



FILED

29 NOV 2024 PM 01:02

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: 10/21/2024 to 11/25/2024

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

11/29/2024

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

11/29/2024



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>8,341.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>8,341.00</u>	(18.) \$ <u>98,347.00</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>8,341.00</u>	(20.) \$ <u>98,397.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>2,775.00</u>	(21.) \$ <u>5,687.37</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>7,608.95</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>7,608.95</u>	(23.) \$ <u>96,946.98</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>2,013.26</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>8,341.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>10,354.26</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>7,608.95</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>2,745.31</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/21/2024</u>	
Name & Address: ANNA MEKOSKI 13232 TOWERING OAKS DR SHELBY TWP, MI 48315		\$ <u>5.00</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>10/22/2024</u>	
Name & Address: MARK FREDAL 44056 GINKGO DR STERLING HEIGHTS, MI 48314		\$ <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>10/22/2024</u>	
Name & Address: PAMELA NELSON 34415 KOCH AVE STERLING HEIGHTS, MI 48310		\$ <u>100.00</u>	\$ <u>225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/22/2024</u>	
Name & Address: MARK RINGLE 8936 CARRIAGE HILL DR SHELBY TOWNSHIP, MI 48317		\$ <u>50.00</u>	\$ <u>50.00</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 255.00

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

Enter this total on
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/22/2024</u>	
Name & Address: DEBRA RINGLE 8936 CARRIAGE HILL DR SHELBY TWP, MI 48317		\$ <u>50.00</u>	\$ <u>1,250.00</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>10/22/2024</u>	
Name & Address: JULIE GARON 63949 DEQUINDRE RD WASHINGTON, MI 48095		\$ <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>10/22/2024</u>	
Name & Address: DEBORAH ISAMAN 37500 SCHOENHERR RD STERLING HEIGHTS, MI 48312		\$ <u>50.00</u>	\$ <u>565.00</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>10/22/2024</u>	
Name & Address: CHESTER RUDNICKI 37131 ALMONT DR E STERLING HEIGHTS, MI 48310		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/22/2024</u>	
Name & Address: THOMAS MITCHELL 40171 WILLIAM DR STERLING HEIGHTS, MI 48313		\$ <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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/22/2024</u>	
Name & Address: MARY JANICKI-PITERA 19747 DRIFTWOOD DR CLINTON TWP, MI 48038		\$ <u>20.00</u>	\$ <u>340.00</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>10/22/2024</u>	
Name & Address: ROBERT VANOAST 26161 DAYTON RD RICHMOND, MI 48062		\$ <u>75.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/22/2024</u>	
Name & Address: SHARYL VANVECHTEN 23304 CLAIRWOOD ST ST CLAIR SHORES, MI 48080		\$ <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			

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/22/2024</u>	
Name & Address: LINDA SHARLOW 18000 ELLERY DR CLINTON TWP, MI 48035		\$ <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>10/22/2024</u>	
Name & Address: CELINE BANKA 36822 LODGE DR STERLING HEIGHTS, MI 48312		\$ <u>50.00</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			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/22/2024</u>	
Name & Address: LINDA PLUMHOFF 8420 GRACE ST SHELBY TOWNSHIP, MI 48317		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/22/2024</u>	
Name & Address: PAM PFEUFFER 41268 CILANTRO DR STERLING HEIGHTS, MI 48314		\$ <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			

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/22/2024</u>	
Name & Address: MARK MHILLI 8176 WILLIAMSTOWN DR SHELBY TWP, MI 48316		\$ <u>400.00</u>	\$ <u>1,221.27</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>FLOOR MAINTENANCE LLC</u> Business Address <u>8176 WILLIAMSTOWN DR, SHELBY TWP, MI 48316</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/22/2024</u>	
Name & Address: JEFF NORMAN 17661 MONTAGE CLINTON TOWNSHIP, MI 48038		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/22/2024</u>	
Name & Address: ARDIATIK JEMINAJ 18129 BIRCH DR MACOMB, MI 48044		\$ <u>100.00</u>	\$ <u>380.00</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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/22/2024</u>	
Name & Address: LOUISE STRONG 17429 CONTESTI DR CLINTON TOWNSHIP, 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			

