



FILED

25 JUL 2024 PM 02:24

MACOMB COUNTY CLERK
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**CANDIDATE COMMITTEE
COVER PAGE**

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: 01/01/2024 to 07/21/2024

1. Committee I.D. Number

139793

4. Candidate Last Name

First Name

M.I.

MEKOSKI

TERENCE

H

4a. Office Sought Including District # or Community Served (If applicable)

SHERIFF, MACOMB COUNTY

4b. County of Residence **MACOMB COUNTY**

2. Committee Name

TERENCE MEKOSKI FOR MACOMB COUNTY SHERIFF

5. Committee's Mailing Address

**13232 TOWERING OAKS DRIVE
SHELBY TOWNSHIP, MI 48315**

Area Code and Phone (586) 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 TWP, MI 48094**

Area Code & Phone (586) 630-2484

7. Treasurer's Business Address

**P.O. BOX 271
WASHINGTON TWP, MI 48094**

Area Code and Phone (586) 630-2484

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

**PAULA VERTICCHIO
P.O. BOX 271
WASHINGTON TWP, MI 48094**

Area Code and Phone (586) 630-2484

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

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.)

Date of Election, Convention or Caucus

08/06/2024

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 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: 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

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

07/25/2024

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

07/25/2024



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 139793

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name TERENCE MEKOSKI FOR MACOMB COUNTY SHERIFF

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>20,141.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>20,141.00</u>	(18.) \$ <u>20,141.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>50.00</u>	(19.) \$ <u>50.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>20,191.00</u>	(20.) \$ <u>20,191.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0.00</u>	(21.) \$ <u>0.00</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>18,760.06</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>18,760.06</u>	(23.) \$ <u>19,689.58</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>20,200.00</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>365.77</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>20,191.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>20,556.77</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>18,760.06</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>1,796.71</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>01/08/2024</u>	
Name & Address: MARK MHILLI 8176 WILLIAMSTOWN DR SHELBY TWP, MI 48316		\$ <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			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>01/24/2024</u>	
Name & Address: SHERYL MELLING 57914 GREY FOX GLEN WASHINGTON, MI 48094		\$ <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			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>01/29/2024</u>	
Name & Address: TERENCE MEKOSKI 13232 TOWERING OAKS DR SHELBY TWP, MI 48315		\$ <u>1,000.00</u>	\$ <u>1,000.00</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			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/13/2024</u>	
Name & Address: SANDRA BOWER PO BOX 338 ROSEVILLE, MI 48066		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>EMPIRE PAYS</u> Business Address <u>PO BOX 338, ROSEVILLE, MI 48066</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,460.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>02/15/2024</u> Name & Address: MATTHEW WILLIAMS 16442 FESTIAN DR WATTSBURG, PA 16442		\$ <u>250.00</u>	\$ <u>250.00</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			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>02/15/2024</u> Name & Address: JERRY BEAUCHAMP 35450 ROOSEVELT ST NEW BALTIMORE, MI 48047		\$ <u>25.00</u>	\$ <u>25.00</u>
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 <u>02/19/2024</u> Name & Address: NICK SULAKA 376 WATTLES RD BLOOMFIELD HILLS, MI 48304		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>NICK'S CHIPS</u> Business Address <u>PO BOX 389, HAZEL PARK, MI 48030</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>02/19/2024</u> Name & Address: KRISH MATHRANI 6123 MAYAPPLE DR TROY, MI 48085		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>UNEMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 825.00

Grand Total of All Schedules 1A
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/20/2024</u>	
Name & Address: DAVID MANZO 1030 VINSETTA BLVD ROYAL OAK, MI 48067		\$ <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			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/24/2024</u>	
Name & Address: SANDRA WIDMER 23171 HYDRANGEA DR CLINTON TWP, MI 48038		\$ <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			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/24/2024</u>	
Name & Address: CHARLA CEJMER 27200 IRWIN RD RICHMOND, MI 48062		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>FORD MOTOR CO.</u> Business Address <u>P.O. BOX 6248, DEARBORN, MI 48126</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/01/2024</u>	
Name & Address: DANIEL ACCIACCA 13665 BREEZY DR STERLING HEIGHTS, MI 48313		\$ <u>200.00</u>	\$ <u>200.00</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			

Page Subtotal 550.00

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/01/2024</u>	
Name & Address: FREDERICK NIENSTEDT 41362 JUSTIN DR CLINTON TWP, MI 48038		\$ <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			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/04/2024</u>	
Name & Address: RHONDA DICKOW 30047 MUIRLAND DR FARMINGTON HILLS, MI 48334		\$ <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			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/05/2024</u>	
Name & Address: EARLINA VELTING 6987 CAMPAU LAKE DR SE ALTO, MI 49302		\$ <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			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/05/2024</u>	
Name & Address: MARK STANAJ 3240 WATERFORD CT #1310 ROCHESTER HILLS, MI 48309		\$ <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			

Page Subtotal 400.00

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/06/2024</u>	
Name & Address: DEBRA RINGLE 8936 CARRIAGE HILL DR SHELBY TWP, MI 48317		\$ <u>300.00</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			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/06/2024</u>	
Name & Address: WILLIAM COLEMAN III 1917 PINE RIDGE LN BLOOMFIELD TWP, MI 48302		\$ <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			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/06/2024</u>	
Name & Address: DANIEL BARLOTTA 68529 MEADOWOOD DR WASHINGTON, MI 48095		\$ <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			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/06/2024</u>	
Name & Address: JAMES JOHNSTON 21943 ELROY AVE WARREN, MI 48089		\$ <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			

Page Subtotal 600.00

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/06/2024</u> Name & Address: RONALD TORRES 51929 WATKINS GLEN DR MACOMB, MI 48042		\$ <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			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/06/2024</u> Name & Address: KENNETH NELSON 40862 FIRESTEEL DR STERLING HEIGHTS, MI 48313		\$ <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			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/06/2024</u> Name & Address: RACHEL SCOTT 49718 LONDON BRIDGE DR MACOMB, MI 48044		\$ <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			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/06/2024</u> Name & Address: LOIS MALIJAK 77940 MCFADDEN RD ARMADA, MI 48005		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MEAT CUTTER</u> Employer <u>VINCKIER FOODS</u> Business Address <u>22960 W MAIN ST, ARMADA, MI 48005</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 800.00

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/06/2024</u>	
Name & Address: MARY JANICKI-PITERA 19747 DRIFTWOOD DR CLINTON TWP, MI 48038		\$ <u>225.00</u>	\$ <u>225.00</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			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/06/2024</u>	
Name & Address: SHEILA GOLDSTEIN 31835 N JULIAN ST CLINTON TWP, MI 48036		\$ <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			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/06/2024</u>	
Name & Address: JURIJ FEDORAK 43277 WINTERFIELD DR STERLING HEIGHTS, MI 48314		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>MACOMB COUNTY PROSECUTOR'S OFFICE</u> Business Address <u>1 S MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/06/2024</u>	
Name & Address: THOMAS MITCHELL 40171 WILLIAM DR STERLING HEIGHTS, MI 48313		\$ <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			

Page Subtotal 2,425.00

Grand Total of All Schedules 1A
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/06/2024</u>	
Name & Address: LENORE KUREK 69504 SAXON DR BRUCE TOWNSHIP, MI 48065		\$ <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			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/06/2024</u>	
Name & Address: CHRIS HURD 67895 CAMPGROUND RD WASHINGTON, MI 48095		\$ <u>200.00</u>	\$ <u>200.00</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			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/06/2024</u>	
Name & Address: JOSEPH SZACON 38411 JONATHAN ST CLINTON TWP, MI 48036		\$ <u>200.00</u>	\$ <u>200.00</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			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/06/2024</u>	
Name & Address: SHEILA POMARANSKI 46261 COACHWOOD DR SHELBY TWP, 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			

