



FILED

23 OCT 2024 PM 03:37

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: 08/27/2024 to 10/20/2024

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

11/05/2024

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

10/23/2024

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/23/2024



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 139793

2. Committee Name TERENCE MEKOSKI FOR MACOMB COUNTY SHERIFF

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>24,815.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>24,815.00</u>	(18.) \$ <u>90,006.00</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>24,815.00</u>	(20.) \$ <u>90,056.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>1,070.25</u>	(21.) \$ <u>2,912.37</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>62,530.04</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>62,530.04</u>	(23.) \$ <u>89,338.03</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>39,728.30</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>24,815.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>64,543.30</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>62,530.04</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>2,013.26</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>08/28/2024</u>	
Name & Address: ROBERT LULGJURAJ 1517 HAMMAN DR TROY, MI 48085		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>WAYNE COUNTY PROS OFFICE</u> Business Address <u>5301 RUSSELL ST, DETROIT, MI 48211</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/29/2024</u>	
Name & Address: BRIAN OPRE 45722 KENMORE ST SHELBY TWP, MI 48317		\$ <u>150.00</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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/29/2024</u>	
Name & Address: FREDERICK NIENSTEDT 41362 JUSTIN DR CLINTON TWP, MI 48038		\$ <u>500.00</u>	\$ <u>650.00</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>08/30/2024</u>	
Name & Address: TYLER LAFRANCE 41633 AMBERLY DR 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			

Page Subtotal **820.00**

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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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>09/03/2024</u>	
Name & Address: CHRISTIAN POTTS 736 LAKEPOINTE ST GROSSE POINTE PARK, MI 48230		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>STUDENT</u> Employer <u>STUDENT</u> Business Address <u>736 LAKEPOINTE ST, GROSSE POINTE PARK, MI 48230</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/03/2024</u>	
Name & Address: EARLINA VELTING 6987 CAMPAU LAKE DR SE ALTO, MI 49302		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BOOKEEPER</u> Employer <u>MSV CONSTRUCTION</u> Business Address <u>6987 CAMPAU LAKE DR SE, ALTO, MI 49302</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/05/2024</u>	
Name & Address: JOE BASILICO 55563 BARBERRY DR SHELBY TWP, MI 48316		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CPA</u> Employer <u>DOEREN MAYHEW</u> Business Address <u>19242 LINVILLE ST, GROSSE POINTE, MI 48236</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/05/2024</u>	
Name & Address: ANTHONY CHIRCO 14377 BOURNEMUTH DR SHELBY TWP, MI 48315		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>VP</u> Employer <u>WALBRIDGE</u> Business Address <u>777 E WOODWARD HEIGHTS BLVD, DETROIT, MI 48030</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 750.00

Grand Total of All Schedules 1A
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line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/05/2024</u> Name & Address: ROSEANNA ONDRA 16256 TERRA BELLA ST CLINTON TWP, MI 48038		\$ <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 #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/05/2024</u> Name & Address: MICHAEL WHITTROCK 17640 15 MILE RD FRASER, MI 48026		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>JPS MANUFACTURING INC.</u> Business Address <u>17640 15 MILE RD, FRASER, MI 48026</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/06/2024</u> Name & Address: JOHN VERMEULEN 5514 WOODMIRE DR SHELBY TWP, MI 48316		\$ <u>150.00</u>	\$ <u>165.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TRUSTEE</u> Employer <u>SHELBY TOWNSHIP</u> Business Address <u>52700 VAN DYKE AVE, SHELBY TWP, MI 48316</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/06/2024</u> Name & Address: LINDA SHARLOW 18000 ELLERY DR CLINTON TWP, MI 48035		\$ <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 **475.00**

Grand Total of All Schedules 1A
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/06/2024</u>	
Name & Address: SHARON FROST 2629 IRMA ST WARREN, MI 48092		\$ <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>09/06/2024</u>	
Name & Address: CONSTANCE BENANDO 41098 MUELLER ST CLINTON TWP, MI 48038		\$ <u>75.00</u>	\$ <u>135.00</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>09/06/2024</u>	
Name & Address: JURIJ FEDORAK 43277 WINTERFIELD DR STERLING HEIGHTS, MI 48314		\$ <u>1,000.00</u>	\$ <u>3,000.00</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>09/09/2024</u>	
Name & Address: DAWN BEATTIE 46325 LEXINGTON MACOMB, MI 48044		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REGIONAL ELECTION INTEGRITY DIRECTOR</u> Employer <u>MICHIGAN REPUBLICAN PARTY</u> Business Address <u>520 SEYMOUR AVE, LANSING, MI 48933</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,275.00**

Grand Total of All Schedules 1A
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/09/2024</u> Name & Address: KELLY SEXTON 3097 W SUTTON RD LAPEER, MI 48446		\$ <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 #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/10/2024</u> Name & Address: VISHAL BAKSHI 1639 OAKSTONE DR ROCHESTER HILLS, MI 48309		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PHYSICAL THERAPIST</u> Employer <u>AMAZING CARE HOME HEALTH SERVICES</u> Business Address <u>33182 RYAN RD, STERLING HEIGHTS, MI 48310</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/10/2024</u> Name & Address: KATIE JEHL 14844 SUGAR MAPLE DRIVE WASHINGTON, MI 48094		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FIELD BUSINESS LEADER</u> Employer <u>ULTA BEAUTY</u> Business Address <u>1000 REMINGTON BLVD, BOLINGBROOK, IL 60440</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/10/2024</u> Name & Address: BRIAN DRZEWIECKI 78175 PEARL DR BRUCE, MI 48065		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TOOL MAKER</u> Employer <u>B-J INDUSTRIES</u> Business Address <u>14440 BARBER AVE, WARREN, MI 48088</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 700.00