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/22/2024</u>	
Name & Address: BRIAN PANNEBECKER 50681 HARBOUR VIEW DR N NEW BALTIMORE, MI 48047		\$ <u>50.00</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>10/22/2024</u>	
Name & Address: RICHARD WOLF 17476 BRILL DR CLINTON TOWNSHIP, MI 48035		\$ <u>60.00</u>	\$ <u>60.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/22/2024</u>	
Name & Address: XHULIO TRIEPSHI 48911 VALLEY FORGE DR MACOMB, MI 48044		\$ <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>10/22/2024</u>	
Name & Address: DANIEL ACCIACCA 13665 BREEZY DR STERLING HEIGHTS, MI 48313		\$ <u>50.00</u>	\$ <u>280.00</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			

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/22/2024</u> Name & Address: MARK STANAJ 3240 WATERFORD CT #1310 ROCHESTER HILLS, MI 48309 5. If over \$100.00 cumulative, please provide: Occupation <u>DEPUTY</u> Employer <u>OAKLAND COUNTY SHERIFF OFFICE</u> Business Address <u>1201 N TELEGRAPH, PONTIAC, MI 48341</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>25.00</u>	\$ <u>140.00</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/22/2024</u> Name & Address: DON ATKINSON 58546 RIVER OAKS DR NEW HAVEN, MI 48048 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>50.00</u>	\$ <u>50.00</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/22/2024</u> Name & Address: NUO GJURASHAJ 21417 BUNKER DR MACOMB, MI 48042 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>100.00</u>	\$ <u>100.00</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/22/2024</u> Name & Address: WILLIAM ELYA 59011 PALMER DR WASHINGTON, MI 48094 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>50.00</u>	\$ <u>50.00</u>

Page Subtotal 225.00

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/22/2024</u> Name & Address: SHARON BAUMANN 54179 KATHERINE WOOD DR MACOMB, MI 48042		\$ <u>50.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/22/2024</u> Name & Address: BRIAN OPRE 45722 KENMORE ST SHELBY TWP, MI 48317		\$ <u>50.00</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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/22/2024</u> Name & Address: TAMERA CARR 25841 EASTRIDGE CT NEW BALTIMORE, MI 48051		\$ <u>5.00</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>10/22/2024</u> Name & Address: MARK HEMMERLING 16393 GLENFIELD DR MACOMB, MI 48044		\$ <u>100.00</u>	\$ <u>300.00</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			

Page Subtotal 205.00

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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/22/2024</u>	
Name & Address: MARK CONWAY 15653 PATRICK HENRY DR MACOMB, MI 48044		\$ <u>50.00</u>	\$ <u>115.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SALES</u> Employer <u>TRAMAR INDUSTRIES</u> Business Address <u>11430 KALTZ AVE, WARREN, MI 48089</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/22/2024</u>	
Name & Address: DENISE ACCIACCA 13665 BREEZY DR STERLING HEIGHTS, MI 48313		\$ <u>970.00</u>	\$ <u>1,270.00</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>10/23/2024</u>	
Name & Address: RENETTE HORKENBACH 52625 WILDWOOD DR MACOMB, MI 48042		\$ <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>10/23/2024</u>	
Name & Address: JOHN DICARO 12470 FOREST GLEN LN SHELBY TOWNSHIP, MI 48315		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **1,620.00**

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>10/25/2024</u>	
Name & Address: FRED GIBSON 24520 S RIVER RD CLINTON TOWNSHIP, MI 48036		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/25/2024</u>	
Name & Address: FRED GIBSON, JR. 19506 SHORECREST DR CLINTON TOWNSHIP, MI 48038		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/25/2024</u>	
Name & Address: LORRAINE MIDDLETON 47810 PINECREST DR SHELBY TWP, MI 48317		\$ <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>10/28/2024</u>	
Name & Address: WILLIAM COLEMAN 1917 PINE RIDGE LN BLOOMFIELD TOWNSHIP, MI 48302		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **350.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/29/2024</u> Name & Address: MARY JANICKI-PITERA 19747 DRIFTWOOD DR CLINTON TWP, MI 48038		\$ <u>20.00</u>	\$ <u>360.00</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>10/29/2024</u> Name & Address: PATRICIA MALECKI 16844 GLENMOOR BLVD MACOMB, MI 48044		\$ <u>15.00</u>	\$ <u>15.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/29/2024</u> Name & Address: ROBERT NOWICKI 55101 WESTCHESTER DR SHELBY TOWNSHIP, MI 48316		\$ <u>90.00</u>	\$ <u>90.00</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>10/29/2024</u> Name & Address: GROZDA SWETECH 43868 SCOTER LN CLINTON TOWNSHIP, MI 48038		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 175.00