Page Subtotal 600.00

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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>03/06/2024</u>	
Name & Address: RITA SKIRPAN 38862 PARDEE ST HARRISON TWP, MI 48045		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CIVIL ENGINEER</u> Employer <u>USAF</u> Business Address <u>SELFTRIDGE AIR NATIONAL GUARD BASE, HARRISON TWP, MI 48045</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/06/2024</u>	
Name & Address: NICOLA GJONAJ 7647 VISTA DR SHELBY TWP, MI 48316		\$ <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			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/06/2024</u>	
Name & Address: ANNETTE ZYSKI 21785 CHERRY BLOSSOM CT MACOMB, MI 48044		\$ <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			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/06/2024</u>	
Name & Address: MARY MEISSNER 489 VICTORIA LN ROMEO, MI 48065		\$ <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			

Page Subtotal 500.00

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

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**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>03/06/2024</u>	
Name & Address: DEBRA RINGLE 8936 CARRIAGE HILL DR SHELBY TWP, MI 48317		\$ <u>600.00</u>	\$ <u>900.00</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			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/06/2024</u>	
Name & Address: MICHAEL BIONDO 56390 BIRKDALE DR MACOMB, MI 48042		\$ <u>250.00</u>	\$ <u>250.00</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			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/06/2024</u>	
Name & Address: PHIL LACOMMARE 19816 WOODVIEW DR CLINTON TWP, MI 48038		\$ <u>150.00</u>	\$ <u>150.00</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			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/06/2024</u>	
Name & Address: PAULINE BASILICO 12970 MICHAEL DR SHELBY TWP, 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			

Page Subtotal **1,100.00**

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

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CANDIDATE COMMITTEE

1. Committee I.D. Number 139793
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/06/2024</u>	
Name & Address: THERESE REID 55512 RHINE AVE MACOMB, MI 48042		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RPH</u> Employer <u>CVS HEALTH</u> Business Address <u>1 CVS DR, WOONSOCKET, RI 02895</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/06/2024</u>	
Name & Address: PATRICIA RAYMOND 622 MALONEY AVE OXFORD, MI 48371		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REALTOR</u> Employer <u>KELLER WILLIAMS-SOMERSET</u> Business Address <u>901 WILSHIRE DR, TROY, MI 48084</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/06/2024</u>	
Name & Address: STEVEN MCSHERRY 40333 DODGE PARK RD STERLING HEIGHTS, MI 48313		\$ <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			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/06/2024</u>	
Name & Address: JASON MODRZEJEWSKI 50480 MADISON DR MACOMB, MI 48044		\$ <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			

Page Subtotal **1,200.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/06/2024</u>	
Name & Address: EDWAR TALIA 37829 SARAFINA DR 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			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/06/2024</u>	
Name & Address: BRIAN OPRE 45722 KENMORE ST SHELBY TWP, MI 48317		\$ <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			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/06/2024</u>	
Name & Address: OLIVER DONEVSKI 16476 WOODSTOCK DR MACOMB, MI 48044		\$ <u>80.00</u>	\$ <u>80.00</u>
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 <u>03/06/2024</u>	
Name & Address: ELIZABETH PLEVINSKI 14086 BRONTE DR S SHELBY TWP, MI 48315		\$ <u>80.00</u>	\$ <u>80.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **360.00**

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

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/06/2024</u>	
Name & Address: LOUIS RAHHAL 14851 VILLAGE PARK CIR SHELBY TWP, 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			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/06/2024</u>	
Name & Address: MARK MHILLI 8176 WILLIAMSTOWN DR SHELBY TWP, MI 48316		\$ <u>100.00</u>	\$ <u>110.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>FLOOR MAINTENANCE LLC</u> Business Address <u>8176 WILLIAMSTOWN DR, SHELBY TWP, MI 48316</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/06/2024</u>	
Name & Address: DON ALLEN 13205 27 MILE RD WASHINGTON, MI 48094		\$ <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			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/06/2024</u>	
Name & Address: MARK HEMMERLING 16393 GLENFIELD DR MACOMB, MI 48044		\$ <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			

Page Subtotal 350.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/06/2024</u>	
Name & Address: SAL BASHI WINTER CT SHELBY TWP, MI 48316		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>VICE PRESIDENT</u> Employer <u>COMCAST</u> Business Address <u>WINTER CT, SHELBY TWP, MI 48316</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/06/2024</u>	
Name & Address: MARK GJOKAJ 32588 BRUGGEMAN DR WARREN, MI 48088		\$ <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			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/06/2024</u>	
Name & Address: ANNA FORD 15521 GRAINGER DR CLINTON TWP, MI 48038		\$ <u>200.00</u>	\$ <u>200.00</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			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/06/2024</u>	
Name & Address: DONNA BRANDENBURG 6892 BYRON CENTER AVE SW BYRON CENTER, MI 49315		\$ <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			

Page Subtotal 700.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/06/2024</u>	
Name & Address: FRANK WALES 749 CLAIRE POINTE DR ST CLAIR SHORES, MI 48081		\$ <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			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/06/2024</u>	
Name & Address: TAMERA CARR 25841 Eastridge Ct NEW BALTIMORE, MI 48051		\$ <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			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/06/2024</u>	
Name & Address: DEBORAH ISAMAN 37500 SCHOENHERR RD 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			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/06/2024</u>	
Name & Address: LARRY O'GRADY 18641 BEATRICE ST CLINTON TWP, MI 48036		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>VIRAL SUN NEW MEDIA</u> Business Address <u>18641 BEATRICE ST, CLINTON TWP, MI 48036</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

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Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/06/2024</u>	
Name & Address: JOSEPH GUERRA 63455 ROMEO PLANK RD RAY, MI 48096		\$ <u>200.00</u>	\$ <u>200.00</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			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/06/2024</u>	
Name & Address: DANNY BARLOTTA 68529 MEADOWOOD DR WASHINGTON, MI 48095		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CAMPAIGN MANAGER</u> Employer <u>SELF</u> Business Address <u>68529 MEADOWOOD DR, WASHINGTON, MI 48095</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/06/2024</u>	
Name & Address: PAMELA ULRICH 6026 FORDHAM DR SHELBY TWP, MI 48316		\$ <u>200.00</u>	\$ <u>200.00</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			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/06/2024</u>	
Name & Address: ARDIATIK JEMINAJ 18129 BIRCH DR MACOMB, MI 48044		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>GOVERNMENT</u> Employer <u>FPS/TRIPLE CANOPY</u> Business Address <u>13530 DULLES TECHNOLOGY DR, HERNDON, VA 20171</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 800.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/06/2024</u>	
Name & Address: SANDRA BOWER PO BOX 338 ROSEVILLE, MI 48066		\$ <u>100.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>EMPIRE PAYS</u> Business Address <u>PO BOX 338, ROSEVILLE, MI 48066</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/08/2024</u>	
Name & Address: MEKOSKI ANNA 13232 TOWERING OAKS DR SHELBY TWP, MI 48315		\$ <u>1.00</u>	\$ <u>1.00</u>
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 <u>03/12/2024</u>	
Name & Address: PELLUM TINAJ 841 RAMBLEWOOD DR ROCHESTER, MI 48307		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>PAUL'S ON MAIN STREET</u> Business Address <u>630 N MAIN ST, ROCHESTER, MI 48307</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/20/2024</u>	
Name & Address: STEVE LANCUCKI 18185 WOLBRETTE CIR PORT CHARLOTTE, FL 33948		\$ <u>150.00</u>	\$ <u>150.00</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			