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/10/2024</u>	
Name & Address: PETER SKIRPAN 38862 PARDEE ST HARRISON TWP, MI 48045		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CIVIL ENGINEER</u> Employer <u>DEPARTMENT OF DEFENSE</u> Business Address <u>SELFEDGE ANGB, HARRISON TOWNSHIP, MI 48045</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/10/2024</u>	
Name & Address: SUE MILLIGAN 3132 BLOOMCREST DR SHELBY TWP, MI 48316		\$ <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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/10/2024</u>	
Name & Address: DEBORAH ISAMAN 37500 SCHOENHERR RD STERLING HEIGHTS, MI 48312		\$ <u>150.00</u>	\$ <u>515.00</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>09/10/2024</u>	
Name & Address: PAMELA NELSON 34415 KOCH AVE STERLING HEIGHTS, MI 48310		\$ <u>125.00</u>	\$ <u>125.00</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 925.00

Grand Total of All Schedules 1A
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/10/2024</u>	
Name & Address: MICHAEL SMITH 56608 ST ANDREWS DR MACOMB, MI 48042		\$ <u>200.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SENIOR 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>09/10/2024</u>	
Name & Address: MICHAEL 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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/10/2024</u>	
Name & Address: SUNNY REDDY 3072 HERON POINTE DR BLOOMFIELD HILLS, MI 48302		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS</u> Employer <u>VOIP OFFICE</u> Business Address <u>4000 LIVERNOIS RD, TROY, MI 48098</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/10/2024</u>	
Name & Address: DANIEL SCHUH 6317 SEMINOLE DR TROY, MI 48085		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE DIRECTOR</u> Employer <u>ABC WAREHOUSE</u> Business Address <u>1 W SILVERDOME INDUSTRIAL PARK, PONTIAC, MI 48342</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 850.00

Grand Total of All Schedules 1A
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Name & Address: PATRICIA CAMMARATA 7304 ARBORVITAE CT SHELBY TWP, MI 48316		\$ <u>100.00</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>09/10/2024</u>	
Name & Address: LENORE KUREK 69504 SAXON DR BRUCE TOWNSHIP, MI 48065		\$ <u>150.00</u>	\$ <u>265.00</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>09/10/2024</u>	
Name & Address: BRENT JEX 59746 BEECHWOOD DR WASHINGTON, MI 48094		\$ <u>150.00</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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/10/2024</u>	
Name & Address: ANNA FORD 15521 GRAINGER DR CLINTON TWP, MI 48038		\$ <u>300.00</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 700.00

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>09/10/2024</u> Name & Address: LISA MANKIEWICZ 15087 ARDLEY HALL CT SHELBY TWP, MI 48315		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>VICE CHAIR</u> Employer <u>MACOMB COUNTY GOP</u> Business Address <u>39099 GARFIELD RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/10/2024</u> Name & Address: THOMAS KECK 21912 INTERNATIONAL LN MACOMB, MI 48044		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DETECTIVE</u> Employer <u>OAKLAND COUNTY SHERIFF OFFICE</u> Business Address <u>1200 N TELEGRAPH, PONTIAC, MI 48341</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/10/2024</u> Name & Address: ELIZABETH HANNA 2523 FARMDALE DR STERLING HEIGHTS, MI 48314		\$ <u>150.00</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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/10/2024</u> Name & Address: ANNETTE ZYSKI 21785 CHERRY BLOSSOM CT MACOMB, MI 48044		\$ <u>150.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONTRIBUTIONS OFFICER</u> Employer <u>COMERICA BANK</u> Business Address <u>21455 21 MILE RD, MACOMB, MI 48044</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 600.00

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>09/10/2024</u>	
Name & Address: DANIEL BARTOLOTTA 68529 MEADOWOOD DR WASHINGTON, MI 48095		\$ <u>500.00</u>	\$ <u>600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SALES</u> Employer <u>MAGNA</u> Business Address <u>68529 MEADOWOOD DR, WASHINGTON, MI 48095</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/10/2024</u>	
Name & Address: STEVE LANCUCKI 18185 WOLBRETTE CIR PORT CHARLOTTE, FL 33948		\$ <u>500.00</u>	\$ <u>650.00</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>09/10/2024</u>	
Name & Address: DEBRA RINGLE 8936 CARRIAGE HILL DR SHELBY TWP, MI 48317		\$ <u>200.00</u>	\$ <u>1,100.00</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 <u>09/10/2024</u>	
Name & Address: MARIA CHIRCO 46080 SNOWBIRD DR MACOMB, MI 48044		\$ <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 **1,350.00**

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>09/10/2024</u> Name & Address: PAULINE BASILICO 12970 MICHAEL DR SHELBY TWP, MI 48315		\$ <u>150.00</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>09/10/2024</u> Name & Address: JARVIS WILLIAMS 988 STRATFORD PL BLOOMFIELD HILLS, MI 48304		\$ <u>250.00</u>	\$ <u>750.00</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>09/10/2024</u> Name & Address: RONALD TORRES 51929 WATKINS GLEN DR MACOMB, MI 48042		\$ <u>150.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SALES</u> Employer <u>GARDNER WHITE FURNITURE</u> Business Address <u>4945 DIXIE HWY, WATERFORD TWP, MI 48329</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/10/2024</u> Name & Address: PIETRO MOCERI 19102 PINE CONE DR MACOMB, MI 48042		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SALES ADMIN.</u> Employer <u>MJC HOMES</u> Business Address <u>46600 ROMEO PLANK RD, MACOMB, MI 48044</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
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>09/10/2024</u>	
Name & Address: NICOLA DAMMASCENO 2381 NE 16TH ST POMPANO BEACH, FL 33062		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE INVESTOR</u> Employer <u>SELF</u> Business Address <u>2381 NE 16TH ST, POMPANO BEACH, FL 33062</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/10/2024</u>	
Name & Address: GRAZIA DAMMASENO 2381 NE 16TH ST POMPANO BEACH, FL 33062		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE INVESTOR</u> Employer <u>SELF</u> Business Address <u>2381 NE 16TH ST, POMPANO BEACH, FL 33062</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/10/2024</u>	
Name & Address: JONATHAN SCHLUESSLER 2882 ALABASTER DR SHELBY TWP, MI 48317		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROGRAM MANAGEMENT ANALYST</u> Employer <u>FORD MOTOR CO.</u> Business Address <u>1 AMERICAN RD, 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>09/10/2024</u>	
Name & Address: BARBARA ZINNER 38400 ELMITE ST 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			

