MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

CANDIDATE COMMITTEE COVER PAGE

Committee ID		139858-0	و من المعالمات		
Committee Name		CTE PETER J LUCIDO FOR PR	OSECUTOR	. <u> </u>	
Coverage Period		01/01/2021 - 04/20/2021			
Candidate Name		CTE PETER J LUCIDO FOR PR	OSECUTOR		
Office/District Sought		District Courts (Population 25	0,000+)		-
County of Residence		МАСОМВ	and the statement of the control	ni verse lati zini.	
Address Information	etini Terath Waliogai.		a and a special management of the special states		
Committee Mailing	200 De 1901 (1901) (1901) (1901) (1901) (1901) (1901) (1901) (1901) (1901) (1901) (1901) (1901) (1901) (1901)	6303 26 MILE RD WASHINGTON TWP MI 480	94		
Phone		(586) 206-3133	1000	mere and the second second	· · · · · · · · · · · · · · · · · · ·
Treasurer Name	الأراخ إلى مغلقان المدرة البسسية	Frank Concola	به منه چنایمه د میشنیشند. تا میابیدیشند ۱۰ ایند ساز در بر این د	12	
Treasurer Residential	to prompting to who the entrapper garage t	Frank Coppola 54420 Carnetini Micomb MI 480	Drive 042	r or	A
Phone		586 . 295 . 9375		<u> </u>	7 0
Treasurer Business	Limera, mili V 1811	self employed		20 20 20 20 20 20 20 20 20 20 20 20 20 2	ω ω
Phone			er gang empergrap galamentappen relations com	TI-I	
Recordkeeper Name		to carea the thintent to be a recount, buy takes untilled - \$		ΞΩ.	_ <u>_</u>
Recordkeeper Mailing				DE AN	ယ လ
Phone	ANCEL PARTIES AND	Marie odalice i sa mara i Banco an a	a villa elektrikanikanikan		and the same of
Statement Type Relates To	-~	Post-Election			
Election Date	Proce Francisco (l'une	General			
Dissolution Date (effective)					
Annual Statement Coverage \	~				
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Treasurer/Recordkeeper Sign	<u>180</u>		. Date		
Candidate Signed	• • • • • •	CTE PETER J LUCIDO FOR PROSECUTOR	• Date	//	

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in the items above has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

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 Des				
(Type or Print) Name:_	Fran Coppola	Signature:	e/h	Date: 4-22-21
(Type or Print) Name:	Peter J. Lucidi	Signature: () I	2/61	Date: 4-22-2

CANDIDATE COMMITTEE SUMMARY PAGE

• Committee ID 139858-0				
• Committee Name CTE PETER J LUCIDO FOR PROSECUTOR				
Document Name Post-Election General				
RECEIPTS		This Period		Cumulative
3. Contributions				
a. Itemized Contributions	(3a.)	775.00		
b. Unitemized	(3b.)	0.00		
c. Subtotal of Contributions	(3c.)	775.00	(18.)	110,673.50
4. Other Receipts	(4.)	0.00	(19.)	0.00
5. Total Contributions and Other Receipts	(5.)	775.00	(20.)	110,673.50
IN-KIND CONTRIBUTIONS AND EXPENDITURES				
6. In-Kind Contributions	(6.)	0.00	(21.)	0.00
7. In-Kind Expenditures	(7.)	0.00	(22.)	0.00
EXPENDITURES				
8. Expenditures				
a. Itemized	(8a.)	1,291.80		
b. Itemized GOTV	(8b.)	0.00		
c. Unitemized (less than \$50.01 each)	(8c.)	11.60		
9. Total Expenditures	(9.)	1,303.40	(23.)	41,489.02
INCIDENTAL EXPENSE DISBURSEMENTS				
10. Disbursements				
a. Itemized	(10a.)	0.00		
b. Unitemized	(10b.)	0.00		
11. Total Incidental Expense Disbursements	(11.)	0.00	(24.)	0.00
DEBTS AND OBLIGATIONS				
12. Debts and Obligations				
a. Owed by the Committee	(12a.)	50,000.00		
b. Owed to the Committee	(12b.)	0.00		
BALANCE STATEMENT				
13. Ending balance of last report filed		(13.)		44,453.58
14. Amount received during reporting Period		(14.)		775.00
15. Subtotal		(15.)		45,228.58
16. Amount expended during reporting Period		(16.)		1,303.40
17. ENDING BALANCE		(17.)		43,925.18

Committee ID	139858-0				
Committee Name	CTE PETER J LUCIDO FOR PROSEC	CUTOR	The second secon		
Document Name	Post-Election General	La contrata de la contrata del contrata de la contrata del contrata de la contrata del contrata de la contrata de la contrata de la contrata del contrata de la contrata del contrata de la contrata del contrata del contrata del contrata del contrata de la contrata del contr			
# 6543Add	the time of the production of the second				
PAC Receipt?:	Date of Receipt: 03/09/2021	Amt: 250.00	Cumul: 250.00		
Name: Thomas Vokal Address: 5864 Murfie City: Oakland Townsh Zip: 48306		Employer: Macomb Endodontics Business Address: 51817 Gratiot Avenue City: Chesterfield State: MI Zip: 48051			
Type of Contribution:	Direct				
# 6552Add					
PAC Receipt?:	Date of Receipt: 03/16/2021	Amt: 250.00	Cumul: 250.00		
Name: Bradley Bagan Address: 32032 28 M City: Leonx Township Zip: 48048	ile Road	1	Employer: SCS Engineering Business Address: 23430 Hawthorne Blvd Sulte 240 City: Torrance State: CA Zip: 90505		
Type of Contribution:	Direct				
# 6555Add					
PAC Receipt?:	Date of Receipt: 03/16/2021	Amt: 250.00	Cumul: 250.00		
Name: Paul Brillati Occupation: Co Address: 54358 Aurora Park City: Shelby Township State: MI Zip: 48316		struction	Employer: SELF-EMPLOYED Business Address: SELF-EMPLOYED City: Self Employed State: MI Zip: 00000		
Type of Contribution:	Direct		HIV VIII (- B) - M- M- () () () () () () () () () (
# 6546Add	enterente de la companya de la comp	. The second sec			
PAC Receipt?:	Date of Receipt: 03/19/2021	Amt: 25.00	Cumul: 25.00		
Name: William House Address: 5621 8th Av City: Grandville State Zip: 49418	enue/enue		Employer: Business Address: City: State: Zip:		
Type of Contribution:	Direct				
Schedule Total			\$ 775.00		

Committee ID	139858-0	The state of the s	The state of the s
Committee Name	CTE PETER J	LUCIDO FOR PROSECUTOR	
Document Name	Post-Election	General	ter in the argumental article in the material article.
# 6557Add			
Date: 01/26/2021		Amt: 95.00)
Name: US Bank Address: 425 Walnut		Purpose: Email Marketing #295	Payment on Debt/Obligation reported on
City: Cincinnati State Cip: 45202	: ОН	Fund Raiser:	previous statement:
			### 10 At 10 March 1 M
‡ 6558Add			
Date: 02/10/2021		Amt: 72.08	3
Name: US Bank Address: 425 Walnut	St	Purpose: Website, eMarketing #296	Payment on Debt/Obligation reported on
City: Cincinnati State: Zip: 45202	: OH	Fund Raiser:	previous statement:
# 6561Add			
Date: 03/12/2021		Amt: 620.0	00
Name: The Italian Tribune Address: 23 Mile and, Card Rd		Purpose: Ads #298	Payment on Debt/Obligation reported on
City: Macomb State: Zip: 48042	MI	Fund Raiser:	previous statement:
# 6560Add			
Date: 03/12/2021		Amt: 19.72	2
Name: US Bank Address: 425 Walnut		Purpose: Website, eMarketing #297	Payment on Debt/Obligation reported on
City: Cincinnati State Zip: 45202	: OH	Fund Raiser:	previous statement:
# 6562Add			
Date: 03/16/2021		Amt: 485.0	00
Name: Philips Sign & Address: 40920 Exec	utive Drive	Purpose: Removal of Sign/Banner #299	Payment on Debt/Obligation reported on
City: Harrison Twp. Si Lip: 48045		Fund Raiser:	previous statement:
Schedule Total			\$ 1,291.