Page Subtotal **751.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/20/2024</u>	
Name & Address: STEPHEN MURREE 28370 S FROST RD LIVINGSTON, LA 70754		\$ <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			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/25/2024</u>	
Name & Address: DAN DEMEESTER 9349 MEISNER RD CASCO, MI 48064		\$ <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			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/01/2024</u>	
Name & Address: MAX FELLSMAN 14612 ALPENA DR STERLING HEIGHTS, MI 48313		\$ <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			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/10/2024</u>	
Name & Address: JARVIS WILLIAMS 988 STRATFORD PL BLOOMFIELD HILLS, MI 48304		\$ <u>500.00</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			

Page Subtotal **800.00**

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

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/11/2024</u>	
Name & Address: GARY RACE 18525 33 MILE RD ARMADA, MI 48005		\$ <u>100.00</u>	\$ <u>100.00</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			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/16/2024</u>	
Name & Address: ANNA MEKOSKI 13232 TOWERING OAKS DR SHELBY TWP, MI 48315		\$ <u>15.00</u>	\$ <u>15.00</u>
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 <u>04/16/2024</u>	
Name & Address: MIKE OTTENBACHER 46896 SPRINGHILL DR SHELBY TWP, MI 48317		\$ <u>30.00</u>	\$ <u>30.00</u>
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 <u>04/16/2024</u>	
Name & Address: TOM SOKOL 20331 VINE DR MACOMB, MI 48044		\$ <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			

Page Subtotal 245.00

Grand Total of All Schedules 1A
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**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>04/16/2024</u>	
Name & Address: JOYCE BAYNE 34442 JEFFERSON AVE HARRISON TWP, MI 48045		\$ <u>30.00</u>	\$ <u>30.00</u>
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 <u>04/22/2024</u>	
Name & Address: CURT HOOPER 32610 COLUMBUS DR WARREN, MI 48088		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SERVICE MAINTENANCE</u> Employer <u>CITY OF ROYAL OAK</u> Business Address <u>211 WILLIAMS ST, ROYAL OAK, MI 48067</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/23/2024</u>	
Name & Address: BRIAN OPRE 45722 KENMORE ST SHELBY TWP, MI 48317		\$ <u>100.00</u>	\$ <u>200.00</u>
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 <u>04/23/2024</u>	
Name & Address: BILLIE ANDERSON 14740 HILLSDALE DR STERLING HEIGHTS, MI 48313		\$ <u>30.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 310.00

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

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

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>04/23/2024</u>	
Name & Address: JEAN ZOTT 55878 APPLE LN SHELBY TWP, MI 48316		\$ <u>30.00</u>	\$ <u>30.00</u>
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 <u>04/24/2024</u>	
Name & Address: RON SINGER 31120 NELSON DR WARREN, MI 48088		\$ <u>15.00</u>	\$ <u>15.00</u>
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 <u>04/29/2024</u>	
Name & Address: CONSTANCE BENANDO 41098 MUELLER ST CLINTON TWP, MI 48038		\$ <u>60.00</u>	\$ <u>60.00</u>
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 <u>04/29/2024</u>	
Name & Address: MARK ` FORTON 48143 MALLARD DR NEW BALTIMORE, MI 48047		\$ <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			

Page Subtotal **155.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

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>04/29/2024</u>	
Name & Address: DAVID ULRICH 6026 FORDHAM DR SHELBY TWP, MI 48316		\$ <u>30.00</u>	\$ <u>30.00</u>
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 <u>04/29/2024</u>	
Name & Address: JULIE GARON 63949 DEQUINDRE RD WASHINGTON, MI 48095		\$ <u>15.00</u>	\$ <u>15.00</u>
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 <u>04/29/2024</u>	
Name & Address: DANIEL ACCIACCA 13665 BREEZY DR STERLING HEIGHTS, MI 48313		\$ <u>30.00</u>	\$ <u>230.00</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			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/29/2024</u>	
Name & Address: BARBARA LOHMANN 49540 ISHPERING DR CHESTERFIELD, MI 48047		\$ <u>55.00</u>	\$ <u>55.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 130.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

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1. Committee I.D. Number 139793
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/29/2024</u>	
Name & Address: ELLEN SMITH 22601 SUNNYDALE ST ST CLAIR SHORES, MI 48081		\$ <u>15.00</u>	\$ <u>15.00</u>
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 <u>04/29/2024</u>	
Name & Address: MICHAEL SMITH 56608 ST ANDREWS DR MACOMB, MI 48042		\$ <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			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/29/2024</u>	
Name & Address: FRED SCHUESSLER 12801 BENDER DR STERLING HEIGHTS, MI 48313		\$ <u>15.00</u>	\$ <u>15.00</u>
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 <u>04/29/2024</u>	
Name & Address: ERIN RORICK 24785 CAMPBELL AVE WARREN, MI 48089		\$ <u>30.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **110.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 139793
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/29/2024</u>	
Name & Address: ROGER MCCAULEY 25173 AU LAC DR N NEW BALTIMORE, MI 48051		\$ <u>15.00</u>	\$ <u>15.00</u>
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 <u>04/29/2024</u>	
Name & Address: SHELLY CARDAMONE 8419 RHODE DR SHELBY TWP, MI 48317		\$ <u>30.00</u>	\$ <u>30.00</u>
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 <u>04/29/2024</u>	
Name & Address: ANTHONY REEDER 60730 WERDERMAN RD NEW HAVEN, MI 48048		\$ <u>15.00</u>	\$ <u>15.00</u>
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 <u>04/29/2024</u>	
Name & Address: MARK STANAJ 3240 WATERFORD CT #1310 ROCHESTER HILLS, MI 48309		\$ <u>15.00</u>	\$ <u>115.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DEPUTY</u> Employer <u>OAKLAND COUNTY SHERIFF OFFICE</u> Business Address <u>1201 N TELEGRAPH, PONTIAC, MI 48341</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 75.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/29/2024</u> Name & Address: DANIEL RUSSELL 17680 MAISONS DR CLINTON TWP, MI 48038		\$ <u>15.00</u>	\$ <u>15.00</u>
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 <u>04/29/2024</u> Name & Address: CATHLEEN FRANCOIS 11826 METEOR DR STERLING HEIGHTS, MI 48313		\$ <u>30.00</u>	\$ <u>30.00</u>
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 <u>04/29/2024</u> Name & Address: ANEL VELADZIC 15835 PATRICK HENRY DR MACOMB, MI 48044		\$ <u>25.00</u>	\$ <u>25.00</u>
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 <u>04/29/2024</u> Name & Address: LARRY O'GRADY 18641 BEATRICE ST CLINTON TWP, MI 48036		\$ <u>25.00</u>	\$ <u>325.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>VIRAL SUN NEW MEDIA</u> Business Address <u>18641 BEATRICE ST, CLINTON TWP, MI 48036</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 95.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 139793
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/29/2024</u>	
Name & Address: PHIL BAHRI 7409 RAFFORD LN WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>AIRVOICE WIRELESS</u> Business Address <u>2425 FRANKLIN RD, BLOOMFIELD TWP, MI 48302</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/29/2024</u>	
Name & Address: DOUGLAS BLUNDEN 1548 PEBBLE CREEK DR ROCHESTER, MI 48307		\$ <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			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/29/2024</u>	
Name & Address: JORDAN EMMONS 15653 PATRICK HENRY DR MACOMB, MI 48044		\$ <u>15.00</u>	\$ <u>15.00</u>
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 <u>04/29/2024</u>	
Name & Address: THOMAS MITCHELL 40171 WILLIAM DR STERLING HEIGHTS, MI 48313		\$ <u>20.00</u>	\$ <u>120.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 285.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/29/2024</u>	
Name & Address: LENORE KUREK 69504 SAXON DR BRUCE TOWNSHIP, MI 48065		\$ <u>15.00</u>	\$ <u>115.00</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			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/29/2024</u>	
Name & Address: VICKI CONWAY 15653 PATRICK HENRY DR MACOMB, MI 48044		\$ <u>15.00</u>	\$ <u>15.00</u>
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 <u>04/29/2024</u>	
Name & Address: DEBORAH ISAMAN 37500 SCHOENHERR RD STERLING HEIGHTS, MI 48312		\$ <u>15.00</u>	\$ <u>115.00</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			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/29/2024</u>	
Name & Address: TAMERA CARR 25841 EASTRIDGE CT NEW BALTIMORE, MI 48051		\$ <u>20.00</u>	\$ <u>120.00</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			