Page Subtotal **1,180.00**

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>09/10/2024</u>	
Name & Address: LINDA KOSAL 5685 SEVEN LAKES DR N WASHINGTON, MI 48095		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DOCTOR</u> Employer <u>MACOMB INTERNAL MEDICINE</u> Business Address <u>15520 19 MILE RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/10/2024</u>	
Name & Address: JOHN SPOKAESKI 2845 ORION RD OAKLAND TWP, MI 48363		\$ <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>09/10/2024</u>	
Name & Address: RYLEY RAUSTYN 244 VESTER AVE UNIT #8 FERNDAL, MI 48220		\$ <u>250.00</u>	\$ <u>1,000.00</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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/10/2024</u>	
Name & Address: PHIL LACOMMARE 19816 WOODVIEW DR CLINTON TWP, MI 48038		\$ <u>100.00</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			

Page Subtotal 700.00

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>09/10/2024</u>	
Name & Address: ANNA MEKOSKI 13232 TOWERING OAKS DR SHELBY TWP, MI 48315		\$ <u>5.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/10/2024</u>	
Name & Address: BRIAN PANNEBECKER 50681 HARBOUR VIEW DR N NEW BALTIMORE, MI 48047		\$ <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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/10/2024</u>	
Name & Address: JOSEPH LAMBOURN 3600 ALLEN RD BRANDON TWP, MI 48462		\$ <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			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/10/2024</u>	
Name & Address: DAN DEMEESTER 9349 MEISNER RD CASCO, MI 48064		\$ <u>150.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>POLICE OFFICER</u> Employer <u>MACOMB COMMUNITY COLLEGE</u> Business Address <u>14500 TWELVE MILE RD, WARREN, MI 48088</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 805.00

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>09/10/2024</u>	
Name & Address: DANIEL RUSSELL 17680 MAISONS DR CLINTON TWP, MI 48038		\$ <u>150.00</u>	\$ <u>165.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT & CEO</u> Employer <u>INDUSTRIAL MARKETING CONSULTANTS</u> Business Address <u>P.O. BOX 84, CASCO, MI 48064</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/10/2024</u>	
Name & Address: TAMERA CARR 25841 EASTRIDGE CT NEW BALTIMORE, MI 48051		\$ <u>150.00</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>09/10/2024</u>	
Name & Address: CHRIS HURD 67895 CAMPGROUND RD WASHINGTON, MI 48095		\$ <u>75.00</u>	\$ <u>325.00</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>09/10/2024</u>	
Name & Address: TED HURD 67895 CAMPGROUND RD WASHINGTON, MI 48095		\$ <u>75.00</u>	\$ <u>75.00</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 450.00

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>09/10/2024</u>	
Name & Address: EDWARD COLORIDA 20478 ALPHONSE LN CLINTON TWP, MI 48038		\$ <u>75.00</u>	\$ <u>75.00</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>09/10/2024</u>	
Name & Address: BILL KRUL 53449 ABRAHAM DR MACOMB, MI 48042		\$ <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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/10/2024</u>	
Name & Address: DONNA BRANDENBURG 6892 BYRON SHORES DR SW BYRON CENTER, MI 49315		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF</u> Employer <u>SELF</u> Business Address <u>6892 BYRON SHORES DRIVE SW, BYRON CENTER, MI 49315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/10/2024</u>	
Name & Address: GARY RACE 18525 33 MILE RD ARMADA, MI 48005		\$ <u>150.00</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			

Page Subtotal 525.00

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>09/10/2024</u>	
Name & Address: THOMAS MITCHELL 40171 WILLIAM DRIVE STERLING HEIGHTS, MI 48313		\$ <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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/10/2024</u>	
Name & Address: MARK MHILLI 18193 PINE HILL DR MACOMB, MI 48044		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>FLOOR MAINTENANCE LLC</u> Business Address <u>18193 PINE HILL DR, MACOMB, MI 48044</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/10/2024</u>	
Name & Address: NICOLA GJONAJ 1105 ROCHAWIES DR OAKLAND TWP, MI 48363		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF</u> Employer <u>SELF</u> Business Address <u>1105 ROCHAWIES DR, OAKLAND TWP, MI 48363</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/10/2024</u>	
Name & Address: SAM BABBE 51207 TIMES SQUARE DR SHELBY TWP, MI 48315		\$ <u>75.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF</u> Employer <u>SELF</u> Business Address <u>51207 TIMES SQUARE DR, SHELBY TWP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 725.00

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>09/10/2024</u> Name & Address: ED JAWAD 19040 24 MILE RD MACOMB, MI 48042		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>PIT STOP</u> Business Address <u>19040 24 MILE RD, MACOMB, MI 48042</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/10/2024</u> Name & Address: STEVE ELLIOTT 6551 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>PROACTIV ID</u> Business Address <u>105 S MAIN ST, ROCHESTER HILLS, MI 48307</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/10/2024</u> Name & Address: CINDY OLSEN 5430 SEVEN LAKES DR N WASHINGTON, MI 48095		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TRUSTEE</u> Employer <u>WASHINGTON TOWNSHIP</u> Business Address <u>57900 VAN DYKE AVE, WASHINGTON, MI 48094</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/10/2024</u> Name & Address: MARIA SLIWECKI 44855 MARIGOLD DR STERLING HEIGHTS, MI 48314		\$ <u>150.00</u>	\$ <u>165.00</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 **1,100.00**

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>09/10/2024</u>	
Name & Address: GIOVAN AGAZZI 14030 LAKESIDE BLVD N APT. C308 SHELBY TWP, MI 48315		\$ <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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/10/2024</u>	
Name & Address: JOSEPHINE VULTAGGIO 16673 SHINNECOCK 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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/17/2024</u>	
Name & Address: MARK DEDONA 21220 FRANCIS ST ST CLAIR SHORES, MI 48082		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CDP TECHNICIAN</u> Employer <u>HOMELAND SECURITY</u> Business Address <u>985 MICHIGAN AVE, DETROIT, MI 48226</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/20/2024</u>	
Name & Address: JOHN STROICH 14523 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			