Grand Total of All Schedules 1A
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/29/2024</u>	
Name & Address: THOMAS MITCHELL 40171 WILLIAM DR STERLING HEIGHTS, MI 48313		\$ <u>50.00</u>	\$ <u>370.00</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>10/29/2024</u>	
Name & Address: FATOS NURO 4808 PEACHTREE DR STERLING HEIGHTS, MI 48310		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SELF EMPLOYED</u> Business Address <u>4808 PEACHTREE DR, 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>10/29/2024</u>	
Name & Address: OLTION KADIU 37436 E ALMONT STERLING HEIGHTS, MI 48310		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SELF EMPLOYED</u> Business Address <u>37436 E ALMONT, STERLING HEIGHTS, MI 48310</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/29/2024</u>	
Name & Address: RICHARD WADOWSKI 19552 QUARTZ CT MACOMB, MI 48044		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 400.00

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>10/29/2024</u>	
Name & Address: MARK FORTON 48143 MALLARD DR NEW BALTIMORE, MI 48047		\$ <u>20.00</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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/29/2024</u>	
Name & Address: MARK PAGOSKI 54534 DEADWOOD LN SHELBY TWP, MI 48316		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/29/2024</u>	
Name & Address: BEVERLY MARSHALL 28007 RUEHLE ST ST CLAIR SHORES, MI 48081		\$ <u>20.00</u>	\$ <u>90.00</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>10/29/2024</u>	
Name & Address: SERENA FURTON 28007 RUEHLE ST ST CLAIR SHORES, MI 48081		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 80.00

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>10/29/2024</u>	
Name & Address: WILLARD PAICKS 46861 BRECKENRIDGE DR MACOMB, MI 48044		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/29/2024</u>	
Name & Address: NOLAN PAICKS 46861 BRECKENRIDGE DR MACOMB, MI 48044		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/29/2024</u>	
Name & Address: EMMA PAICKS 46861 BRECKENRIDGE DR MACOMB, MI 48044		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/29/2024</u>	
Name & Address: BRENDAN PAICKS 46861 BRECKENRIDGE DR MACOMB, MI 48044		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 80.00

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

CANDIDATE COMMITTEE

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/29/2024</u>	
Name & Address: SUE PAICKS 46861 BRECKENRIDGE DR MACOMB, MI 48044		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/29/2024</u>	
Name & Address: KYLE PLUTSCHUCK 15872 CANDLE DR MACOMB, MI 48042		\$ <u>11.00</u>	\$ <u>11.00</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>10/30/2024</u>	
Name & Address: VINCENT SORRENTINO 14113 HIBISCUS DR SHELBY TOWNSHIP, MI 48315		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL STATE DEVELOPER</u> Employer <u>ICON BUILDING DEVELOPMENT</u> Business Address <u>35520 FORTON CT, CLINTON TOWNSHIP, MI 48035</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/31/2024</u>	
Name & Address: SUNNY REDDY 3072 HERON POINTE DR BLOOMFIELD HILLS, MI 48302		\$ <u>100.00</u>	\$ <u>400.00</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			

Page Subtotal **631.00**

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>10/31/2024</u> Name & Address: GERONT FEZOLLARI 40456 ALEXANDRIA DR STERLING HEIGHTS, MI 48313		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SELF EMPLOYED</u> Business Address <u>40456 ALEXANDRIA DR, STERLING HEIGHTS, MI 48313</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/31/2024</u> Name & Address: ALFRED FEZOLLARI 40373 REMSEN DR STERLING HEIGHTS, MI 48313		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SELF EMPLOYED</u> Business Address <u>40373 REMSEN DR, STERLING HEIGHTS, MI 48313</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/31/2024</u> Name & Address: LINDA WHETSTONE 6687 WELLSDALE CT WASHINGTON, MI 48094		\$ <u>130.00</u>	\$ <u>130.00</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>10/31/2024</u> Name & Address: BUJAR REXHA 2096 Highbury Dr TROY, MI 48085		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SELF EMPLOYED</u> Business Address <u>2096 Highbury Dr, TROY, MI 48085</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 480.00