MERTS Reports Page 5 of 5

DEBTS AND OBLIGATION'S (1E) CANDIDATE COMMITTEE

· Committee ID 139858-0

• Committee Name CTE PETER J LUCIDO FOR PROSECUTOR

• Document Name Post-Election General

4686- -Add

Corp: Type: Loan

Cumulative payment to date on debt: 0.00 Outstanding Balance at close of

this period: 50,000.00

Owed To: PETER J. LUCIDO

Address: 14601 BREEZA City: SHELBY TWP State: MI

Zip: 48310

Date Debt Was Incurred: 04/10/2020 Payment Original Amt of Debt: 50,000.00 Date(s):

Forgiven: 0.00

Endorsed Amt: 0.00

Payment

Amt(s):

Endorser or Guarantor:

Owed By Committee (Outstanding):

\$ 50,000.00

Owed To Committee (Outstanding):

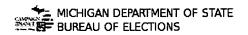
\$ 0.00

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS			21 JUL 23 PI
CANDIDATE COMMITTEE COVER PAG	SE		JL 23 PI
· Committee ID	139858-0		- Ι Ο Ο Π
Committee Name	CTE PETER J LUCIDO FOR PROSEC	UTOR	<u> </u>
Coverage Period	01/01/2021 - 07/20/2021		. ന് I
Candidate Name	PETER LUCIDO		ລະ
Office/District Sought	District Courts (Population 250,000)+)	
County of Residence	MACOMB		
- Address Information			
· Committee Mailing	6303 26 MILE ROAD WASHINGTON TWP MI 48094		
• Phone	(586) 206-3133		
· Treasurer Name	Frank Coppola		
· Treasurer Residential	54620 Carnation Drive Macomb MI 48042		
· Phone			
· Treasurer Business	SELF EMPLOYED Clinton Twp MI 48038	ف ىم ائت الى السائدة المسائدة	The state of the s
· Phone			
· Recordkeeper Name		· · · · · · · · · · · · · · · · · · ·	
• Recordkeeper Malling			
• Phone			
· Statement Type	July - Quarterly		
· Relates To			
• Election Date	//		
Dissolution Date (effective)	//		
Annual Statement Coverage Year			
· Treasurer/Recordkeeper Signed	Frank Coppola	Date	/ /
· Candidate Signed	PETER LUCIDO .	Date	07/22/2021

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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: Jh Copy le	_ Signature: Took Cop La Date: 7-23-21
Candidate:	
(Type or Print) Name Jeten Thurbo	Signature: Peter Court Date: 7-23-21



CANDIDATE COMMITTEE COVER PAGE

Committee Name Coverage Period Ou/01/2021 - Or/20/2021 Candidate Name Office/District Sought Oistrict Courts (Population 250,000+) County of Residence Address Information Committee Mailing Address Information Committee Mailing Osa 25 MILE ROAD WASHINGTON TWP MI 48094 Phone Office/District Sought Osa 25 MILE ROAD WASHINGTON TWP MI 48094 Phone Treasurer Residential Securo Committee Mailing Treasurer Residential Office/District Sought Osa 25 MILE ROAD WASHINGTON TWP MI 48094 Phone Treasurer Residential Securo Committee Mailing Treasurer Business Self EMPLOYED Clinton Twp MI 48042 Phone Recordkeeper Name Recordkeeper Mailing Phone Statement Type July - Quarterly Relates To Election Date Dissolution Date (effective) I// Annual Statement Coverage Year Treasurer Recordkeeper Signed PETER LUCIDO Date Office/District Schedules Dissolution Date (effective) Acommittee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statement must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in the items above has changed debts count against the \$1,000 Reporting Waiver threshold. If any of the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filling deadline of a required campaign statement, that campaign statement cannot be waived. Verification: Nwe certify that all reasonable diligence was used in the preparation of this statement and complete. Current Treasurer or Designated Record keeper: (Type or Print) Name: Signature: Date:	· Committee ID	139858-0			
Cowerage Period 01/01/2021 - 07/20/2021 Candidate Name PETER LUCIDO District County of Residence MACOMB County of Residence MACOMB Address Information Committee Mailing 6303 26 MILE ROAD WASHINGTON TWP MI 48094 Phone (586) 206-3133 Freasurer Name Frank Coppola Treasurer Residential S4620 Carnation Drive Macomb MI 48042 Phone Treasurer Business SELF EMPLOYED Clinton Twp MI 48038 Phone Recordkeeper Name Recordkeeper Mailing Phone Statement Type July - Quarterly Relates To Election Date Dissolution Date (effective) Annual Statement Coverage Year Treasurer/Recordkeeper Signed Frank Coppola Candidate Signed PETER LUCIDO Date 07/22/2021 A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statement must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in the items above has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived. Verification: NWe certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of mylour knowledge and belief the contents are true, accurate and complete. Current Treasurer or Designated Record keeper: (Type or Print) Name:			POSECUTOR		
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Office/District Sought County of Residence Address Information Committee Mailing 6303 26 MILE ROAD WASHINGTON TWP MI 48094 Phone (586) 266-3133 Treasurer Name Frank Coppola Treasurer Residential Frank Coppola Treasurer Business SELF EMPLOYED Clinton Twp MI 48038 Phone Recordkeeper Name Recordkeeper Mailing Phone Statement Type Plone Plossolution Date (effective) Annual Statement Coverage Year Treasurer/Recordkeeper Signed Treasurer/Recordkeeper Signed Frank Coppola Treasurer Business Phone Phone Phone Annual Statement Type Perfective) A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information islated in the items above has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver threshold. If any of the information should accompany this Campaign Statement. If a request for a Reporting Waiver threshold. If any of the information issued in the items above has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver to received on or before the filling deadline of a required campaign statement, that campaign statement cannot be waived. Verification: NWe 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: Signature: Date:	The state of the s				
- County of Residence	The state of the s		250,000+)		
Committee Mailing 6303 26 MILE ROAD WASHINGTON TWP MI 48094 Phone (586) 206-3133 Treasurer Name Frank Coppola 54620 Carnation Drive Macomb MI 48042 Phone Treasurer Business SELF EMPLOYED Clinton Twp MI 48038 Phone Recordkeeper Name Recordkeeper Mailing Phone Statement Type July - Quarterly Relates To Election Date // Dissolution Date (effective) // Annual Statement Coverage Year Treasurer/Recordkeeper Signed Frank Coppola Date // Candidate Signed PETER LUCIDO Date 07/22/2021 A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statement must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in the items above has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filling deadline of a required campaign statement, that campaign statement cannot be waived. 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 mylour knowledge and belief the contents are true, accurate and complete. Current Treasurer or Designated Record keeper: (Type or Print) Name: Signature: Date: Date: Candidate:	The state of the s	and the comment of th			
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Treasurer Name Frank Coppola 54620 Carnation Drive Macomb MI 48042 Phone Treasurer Business SELF EMPLOYED Clinton Twp MI 48038 Phone Recordkeeper Name Recordkeeper Mailing Phone Statement Type July - Quarterly Relates To Election Date // Dissolution Date (effective) // Annual Statement Coverage Year Treasurer/Recordkeeper Signed Frank Coppola Date // Candidate Signed PETER LUCIDO Date 07/22/2021 A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statement must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in the items above has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived. 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 mylour knowledge and belief the contents are true, accurate and complete. Current Treasurer or Designated Record keeper: (Type or Print) Name: Signature: Date: Date:			8094		
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Clinton Twp MI 48038 Phone Recordkeeper Name Recordkeeper Mailing Phone Statement Type Statement Type Statement Type Statement Type Relates To Statement Coverage Year Treasurer/Recordkeeper Signed Frank Coppola PETER LUCIDO Date A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statement must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in the items above has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived. Verification: NWe 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: Date: Date: Candidate:	· Phone				
Recordkeeper Name Recordkeeper Mailing Phone Statement Type July - Quarterly Relates To Election Date Dissolution Date (effective) Indicate Signed Frank Coppola PETER LUCIDO Date O7/22/2021 A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statement must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in the items above has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived. Verification: INWe 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: Date: Date: Candidate:	• Treasurer Business				
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Statement Type Relates To Election Date // Dissolution Date (effective)	· Recordkeeper Mailing				
Relates To Election Date	· Phone				
Election Date	· Statement Type	July - Quarterly			
Dissolution Date (effective) // Annual Statement Coverage Year Treasurer/Recordkeeper Signed Frank Coppola Date // Candidate Signed PETER LUCIDO Date 07/22/2021 A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statement must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in the items above has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived. 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:	· Relates To				
• Annual Statement Coverage Year • Treasurer/Recordkeeper Signed Frank Coppola • Date // • Candidate Signed PETER LUCIDO • Date 07/22/2021 A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statement must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in the items above has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived. 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:	· Election Date	//			
• Treasurer/Recordkeeper Signed	 Dissolution Date (effective) 	//			
A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statement must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in the items above has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived. 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: Date: Candidate:	Annual Statement Coverage Year				
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(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: Date: Candidate:	must include all applicable Schedules. Direct debts count against the \$1,000 Reporting Was since the information was shown on the com Organization should accompany this Campai	t contributions, in-kind contributiver threshold. If any of the infomittee's Statement of Organizating Statement. If a request for	ations, loans, expend formation listed in the cion, an amendment a Reporting Waive	ditures, and outs he items above he to the Statement er is not receive	standing has changed it of
(Type or Print) Name: Signature: Date: Candidate:					d schedules
Candidate:	Current Treasurer or Designated Record kee	per:			
	(Type or Print) Name:	Signature:		Date:	
(Type or Print) Name: Signature: Date:	Candidate:				
	(Type or Print) Name:	Signature:		Date:	