Page Subtotal 1,450.00

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>09/30/2024</u>	
Name & Address: JACOB BARCH 19927 W DOYLE PL GROSSE POINTE WOODS, MI 48236		\$ <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>09/30/2024</u>	
Name & Address: ARDIATIK JEMINAJ 18129 BIRCH DR MACOMB, MI 48044		\$ <u>80.00</u>	\$ <u>280.00</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			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/30/2024</u>	
Name & Address: ROSEANNA ONDRA 16256 TERRA BELLA ST CLINTON TWP, MI 48038		\$ <u>50.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/30/2024</u>	
Name & Address: SHELLY CARDAMONE 8419 RHODE DR SHELBY TWP, MI 48317		\$ <u>120.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>APC</u> Employer <u>OFFICE OF SENIOR SERVICES</u> Business Address <u>201 MAIN STREET, DURHAM, CT 06422</u> 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
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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>09/30/2024</u>	
Name & Address: EDWARD JOHNSON 49460 MAYFLOWER CT SHELBY TOWNSHIP, MI 48315		\$ <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>09/30/2024</u>	
Name & Address: BRIAN OPRE 45722 KENMORE ST SHELBY TWP, MI 48317		\$ <u>50.00</u>	\$ <u>415.00</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>09/30/2024</u>	
Name & Address: EDWARD JOHNSON 49460 MAYFLOWER CT SHELBY TOWNSHIP, MI 48315		\$ <u>50.00</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>09/30/2024</u>	
Name & Address: TAMERA CARR 25841 EASTRIDGE CT NEW BALTIMORE, MI 48051		\$ <u>50.00</u>	\$ <u>320.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> 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**

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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>09/30/2024</u>	
Name & Address: MARK HEMMERLING 16393 GLENFIELD DR MACOMB, MI 48044		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUYER</u> Employer <u>KNIGHT GLOBAL</u> Business Address <u>2705 COMMERCE PKWY, 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>09/30/2024</u>	
Name & Address: CHRIS HURD 67895 CAMPGROUND RD WASHINGTON, MI 48095		\$ <u>80.00</u>	\$ <u>405.00</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>09/30/2024</u>	
Name & Address: SUNNY REDDY 3072 HERON POINTE DR BLOOMFIELD HILLS, MI 48302		\$ <u>150.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS</u> Employer <u>VOIP OFFICE</u> Business Address <u>4000 LIVERNOIS RD, TROY, MI 48098</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/30/2024</u>	
Name & Address: JERRY BEAUCHAMP 35450 ROOSEVELT ST NEW BALTIMORE, MI 48047		\$ <u>100.00</u>	\$ <u>125.00</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 **430.00**

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>09/30/2024</u>	
Name & Address: FRED SCHUESSLER 12801 BENDER DR STERLING HEIGHTS, MI 48313		\$ <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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/30/2024</u>	
Name & Address: ELIZABETH VAN NEST 49380 MAYFLOWER CT. SHELBY TOWNSHIP, MI 48315		\$ <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>09/30/2024</u>	
Name & Address: CAROL 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>OWNER</u> Employer <u>DECOR STATUETTE INC.</u> Business Address <u>43742 MOUND RD, STERLING HEIGHTS, MI 48314</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/30/2024</u>	
Name & Address: JOHN BLUMLINE 28324 ELMDALE ST ST CLAIR SHORES, MI 48081		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRINTER</u> Employer <u>PRINT PLUS</u> Business Address <u>28324 ELMDALE ST, ST CLAIR SHORES, MI 48081</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 825.00

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>09/30/2024</u>	
Name & Address: DAVID PIZIALI 15670 HEMLOCK 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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/30/2024</u>	
Name & Address: DAVID PIZIALI 15670 HEMLOCK DR MACOMB, MI 48044		\$ <u>100.00</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>09/30/2024</u>	
Name & Address: THERESA MEIER 48381 LAKE VALLEY DR 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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/30/2024</u>	
Name & Address: DEBRA RINGLE 8936 CARRIAGE HILL DR SHELBY TWP, MI 48317		\$ <u>100.00</u>	\$ <u>1,200.00</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 400.00

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>09/30/2024</u>	
Name & Address: GARY RACE 18525 33 MILE RD ARMADA, MI 48005		\$ <u>50.00</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>09/30/2024</u>	
Name & Address: ELLEN SMITH 22601 SUNNYDALE ST ST CLAIR SHORES, MI 48081		\$ <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			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/30/2024</u>	
Name & Address: MARY JANICKI-PITERA 19747 DRIFTWOOD DR CLINTON TWP, MI 48038		\$ <u>50.00</u>	\$ <u>320.00</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>09/30/2024</u>	
Name & Address: THOMAS MITCHELL 40171 WILLIAM DR STERLING HEIGHTS, MI 48313		\$ <u>50.00</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			

Page Subtotal 200.00

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>09/30/2024</u>	
Name & Address: CELINE BANKA 36822 LODGE DR STERLING HEIGHTS, MI 48312		\$ <u>50.00</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>09/30/2024</u>	
Name & Address: BEVERLY MARSHALL 28007 RUEHLE ST ST CLAIR SHORES, MI 48081		\$ <u>50.00</u>	\$ <u>70.00</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>09/30/2024</u>	
Name & Address: DAVID WILLIS 8155 VIRGINIA PK CENTER LINE, MI 48015		\$ <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>10/07/2024</u>	
Name & Address: NELDA CARPENTER 20182 BROADACRES ST CLINTON TWP, MI 48035		\$ <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			