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>10/31/2024</u>	
Name & Address: SUZIE CANYOCK 8599 HUMMINGBIRD DR COMMERCE, MI 48382		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/31/2024</u>	
Name & Address: JANET SHEERAN 52248 MITCHELL LANE MACOMB, MI 48042		\$ <u>70.00</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>10/31/2024</u>	
Name & Address: SAMIR JIRJIS 16002 COMA CT MACOMB, MI 48042		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SELF EMPLOYED</u> Business Address <u>16002 COMA CT, MACOMB, MI 48042</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/31/2024</u>	
Name & Address: FLORENC KULLA 24003 OLD BROOK LN MACOMB, MI 48044		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SELF EMPLOYED</u> Business Address <u>24003 OLD BROOK LN, MACOMB, MI 48044</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 470.00

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>10/31/2024</u>	
Name & Address: ERION GJYMSA 16039 VANDDAY MACOMB, MI 48044		\$ <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>10/31/2024</u>	
Name & Address: VITO LOGRASSO 47456 MILONAS DR SHELBY TOWNSHIP, MI 48315		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>GLOBAL HOME IMPROVEMENTS</u> Business Address <u>47456 MILONAS DR, SHELBY TOWNSHIP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/31/2024</u>	
Name & Address: GENCI KULLA 42502 WROBEL ST CLINTON TOWNSHIP, MI 48038		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/31/2024</u>	
Name & Address: ADMIR KAMBERAJ 50503 KOSS DR MACOMB, MI 48044		\$ <u>100.00</u>	\$ <u>100.00</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 400.00

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**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/31/2024</u>	
Name & Address: MIRGEN DEDE 42503 KOLLMORGEN DR CLINTON TOWNSHIP, MI 48038		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/31/2024</u>	
Name & Address: VINCENT GUECCIA 56048 CHIANTI DR SHELBY TOWNSHIP, MI 48316		\$ <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>10/31/2024</u>	
Name & Address: CATHERINE ANNONI 17476 BRILL DR CLINTON TOWNSHIP, MI 48035		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/31/2024</u>	
Name & Address: MARK CONWAY 15653 PATRICK HENRY DR MACOMB, MI 48044		\$ <u>50.00</u>	\$ <u>165.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SALES</u> Employer <u>TRAMAR INDUSTRIES</u> Business Address <u>11430 KALTZ AVE, WARREN, MI 48089</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 170.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/31/2024</u> Name & Address: BRIAN OPRE 45722 KENMORE ST SHELBY TWP, MI 48317		\$ <u>50.00</u>	\$ <u>565.00</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>10/31/2024</u> Name & Address: ADRIAN DURMISHLLARI 36849 RUSSELL CT STERLING HEIGHTS, MI 48312		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>11/06/2024</u> Name & Address: JOHN STROICH 14523 TOWERING OAKS DR SHELBY TWP, MI 48315		\$ <u>1,000.00</u>	\$ <u>3,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt _____ 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