Page Subtotal 65.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/29/2024</u>	
Name & Address: BEVERLY MARSHALL 28007 RUEHLE ST ST CLAIR SHORES, MI 48081		\$ <u>20.00</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			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/29/2024</u>	
Name & Address: BARBARA CERDA 15016 LANE DR WARREN, MI 48088		\$ <u>15.00</u>	\$ <u>15.00</u>
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 <u>04/29/2024</u>	
Name & Address: ROBERT STOCKEL 14933 HARTFORD CT SHELBY TWP, MI 48315		\$ <u>15.00</u>	\$ <u>15.00</u>
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 <u>04/29/2024</u>	
Name & Address: LOIS MALIJAK 77940 MCFADDEN RD ARMADA, MI 48005		\$ <u>15.00</u>	\$ <u>515.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MEAT CUTTER</u> Employer <u>VINCKIER FOODS</u> Business Address <u>22960 W MAIN ST, ARMADA, MI 48005</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 65.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/29/2024</u> Name & Address: MICHAEL MALIJAK 77941 MCFADDEN RD ARMADA, MI 48005		\$ <u>15.00</u>	\$ <u>15.00</u>
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 <u>04/29/2024</u> Name & Address: BRIAN OPRE 45722 KENMORE ST SHELBY TWP, MI 48317		\$ <u>15.00</u>	\$ <u>215.00</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			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/29/2024</u> Name & Address: FREDERICK BANC 34432 JEFFERSON AVE A13 HARRISON TWP, MI 48045		\$ <u>20.00</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			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/29/2024</u> Name & Address: TAMRA SZACON 38411 JONATHAN ST CLINTON TWP, MI 48036		\$ <u>20.00</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			

Page Subtotal 70.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/29/2024</u>	
Name & Address: BRANDON MINOR 28010 LARCHMONT ST ST CLAIR SHORES, MI 48081		\$ <u>20.00</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			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/29/2024</u>	
Name & Address: JOHN VERMEULEN 5514 WOODMIRE DR SHELBY TWP, MI 48316		\$ <u>15.00</u>	\$ <u>15.00</u>
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 <u>04/29/2024</u>	
Name & Address: TERRY CARROLL 29961 EMILY LANE NEW BALTIMORE, MI 48047		\$ <u>20.00</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			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/29/2024</u>	
Name & Address: ANEL VELADZIC 15835 PATRICK HENRY DR MACOMB, MI 48044		\$ <u>15.00</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			

Page Subtotal 70.00

Grand Total of All Schedules 1A
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**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>04/29/2024</u>	
Name & Address: MARK CONWAY 15653 PATRICK HENRY DR MACOMB, MI 48044		\$ <u>15.00</u>	\$ <u>15.00</u>
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 <u>04/29/2024</u>	
Name & Address: JOHN ZUPANC 45 PARKVIEW ST UPPER MT CLEMENS, MI 48043		\$ <u>20.00</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			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/29/2024</u>	
Name & Address: MARIA SLIWECKI 44855 MARIGOLD DR STERLING HEIGHTS, MI 48314		\$ <u>15.00</u>	\$ <u>15.00</u>
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 <u>04/29/2024</u>	
Name & Address: ROGER GOODRICH 37657 ANDREW DR STERLING HEIGHTS, MI 48312		\$ <u>15.00</u>	\$ <u>15.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 65.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 139793
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/29/2024</u> Name & Address: KEN RYMISZEWSKI 14877 N PARK DR SHELBY TWP, MI 48315		\$ <u>20.00</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			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/29/2024</u> Name & Address: ENDRIT TOPALLI 17055 COMPANIA DR MACOMB, MI 48044		\$ <u>20.00</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			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/29/2024</u> Name & Address: MARK GJOKAJ 32588 BRUGGEMAN DR WARREN, MI 48088		\$ <u>20.00</u>	\$ <u>120.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>MARK GJOKAJ</u> Business Address <u>32588 BRUGGEMAN DR, WARREN, MI 48088</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/29/2024</u> Name & Address: PAUL TINAJ 841 RAMBLEWOOD DR ROCHESTER, MI 48307		\$ <u>20.00</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			

Page Subtotal **80.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/29/2024</u> Name & Address: JANET SHEERAN P.O. BOX 183793 SHELBY TOWNSHIP, MI 48318		\$ <u>20.00</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			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/29/2024</u> Name & Address: TOM LULGURAJ 39680 BAROQUE BLVD CLINTON TWP, MI 48038		\$ <u>20.00</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			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/29/2024</u> Name & Address: ALEKSANDER STANAJ 1353 E GUNN RD ROCHESTER, MI 48306		\$ <u>15.00</u>	\$ <u>15.00</u>
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 <u>04/29/2024</u> Name & Address: ROBERT WRIGHT 7699 PERRY LAKE RD INDEPENDENCE TWP, MI 48348		\$ <u>15.00</u>	\$ <u>15.00</u>
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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Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/29/2024</u>	
Name & Address: CARRIE WRIGHT 7699 PERRY LAKE RD INDEPENDENCE TWP, MI 48348		\$ <u>15.00</u>	\$ <u>15.00</u>
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 <u>04/29/2024</u>	
Name & Address: WILLIAM BYERS 5057 AINTREE CT ROCHESTER, MI 48306		\$ <u>15.00</u>	\$ <u>15.00</u>
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 <u>04/29/2024</u>	
Name & Address: JOHN GROSSENBACHER 18042 CEDARLAWN DR CLINTON TWP, MI 48035		\$ <u>15.00</u>	\$ <u>15.00</u>
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 <u>04/29/2024</u>	
Name & Address: SARAH GROSSENBACHER 18042 CEDARLAWN DR CLINTON TWP, MI 48035		\$ <u>15.00</u>	\$ <u>15.00</u>
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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Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/29/2024</u>	
Name & Address: LYNDA WILSON 34733 FARGO DR STERLING HEIGHTS, MI 48312		\$ <u>15.00</u>	\$ <u>15.00</u>
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 <u>04/29/2024</u>	
Name & Address: ROY WILSON 34733 FARGO DR STERLING HEIGHTS, MI 48312		\$ <u>15.00</u>	\$ <u>15.00</u>
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 <u>04/29/2024</u>	
Name & Address: DAVID ENWYIA 14083 LARKSPUR DR SHELBY TWP, MI 48315		\$ <u>15.00</u>	\$ <u>15.00</u>
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 <u>04/29/2024</u>	
Name & Address: CHRIS SIERADZKI 15816 MILLAR RD CLINTON TWP, MI 48036		\$ <u>15.00</u>	\$ <u>15.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 60.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 139793
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/29/2024</u> Name & Address: AUDREY SIERADZKI 15816 MILLAR RD CLINTON TWP, MI 48036		\$ <u>15.00</u>	\$ <u>15.00</u>
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 <u>04/29/2024</u> Name & Address: ROB WISNIESK 7738 GARLAND WASHINGTON, MI 48094		\$ <u>15.00</u>	\$ <u>15.00</u>
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 <u>04/29/2024</u> Name & Address: GREG TAYLOR 22524 DOREMUS ST ST CLAIR SHORES, MI 48080		\$ <u>15.00</u>	\$ <u>15.00</u>
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 <u>04/29/2024</u> Name & Address: GREG TAYLOR 22524 DOREMUS ST ST CLAIR SHORES, MI 48080		\$ <u>15.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 60.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 139793
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/29/2024</u>	
Name & Address: GILLIAN TAYLOR 22524 DOREMUS ST ST CLAIR SHORES, MI 48080		\$ <u>15.00</u>	\$ <u>15.00</u>
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 <u>04/29/2024</u>	
Name & Address: CELINE BANKA 36822 LODGE DR STERLING HEIGHTS, MI 48312		\$ <u>15.00</u>	\$ <u>15.00</u>
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 <u>04/29/2024</u>	
Name & Address: TROY KOSAL 5685 SEVEN LAKES DR S WASHINGTON, MI 48095		\$ <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			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/29/2024</u>	
Name & Address: TOKI NESTOROVSKI 47618 RAIL DR SHELBY TWP, 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			