Page Subtotal 450.00

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>10/07/2024</u>	
Name & Address: MARK MHILLI 18193 PINE HILL DR MACOMB, MI 48044		\$ <u>500.00</u>	\$ <u>800.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>FLOOR MAINTENANCE LLC</u> Business Address <u>18193 PINE HILL DR, MACOMB, MI 48044</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/07/2024</u>	
Name & Address: AMAR TOMA 53188 PONDVIEW DR SHELBY TWP, MI 48315		\$ <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>10/07/2024</u>	
Name & Address: TARA BOUTIN 46761 VIA VILLAGIO 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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/07/2024</u>	
Name & Address: THERESA REID 55512 RHINE AVE MACOMB, MI 48042		\$ <u>50.00</u>	\$ <u>350.00</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 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>10/07/2024</u>	
Name & Address: BRIAN OPRE 45722 KENMORE ST SHELBY TWP, MI 48317		\$ <u>50.00</u>	\$ <u>465.00</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>10/07/2024</u>	
Name & Address: CARL BOSCARINO 510 W NORWAY LAKE RD LAPEER, MI 48446		\$ <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>10/07/2024</u>	
Name & Address: MICHAEL HOWELL 12688 28 MILE RD 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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/07/2024</u>	
Name & Address: ROBERT STOCKEL 14933 HARTFORD CT SHELBY TWP, MI 48315		\$ <u>100.00</u>	\$ <u>115.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESS OPERATOR</u> Employer <u>STERLING DIE & TOOL</u> Business Address <u>15767 CLAIRE CT, MACOMB, MI 48042</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 300.00

Grand Total of All Schedules 1A
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line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/07/2024</u>	
Name & Address: MICHAEL SMITH 56608 ST ANDREWS DR MACOMB, MI 48042		\$ <u>100.00</u>	\$ <u>450.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SENIOR 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>10/07/2024</u>	
Name & Address: THERESA REID 55512 RHINE AVE MACOMB, MI 48042		\$ <u>100.00</u>	\$ <u>450.00</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			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/07/2024</u>	
Name & Address: SHARON BAUMANN 54179 KATHERINE WOOD 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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/07/2024</u>	
Name & Address: JOHN STROICH 14523 TOWERING OAKS DR SHELBY TWP, MI 48315		\$ <u>1,000.00</u>	\$ <u>2,000.00</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			

Page Subtotal 1,250.00

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

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line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/07/2024</u>	
Name & Address: JOSEPH GUZDIOL 15475 29 MILE RD RAY, MI 48096		\$ <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>10/07/2024</u>	
Name & Address: MARK CONWAY 15653 PATRICK HENRY DR MACOMB, MI 48044		\$ <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			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/16/2024</u>	
Name & Address: LISA LABELLE 8655 LESLIE 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>10/16/2024</u>	
Name & Address: MACOMB COUNTY REPUBLICAN PARTY 39099 GARFIELD RD CLINTON TWP, MI 48038		\$ <u>2,000.00</u>	\$ <u>42,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 2,250.00

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>10/16/2024</u>	
Name & Address: JOSEPH GUERRA 63455 ROMEO PLANK RD RAY, MI 48096		\$ <u>100.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/16/2024</u>	
Name & Address: JOE ZAGO 977 E 14 MILE RD TROY, MI 48083		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>BMW BASEMENT WATERPROOFING LLC AND THE CARPET GUYS</u> Business Address <u>977 E 14 MILE RD, TROY, MI 48083</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/16/2024</u>	
Name & Address: GABBI GROSSBARD 25428 WOODVILLA PL SOUTHFIELD, MI 48075		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>INSURANCE AGENT</u> Employer <u>MICH MEDICARE LLC</u> Business Address <u>25428 WOODVILLA PL, SOUTHFIELD, MI 48075</u> 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

1,350.00

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

24,815.00

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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: JEAN ZOTT 55878 APPLE LN SHELBY TWP, MI 48316 If over \$100.00 cumulative, please provide: Occupation: RETIRED Employer Name & Business Address:	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 DECORATIONS 5. Date Of Receipt: 09/10/2024 6. Vendor Name & Address: DOLLAR TREE 13685 23 MILE RD, SHELBY TWP, MI 48315	\$ 47.70	\$ 77.70
☒ Fund Raiser Contribution			
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: RONALD TORRES 51929 WATKINS GLEN DR MACOMB, MI 48042 If over \$100.00 cumulative, please provide: Occupation: SALES Employer Name & Address: GARDNER WHITE FURNITURE 4945 DIXIE HWY, WATERFORD TWP, MI 48329	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 10/7/24 5. Date Of Receipt: 10/07/2024 6. Vendor Name & Address: JOHNNY BLACK'S TAPHOUSE 49035 SCHOENHERR RD, SHELBY TWP, MI 48315	\$ 511.28	\$ 861.28
☒ Fund Raiser Contribution			
Contribution #3 PAC Receipt? ☐ Yes Name & Address: MARK MHILLI 8176 WILLIAMSTOWN DR SHELBY TWP, MI 48316 If over \$100.00 cumulative, please provide: Occupation: OWNER Employer Name & Address: FLOOR MAINTENANCE LLC 8176 WILLIAMSTOWN DR, SHELBY TWP, MI 48316	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 10/7/24 5. Date Of Receipt: 10/07/2024 6. Vendor Name & Address: JOHNNY BLACK'S TAPHOUSE 49035 SCHOENHERR RD, SHELBY TWP, MI 48315	\$ 511.27	\$ 821.27
☒ Fund Raiser Contribution			

Page Subtotal **1,070.25** **1,760.25**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) **1,070.25**

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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: <u>SERVICE FEE (FUNDRAISER 9/10/24)</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/28/2024</u> Date	\$ <u>4.65</u>
Expenditure #2 Name NATIONBUILDER Address 520 S GRAND AVE LOS ANGELES, CA 90071 ☒ Fund Raiser	Purpose: <u>SERVICE FEE (FUNDRAISER 9/10/24)</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/29/2024</u> Date	\$ <u>4.65</u>
Expenditure #3 Name NATIONBUILDER Address 520 S GRAND AVE LOS ANGELES, CA 90071 ☒ Fund Raiser	Purpose: <u>SERVICE FEE (FUNDRAISER 9/10/24)</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/30/2024</u> Date	\$ <u>15.68</u>
Expenditure #4 Name DETROIT LACROSSE 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>08/30/2024</u> Date	\$ <u>935.45</u>
Expenditure #5 Name REDWOOD AND COMPANY Address P.O. BOX 292 METAMORA, MI 48055 ☐ Fund Raiser	Purpose: <u>CONSULTING SERVICES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/30/2024</u> Date	\$ <u>3,000.00</u>