1,150.00

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

8,341.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

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

CANDIDATE COMMITTEE

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

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <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: LEON BERISHAJ 3432 LANDVIEW DR ROCHESTER, MI 48306 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 FOOD 5. Date Of Receipt: 10/21/2024 6. Vendor Name & Address: JOEY B'S PUBLIC HOUSE 43711 VAN DYKE AVE, STERLING HEIGHTS, MI 48314	\$ 250.00	\$ 250.00
☒ Fund Raiser Contribution			
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: ROZI BERISHAJ 3432 LANDVIEW DR ROCHESTER, MI 48306 If over \$100.00 cumulative, please provide: Occupation: RETIRED Employer Name & 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 FOOD 5. Date Of Receipt: 10/21/2024 6. Vendor Name & Address: JOEY B'S PUBLIC HOUSE 43711 VAN DYKE AVE, STERLING HEIGHTS, MI 48314	\$ 250.00	\$ 250.00
☒ Fund Raiser Contribution			
Contribution #3 PAC Receipt? ☐ Yes Name & Address: AUREL AGO 10433 EXCALIBUR DR SHELBY TWP, MI 48315 If over \$100.00 cumulative, please provide: Occupation: OWNER Employer Name & Address: AURELLIO'S ITALIAN GRILL 43080 GARFIELD RD, CLINTON TOWNSHIP, MI 48038	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 (10/29/24) 5. Date Of Receipt: 10/29/2024 6. Vendor Name & Address: AURELLIO'S ITALIAN GRILL 43080 GARFIELD RD, CLINTON TOWNSHIP, MI 48038	\$ 2,275.00	\$ 2,275.00
☒ Fund Raiser Contribution			

Page Subtotal **2,775.00** **2,775.00**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) **2,775.00**

Enter this total
on line 6 of Summary
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name NATIONBUILDER Address 520 S GRAND AVE LOS ANGELES, CA 90071 ☐ Fund Raiser	Purpose: SERVICE FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/21/2024 Date	\$ 0.45
Expenditure #2 Name DUNKIN DONUTS Address 51511 SCHOENHERR RD SHELBY TOWNSHIP, MI 48315 ☐ Fund Raiser	Purpose: VOLUNTEER APPRECIATION ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/21/2024 Date	\$ 31.98
Expenditure #3 Name MACOMB COUNTY REPUBLICAN PARTY Address 39099 GARFIELD RD CLINTON TWP, MI 48038 ☐ Fund Raiser	Purpose: ADVERTISING/MARKETING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/21/2024 Date	\$ 47.00
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	10/21/2024 Date	\$ 330.00
Expenditure #5 Name NATIONBUILDER Address 520 S GRAND AVE LOS ANGELES, CA 90071 ☒ Fund Raiser	Purpose: SERVICE FEE (FUNDRAISER 10/21/24) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/23/2024 Date	\$ 60.87

Subtotal this page **470.30**

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 POLISH VARITIES RADIO Address P.O. BOX 10101 DETROIT, MI 48210 ☐ Fund Raiser	Purpose: ADVERTISING/MARKETING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/23/2024 Date	\$ 100.00
Expenditure #2 Name PARKER NUGENT Address 3099 CREEK DR S E APT. 30 KENTWOOD, MI 49512 ☒ Fund Raiser	Purpose: ADVERTISING/MARKETING (FUNDRAISER 10/29/24) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/25/2024 Date	\$ 70.00
Expenditure #3 Name NATIONBUILDER Address 520 S GRAND AVE LOS ANGELES, CA 90071 ☐ Fund Raiser	Purpose: SERVICE FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/25/2024 Date	\$ 8.15
Expenditure #4 Name TIM HORTONS Address 39043 GARFIELD RD CLINTON TOWNSHIP, MI 48038 ☐ Fund Raiser	Purpose: VOLUNTEER APPRECIATION ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/26/2024 Date	\$ 33.56
Expenditure #5 Name NATIONBUILDER Address 520 S GRAND AVE LOS ANGELES, CA 90071 ☐ Fund Raiser	Purpose: SERVICE FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/28/2024 Date	\$ 3.20

Subtotal this page

214.91

Grand Total of all Schedules 1B
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Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name G-TEK PROFESSIONAL SERVICES Address 42888 MOUND RD STERLING HEIGHTS, MI 48314 ☐ Fund Raiser	Purpose: <u>GRAPHIC DESIGNS/SIGNS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/28/2024</u> Date	\$ <u>1,141.15</u>
Expenditure #2 Name MEIJER Address 15055 HALL RD UTICA, MI 48315 ☒ Fund Raiser	Purpose: <u>SUPPLIES (FUNDRAISER 10/29/24)</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/28/2024</u> Date	\$ <u>44.45</u>
Expenditure #3 Name DANNY BARTOLOTTA Address 68529 MEADOWOOD DR WASHINGTON, MI 48095 ☐ Fund Raiser	Purpose: <u>REIMBURSEMENT: ADVERTISING/MARKETING</u> Memo Itemization Below ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/29/2024</u> Date	\$ <u>914.39</u>
Expenditure #4 Name FACEBOOK Address 1 FACEBOOK WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: <u>ADVERTISING/MARKETING</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/29/2024</u> Date	\$ <u>(914.39)</u>
Expenditure #5 Name NATIONBUILDER Address 520 S GRAND AVE LOS ANGELES, CA 90071 ☒ Fund Raiser	Purpose: <u>SERVICE FEE (FUNDRAISER 10/29/24)</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/30/2024</u> Date	\$ <u>14.80</u>