Page Subtotal 180.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/29/2024</u>	
Name & Address: ANGELA STANZIONE 13232 TOWERING OAKS DR SHELBY TWP, 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			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/29/2024</u>	
Name & Address: DANIEL DETKOWSKI 57175 WHITE OAKS DR WASHINGTON, MI 48094		\$ <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			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/29/2024</u>	
Name & Address: RONALD TORRES 51929 WATKINS GLEN DR MACOMB, MI 48042		\$ <u>100.00</u>	\$ <u>200.00</u>
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 <u>04/29/2024</u>	
Name & Address: ROBERT STEVENS 21418 RAINTREE DR MACOMB, MI 48044		\$ <u>15.00</u>	\$ <u>15.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 315.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/29/2024</u> Name & Address: MARGRETHE WRIGHT 726 E LOVELL DR TROY, MI 48085		\$ <u>30.00</u>	\$ <u>30.00</u>
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 <u>04/29/2024</u> Name & Address: MARK GRAMMATICO 8524 32 MILE RD WASHINGTON, MI 48095		\$ <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			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/29/2024</u> Name & Address: DAVID WILLIS 8155 VIRGINIA PK CENTER LINE, MI 48015		\$ <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			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/29/2024</u> Name & Address: BRENT JEX 59743 BEECHWOOD DR WASHINGTON, MI 48094		\$ <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			

Page Subtotal 280.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/29/2024</u> Name & Address: MELISSA D'ANDREA 16152 22 MILE RD MACOMB, MI 48044		\$ <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			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/29/2024</u> Name & Address: RICHARD ZELMANSKI 41636 CLINTON PINES DR CLINTON TWP, MI 48038		\$ <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			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/29/2024</u> Name & Address: ELIZABETH HANNA 2523 FARMDALE DR STERLING HEIGHTS, MI 48314		\$ <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			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/29/2024</u> Name & Address: THERESA REID 55512 RHINE AVE MACOMB, MI 48042		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RPH</u> Employer <u>CVS</u> Business Address <u>1 CVS DR, WOONSOCKET, RI 02895</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 550.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/29/2024</u> Name & Address: RONALD CHUHRAN 19750 THOUSAND OAKS CT CLINTON TWP, MI 48036		\$ <u>30.00</u>	\$ <u>30.00</u>
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 <u>04/29/2024</u> Name & Address: MARY JANICKI-PITERA 19747 DRIFTWOOD DR CLINTON TWP, MI 48038		\$ <u>45.00</u>	\$ <u>270.00</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			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/29/2024</u> Name & Address: CHRIS HURD 67895 CAMPGROUND RD WASHINGTON, MI 48095		\$ <u>50.00</u>	\$ <u>250.00</u>
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 <u>04/29/2024</u> Name & Address: CELINE BANKA 36822 LODGE DR STERLING HEIGHTS, MI 48312		\$ <u>50.00</u>	\$ <u>65.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 175.00

Grand Total of All Schedules 1A
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**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>04/29/2024</u> Name & Address: SANDRA BOWER PO BOX 338 ROSEVILLE, MI 48066		\$ <u>500.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>EMPIRE PAYS</u> Business Address <u>17955 E ELEVEN MILE RD, ROSEVILLE, MI 48066</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/20/2024</u> Name & Address: PAMELA COVARRUBIAS 553 FLORENCE CT MILFORD TWP, MI 48381		\$ <u>200.00</u>	\$ <u>200.00</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			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/22/2024</u> Name & Address: SANDRA BOWER PO BOX 338 ROSEVILLE, MI 48066		\$ <u>250.00</u>	\$ <u>1,250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>EMPIRE PAYS</u> Business Address <u>P.O. BOX 338, ROSEVILLE, MI 48066</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/22/2024</u> Name & Address: PATRICIA CAMMARATA 7304 ARBORVITAE CT SHELBY TWP, MI 48316		\$ <u>100.00</u>	\$ <u>100.00</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			

Page Subtotal **1,050.00**

Grand Total of All Schedules 1A
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**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>06/20/2024</u>	
Name & Address: MICHAEL SMITH 56608 ST ANDREWS DR MACOMB, MI 48042		\$ <u>100.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DESIGNER</u> Employer <u>RCO ENGINEERING</u> Business Address <u>29200 CALAHAN RD, ROSEVILLE, MI 48066</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/20/2024</u>	
Name & Address: MICHAEL OPRE 45722 KENMORE ST SHELBY TWP, MI 48317		\$ <u>100.00</u>	\$ <u>100.00</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			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/20/2024</u>	
Name & Address: FREDERICK NIENSTEDT 41362 JUSTIN DR CLINTON TWP, MI 48038		\$ <u>50.00</u>	\$ <u>150.00</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			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/21/2024</u>	
Name & Address: GARY OLSEN 434 E LOVELL DR TROY, MI 48085		\$ <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			

Page Subtotal 300.00

Grand Total of All Schedules 1A
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**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>06/21/2024</u> Name & Address: DEBORAH ISAMAN 37500 SCHOENHERR RD STERLING HEIGHTS, MI 48312		\$ <u>250.00</u>	\$ <u>365.00</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			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/21/2024</u> Name & Address: ALICE LONGLEY 68580 WINGATE DR WASHINGTON, MI 48095		\$ <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			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/09/2024</u> Name & Address: MARK FREDAL 44056 GINKGO DR STERLING HEIGHTS, MI 48314		\$ <u>100.00</u>	\$ <u>100.00</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			
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 **400.00**

Grand Total of All Schedules 1A
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20,141.00

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**ITEMIZED OTHER RECEIPTS
SCHEDULE 1A-1**

CANDIDATE COMMITTEE

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

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name & Address: THE NRA FOUNDATION PO BOX 230066 FAIR HAVEN, MI 48023	Date of Receipt 05/14/2024	☐ Loan from a Lending Institution ☐ Interest ☒ Refund \Rebate ☐ Other (Specify) _____	\$ 50.00
☐ Fund Raiser			
Receipt #2 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____ Click for Memo Itemization Type
☐ Fund Raiser			
Receipt #3 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____ Click for Memo Itemization Type
☐ Fund Raiser			
Receipt #4 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____ Click for Memo Itemization Type
☐ Fund Raiser			
Receipt #5 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____ Click for Memo Itemization Type
☐ Fund Raiser			
Receipt #6 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____ Click for Memo Itemization Type
☐ Fund Raiser			
Receipt #7 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____ Click for Memo Itemization Type
☐ Fund Raiser			
Page Subtotal			50.00
Grand Total of All Schedules 1A -1 (Complete on last page of Schedule)			50.00

