ Fund Raiser	Purpose: <u>Service Fee (all done in house)</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/20/20</u> Date	\$ <u>.83</u>
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page **\$1,106.21**

Grand Total of all Schedules 1B
(Complete on last page of Schedule) **\$20,256.36**

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS

1. Committee I.D. Number 139793

SCHEDULE 1E

CANDIDATE COMMITTEE

2. Committee Name TERENCE MEKOSKI FOR MACOMB COUNTY SHERIFF

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: Terence Mekoski 42211 Garfield #238 Clinton Township, MI 48038	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>06/03/20</u> 6. <u>Original Amount of Debt:</u> <u>\$ 5,000.00</u>	11/20/20 \$ 5,000.00 \$ \$ \$ \$	\$ 5,000.00	\$ 0.00 ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: Terence Mekoski 42211 Garfield #238 Clinton Township, MI 48038	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>6/30/20</u> 6. <u>Original Amount of Debt:</u> <u>\$ 4,000.00</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 4,000.00 ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: Terence Mekoski 42211 Garfield #238 Clinton Township, MI 48038	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>9/29/20</u> 6. <u>Original Amount of Debt:</u> <u>\$ 5,000.00</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 5,000.00 ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

\$9,000.00

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 139793

2. Committee Name TERENCE MEKOSKI FOR MACOMB COUNTY SHERIFF

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: Terence Mekoski 42211 Garfield #238 Clinton Township, MI 48038	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>10/04/20</u> 6. <u>Original Amount of Debt:</u> <u>\$ 4,000.00</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 4,000.00 ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: Terence Mekoski 42211 Garfield #238 Clinton Township, MI 48038	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>10/27/20</u> 6. <u>Original Amount of Debt:</u> <u>\$ 200.00</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 200.00 ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

\$4,200.00

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

\$13,200.00

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 139793
2. Committee Name TERENCE MEKOSKI FOR MACOMB COUNTY SHERIFF

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>10/28/20</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>17</u>	5. Type of Fund Raising Activity <u>Meet & Greet</u>	6. Address and Name (if any) of the place where the activity was held. <u>444 S Washington Ave.</u> <u>Royal Oak, MI 48067</u> ☐ Private Residence
---	---	---	---

7. Total Contributions \$5,050.00
8. Other Receipts \$0.00
9. Gross Receipts (Add lines 7 and 8) \$5,050.00
10. Total Cost of Event \$1,062.80
(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 (1-1K), 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.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139793
2. Committee Name TERENCE MEKOSKI FOR MACOMB COUNTY SHERIFF

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>10/29/20</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>57</u>	5. Type of Fund Raising Activity <u>Meet & Greet</u>	6. Address and Name (If any) of the place where the activity was held. <u>36470 Moravian Dr.</u> <u>Clinton Township, MI</u> <u>48035</u> ☐ Private Residence
---	---	---	---

7. Total Contributions \$2,155.00
8. Other Receipts \$0.00
9. Gross Receipts (Add lines 7 and 8) \$2,155.00
10. Total Cost of Event \$939.09
(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.