Subtotal this page **3,960.43**

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 TRACTOR SUPPLY CO. Address 12020 HALL RD STERLING HEIGHTS, MI 48313 ☐ Fund Raiser	Purpose: SUPPLIES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/31/2024 Date	\$ 211.60
Expenditure #2 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	09/03/2024 Date	\$ 9.30
Expenditure #3 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	09/03/2024 Date	\$ 21.60
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	09/03/2024 Date	\$ 12.01
Expenditure #5 Name WALMART Address 51450 SHELBY PKWY SHELBY TWP, MI 48315 ☐ Fund Raiser	Purpose: VOLUNTEER APPRECIATION ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/03/2024 Date	\$ 129.79

Subtotal this page **384.30**

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: <u>SERVICE FEE (FUNDRAISER 9/10/24)</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/05/2024</u> Date	\$ <u>21.08</u>
Expenditure #2 Name ORIENTAL TRADING COMPANY Address P.O. BOX 2308 OMAHA, NE 68103 ☐ Fund Raiser	Purpose: <u>MARKETING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/05/2024</u> Date	\$ <u>390.36</u>
Expenditure #3 Name AMAZON MARKET Address 1200 12TH AVE S SEATTLE, WA 98144 ☒ Fund Raiser	Purpose: <u>MARKETING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/05/2024</u> Date	\$ <u>42.36</u>
Expenditure #4 Name TRACTOR SUPPLY CO. Address 12020 HALL RD STERLING HEIGHTS, MI 48313 ☐ Fund Raiser	Purpose: <u>SUPPLIES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/05/2024</u> Date	\$ <u>280.50</u>
Expenditure #5 Name DETROIT LACROSSE 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>09/05/2024</u> Date	\$ <u>935.45</u>

Subtotal this page

1,669.75

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 4IMPRINT Address 101 COMMERCE ST OSHKOSH, WI 54901 ☐ Fund Raiser	Purpose: ADVERTISING/MARKETING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/06/2024 Date	\$ 386.22
Expenditure #2 Name TRACTOR SUPPLY CO. Address 12020 HALL RD STERLING HEIGHTS, MI 48313 ☐ Fund Raiser	Purpose: SUPPLIES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/06/2024 Date	\$ 68.88
Expenditure #3 Name ACCUFORM PRINT & GRAPHICS Address 7231 SOUTHFIELD RD DETROIT, MI 48228 ☐ Fund Raiser	Purpose: ADVERTISING/MARKETING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/06/2024 Date	\$ 1,718.00
Expenditure #4 Name LEO'S CONEY ISLAND Address 23815 JEFFERSON AVE ST CLAIR SHORES, MI 48080 ☐ Fund Raiser	Purpose: VOLUNTEER APPRECIATION ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/06/2024 Date	\$ 37.57
Expenditure #5 Name G-TEK PROFESSIONAL SERVICES Address 42888 MOUND RD STERLING HEIGHTS, MI 48314 ☐ Fund Raiser	Purpose: ADVERTISING/MARKETING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/06/2024 Date	\$ 4,982.00

Subtotal this page **7,192.67**

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: <u>SERVICE FEE (FUNDRAISER 9/10/24)</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/06/2024</u> Date	\$ <u>4.65</u>
Expenditure #2 Name TERENCE MEKOSKI Address 13232 TOWERING OAKS DR SHELBY TWP, MI 48315 ☐ Fund Raiser	Purpose: <u>LOAN REPAYMENT</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/06/2024</u> Date Memo Itemization Below	\$ <u>66.86</u>
Expenditure #3 Name WALMART Address 51450 SHELBY PKWY SHELBY TWP, MI 48315 ☐ Fund Raiser	Purpose: <u>VOLUNTEER APPRECIATION</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/08/2024</u> Date	\$ <u>96.35</u>
Expenditure #4 Name MCDONALDS Address 57600 MAIN STREET RICHMOND, MI 48062 ☐ Fund Raiser	Purpose: <u>VOLUNTEER APPRECIATION</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/08/2024</u> Date	\$ <u>101.29</u>
Expenditure #5 Name RICHMOND AREA GOOD OLD DAYS Address P.O. BOX 271 RICHMOND, MI 48062 ☐ Fund Raiser	Purpose: <u>ADVERTISING/MARKETING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/08/2024</u> Date	\$ <u>200.00</u>

Subtotal this page **469.15**
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 NATIONBUILDER Address 520 S GRAND AVE LOS ANGELES, CA 90071 ☒ Fund Raiser	Purpose: <u>SERVICE FEE (FUNDRAISER 9/10/24)</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/09/2024</u> Date	\$ <u>9.30</u>
Expenditure #2 Name JORDANO GRAPHICS Address 71300 VAN DYKE RD ROMEO, MI 48065 ☐ Fund Raiser	Purpose: <u>ADVERTISING/MARKETING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/09/2024</u> Date	\$ <u>148.40</u>
Expenditure #3 Name NATIONBUILDER Address 520 S GRAND AVE LOS ANGELES, CA 90071 ☒ Fund Raiser	Purpose: <u>SERVICE FEE (FUNDRAISER 9/10/24)</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/10/2024</u> Date	\$ <u>17.15</u>
Expenditure #4 Name PALAZZO GRANDE Address 54660 VAN DYKE AVE SHELBY TWP, MI 48316 ☒ Fund Raiser	Purpose: <u>FUNDRAISER (9/10/24)</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/10/2024</u> Date	\$ <u>4,130.00</u>
Expenditure #5 Name THE GODFATHER BISTRO & CIGAR BAR Address 14073 23 MILE RD SHELBY TWP, MI 48315 ☒ Fund Raiser	Purpose: <u>SUPPLIES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/10/2024</u> Date	\$ <u>212.00</u>

