



FILED

29 AUG 2024 PM 01:14

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: 07/22/2024 to 08/26/2024

1. Committee I.D. Number

139793

4. Candidate Last Name First Name M.I.

MEKOSKI TERENCE H

2. Committee Name

TERENCE MEKOSKI FOR MACOMB COUNTY SHERIFF

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

SHERIFF, MACOMB COUNTY

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

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

08/29/2024

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

08/29/2024



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>45,050.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>45,050.00</u>	(18.) \$ <u>65,191.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>50.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>45,050.00</u>	(20.) \$ <u>65,241.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>1,842.12</u>	(21.) \$ <u>1,842.12</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>7,118.41</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>7,118.41</u>	(23.) \$ <u>26,807.99</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>1,796.71</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>45,050.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>46,846.71</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>7,118.41</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>39,728.30</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>07/27/2024</u>	
Name & Address: CAMAJ GJELOSH 980 GROVECREST ROCHESTER HILLS, MI 48307		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>FINOS FOOD & SPIRITS</u> Business Address <u>5115 DIXIE HWY, WATERFORD TWP, MI 48329</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/27/2024</u>	
Name & Address: ARGYRO KARAS 18244 NARDY 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>07/27/2024</u>	
Name & Address: SANYA YONO 1992 MEADOW CT 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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/27/2024</u>	
Name & Address: PAUL LULGJURAJ 17474 IRIS CIR CLINTON TWP, MI 48036		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SELF EMPLOYED</u> Business Address <u>17474 IRIS CIR, CLINTON TWP, MI 48036</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 900.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 139793
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/27/2024</u>	
Name & Address: THOMAS MITCHELL 40171 WILLIAM DR STERLING HEIGHTS, MI 48313		\$ <u>100.00</u>	\$ <u>220.00</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>07/27/2024</u>	
Name & Address: LUIGI GJOKAJ 16132 NATHAN 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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/27/2024</u>	
Name & Address: PETRIT TINAJ 6559 CHATHAM CIR ROCHESTER HILLS, MI 48306		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>RH HOUSE</u> Business Address <u>2630 CROOKS RD, ROCHESTER HILLS, MI 48309</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/27/2024</u>	
Name & Address: JOSEPH DUSOVIC 206 TANGLEWOOD DR 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 500.00

Grand Total of All Schedules 1A
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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>07/27/2024</u> Name & Address: ALEXANDER STANAJ 1353 E GUNN RD ROCHESTER, MI 48306		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ELECTRICIAN</u> Employer <u>STELLANTIS</u> Business Address <u>1000 CHRYSLER DR, AUBURN HILLS, MI 48326</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/27/2024</u> Name & Address: TEDI ZURBO 36110 ALMONT DR STERLING HEIGHTS, MI 48310		\$ <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>07/27/2024</u> Name & Address: JOSEPH SINISHTAJ 4805 WOODLAND HILLS DR ROCHESTER, MI 48306		\$ <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>07/27/2024</u> Name & Address: MARK ZABLOCKI 32550 BRUGGEMAN DR WARREN, MI 48088		\$ <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			

Page Subtotal **325.00**

Grand Total of All Schedules 1A
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Page.



**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/27/2024</u> Name & Address: ANTON GJONAJ 18563 CRACKLEWOOD 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>07/27/2024</u> Name & Address: MARK MHILLI 8176 WILLIAMSTOWN DR SHELBY TWP, MI 48316		\$ <u>200.00</u>	\$ <u>310.00</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>07/27/2024</u> Name & Address: ANTON SHKRELI 6766 ROSEBERRY 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>07/27/2024</u> Name & Address: ERVIN TINAJ 57613 YORKSHIRE DR WASHINGTON, MI 48094		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>ERVIN J. TINAJ PLLC</u> Business Address <u>28706 JOHN R RD, MADISON HEIGHTS, MI 48071</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,000.00**

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>07/27/2024</u> Name & Address: NICK GJONAJ 14201 THAMES 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>07/27/2024</u> Name & Address: PREL 1 MARTIN 1338 LILAC LN WATERFORD TWP, MI 48327		\$ <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>07/27/2024</u> Name & Address: TOM KRCAJ 2909 CHARITY DR STERLING HEIGHTS, MI 48310		\$ <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>07/27/2024</u> Name & Address: DOMINIC COHILLANE 859 NEFF RD GROSSE POINTE, MI 48230		\$ <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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**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/27/2024</u> Name & Address: TOM CAMAJ 15578 ASPEN DRIVE 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>07/27/2024</u> Name & Address: NUO GOJCAJ 3231 PRIMROSE DR ROCHESTER HILLS, MI 48307		\$ <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>07/27/2024</u> Name & Address: RON SINGER 31120 NELSON DR WARREN, MI 48088		\$ <u>25.00</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			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/27/2024</u> Name & Address: MIKE BATTLE 32630 BRUGGEMAN DR WARREN, MI 48088		\$ <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 275.00

Grand Total of All Schedules 1A
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/31/2024</u>	
Name & Address: RYLEY RAUSTYN 244 VESTER AVE UNIT #8 FERNDAL, MI 48220		\$ <u>750.00</u>	\$ <u>750.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>RAUSTYN HOLDINGS</u> Business Address <u>244 VESTER AVE, UNIT #8, FERNDAL, MI 48220</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/01/2024</u>	
Name & Address: DILA DUSOVIC 239 PARKLAND DR ROCHESTER HILLS, MI 48307		\$ <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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/10/2024</u>	
Name & Address: PASHKO IVEZAJ 274 ANTOINETTE DR 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			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/20/2024</u>	
Name & Address: RICHARD VETTRAINO 23123 REMICK DR 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			