CANDIDATE COMMITTEE SUMMARY PAGE

16. Amount expended during reporting Period

17. ENDING BALANCE

· Committee ID 139858-0 · Committee Name CTE PETER J LUCIDO FOR PROSECUTOR Document Name July - Quarterly **RECEIPTS This Period** Cumulative 3. Contributions 46,590.00 a. Itemized Contributions (3a.) b. Unitemized 0.00 (3b.) c. Subtotal of Contributions 46,590.00 (18.) 157,263.50 (3c.) (4.) 4. Other Receipts 0.00 (19.) 0.00 5. Total Contributions and Other Receipts (5.) 46,590.00 (20.) 157,263.50 **IN-KIND CONTRIBUTIONS AND EXPENDITURES** 6. In-Kind Contributions (6.)0.00 (21.) 0.00 0.00 7. In-Kind Expenditures (7.)0.00 (22.) **EXPENDITURES** 8. Expenditures a. Itemized 5,548.34 (8a.)b. Itemized GOTV (8b.) 0.00 (8c.) c. Unitemized (less than \$50.01 each) 0.00 9. Total Expenditures (9.) 5,548.34 (23.) 71,768.26 **INCIDENTAL EXPENSE DISBURSEMENTS** 10. Disbursements a. Itemized (10a.) 0.00 b. Unitemized (10b.) 0.00 0.00 11. Total Incidental Expense Disbursements (11.)0.00 (24.) **DEBTS AND OBLIGATIONS** 12. Debts and Obligations (12a.) 50,000.00 a. Owed by the Committee b. Owed to the Committee (12b.) 0.00 **BALANCE STATEMENT** 13. Ending balance of last report filed (13.)44,453.58 14. Amount received during reporting Period (14.)46,590.00 15. Subtotal (15.) 91,043.58

(16.)

(17.)

5,548.34

85,495.24

· Committee ID

139858-0

· Committee Name

CTE PETER J LUCIDO FOR PROSECUTOR

· Document Name

July - Quarterly

5102- -Add

PAC Receipt?:

Date of Receipt: 03/09/2021

Amt: 250.00

Cumul: 250.00

Name: Thomas Vokal

Address: 5684 Murfield Drive City: Oakland Township State: MI Occupation: Endodontist

Employer: Macomb Endodontics **Business Address:** 51817 Gratiot

Avenue

City: Chesterfield State: MI

Zip: 48051

Zip: 48306

Type of Contribution: Direct

5105- -Add

PAC Receipt?:

Date of Receipt: 03/16/2021

Amt: 250.00

Cumul: 250.00

Name: Bradley Bagans

Address: 32032 28 Mile Road

City: Leonx Township State: MI

Zip: 48048

Occupation: CEO

Occupation: Construction

Occupation: IT Engineer

Employer: SCS Engineering

Business Address: 23430 Hawthorne

Blvd. Suite 24

City: Torrance State: CA

Zip: 90505

Type of Contribution: Direct

5109- -Add

PAC Receipt?:

Date of Receipt: 03/16/2021

Amt: 250.00

Cumul: 250.00

Name: Paul Brillati

Address: 54358 Aurora Park

City: Shelby Townshp State: MI

Zip: 48316

Type of Contribution: Direct

Employer: SELF EMPLOYED

Business Address: SELF EMPLOYED

City: Clinton Twp State: MI

Zip: 48038

5137- -Add

PAC Receipt?:

Date of Receipt: 04/26/2021

Amt: 500.00

Cumul: 500.00

Name: Christopher Litsair

Address: 54652 Aurora Park City: Shelby Charter Twp State: MI

Zip: 48316

Type of Contribution: Direct

Employer: Cub3dIT

Business Address: PO Box 462 City: Washington Twp State: MI

Zip: 48094

5190- -Add

PAC Receipt?: Date of Receipt: 06/08/2021 Amt: 1,000.00 Cumul: 1,000.00

Name: Mayer Morganroth Occupation: Attorney Employer: Morganroth & Moranroth, PLLC