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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 GOOGLE LLC Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 ☐ Fund Raiser	Purpose: TELEPHONE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	01/04/2024 Date	\$ 11.98
Expenditure #2 Name GOOGLE LLC Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 ☐ Fund Raiser	Purpose: EMAIL DOMAIN ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	01/04/2024 Date	\$ 18.00
Expenditure #3 Name JORDANO GRAPHICS Address 71300 VAN DYKE RD ROMEO, MI 48065 ☐ Fund Raiser	Purpose: ADVERTISING/MARKETING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	01/05/2024 Date	\$ 86.92
Expenditure #4 Name NATIONBUILDER Address 520 S GRAND AVE LOS ANGELES, CA 90071 ☐ Fund Raiser	Purpose: SERVICE FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	01/09/2024 Date	\$ 30.06
Expenditure #5 Name NATIONBUILDER Address 520 S GRAND AVE LOS ANGELES, CA 90071 ☐ Fund Raiser	Purpose: SERVICE FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	01/22/2024 Date	\$ 95.00

Subtotal this page **241.96**

Grand Total of all Schedules 1B
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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 GOOGLE LLC Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 ☐ Fund Raiser	Purpose: TELEPHONE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	02/02/2024 Date	\$ 11.98
Expenditure #2 Name GOOGLE LLC Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 ☐ Fund Raiser	Purpose: EMAIL DOMAIN ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	02/02/2024 Date	\$ 18.00
Expenditure #3 Name ITALIAN AMERICAN CULTURAL SOCIETY & BANQUET HALL Address 43843 ROMEO PLANK RD CLINTON TWP, MI 48038 ☒ Fund Raiser	Purpose: FUNDRAISER/HALL RENTAL ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	02/07/2024 Date	\$ 500.00
Expenditure #4 Name UPS STORE Address 8679 26 MILE RD WASHINGTON, MI 48094 ☐ Fund Raiser	Purpose: MAILBOX RENTAL FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	02/07/2024 Date	\$ 240.00
Expenditure #5 Name NATIONBUILDER Address 520 S GRAND AVE LOS ANGELES, CA 90071 ☐ Fund Raiser	Purpose: SERVICE FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	02/20/2024 Date	\$ 95.00

Subtotal this page **864.98**

Grand Total of all Schedules 1B
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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 NATIONBUILDER Address 520 S GRAND AVE LOS ANGELES, CA 90071 ☒ Fund Raiser	Purpose: SERVICE FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	02/22/2024 Date	\$ 39.37
Expenditure #2 Name NATIONBUILDER Address 520 S GRAND AVE LOS ANGELES, CA 90071 ☒ Fund Raiser	Purpose: SERVICE FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	02/26/2024 Date	\$ 9.30
Expenditure #3 Name NATIONBUILDER Address 520 S GRAND AVE LOS ANGELES, CA 90071 ☒ Fund Raiser	Purpose: SERVICE FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/03/2024 Date	\$ 9.30
Expenditure #4 Name GOOGLE LLC Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 ☐ Fund Raiser	Purpose: TELEPHONE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/04/2024 Date	\$ 11.98
Expenditure #5 Name GOOGLE LLC Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 ☐ Fund Raiser	Purpose: EMAIL DOMAIN ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/04/2024 Date	\$ 18.00

Subtotal this page

87.95

Grand Total of all Schedules 1B
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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 SHEILA COHOON Address 23067 REMICK DR CLINTON TWP, MI 48036 ☐ Fund Raiser	Purpose: MARKETING/ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/04/2024 Date	\$ 100.00
Expenditure #2 Name NATIONBUILDER Address 520 S GRAND AVE LOS ANGELES, CA 90071 ☒ Fund Raiser	Purpose: SERVICE FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/04/2024 Date	\$ 3.20
Expenditure #3 Name SANDRA BOWER Address PO BOX 338 ROSEVILLE, MI 48066 ☒ Fund Raiser	Purpose: REFUND ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/06/2024 Date	\$ 100.00
Expenditure #4 Name ITALIAN AMERICAN CULTURAL SOCIETY & BANQUET HALL Address 43843 ROMEO PLANK RD CLINTON TWP, MI 48038 ☒ Fund Raiser	Purpose: FUNDRAISER/HALL RENTAL ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/07/2024 Date	\$ 1,750.00
Expenditure #5 Name NATIONBUILDER Address 520 S GRAND AVE LOS ANGELES, CA 90071 ☒ Fund Raiser	Purpose: SERVICE FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/07/2024 Date	\$ 3.20

Subtotal this page **1,956.40**

Grand Total of all Schedules 1B
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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 NATIONBUILDER Address 520 S GRAND AVE LOS ANGELES, CA 90071 ☒ Fund Raiser	Purpose: SERVICE FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/07/2024 Date	\$ 123.79
Expenditure #2 Name ITALIAN AMERICAN CULTURAL SOCIETY & BANQUET HALL Address 43843 ROMEO PLANK RD CLINTON TWP, MI 48038 ☒ Fund Raiser	Purpose: FUNDRAISER/HALL RENTAL ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/07/2024 Date	\$ 131.25
Expenditure #3 Name PAULA VERTICCHIO Address PO BOX 271 WASHINGTON, MI 48094 ☐ Fund Raiser	Purpose: FINANCIAL CONSULTANT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/08/2024 Date	\$ 500.00
Expenditure #4 Name SQUARE Address 901 MISSION ST SF, CA 94103 ☐ Fund Raiser	Purpose: SERVICE FEE (TEST) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/08/2024 Date	\$ 0.13
Expenditure #5 Name TERENCE MEKOSKI Address 13232 TOWERING OAKS DR SHELBY TWP, MI 48315 ☒ Fund Raiser	Purpose: LOAN-REIMBURSEMENT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Memo Itemization Below	03/08/2024 Date	\$ 105.21

Subtotal this page **860.38**
Grand Total of all Schedules 1B
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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 MEIJER Address 15055 HALL RD UTICA, MI 48315 ☒ Fund Raiser	Purpose: FUNDRAISER-SUPPLIES (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/06/2024 Date	\$ (47.97)
Expenditure #2 Name MEIJER Address 15055 HALL RD UTICA, MI 48315 ☒ Fund Raiser	Purpose: FUNDRAISER-SUPPLIES (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/06/2024 Date	\$ (57.24)
Expenditure #3 Name NATIONBUILDER Address 520 S GRAND AVE LOS ANGELES, CA 90071 ☒ Fund Raiser	Purpose: SERVICE FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/11/2024 Date	\$ 6.10
Expenditure #4 Name NATIONBUILDER Address 520 S GRAND AVE LOS ANGELES, CA 90071 ☐ Fund Raiser	Purpose: SERVICE FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/20/2024 Date	\$ 95.00
Expenditure #5 Name NATIONBUILDER Address 520 S GRAND AVE LOS ANGELES, CA 90071 ☐ Fund Raiser	Purpose: SERVICE FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/20/2024 Date	\$ 7.85
Subtotal this page			108.95
Grand Total of all Schedules 1B (Complete on last page of Schedule)			

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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 DETROIT LACROSS CO. Address 44830 VIC WERTZ DR CLINTON TWP, MI 48036 ☐ Fund Raiser	Purpose: <u>ADVERTISING/MARKETING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/22/2024</u> Date	\$ <u>988.45</u>
Expenditure #2 Name NATIONBUILDER Address 520 S GRAND AVE LOS ANGELES, CA 90071 ☐ Fund Raiser	Purpose: <u>SERVICE FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/25/2024</u> Date	\$ <u>3.20</u>
Expenditure #3 Name THE NRA FOUNDATION Address PO BOX 230066 FAIR HAVEN, MI 48023 ☐ Fund Raiser	Purpose: <u>ADVERTISING/MARKETING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/25/2024</u> Date	\$ <u>50.00</u>
Expenditure #4 Name TERENCE MEKOSKI Address 13232 TOWERING OAKS DR SHELBY TWP, MI 48315 ☐ Fund Raiser	Purpose: <u>LOAN REIMBURSEMENT</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Memo Itemization Below	<u>03/28/2024</u> Date	\$ <u>114.26</u>
Expenditure #5 Name MEIJER Address 15375 24 MILE RD MACOMB, MI 48041 ☐ Fund Raiser	Purpose: <u>MARKETING - GOP EVENT 3/28/24</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement (Memo Itemization)	<u>03/28/2024</u> Date	\$ <u>(114.26)</u>