Subtotal this page **2,114.79**

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

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Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name NATIONBUILDER Address 520 S GRAND AVE LOS ANGELES, CA 90071 ☒ Fund Raiser	Purpose: <u>SERVICE FEE (FUNDRAISER 10/29/24)</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/31/2024</u> Date	\$ <u>57.03</u>
Expenditure #2 Name DANNY BARTOLOTTA Address 68529 MEADOWOOD DR WASHINGTON, MI 48095 ☐ Fund Raiser	Purpose: <u>REIMBURSEMENT: ADVERTISING/MARKETING</u> Memo Itemization Below ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/31/2024</u> Date	\$ <u>2,652.95</u>
Expenditure #3 Name VOTE CHASE Address 8TH STREET, SUITE A DOVER, DE 11901 ☐ Fund Raiser	Purpose: <u>ADVERTISING/MARKETING</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/31/2024</u> Date	\$ <u>(2,652.95)</u>
Expenditure #4 Name ANNA MEKOSKI Address 13232 TOWERING OAKS DR SHELBY TWP, MI 48315 ☒ Fund Raiser	Purpose: <u>REIMBURSEMENT: FUNDRAISER EXPENSE 10/29/24</u> Memo Itemization Below ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/31/2024</u> Date	\$ <u>250.00</u>
Expenditure #5 Name AURELLIO'S ITALIAN GRILL Address 43080 GARFIELD RD CLINTON TOWNSHIP, MI 48038 ☒ Fund Raiser	Purpose: <u>FUNDRAISER EXPENSES 10/29/24</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/31/2024</u> Date	\$ <u>(250.00)</u>

Subtotal this page **2,959.98**

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

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Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ANNA MEKOSKI Address 13232 TOWERING OAKS DR SHELBY TWP, MI 48315 ☐ Fund Raiser	Purpose: <u>REIMBURSEMENT: VOLUNTEER APPRECIATION</u> Memo Itemization Below ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/31/2024</u> Date	\$ <u>57.90</u>
Expenditure #2 Name JET'S PIZZA Address 39101 GARFIELD RD CLINTON TWP, MI 48038 ☐ Fund Raiser	Purpose: <u>VOLUNTEER APPRECIATION</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/31/2024</u> Date	\$ <u>(57.90)</u>
Expenditure #3 Name PARKER NUGENT Address 3099 CREEK DR S E APT. 30 KENTWOOD, MI 49512 ☐ Fund Raiser	Purpose: <u>DESIGN SERVICES/MARKETING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/01/2024</u> Date	\$ <u>65.00</u>
Expenditure #4 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>11/01/2024</u> Date	\$ <u>103.88</u>
Expenditure #5 Name GOOGLE LLC Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 ☐ Fund Raiser	Purpose: <u>EMAIL DOMAIN</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/01/2024</u> Date	\$ <u>21.60</u>

Subtotal this page

248.38

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

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Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name GOOGLE LLC Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 ☐ Fund Raiser	Purpose: TELEPHONE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/01/2024 Date	\$ 12.06
Expenditure #2 Name LA SAJ LEBANESE BISTRO Address 13776 SOUTHCove DR STERLING HEIGHTS, MI 48313 ☐ Fund Raiser	Purpose: VOLUNTEER APPRECIATION ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/03/2024 Date	\$ 744.86
Expenditure #3 Name ANNA MEKOSKI Address 13232 TOWERING OAKS DR SHELBY TWP, MI 48315 ☐ Fund Raiser	Purpose: REIMBURSEMENT: VOLUNTEER APPRECIATION ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Memo Itemization Below	11/03/2024 Date	\$ 47.93
Expenditure #4 Name KROGER Address 43893 SCHOENHERR RD STERLING HEIGHTS, MI 48313 ☐ Fund Raiser	Purpose: VOLUNTEER APPRECIATION ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement (Memo Itemization)	11/03/2024 Date	\$ (47.93)
Expenditure #5 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	11/05/2024 Date	\$ 105.98