Page Subtotal 1,250.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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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>08/20/2024</u>	
Name & Address: DANIEL ZOTT 55578 APPLE LANE SHELBY TOWNSHIP, 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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/20/2024</u>	
Name & Address: DENISE ACCIACCA 13665 BREEZY DR STERLING HEIGHTS, MI 48313		\$ <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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/24/2024</u>	
Name & Address: MACOMB COUNTY REPUBLICAN PARTY 39099 GARFIELD RD CLINTON TWP, MI 48038		\$ <u>40,000.00</u>	\$ <u>40,000.00</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 _____	
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

40,400.00

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

45,050.00

Enter this total on
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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

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

CANDIDATE COMMITTEE

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

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? ☐ Yes Name & Address: MARK GJOKAJ 32588 BRUGGEMAN DR WARREN, MI 48088 If over \$100.00 cumulative, please provide: Occupation: OWNER Employer Name & Business Address: MPG BUILDING AND REMODELING 560 S ROCHESTER RD, ROCHESTER HILLS, MI 48307 ☒ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☒ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description FUNDRAISER 7/27/24 5. Date Of Receipt: 07/27/2024 6. Vendor Name & Address: COSTCO 27118 GRATIOT AVE, ROSEVILLE, MI 48066	\$ 1,842.12	\$ 1,962.12
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address: Click Here for Memo Itemization	\$	\$
Contribution #3 PAC Receipt? ☐ Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address: Click Here for Memo Itemization	\$	\$

Page Subtotal

1,842.12

1,962.12

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

1,842.12

Enter this total
on line 6 of Summary
Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name 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	07/22/2024 Date	\$ 95.00
Expenditure #2 Name TRACTOR SUPPLY CO. Address 66143 VAN DYKE AVE WASHINGTON, MI 48095 ☐ Fund Raiser	Purpose: SUPPLIES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/29/2024 Date	\$ 99.40
Expenditure #3 Name NATIONBUILDER Address 520 S GRAND AVE LOS ANGELES, CA 90071 ☒ Fund Raiser	Purpose: SERVICE FEE (FUNDRAISER 7/27/24) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/30/2024 Date	\$ 3.20
Expenditure #4 Name NATIONBUILDER Address 520 S GRAND AVE LOS ANGELES, CA 90071 ☒ Fund Raiser	Purpose: SERVICE FEE (FUNDRAISER 7/27/24) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/31/2024 Date	\$ 2.78
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	07/31/2024 Date	\$ 22.05

Subtotal this page **222.43**

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name 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	08/01/2024 Date	\$ 21.60
Expenditure #2 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	08/01/2024 Date	\$ 12.01
Expenditure #3 Name JORDANO GRAPHICS Address 71300 VAN DYKE RD ROMEO, MI 48065 ☐ Fund Raiser	Purpose: BUSINESS CARDS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/06/2024 Date	\$ 82.68
Expenditure #4 Name RECORD NEWSPAPERS LLC Address 58757 VAN DYKE AVE WASHINGTON, MI 48094 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/08/2024 Date	\$ 275.00
Expenditure #5 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	08/09/2024 Date	\$ 495.50

Subtotal this page **886.79**

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name 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	08/10/2024 Date	\$ 500.00
Expenditure #2 Name JET'S PIZZA Address 39101 GARFIELD RD CLINTON TWP, MI 48038 ☐ Fund Raiser	Purpose: VOLUNTEER APPRECIATION ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/12/2024 Date	\$ 207.46
Expenditure #3 Name JET'S PIZZA Address 39101 GARFIELD RD CLINTON TWP, MI 48038 ☐ Fund Raiser	Purpose: VOLUNTEER APPRECIATION ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/12/2024 Date	\$ 6.97
Expenditure #4 Name RIGHT STRATEGIES LLC Address 2153 WEALTHY ST SE GRAND RAPIDS, MI 49506 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/13/2024 Date	\$ 3,280.92
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	08/13/2024 Date	\$ 503.50

Subtotal this page **4,498.85**

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name AMAZON MARKET Address 1200 12TH AVE S SEATTLE, WA 98144 ☐ Fund Raiser	Purpose: SUPPLIES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/18/2024 Date	\$ 31.77
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	08/20/2024 Date	\$ 95.00
Expenditure #3 Name RWB PARKS & RECREATION Address 361 MORTON ST ROMEO, MI 48065 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/20/2024 Date	\$ 500.00
Expenditure #4 Name NATIONBUILDER Address 520 S GRAND AVE LOS ANGELES, CA 90071 ☒ Fund Raiser	Purpose: SERVICE FEE (FUNDRAISER 9/10/24) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/20/2024 Date	\$ 9.00
Expenditure #5 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	08/22/2024 Date	\$ 210.00

Subtotal this page **845.77**

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ORIENTAL TRADING COMPANY Address P.O. BOX 2308 OMAHA, NE 68103 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/26/2024</u> Date	\$ <u>278.35</u>
Expenditure #2 Name 4IMPRINT Address 101 COMMERCE ST OSHKOSH, WI 54901 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/26/2024</u> Date	\$ <u>386.22</u>
Expenditure #3 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
	Click Here for Memo Itemization Type		
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
	Click Here for Memo Itemization Type		
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
	Click Here for Memo Itemization Type		

Subtotal this page	664.57
Grand Total of all Schedules 1B (Complete on last page of Schedule)	7,118.41

Enter this total
on line 8a of
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>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)

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 07/27/2024	4. Number of Individuals Attending or Participating (whichever is greater) 35	5. Type of Fund Raising Activity MEET & GREET	6. Address and Name (If any) of the place where the activity was held. PRIVATE RESIDENCE 32550 BRUGGEMAN DR WARREN, MI 48088 ☐ Private Residence
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7. Total Contributions **3,400.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **3,400.00**
10. Total Cost of Event **1,848.10**
(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.