Subtotal this page **1,155.91**
Grand Total of all Schedules 1B
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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 GOOGLE LLC Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 ☐ Fund Raiser	Purpose: TELEPHONE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/01/2024 Date	\$ 11.98
Expenditure #2 Name GOOGLE LLC Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 ☐ Fund Raiser	Purpose: EMAIL DOMAIN ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/01/2024 Date	\$ 19.27
Expenditure #3 Name FACEBOOK Address 1 FACEBOOK WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: ADVERTISING/MARKETING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/10/2024 Date	\$ 370.00
Expenditure #4 Name PRISM PRINTING Address 51168 MILANO DR MACOMB, MI 48042 ☐ Fund Raiser	Purpose: PRINTING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/11/2024 Date	\$ 500.00
Expenditure #5 Name REDWOOD AND COMPANY Address P.O. BOX 292 METAMORA, MI 48055 ☐ Fund Raiser	Purpose: CONSULTING SERVICES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/12/2024 Date	\$ 750.00

Subtotal this page

1,651.25

Grand Total of all Schedules 1B
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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 SHELBY GARDENS Address 50265 VAN DYKE AVE SHELBY TWP, MI 48317 ☒ Fund Raiser	Purpose: HALL RENTAL (FUNDRAISER 4/29/24) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/15/2024 Date	\$ 200.00
Expenditure #2 Name NATIONBUILDER Address 520 S GRAND AVE LOS ANGELES, CA 90071 ☒ Fund Raiser	Purpose: SERVICE FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/16/2024 Date	\$ 0.74
Expenditure #3 Name NATIONBUILDER Address 520 S GRAND AVE LOS ANGELES, CA 90071 ☒ Fund Raiser	Purpose: SERVICE FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/16/2024 Date	\$ 5.54
Expenditure #4 Name NATIONBUILDER Address 520 S GRAND AVE LOS ANGELES, CA 90071 ☐ Fund Raiser	Purpose: SERVICE FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/20/2024 Date	\$ 95.00
Expenditure #5 Name NATIONBUILDER Address 520 S GRAND AVE LOS ANGELES, CA 90071 ☒ Fund Raiser	Purpose: SERVICE FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/23/2024 Date	\$ 5.54

Subtotal this page

306.82

Grand Total of all Schedules 1B
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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 NATIONBUILDER Address 520 S GRAND AVE LOS ANGELES, CA 90071 ☒ Fund Raiser	Purpose: SERVICE FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/24/2024 Date	\$ 0.74
Expenditure #2 Name C & G PUBLISHING Address 13650 E ELEVEN MILE RD WARREN, MI 48089 ☒ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/24/2024 Date	\$ 579.00
Expenditure #3 Name G-TEK PROFESSIONAL SERVICES Address 42888 MOUND RD STERLING HEIGHTS, MI 48314 ☐ Fund Raiser	Purpose: GRAPHIC DESIGNS/SIGNS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/28/2024 Date	\$ 826.20
Expenditure #4 Name NATIONBUILDER Address 520 S GRAND AVE LOS ANGELES, CA 90071 ☒ Fund Raiser	Purpose: SERVICE FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/29/2024 Date	\$ 4.10
Expenditure #5 Name DOLLAR TREE Address 13685 23 MILE RD SHELBY TWP, MI 48315 ☒ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/29/2024 Date	\$ 71.55

Subtotal this page

1,481.59

Grand Total of all Schedules 1B
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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 NATIONBUILDER Address 520 S GRAND AVE LOS ANGELES, CA 90071 ☒ Fund Raiser	Purpose: SERVICE FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/29/2024 Date	\$ 1.17
Expenditure #2 Name NATIONBUILDER Address 520 S GRAND AVE LOS ANGELES, CA 90071 ☒ Fund Raiser	Purpose: SERVICE FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/01/2024 Date	\$ 23.72
Expenditure #3 Name SHELBY GARDENS Address 50265 VAN DYKE AVE SHELBY TWP, MI 48317 ☒ Fund Raiser	Purpose: FUNDRAISER HALL RENTAL ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/01/2024 Date	\$ 1,401.09
Expenditure #4 Name GOOGLE LLC Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 ☐ Fund Raiser	Purpose: TELEPHONE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/01/2024 Date	\$ 11.93
Expenditure #5 Name GOOGLE LLC Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 ☐ Fund Raiser	Purpose: EMAIL DOMAIN ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/01/2024 Date	\$ 21.60

Subtotal this page

1,459.51

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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 NATIONBUILDER Address 520 S GRAND AVE LOS ANGELES, CA 90071 ☒ Fund Raiser	Purpose: SERVICE FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/02/2024 Date	\$ 14.80
Expenditure #2 Name FACEBOOK Address 1 FACEBOOK WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: ADVERTISING/MARKETING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/11/2024 Date	\$ 136.00
Expenditure #3 Name NATIONBUILDER Address 520 S GRAND AVE LOS ANGELES, CA 90071 ☐ Fund Raiser	Purpose: SERVICE FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/20/2024 Date	\$ 95.00
Expenditure #4 Name ACCUFORM PRINT & GRAPHICS Address 7231 SOUTHFIELD RD DETROIT, MI 48228 ☐ Fund Raiser	Purpose: PRINTING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/23/2024 Date	\$ 530.00
Expenditure #5 Name 4IMPRINT Address 101 COMMERCE ST OSHKOSH, WI 54901 ☐ Fund Raiser	Purpose: PRINTING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/29/2024 Date	\$ 435.99

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1,211.79

Grand Total of all Schedules 1B
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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 13232 TOWERING OAKS DR SHELBY TWP, MI 48315 ☐ Fund Raiser	Purpose: LOAN REIMBURSEMENT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/31/2024 Date	\$ 205.34
Expenditure #2 Name GOOGLE LLC Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 ☐ Fund Raiser	Purpose: EMAIL ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/03/2024 Date	\$ 21.60
Expenditure #3 Name GOOGLE LLC Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 ☐ Fund Raiser	Purpose: EMAIL ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/03/2024 Date	\$ 11.93
Expenditure #4 Name DETROIT LACROSSE CO. Address 44830 VIC WERTZ DR CLINTON TWP, MI 48036 ☐ Fund Raiser	Purpose: PROMOTIONAL ITEMS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/03/2024 Date	\$ 1,036.68
Expenditure #5 Name G-TEK PROFESSIONAL SERVICES Address 42888 MOUND RD STERLING HEIGHTS, MI 48314 ☐ Fund Raiser	Purpose: GRAPHIC DESIGNS/SIGNS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/03/2024 Date	\$ 166.16

Subtotal this page **1,441.71**
Grand Total of all Schedules 1B
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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 AMERICAN POLISH CENTURY CLUB Address 33204 MAPLE LN DR STERLING HEIGHTS, MI 48312 ☐ Fund Raiser	Purpose: GRAPHIC DESIGNS/SIGNS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/03/2024 Date	\$ 450.00
Expenditure #2 Name DEBBIE RINGLE Address 8936 CARRIAGE HILL DR SHELBY TWP, MI 48317 ☐ Fund Raiser	Purpose: LINCOLN DINNER ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/03/2024 Date	\$ 250.00
Expenditure #3 Name MACOMB COUNTY REPUBLICAN PARTY Address 39099 GARFIELD RD CLINTON TWP, MI 48038 ☐ Fund Raiser	Purpose: ADVERTISING/MARKETING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/06/2024 Date	\$ 500.00
Expenditure #4 Name NATIONBUILDER Address 520 S GRAND AVE LOS ANGELES, CA 90071 ☐ Fund Raiser	Purpose: SERVICE FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/14/2024 Date	\$ 8.15
Expenditure #5 Name GEORGE DEBRUYN Address 16500 ARMADA CENTER RD ARMADA, MI 48005 ☐ Fund Raiser	Purpose: SUPPLIES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/14/2024 Date	\$ 300.00