Subtotal this page **4,516.85**

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: <u>SERVICE FEE (FUNDRAISER 9/10/24)</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/11/2024</u> Date	\$ <u>53.88</u>
Expenditure #2 Name FACEBOOK Address 1 FACEBOOK WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: <u>ADVERTISING/MARKETING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/11/2024</u> Date	\$ <u>66.87</u>
Expenditure #3 Name FACEBOOK Address 1 FACEBOOK WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: <u>ADVERTISING/MARKETING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/11/2024</u> Date	\$ <u>33.13</u>
Expenditure #4 Name NATIONBUILDER Address 520 S GRAND AVE LOS ANGELES, CA 90071 ☒ Fund Raiser	Purpose: <u>SERVICE FEE (FUNDRAISER 9/10/24)</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/12/2024</u> Date	\$ <u>95.47</u>
Expenditure #5 Name NATIONBUILDER Address 520 S GRAND AVE LOS ANGELES, CA 90071 ☒ Fund Raiser	Purpose: <u>SERVICE FEE (FUNDRAISER 9/10/24)</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/13/2024</u> Date	\$ <u>13.65</u>

Subtotal this page **263.00**

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	09/13/2024 Date	\$ 17.06
Expenditure #2 Name ACCUFORM PRINT & GRAPHICS Address 7231 SOUTHFIELD RD DETROIT, MI 48228 ☐ Fund Raiser	Purpose: ADVERTISING/MARKETING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/13/2024 Date	\$ 552.00
Expenditure #3 Name RECORD NEWSPAPERS LLC Address 58757 VAN DYKE AVE WASHINGTON, MI 48094 ☐ Fund Raiser	Purpose: ADVERTISING/MARKETING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/13/2024 Date	\$ 700.00
Expenditure #4 Name PARKER NUGENT Address 3099 CREEK DR S E APT. 30 KENTWOOD, MI 49512 ☒ Fund Raiser	Purpose: DESIGN/ADVERTISING/MARKETING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/13/2024 Date	\$ 165.00
Expenditure #5 Name MOBILE BILLBOARD Address 31431 JOHN R RD MADISON HEIGHTS, MI 48071 ☐ Fund Raiser	Purpose: ADVERTISING/MARKETING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/13/2024 Date	\$ 1,000.00

Subtotal this page **2,434.06**

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 LITTLE CEASARS Address 41920 HAYES 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	09/16/2024 Date	\$ 49.94
Expenditure #2 Name LITTLE CEASARS Address 47069 SCHOENHERR RD SHELBY TWP, MI 48315 ☐ Fund Raiser	Purpose: VOLUNTEER APPRECIATION ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/16/2024 Date	\$ 28.79
Expenditure #3 Name HUNTINGTON BANK Address 8155 26 MILE RD WASHINGTON, MI 48094 ☐ Fund Raiser	Purpose: SERVICE FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/17/2024 Date	\$ 15.00
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	09/17/2024 Date	\$ 6.10
Expenditure #5 Name PARKER NUGENT Address 3099 CREEK DR S E APT. 30 KENTWOOD, MI 49512 ☒ Fund Raiser	Purpose: DESIGN SERVICES/MARKETING (FUNDRAISER 10/7/24) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/20/2024 Date	\$ 65.00

Subtotal this page **164.83**
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 PARKER NUGENT Address 3099 CREEK DR S E APT. 30 KENTWOOD, MI 49512 ☐ Fund Raiser	Purpose: DESIGN SERVICES/MARKETING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/20/2024 Date	\$ 75.00
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	09/20/2024 Date	\$ 1,344.00
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	09/20/2024 Date	\$ 400.00
Expenditure #4 Name HARBOR FREIGHT TOOLS Address 45150 UTICA PARK BLVD UTICA, MI 48315 ☐ Fund Raiser	Purpose: SUPPLIES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/22/2024 Date	\$ 47.69
Expenditure #5 Name DANNY BARTOLOTTA Address 68529 MEADOWOOD DR WASHINGTON, MI 48095 ☐ Fund Raiser	Purpose: CONSULTING SERVICES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/22/2024 Date	\$ 386.42

Subtotal this page **2,253.11**

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 C&G PUBLISHING Address 13650 E 11 MILE RD WARREN, MI 48089 ☐ Fund Raiser	Purpose: <u>ADVERTISING/MARKETING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/24/2024</u> Date	\$ <u>2,241.00</u>
Expenditure #2 Name PARKER NUGENT Address 3099 CREEK DR S E APT. 30 KENTWOOD, MI 49512 ☐ Fund Raiser	Purpose: <u>ADVERTISING/MARKETING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/27/2024</u> Date	\$ <u>75.00</u>
Expenditure #3 Name G-TEK PROFESSIONAL SERVICES Address 42888 MOUND RD STERLING HEIGHTS, MI 48314 ☐ Fund Raiser	Purpose: <u>ADVERTISING/MARKETING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/27/2024</u> Date	\$ <u>203.52</u>
Expenditure #4 Name OUTFRONT MEDIA Address 405 LEXINGTON AVE. FL 17 NEW YORK, NY 10174 ☐ Fund Raiser	Purpose: <u>ADVERTISING/MARKETING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/30/2024</u> Date	\$ <u>8,017.50</u>
Expenditure #5 Name MARCO'S PIZZA Address 46869 HAYES RD SHELBY TWP, MI 48315 ☐ Fund Raiser	Purpose: <u>VOLUNTEER APPRECIATION</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/30/2024</u> Date	\$ <u>85.28</u>

Subtotal this page **10,622.30**

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 CENTURY CHARITIES Address 33204 MAPLE LN DR STERLING HEIGHTS, MI 48312 ☐ Fund Raiser	Purpose: ADVERTISING/MARKETING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/01/2024 Date	\$ 200.00
Expenditure #2 Name CENTURY BANQUET CENTER Address 33204 MAPLE LN DR STERLING HEIGHTS, MI 48312 ☒ Fund Raiser	Purpose: FUNDRAISER RENTAL (10/7/24) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/01/2024 Date	\$ 1,583.22
Expenditure #3 Name NATIONBUILDER Address 520 S GRAND AVE LOS ANGELES, CA 90071 ☒ Fund Raiser	Purpose: SERVICE FEE (FUNDRAISER 9/30/24) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/02/2024 Date	\$ 29.99
Expenditure #4 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	10/02/2024 Date	\$ 21.60
Expenditure #5 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	10/02/2024 Date	\$ 12.01