Business Address: 344 North Old

Woodward Ave Ste 200

Zip: 48009

City: Birmingham State: MI

Employer: Aragona Properties

Employer: LED Lighting Manufacturer

Business Address: 36535 Groesbeck

Business Address: 2585 Pond Vallee

City: Oakland Township State: MI

City: Clinton Township State: MI

City: Fraser State: MI

Business Address: 37020

City: Clinton Twp State: MI

Garfield STE T-1

Zip: 48036

Zip: 48035

Zip: 48026

Zip: 48363

Address: 344 N Old Woodward Ste

200

City: Birmingham State: MI

Zip: 48009

Type of Contribution: Fundraiser Contribution

5180- -Add

PAC Receipt?: **Date of Receipt:** 06/09/2021 Amt: 300.00 Cumul: 300.00

Name: Frank Aragona Occupation: Executive

Address: 3321 Vineyard HIII City: Rochester Hills State: MI

Zip: 48306

Type of Contribution: Fundraiser Contribution

5139- -Add

PAC Receipt?: Date of Receipt: 06/09/2021 Amt: 3,000.00 Cumul: 3,000.00

Name: Ron Cantrell Occupation: Engineer

Address: 36535 Groesbeck City: Clinton Township State: MI

Zip: 48035

Type of Contribution: Direct

5138- -Add

PAC Receipt?: Date of Receipt: 06/09/2021 Amt: 150.00 Cumul: 150.00

Name: Michael Torrice Employer: Eye Spy Detective Agency Occupation: Private Detective Business Address: 32059 Utica Rd Address: 32059 Utica Road

City: Fraser State: MI

Zip: 48026

Type of Contribution: Fundraiser Contribution

5191- -Add

PAC Receipt?: Date of Receipt: 06/10/2021 Amt: 250.00 Cumul: 250.00

Name: Vito Catalfio Occupation: Car Wash Operator Employer: Mr. C's Car Wash

Address: 2585 Pond Vallee City: Oakland Twp State: MI

Zip: 48363

5183- -Add

PAC Receipt?:

Date of Receipt: 06/10/2021

Amt: 150.00

Cumul: 150.00

Name: Thomas Charboneau

Address: 1923 Hamman Drive

Occupation: Attorney

Employer: SELF EMPLOYED Business Address: SELF EMPLOYED

City: Troy State: MI

Zip: 48085

Type of Contribution: Fundraiser Contribution

City: Clinton Twp State: MI **Zip:** 48038

5169- -Add

PAC Receipt?:

Date of Receipt: 06/10/2021

Amt: 250.00

Cumul: 250.00

Name: Frank Coppola

Occupation: CPA

Employer: SELF EMPLOYED

Address: 54620 Carnation Drive

City: Macomb State: MI

Business Address: SELF EMPLOYED City: Clinton Twp State: MI

Zip: 48038

Zip: 48042

Type of Contribution: Fundraiser Contribution

5186- -Add

PAC Receipt?:

Date of Receipt: 06/10/2021

Amt: 150.00

Cumul: 150.00

Name: David Gorcyca

Address: 6608 Tree Knoll Drive

City: Troy State: MI

Zip: 48098

Occupation: Attorney

Employer: Giarmarco Mullins Horton Business Address: Tenth Floor Columbia Center 101 West Big Beaver

Road

City: Troy State: MI

Zip: 48084

Type of Contribution: Fundraiser Contribution

5179- -Add

PAC Receipt?:

Date of Receipt: 06/10/2021

Amt: 250.00 Cumul: 250.00

Name: Vincent Lorelli

Occupation: Attorney

Occupation: Real Estate Agent

Address: 18805 Overlook Trail City: Northville State: MI

Zip: 48169

Lake Rd STE 302 City: West Bloomfield State: MI

Business Address: 7031 Orchard

Employer: Lorelli & Lorelli

Zip: 48322

Type of Contribution: Fundraiser Contribution

5197- -Add

PAC Receipt?:

Date of Receipt: 06/10/2021

Amt: 150.00

Cumul: 150.00

Name: Frank J Lucido Address: 651 N Oxford Rd.

City: Grosse Pointe State: MI

Zip: 48236

Type of Contribution: Fundraiser Contribution

Employer: Lucido Real Estate Business Address: 19455 Mack Ave City: Grosse Pte Woods State: MI

Zip: 48236

5311- -Add

PAC Receipt?: Date of Receipt: 06/10/2021 Amt: 1,000.00 Cumul: 1,000.00

Name: Peter Torrice Occupation: Attorney Employer: Canu Torrice Law PLLC Address: 22599 Lange Business Address: 32059 Utica Road

City: Fraser State: MI

City: Clinton Twp State: MI

Employer: RETIRED

Business Address: RETIRED

City: Clinton Twp State: MI

Employer: RETIRED

Business Address: RETIRED

City: CLINTON TOWNSHIP State: MI

City: CLINTON TOWNSHIP State: MI

Zip: 48026

Zip: 48038

Zip: 48038

Zip: 48038

Zip: 48038

City: St. Clair Shores State: MI

Zip: 48080

Type of Contribution: Fundraiser Contribution

5171- -Add

PAC Receipt?: Date of Receipt: 06/11/2021 Amt: 500.00 Cumul: 500.00

Name: Kevin Denha Occupation: Real Estate Agent **Employer: SELF EMPLOYED Business Address: SELF EMPLOYED**

Address: 700 N. Old Woodward Suite

300

City: Birmingham State: MI

Zip: 48009

Type of Contribution: Fundraiser Contribution

5185- -Add

PAC Receipt?: Date of Receipt: 06/11/2021 Amt: 400.00 Cumul: 400.00

Name: Richard Habib Occupation: Retired

Address: 38140 Cobble Creek Ct. City: Sterling Heights State: MI

Zip: 48312

Type of Contribution: Fundraiser Contribution

5188- -Add

PAC Receipt?: **Date of Receipt:** 06/11/2021 Amt: 500.00 **Cumul: 500.00**

Name: Ralph L. Maccarone Occupation: Attorney **Employer: SELF EMPLOYED Business Address: SELF EMPLOYED**

Address: 13921 Basilisco Chase Drive

City: Shelby Twp State: MI

Zip: 48315

Type of Contribution: Fundraiser Contribution

5166- -Add

PAC Receipt?: Date of Receipt: 06/11/2021 Amt: 250.00 Cumul: 250.00

Name: Annette McLean Occupation: Teacher

Address: PO Box 3 City: Romeo State: MI

Zip: 48065

5176- -Add

PAC Receipt?:

Date of Receipt: 06/11/2021

Amt: 150.00

Cumul: 150.00

Name: Agostino Russo

Address: 19600 Westchester Dr.

City: Clinton Township State: MI

Zip: 48038

Type of Contribution: Fundraiser Contribution

Occupation: RETIRED

Employer: RETIRED

Business Address: RETIRED City: CLINTON TOWNSHIP State: MI

Zip: 48038

5192- -Add

PAC Receipt?:

Date of Receipt: 06/11/2021

Amt: 250.00

Cumul: 250.00

Name: Giovanni Vitale

Address: 47869 Harbor Dr. City: Chesterfield State: MI

Zip: 48047

Type of Contribution: Fundraiser Contribution

Employer: TEMO

Business Address: 20400 Hall Road City: Clinton Township State: MI

Zip: 48038

5189- -Add

PAC Receipt?:

Date of Receipt: 06/12/2021

Amt: 1,000.00

Cumul: 1,000.00

Name: Sherman Abdo

Address: 55479 Cleveland City: Shelby Township State: MI

Zip: 48313

Occupation: Attorney

Occupation: President

Employer: La Grasso, Abdo & Silveri

Business Address: 12900 Hall

Road STE 403

City: Sterling Heights State: MI

Zip: 48313

Type of Contribution: Fundraiser Contribution

5156- -Add

PAC Receipt?:

Date of Receipt: 06/12/2021

Amt: 150.00

Cumul: 150.00

Name: Paul Illich

Occupation: Owner

Address: 34285 Groesbeck Highway City: Clinton Township State: MI

Zip: 48035

Employer: American Auto Inc Business Address: 34285 Groesbeck

Highway

City: Clinton Township State: MI

Zip: 48035

Type of Contribution: Fundraiser Contribution

5173- -Add

PAC Receipt?:

Date of Receipt: 06/12/2021

Amt: 250.00

Cumul: 250.00

Name: Anthony Tocco

Address: 50834 Jefferson Avenue

Occupation: Owner

Employer: River Crest Business Address: 900 W. Avon

Road

City: Rochester Hills State: MI

Zip: 48307

City: New Baltimore State: MI Zip: 48047

5167- -Add

PAC Receipt?: Date of Receipt: 06/13/2021

Amt: 25.00 **Occupation:**

Name: Joseph Lempicki Address: 1281 Albany St City: Ferndale State: MI

Zip: 48220

Type of Contribution: Fundraiser Contribution

Cumul: 25.00

Employer:

Business Address: City: State:

Zip:

5163- -Add

PAC Receipt?: Date of Receipt: 06/13/2021 Amt: 500.00 **Cumul: 500.00**

Name: Joseph Vicari Occupation: Owner

Address: 5601 Enterprise Court

City: Warren State: MI

Zip: 48092

Type of Contribution: Fundraiser Contribution

Employer: SELF EMPLOYED Business Address: SELF EMPLOYED

City: Clinton Twp State: MI

Zip: 48038

5205- -Add

PAC Receipt?: Date of Receipt: 06/14/2021 Amt: 250.00 Cumul: 250.00

Name: Paul Chirco Occupation: Attorney

Address: 3045 Harrow Way City: Shelby Township State: MI

Zip: 48316

Employer: Chirco Title Agency Business Address: 26800 Harper

Avenue

City: St. Clair Shores State: MI

Zip: 48081

Type of Contribution: Fundraiser Contribution

5170- -Add

Cumul: 1,000.00 PAC Receipt?: Date of Receipt: 06/14/2021 Amt: 1,000.00

Name: Louis Corey Occupation: Attorney

Address: 401 N Main St. City: Royal Oak State: MI

Zip: 48067

Type of Contribution: Fundraiser Contribution

Employer: Corey Law Firm Business Address: 401 N Main St.

City: Royal Oak State: MI

Zip: 48067

5159- -Add

PAC Receipt?: Date of Receipt: 06/14/2021 Amt: 250.00 Cumul: 250.00

Name: Diane DiPonio Occupation: Insurance Agent

Address: 29251 Creek Bend City: Farmington Hills State: MI

Zip: 48331

Type of Contribution: Fundraiser Contribution

Employer: SELF EMPLOYED

Business Address: SELF EMPLOYED

City: Clinton Twp State: MI

Zip: 48038

5164- -Add

PAC Receipt?: Date of Receipt: 06/14/2021 Amt: 40.00 Cumul: 40.00

Name: Gregory Kelly Occupation: **Employer:**

Address: 52888 Mary Martin Drive City: Chesterfield State: MI

Zip: 48051

Type of Contribution: Fundraiser Contribution

5201- -Add

Amt: 250.00

Amt: 150.00

Business Address:

Cumul: 250.00

Employer: Wm.Sullivan & Son Funeral

Cumul: 150.00

Employer: Genna Mauro & Associates

Business Address: SELF EMPLOYED

City: Clinton Twp State: MI

Zip: 48038

Business Address: 28657 Hayes

Business Address: 8459 Hall Rd

City: Utica State: MI

Business Address: 13400 30 Mile

Employer: JWK 2 Romeo LLC

City: Washington State: MI

City: State:

Zip:

Road

Zip: 48095

Zip: 48317

Road

PAC Receipt?: Date of Receipt: 06/14/2021

Name: Jennifer Klieman Occupation: Owner Address: 13400 30 Mile Road

City: Washington State: MI **Zip:** 48095

Type of Contribution: Fundraiser Contribution

5178- -Add

PAC Receipt?: Date of Receipt: 06/14/2021 Amt: 250.00 **Cumul: 250.00**

Name: Raymond Lope Occupation: Funeral Director

Address: 8459 Hall Road City: Utica State: MI

Zip: 48317

Type of Contribution: Fundraiser Contribution

5207- -Add

Name: Simone Mauro Occupation: Engineer

Address: 5841 Cusick Lake Dr. City: Washington State: MI

Zip: 48095

PAC Receipt?:

City: Shelby Township State: MI

Zip: 48315

Date of Receipt: 06/14/2021

Type of Contribution: Fundraiser Contribution

5141- -Add

PAC Receipt?: Date of Receipt: 06/14/2021 Amt: 1,000.00 Cumul: 1,000.00

Name: Elias Muawad Occupation: Attorney **Employer: SELF EMPLOYED**

Address: 7626 Acorn Hill Court

City: West Bloomfield State: MI

Zip: 48323

5209- -Add

PAC Receipt?: Date of Receipt: 06/15/2021 Amt: 100.00 **Cumul: 100.00**

Name: Raymond DeBates Occupation: **Employer: Business Address:**

Address: 27500 Harper Avenue City: St. Clair Shores State: MI

Zip: 48081

Type of Contribution: Fundraiser Contribution

5213- -Add

Amt: 1,000.00

City: State:

Company

Street

Road

Zip: 48084

Zip: 48038

Zip: 48065

City: Troy State: MI

Cumul: 1,000.00

Employer: Delta Management

Business Address: 45511 Market

Columbia Center 101 West Big Beaver

Business Address: SELF EMPLOYED

City: Clinton Twp State: MI

Business Address: P.O. Box 84

City: Romeo State: MI

Zip:

Name: James George Occupation: Owner

Date of Receipt: 06/15/2021

Address: 19634 Westchester City: Clinton Township State: MI

Zip: 48038

PAC Receipt?:

City: Shelby Township State: MI

Zip: 48315

Type of Contribution: Fundraiser Contribution

Cumul: 500.00 PAC Receipt?: Date of Receipt: 06/15/2021 Amt: 500.00

Name: Julius Giarmarco Occupation: Attorney Employer: Giarmarco Mullins Horton Address: 101 W Big Beaver Business Address: Tenth Floor

City: Troy State: MI

Zip: 48084

5160- -Add

Type of Contribution: Fundraiser Contribution

5161- -Add

PAC Receipt?: Date of Receipt: 06/15/2021 Amt: 150.00 **Cumul: 150.00 Employer: SELF EMPLOYED** Name: Adil Haradhvala Occupation: Attorney

Address: 86 Clinton Street City: Mt Clemens State: MI

Zip: 48043

5194- -Add

Type of Contribution: Fundraiser Contribution

PAC Receipt?: Date of Receipt: 06/15/2021 Amt: 250.00 Cumul: 250.00

Name: Daniel Russell Occupation: President Employer: International Mkting Consult

Address: 17680 Maisons Drive City: Clinton Twp State: MI

Zip: 48038

5198- -Add

PAC Receipt?: Date of Receipt: 06/15/2021 Amt: 500.00

Name: Ronald Russo Occupation: Director Employer: Rocky Produce Inc. Address: 7007 28 Mile Rd **Business Address: 7201 W**