Subtotal this page **1,508.15**
Grand Total of all Schedules 1B
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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 NAME-CHEAP Address 4600 E. WASHINGTON STREET, SUITE 305 PHOENIX, AZ 85034 ☐ Fund Raiser	Purpose: DOMAIN FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/20/2024 Date	\$ 16.06
Expenditure #2 Name NATIONBUILDER Address 520 S GRAND AVE LOS ANGELES, CA 90071 ☐ Fund Raiser	Purpose: SERVICE FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/20/2024 Date	\$ 95.00
Expenditure #3 Name NATIONBUILDER Address 520 S GRAND AVE LOS ANGELES, CA 90071 ☐ Fund Raiser	Purpose: SERVICE FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/21/2024 Date	\$ 1.75
Expenditure #4 Name GOOGLE LLC Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 ☐ Fund Raiser	Purpose: TELEPHONE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/01/2024 Date	\$ 11.93
Expenditure #5 Name GOOGLE LLC Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 ☐ Fund Raiser	Purpose: EMAIL ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/01/2024 Date	\$ 21.60

Subtotal this page

146.34

Grand Total of all Schedules 1B
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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 ACCUFORM PRINT & GRAPHICS Address 7231 SOUTHFIELD RD DETROIT, MI 48228 ☐ Fund Raiser	Purpose: PRINTING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/01/2024 Date	\$ 648.00
Expenditure #2 Name G-TEK PROFESSIONAL SERVICES Address 42888 MOUND RD STERLING HEIGHTS, MI 48314 ☐ Fund Raiser	Purpose: GRAPHIC DESIGN/SIGNS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/01/2024 Date	\$ 715.50
Expenditure #3 Name C & G PUBLISHING Address 13650 E ELEVEN MILE RD WARREN, MI 48089 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/01/2024 Date	\$ 2,272.00
Expenditure #4 Name FESTA ITALIANA Address 6990 MURTHUM AVE WARREN, MI 48092 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/02/2024 Date	\$ 300.00
Expenditure #5 Name THE RECORD NEWSPAPER Address P.O. BOX 708 WASHINGTON, MI 48094 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/05/2024 Date	\$ 250.00

Subtotal this page **4,185.50**

Grand Total of all Schedules 1B
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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 NATIONBUILDER Address 520 S GRAND AVE LOS ANGELES, CA 90071 ☐ Fund Raiser	Purpose: SERVICE FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/09/2024 Date	\$ 3.20
Expenditure #2 Name FACEBOOK Address 1 FACEBOOK WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/11/2024 Date	\$ 79.66
Expenditure #3 Name FACEBOOK Address 1 FACEBOOK WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/11/2024 Date	\$ 8.01
Expenditure #4 Name AMAZON MARKET Address 1200 12TH AVE S SEATTLE, WA 98144 ☐ Fund Raiser	Purpose: SIGN SUPPLIES (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/31/2024 Date	\$ (105.90)
Expenditure #5 Name MEIJER Address 15055 HALL RD UTICA, MI 48315 ☐ Fund Raiser	Purpose: SUPPLIES (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/31/2024 Date	\$ (61.55)

Subtotal this page **90.87**

Grand Total of all Schedules 1B
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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 DOLLAR TREE Address 13685 23 MILE RD SHELBY TWP, MI 48315 ☐ Fund Raiser	Purpose: SUPPLIES (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/31/2024 Date	\$ (29.42)
Expenditure #2 Name GREAT LAKES ACE HARDWARE Address 16752 21 MILE RD MACOMB, MI 48044 ☐ Fund Raiser	Purpose: SIGN SUPPLIES (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/31/2024 Date	\$ (8.47)
Expenditure #3 Name Address ☐ Fund Raiser	Purpose: _____ (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Subtotal this page			0.00
Grand Total of all Schedules 1B (Complete on last page of Schedule)			18,760.06

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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 13232 TOWERING OAKS DR SHELBY TWP, MI 48315	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>06/30/2020</u> 6. <u>Original Amount of Debt:</u> \$ <u>4,000.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>4,000.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: TERENCE MEKOSKI 13232 TOWERING OAKS DR SHELBY TWP, MI 48315	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>08/29/2020</u> 6. <u>Original Amount of Debt:</u> \$ <u>5,000.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>5,000.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: TERENCE MEKOSKI 13232 TOWERING OAKS DR SHELBY TWP, MI 48315	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>10/04/2020</u> 6. <u>Original Amount of Debt:</u> \$ <u>4,000.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>4,000.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

13,000.00

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.



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 13232 TOWERING OAKS DR SHELBY TWP, MI 48315	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>10/27/2020</u> 6. <u>Original Amount of Debt:</u> \$ <u>200.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>200.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: TERENCE MEKOSKI 13232 TOWERING OAKS DR SHELBY TWP, MI 48315	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>07/14/2021</u> 6. <u>Original Amount of Debt:</u> \$ <u>6,000.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>6,000.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: TERENCE MEKOSKI 13232 TOWERING OAKS DR SHELBY TWP, MI 48315	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>01/29/2024</u> 6. <u>Original Amount of Debt:</u> \$ <u>1,000.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>1,000.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

7,200.00

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



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 13232 TOWERING OAKS DR SHELBY TWP, MI 48315	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>03/06/2024</u> 6. <u>Original Amount of Debt:</u> <u>\$ 105.21</u>	03/08/24 \$ <u>105.21</u> \$ \$ \$ \$	\$ <u>105.21</u>	\$ <u>0.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #2 Corp? ☐ Yes Owed to or by: TERENCE MEKOSKI 13232 TOWERING OAKS DR SHELBY TWP, MI 48315	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>03/28/2024</u> 6. <u>Original Amount of Debt:</u> <u>\$ 114.26</u>	03/28/24 \$ <u>114.26</u> \$ \$ \$ \$	\$ <u>114.26</u>	\$ <u>0.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: TERENCE MEKOSKI 13232 TOWERING OAKS DR SHELBY TWP, MI 48315	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>05/31/2024</u> 6. <u>Original Amount of Debt:</u> <u>\$ 205.34</u>	05/31/24 \$ <u>205.34</u> \$ \$ \$ \$	\$ <u>205.34</u>	\$ <u>0.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

0.00

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

20,200.00

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.



**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 03/06/2024	4. Number of Individuals Attending or Participating (whichever is greater) 113	5. Type of Fund Raising Activity MEET & GREET	6. Address and Name (If any) of the place where the activity was held. ITALIAN AMERICAN CULTURAL SOCIETY & BANQUET HALL 43843 ROMEO PLANK RD CLINTON TWP, MI 48038 ☐ Private Residence
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7. Total Contributions **12,220.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **12,220.00**
10. Total Cost of Event **2,680.72**
(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.



**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 04/29/2024	4. Number of Individuals Attending or Participating (whichever is greater) 120	5. Type of Fund Raising Activity MEET & GREET	6. Address and Name (If any) of the place where the activity was held. SHELBY GARDENS 50265 VAN DYKE AVE SHELBY TWP, MI 48317 ☐ Private Residence
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7. Total Contributions **3,645.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **3,645.00**
10. Total Cost of Event **2,307.99**
(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 (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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- 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.