Subtotal this page

1,846.82

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 BOB DUTKO Address 12300 RADIO PL DETROIT, MI 48228 ☒ Fund Raiser	Purpose: <u>SPEAKING ENGAGEMENT FEE (FUNDRAISER 9/30/24)</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/02/2024</u> Date	\$ <u>500.00</u>
Expenditure #2 Name NATIONBUILDER Address 520 S GRAND AVE LOS ANGELES, CA 90071 ☒ Fund Raiser	Purpose: <u>SERVICE FEE (FUNDRAISER 9/30/24)</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/03/2024</u> Date	\$ <u>1.03</u>
Expenditure #3 Name DANNY BARTOLOTTA Address 68529 MEADOWOOD DR WASHINGTON, MI 48095 ☐ Fund Raiser	Purpose: <u>CONSULTING SERVICES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/04/2024</u> Date	\$ <u>1,000.00</u>
Expenditure #4 Name DOLLAR TREE Address 13685 23 MILE RD SHELBY TWP, MI 48315 ☒ Fund Raiser	Purpose: <u>SUPPLIES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/07/2024</u> Date	\$ <u>19.08</u>
Expenditure #5 Name MICHAEL'S KITCHEN Address 35481 GROESBECK HWY CLINTON TWP, MI 48035 ☐ Fund Raiser	Purpose: <u>VOLUNTEER APPRECIATION</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/07/2024</u> Date	\$ <u>299.83</u>

Subtotal this page

1,819.94

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 JORDANO GRAPHICS Address 71300 VAN DYKE RD ROMEO, MI 48065 ☐ Fund Raiser	Purpose: <u>ADVERTISING/MARKETING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/08/2024</u> Date	\$ <u>132.50</u>
Expenditure #2 Name NATIONBUILDER Address 520 S GRAND AVE LOS ANGELES, CA 90071 ☒ Fund Raiser	Purpose: <u>SERVICE FEE (FUNDRAISER 10/7/24)</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/09/2024</u> Date	\$ <u>39.55</u>
Expenditure #3 Name MACOMB COUNTY REPUBLICAN PARTY Address 39099 GARFIELD RD CLINTON TWP, MI 48038 ☐ Fund Raiser	Purpose: <u>ADVERTISING/MARKETING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/10/2024</u> Date	\$ <u>491.00</u>
Expenditure #4 Name FACEBOOK Address 1 FACEBOOK WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: <u>ADVERTISING/MARKETING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/11/2024</u> Date	\$ <u>49.84</u>
Expenditure #5 Name HUNTINGTON BANK Address 8155 26 MILE RD WASHINGTON, MI 48094 ☐ Fund Raiser	Purpose: <u>SERVICE FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/15/2024</u> Date	\$ <u>2.50</u>

Subtotal this page

715.39

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 RIGHT STRATEGIES LLC Address 2153 WEALTHY ST SE GRAND RAPIDS, MI 49506 ☐ Fund Raiser	Purpose: ADVERTISING/MARKETING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/15/2024 Date	\$ 22,386.15
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	10/16/2024 Date	\$ 3.20
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	10/16/2024 Date	\$ 40.05
Expenditure #4 Name PARKER NUGENT Address 3099 CREEK DR S E APT. 30 KENTWOOD, MI 49512 ☐ Fund Raiser	Purpose: ADVERTISING/MARKETING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/17/2024 Date	\$ 65.00
Expenditure #5 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	10/18/2024 Date	\$ 1,500.00

Subtotal this page **23,994.40**

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

Enter this total
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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 JOSEPH SZARON Address 32039 RIVERDALE ST HARRISON TOWNSHIP, MI 48045 ☐ Fund Raiser	Purpose: SUPPLIES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/18/2024 Date	\$ 99.62
Expenditure #2 Name JESSICA VERBEKE Address 39439 WILLMARTH ST HARRISON TOWNSHIP, MI 48045 ☐ Fund Raiser	Purpose: SUPPLIES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/18/2024 Date	\$ 123.42
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	223.04
Grand Total of all Schedules 1B (Complete on last page of Schedule)	62,530.04

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)

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 REPAYMENT</u> 5. <u>Date Debt Was Incurred:</u> <u>09/06/2024</u> 6. <u>Original Amount of Debt:</u> <u>\$ 66.86</u>	<u>09/06/24</u> \$ <u>66.86</u> \$ \$ \$ \$	\$ <u>66.86</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:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

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 09/10/2024	4. Number of Individuals Attending or Participating (whichever is greater) 110	5. Type of Fund Raising Activity MEET & GREET	6. Address and Name (If any) of the place where the activity was held. PALAZZO GRANDE 54660 VAN DYKE AVE SHELBY TWP, MI 48316 ☐ Private Residence
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7. Total Contributions **15,055.00**
8. Other Receipts **47.70**
9. Gross Receipts (Add lines 7 and 8) **15,102.70**
10. Total Cost of Event **4,807.82**
(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 09/30/2024	4. Number of Individuals Attending or Participating (whichever is greater) 58	5. Type of Fund Raising Activity MEET & GREET	6. Address and Name (If any) of the place where the activity was held. AMERICAN POLISH CENTURY CLUB 33204 MAPLE LN DR STERLING HEIGHTS, MI 48312 ☐ Private Residence
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7. Total Contributions **2,485.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **2,485.00**
10. Total Cost of Event **1,614.24**
(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 10/07/2024	4. Number of Individuals Attending or Participating (whichever is greater) 45	5. Type of Fund Raising Activity MEET & GREET	6. Address and Name (If any) of the place where the activity was held. JOHNNY BLACK'S TAPHOUSE 49035 SCHOENHERR RD SHELBY TWP, MI 48315 ☐ Private Residence
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7. Total Contributions **2,700.00**
8. Other Receipts **1,022.55**
9. Gross Receipts (Add lines 7 and 8) **3,722.55**
10. Total Cost of Event **123.63**
(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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