Cumul: 500.00

City: CLINTON TOWNSHIP State: MI

City: Royal Oak State: MI

City: Shelby Township State: MI

Fort Room 1

Zip: 48038

Zip: 48067

Zip: 48043

Zip: 48317

City: Washington Twp State: MI

Zip: 48094

City: Detroit State: MI **Zip:** 48209

Type of Contribution: Fundraiser Contribution

5208- -Add

PAC Receipt?: Amt: 150.00 Cumul: 150.00 Date of Receipt: 06/15/2021

Name: Roger VanPamel Occupation: Retired **Employer: RETIRED Business Address: RETIRED**

Address: 12541 26 Mile Road City: Washington State: MI

Zip: 48094

5309- -Add

Type of Contribution: Fundraiser Contribution

PAC Receipt?: Date of Receipt: 06/17/2021 Amt: 1,000.00 Cumul: 1,000.00

Name: Paul Manni Occupation: Manager Employer: All Phones Wholesale

Address: 42778 Flis Drive Business Address: 721 East 11 Mile Road

City: Sterling Heights State: MI **Zip:** 48314

Type of Contribution: Fundraiser Contribution

5195- -Add

PAC Receipt?: Date of Receipt: 06/17/2021 Amt: 150.00 Cumul: 150.00

Name: Todd Schmitz Occupation: Attorney **Employer:** Macomb County Address: 23083 Saxony Business Address: 1 S Main St. City: Mt Clemems State: MI

City: Eastpointe State: MI Zip: 48021

Type of Contribution: Fundraiser Contribution

5200- -Add

PAC Receipt?: Date of Receipt: 06/17/2021 Amt: 500.00 **Cumul: 500.00**

Name: Louis Stramaglia Occupation: Member **Employer:** 22 Mile Investment Business Address: 3202 Auburn Address: 3202 Auburn Rd City: Shelby Twp State: MI Road

Zip: 48317

5215- -Add

PAC Receipt?: Date of Receipt: 06/17/2021 Amt: 150.00 **Cumul: 150.00**

Name: Timothy Tomlinson Employer: York, Dolan & Tomlinson Occupation: Attorney Address: 22600 Hall Road \$205 Business Address: 22600 Hall

City: Clinton Township State: MI

Road Suite 205 City: Clinton Township State: MI **Zip:** 48036

Zip: 48036

Type of Contribution: Fundraiser Contribution

5144- -Add

PAC Receipt?: Date of Receipt: 06/18/2021 Amt: 1,000.00 Cumul: 1,000.00

Name: Cy Abdo **Employer: SELF EMPLOYED** Occupation: Attorney

Address: 42550 Garfield Rd Ste 104A

City: Clinton Twp State: MI

Zip: 48038

Type of Contribution: Fundraiser Contribution

5214- -Add

PAC Receipt?: Date of Receipt: 06/18/2021 Amt: 500.00 **Cumul: 500.00**

Name: Walid Fakhoury Employer: Fakhoury Law Firm, PC Occupation: Attorney Business Address: 225 S. Main Floor

Business Address: SELF EMPLOYED

City: Clinton Twp State: MI

Zip: 48038

Address: 111 Linda Ln City: Bloomfield Hills State: MI

City: Royal Oak State: MI **Zip:** 48304

Zip: 48067

Type of Contribution: Fundraiser Contribution

5218- -Add

5112- -Add

Amt: 150.00 **Cumul: 150.00 PAC Receipt?:** Date of Receipt: 06/19/2021

Name: Ron Fenton Occupation: Psychologist Employer: Dr. Ron Fenton &

Address: 8344 Hall Road Suite 209 Associates PC

City: Utica State: MI Business Address: 8344 Hall

Zip: 48317 Road Suite 209 City: Utica State: MI Zip: 48317

Type of Contribution: Fundraiser Contribution

Type of Contribution: Direct

PAC Receipt?: Date of Receipt: 06/19/2021 Amt: 25.00 **Cumul: 25.00**

Name: William House Occupation: **Employer:** Address: 5621 8th Avenue **Business Address:**

City: Grandville State: MI City: State: Zip:

Zip: 49418

5145- -Add

PAC Receipt?: Date of Receipt: 06/19/2021 Amt: 500.00 Cumul: 500.00

Name: Kumar Palepu Occupation: Assistant Prosecutor
Address: 377 Hillcrest Avenue

Occupation: Assistant Prosecutor
Business Address: 1 S Main St.

City: Mt Clemems State: MI

Employer: Cavaliere Companies

Business Address: 30078

Employer: MJC Companies

City: Macomb State: MI

Business Address: 46600 Romeo

Employer: Emington Bail Bonds

City: Shelby Twp State: MI

Employer: Gallo Companies

Business Address: 6303 26 Mile

City: Washington Twp State: MI

Business Address: 47517 Van Dyke

City: Warren State: MI

Schoenherr #300

Zip: 48088

Plank Suite 5

Zip: 48044

Zip: 48317

Rd Suite 200

Zip: 48094

Zip: 48043

City: Grosse Pointe Farms **State:** MI

Zip: 48236

Type of Contribution: Fundraiser Contribution

5295- -Add

PAC Receipt?: Date of Receipt: 06/21/2021 Amt: 250.00 Cumul: 250.00

Name: Lorenzo Cavaliere Occupation: Owner

Address: 30078 Schoenherr #300

City: Warren State: MI

Zip: 48088

Type of Contribution: Fundraiser Contribution

Type of Contribution. I undialise Contribution

5300- -Add

PAC Receipt?: Date of Receipt: 06/21/2021 Amt: 1,000.00 Cumul: 1,000.00

Name: Michael Chirco Occupation: Residential Builder

Address: 46600 Romeo Plank Rd Ste

5

City: Macomb State: MI

Zip: 48044

Type of Contribution: Fundraiser Contribution

5306- -Add

PAC Receipt?: Date of Receipt: 06/21/2021 Amt: 150.00 Cumul: 150.00

Name: Joe Emington Occupation: Bail Bondsmen

Address: 2661 W. Utica City: Shelby Twp State: MI

Zip: 48317

Type of Contribution: Fundraiser Contribution

5307- -Add

PAC Receipt?: Date of Receipt: 06/21/2021 Amt: 500.00 Cumul: 500.00

Name: Tony Gallo Occupation: Contractor

Address: 6303 26 Mile Rd City: Washington State: MI

Zip: 48094

5293- -Add

PAC Receipt?:

Date of Receipt: 06/21/2021

Amt: 250.00

Cumul: 250.00

Name: Marc Hart

Address: 1007 Mallow St.

Occupation: Attorney

Employer: SELF EMPLOYED Business Address: SELF EMPLOYED

City: Wolverine Lake State: MI

Zip: 48390

Type of Contribution: Fundraiser Contribution

City: Clinton Twp State: MI

Zip: 48038

5305- -Add

PAC Receipt?:

Date of Receipt: 06/21/2021

Amt: 150.00

Cumul: 150.00

Name: Kenneth Kempkens

Address: 15991 Amore St

City: Clinton Twp State: MI

Occupation: Director

Employer: Humane Society Business Address: 11350 22 Mile

Road

Zip: 48038

City: Utica State: MI

Zip: 48317

Type of Contribution: Fundraiser Contribution

5308- -Add

PAC Receipt?:

Date of Receipt: 06/23/2021

Amt: 500.00

Amt: 250.00

Cumul: 500.00

Name: Salvatore Munaco

Address: 2134 W. Gunn Road

Occupation: Retired

Employer: RETIRED

City: Oakland Twp State: MI

Business Address: RETIRED City: CLINTON TOWNSHIP State: MI

Zip: 48038

Zip: 48306

Type of Contribution: Fundraiser Contribution

5301- -Add

PAC Receipt?:

Date of Receipt: 06/23/2021

Name: James Sawyer

Occupation: President

Address: 45810 Private Shore Dr. City: Chesterfield State: MI

Zip: 48047

Employer: Macomb Community

College

Business Address: 44575 Garfield

Cumul: 250.00

Rd CCE-219

City: Clinton Township State: MI

Zip: 48038

Type of Contribution: Fundraiser Contribution

5296- -Add

PAC Receipt?:

Date of Receipt: 06/23/2021

Amt: 250.00

Cumul: 250.00

Name: Gordon Wilson

Address: 49572 Compass Point Dr.