Subtotal this page **910.83**

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name MAVRIX RESTAURANT & BAR Address 50308 SCHOENHERR RD SHELBY TOWNSHIP, 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>11/05/2024</u> Date	\$ <u>94.76</u>
Expenditure #2 Name JESSICA VERBEKE Address 39439 WILLMARTH ST HARRISON TOWNSHIP, MI 48045 ☐ Fund Raiser	Purpose: <u>SUPPLIES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/05/2024</u> Date	\$ <u>72.03</u>
Expenditure #3 Name ANNA MEKOSKI Address 13232 TOWERING OAKS DR SHELBY TWP, MI 48315 ☐ Fund Raiser	Purpose: <u>SUPPLIES: REIMBURSEMENT</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/07/2024</u> Date	\$ <u>15.90</u> Memo Itemization Below
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>11/07/2024</u> Date	\$ <u>(15.90)</u> (Memo Itemization)
Expenditure #5 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>11/07/2024</u> Date	\$ <u>174.57</u>

Subtotal this page

357.26

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name 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	11/15/2024 Date	\$ 2.50
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	11/20/2024 Date	\$ 330.00
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 **332.50**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **7,608.95**

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

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

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee **OR** b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? ☐ Yes Owed to or by: TERENCE MEKOSKI 13232 TOWERING OAKS DR SHELBY TWP, MI 48315	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>06/30/2020</u> 6. <u>Original Amount of Debt:</u> \$ <u>4,000.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>4,000.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: TERENCE MEKOSKI 13232 TOWERING OAKS DR SHELBY TWP, MI 48315	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>08/29/2020</u> 6. <u>Original Amount of Debt:</u> \$ <u>5,000.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>5,000.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: TERENCE MEKOSKI 13232 TOWERING OAKS DR SHELBY TWP, MI 48315	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>10/04/2020</u> 6. <u>Original Amount of Debt:</u> \$ <u>4,000.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>4,000.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

13,000.00

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

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

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

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee **OR** b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? ☐ Yes Owed to or by: TERENCE MEKOSKI 13232 TOWERING OAKS DR SHELBY TWP, MI 48315	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>10/27/2020</u> 6. <u>Original Amount of Debt:</u> \$ <u>200.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>200.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: TERENCE MEKOSKI 13232 TOWERING OAKS DR SHELBY TWP, MI 48315	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>07/14/2021</u> 6. <u>Original Amount of Debt:</u> \$ <u>6,000.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>6,000.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: TERENCE MEKOSKI 13232 TOWERING OAKS DR SHELBY TWP, MI 48315	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>01/29/2024</u> 6. <u>Original Amount of Debt:</u> \$ <u>1,000.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>1,000.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

7,200.00

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

20,200.00

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

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

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 10/21/2024	4. Number of Individuals Attending or Participating (whichever is greater) 33	5. Type of Fund Raising Activity MEET & GREET	6. Address and Name (If any) of the place where the activity was held. JOEY B'S PUBLIC HOUSE 43711 VAN DYKE AVE STERLING HEIGHTS, MI 48314 ☐ Private Residence
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7. Total Contributions **2,380.00**
8. Other Receipts **500.00**
9. Gross Receipts (Add lines 7 and 8) **2,880.00**
10. Total Cost of Event **60.87**
(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 10/29/2024	4. Number of Individuals Attending or Participating (whichever is greater) 65	5. Type of Fund Raising Activity MEET & GREET	6. Address and Name (If any) of the place where the activity was held. AURELLIO'S ITALIAN GRILL 43080 GARFIELD RD CLINTON TOWNSHIP, MI 48038 ☐ Private Residence
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7. Total Contributions **3,036.00**
8. Other Receipts **2,275.00**
9. Gross Receipts (Add lines 7 and 8) **5,311.00**
10. Total Cost of Event **436.28**
(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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