City: Chesterfield State: MI **Zip:** 48047

Occupation: Civil Engineer

Employer: Anderson Eckstein & Westrick

Business Address: 51301 Schoenherr

City: Shelby Charter Twp State: MI

Zip: 48315

5297- -Add

Cumul: 250.00 PAC Receipt?: Date of Receipt: 06/24/2021 Amt: 250.00

Employer: Anderson Eckstein & Occupation: Civil Engineer Name: Stephen Pangori

Address: 8106 Rosebud Ln City: Clarkston State: MI

Zip: 48348

Westrick

Business Address: 51301 Schoenherr

City: Shelby Charter Twp State: MI

Zip: 48315

Type of Contribution: Fundraiser Contribution

5146- -Add

Amt: 250.00 Cumul: 250.00 **PAC Receipt?:** Date of Receipt: 06/24/2021

Name: Vincenzo Vitale Occupation: Owner Employer: Vince & Joe's Gourmet

Market Address: 55178 Van Dyke Business Address: 55178 Van Dyke

City: Shelby Township State: MI

Zip: 48316

Ave

City: Shelby Charter Twp State: MI **Zip:** 48316

Zip: 48038

Stephenson Hwy

Zip: 48071

Zip: 48038

Type of Contribution: Fundraiser Contribution

5221- -Add

PAC Receipt?: Date of Receipt: 06/25/2021 Amt: 250.00 Cumul: 250.00

Employer: RETIRED Name: Nicole Karmazin Occupation: RETIRED

Address: 38310 Saddle Lane **Business Address: RETIRED** City: CLINTON TOWNSHIP State: MI

City: Clinton Twp State: MI **Zip:** 48036

Type of Contribution: Fundraiser Contribution

5294- -Add

Cumul: 1,000.00 Date of Receipt: 06/26/2021 Amt: 1,000.00 PAC Receipt?:

Employer: Shelving Inc. Occupation: President Name: Michael Schodowski Address: 29275 Stephenson Hwy **Business Address: 29275**

City: Madison Heights State: MI

Zip: 48071

City: Madison Heights State: MI

Type of Contribution: Fundraiser Contribution

5282- -Add

Zip: 48036

Cumul: 250.00 PAC Receipt?: Date of Receipt: 06/27/2021 Amt: 250.00

Name: James L. Galen Occupation: Attorney **Employer: SELF EMPLOYED Business Address: SELF EMPLOYED** Address: 21321 Cass Ave

City: Clinton Twp State: MI City: Clinton Twp State: MI

5313- -Add

PAC Receipt?: Date of Receipt: 06/28/2021 Amt: 150.00

Name: Julian Daman Occupation: Attorney

Address: 30185 Helmandale Dr.

City: Franklin State: MI

Zip: 48025

Type of Contribution: Fundraiser Contribution

PAC Receipt?: Date of Receipt: 06/28/2021 Amt: 150.00 Cumul: 150.00

Employer: SELF EMPLOYED Occupation: Developer/Builder Name: Carl Munaco

Address: 48635 Van Dyke Avenue City: Shelby Charter Twp State: MI

Zip: 48317

5286- -Add

Type of Contribution: Fundraiser Contribution

5223- -Add

PAC Receipt?: Date of Receipt: 06/28/2021 Amt: 250.00 Cumul: 250.00

Name: Sam Previti Occupation: Supervisor

Address: 61614 Cotswold Drive City: Washington State: MI

Zip: 48094

Type of Contribution: Fundraiser Contribution

5226- -Add

PAC Receipt?: Date of Receipt: 06/28/2021 Amt: 150.00 Cumul: 150.00

Name: Elizabeth Rittinger Occupation: Lawyer Address: 2300 Paris Drive

City: Troy State: MI

Zip: 48083

Type of Contribution: Fundraiser Contribution

5283- -Add

Cumul: 1,000.00 PAC Receipt?: Date of Receipt: 06/28/2021 Amt: 1,000.00

Name: Paul Shamo Occupation: President

Address: 38311 Huron Pointe City: Harrison Twp State: MI

Zip: 48045

Type of Contribution: Fundraiser Contribution

Employer: Taylor Ford

Employer: Macomb County

City: Mt Clemems State: MI

Business Address: 1 S Main St.

Business Address: 13500 Telegraph

Cumul: 150.00

Business Address: SELF EMPLOYED

Employer: Washington Township

City: Washington Twp State: MI

Business Address: 57900 Van Dyke

City: Clinton Twp State: MI

Employer: Jajonie Daman PC Business Address: 29201 Telegraph

City: Southfield State: MI

Road Suite 330

Zip: 48034

Zip: 48038

Zip: 48094

Zip: 48043

Road

City: Taylor State: MI

Zip: 48180

5228- -Add

PAC Receipt?: Date of Receipt: 06/28/2021 Amt: 1,000.00 Cumul: 1,000.00

Name: Vincent Sorrentino

Address: 14113 Hibiscus Drive

Occupation: Real Estate Developer

Business Address: 35520 Forton

City: Clinton Township State: MI

Business Address: SELF EMPLOYED

Business Address: SELF EMPLOYED

Business Address: 24270 W. 7 Mile

City: Clinton Twp State: MI

City: Warren State: Mi

City: Detroit State: MI

City: Clinton Twp State: MI

Zip: 48035

Zip: 48038

Zip: 48038

Zip: 48092

Road

Zip: 48219

Address: 14113 Hibiscus Drive **City:** Shelby Charter Twp **State:** MI

Zip: 48315

Type of Contribution: Fundraiser Contribution

5289- -Add

PAC Receipt?: Date of Receipt: 06/28/2021 Amt: 150.00 Cumul: 150.00

Name: James Timpa Occupation: Insurance Agent Employer: SELF EMPLOYED

Address: 393278 Aynesley St. **City:** Clinton Township **State:** MI

Zip: 48038

Type of Contribution: Fundraiser Contribution

5316- -Add

PAC Receipt?: Date of Receipt: 06/28/2021 **Amt:** 250.00 **Cumul:** 250.00

Name: David Worden Occupation: Attorney Employer: SELF EMPLOYED

Address: 20052 Fairway Dr

City: Grosse Pointe Woods State: MI

Zip: 48236

Type of Contribution: Fundraiser Contribution

5225- -Add

PAC Receipt?: Date of Receipt: 06/28/2021 Amt: 500.00 Cumul: 500.00

Name: Paul Zalewski Occupation: Attorney Employer: The Zalewski Law Firm Address: 38803 Bellingham Business Address: 29199 Ryan Road

Address: 38803 Bellingham City: Harrison Twp State: MI

Zip: 48045

Type of Contribution: Fundraiser Contribution

5237- -Add

PAC Receipt?: Date of Receipt: 06/29/2021 Amt: 250.00 Cumul: 250.00

Name: Ralphe Armstrong Occupation: Musician Employer: Local 5

Address: 1 Lafayette Plaisance Street

City: Detroit State: MI

Zip: 48207

5235- -Add

PAC Receipt?:

Date of Receipt: 06/29/2021

Amt: 250.00

Cumul: 250.00

Name: Joseph Campbell

Address: 49198 Monarch Drive

City: Macomb State: MI

Zip: 48044

Occupation: Attorney

Employer: Justice Ctr Joseph

Campbell

Business Address: 20902 Mack

Avenue Suite 201

City: Grosse Pointe Woods State: MI

Zip: 48236

Type of Contribution: Fundraiser Contribution

5344- -Add

PAC Receipt?:

Date of Receipt: 06/29/2021

Amt: 1,000.00

Cumul: 1,000.00

Name: Andrew Canu

Address: 8772 Tournament Dr

City: Washington State: MI

Zip: 48094

Type of Contribution: Fundraiser Contribution

Occupation: Attorney

Occupation: Attorney

Employer: Canu Torrice Law PLLC Business Address: 32059 Utica Road

City: Fraser State: MI

Zip: 48026

5233- -Add PAC Receipt?:

Date of Receipt: 06/29/2021

Amt: 150.00

Cumul: 150.00

Name: Sian Hengeveld Address: 971 Dressier Lane

City: Rochester Hills State: MI

Zip: 48307

Type of Contribution: Fundraiser Contribution

Employer: Macomb County Business Address: 1 S Main St. City: Mt Clemems State: MI

Zip: 48043

5279- -Add

PAC Receipt?: Date of Receipt: 06/29/2021 Amt: 500.00

Cumul: 500.00

Name: Alex Lucido

Occupation: Broker

Employer: Lucido Real Estate Business Address: 19455 Mack Ave

Address: 10 Webber Pl

City: Grosse Pointe Shores State: MI

City: Grosse Pte Woods State: MI

Zip: 48236

Type of Contribution: Fundraiser Contribution

Zip: 48236

5273- -Add

PAC Receipt?: Date of Receipt: 06/29/2021 Amt: 1,000.00 Cumul: 1,000.00

Name: Chris Peyerk Occupation: President Employer: Dan's Excavating Business Address: 12955 23 Mile

Address: 12955 23 Mile Road City: Shelby Township State: MI

Road

Zip: 48315

City: Shelby Township State: MI

Zip: 48315

Type of Contribution: Fundraiser Contribution

5288- -Add

PAC Receipt?: Date of Receipt: 06/29/2021 Amt: 250.00 Cumul: 250.00

Name: Ned Piccinini Occupation: President Employer: MCM Learning, Inc.

Address: 4655 Lockwood Drive City: Washington State: MI

Zip: 48094

Business Address: 29900 Lorraine Ave #300

City: Warren State: MI

Zip: 48093

Street

Type of Contribution: Fundraiser Contribution

5230- -Add

PAC Receipt?: Date of Receipt: 06/29/2021 Amt: 1,000.00 Cumul: 1,000.00

Name: Walter Proia Occupation: President **Employer:** Eagle Security Services **Business Address:** 500 Griswold

Address: 6152 Parliament City: Washington State: MI

Zip: 48095

City: Detroit State: MI

Zip: 48226

5234- -Add

PAC Receipt?:

Date of Receipt: 06/29/2021

Occupation:

Occupation: Attorney

Occupation: Consultant

Name: David Scapini

Address: 54400 Arrowhead

City: Shelby Twp State: MI

Zip: 48315

Type of Contribution: Fundraiser Contribution

Employer:

Business Address:

City: State:

Zip:

5310- -Add

PAC Receipt?:

Date of Receipt: 06/30/2021

Amt: 1,000.00

Amt: 100.00

Cumul: 1,000.00

Cumul: 100.00

Name: Avis Choulagh

Address: 48528 Isola Dr

City: Shelby Twp State: MI

Zip: 48315

Type of Contribution: Fundraiser Contribution

Employer: SELF EMPLOYED

Business Address: SELF EMPLOYED

City: Clinton Twp State: MI

Zip: 48038

5325- -Add

PAC Receipt?:

Date of Receipt: 06/30/2021

Amt: 1,000.00

Cumul: 1,000.00

Name: James Fowler

Address: 42189 Lochmoor St.

City: Clinton Twp. State: MI

Zip: 48038

Type of Contribution: Fundraiser Contribution

Employer: SELF EMPLOYED **Business Address: SELF EMPLOYED**

City: Clinton Twp State: MI

Zip: 48038

5241- -Add

PAC Receipt?:

Date of Receipt: 06/30/2021

Amt: 1,000.00

Cumul: 1,000.00

Name: Derrick George Address: 444 S Washington

City: Royal Oak State: MI

Zip: 48067

Occupation: Attorney

Occupation: Attorney

Employer: George Law Business Address: 444 S.

Washington Ave

City: Royal Oak State: MI

Zip: 48067

Type of Contribution: Fundraiser Contribution

5277- -Add

PAC Receipt?:

Date of Receipt: 06/30/2021

Amt: 500.00

Cumul: 500.00

Name: Thomas Guastello

Address: 34120 Woodward City: Birmingham State: MI

Zip: 48009

Type of Contribution: Fundraiser Contribution

Employer: SELF EMPLOYED

Business Address: SELF EMPLOYED

City: Clinton Twp State: MI

Zip: 48038

5326- -Add

5240- -Add

PAC Receipt?: Date of Receipt: 06/30/2021 Amt: 150.00 Cumul: 150.00

Name: Onorio Moscone Occupation: President **Employer:** Deercreek Construction

Address: 55459 Ambassador Ct. Business Address: 57125 Deercreek

City: Shelby Twp State: MI City: Washington State: MI Zip: 48316

Zip: 48094 Type of Contribution: Fundraiser Contribution

Type of Contribution: Direct

Type of Contribution: Fundraiser Contribution

PAC Receipt?: Date of Receipt: 06/30/2021 Amt: 250.00 Cumul: 250.00

Employer: RETIRED

Name: Brian Pannebecker Occupation: RETIRED Address: 25984 Maritime Cir S **Business Address: RETIRED**

City: Harrison Twp State: MI City: CLINTON TOWNSHIP State: MI Zip: 48045 Zip: 48038

Type of Contribution: Fundraiser Contribution

5243- -Add

PAC Receipt?: Date of Receipt: 06/30/2021 Amt: 100.00 **Cumul:** 100.00

Name: Thomas Sokol Occupation: **Employer:**

Address: 20331 Vine Drive **Business Address:** City: Macomb Twp State: MI City: State:

Zip: 48044 Zip:

5245- -Add

PAC Receipt?: Date of Receipt: 07/01/2021 Amt: 250.00 Cumul: 250.00 Name: Christopher LaBelle Occupation: Contractor **Employer:** LaBelle Companies

Address: 49746 Goulette Pointe **Business Address:** 45 South Rose City: Chesterfield Twp State: MI Street

Zip: 48047 City: Mt. Clemens State: MI

Zip: 48043

5251- -Add

PAC Receipt?: Date of Receipt: 07/02/2021 Amt: 250.00 Cumul: 250.00 Name: Christine Antonucci Occupation: Retired **Employer: RETIRED**

Address: 69945 Fisher Road **Business Address: RETIRED** City: Bruce Twp State: MI City: CLINTON TOWNSHIP State: MI

Zip: 48065 Zip: 48038

5324- -Add

PAC Receipt?:

Date of Receipt: 07/02/2021

Occupation:

Name: Marco Santia Address: 149 Pinecrest Ln

City: Waynesville State: NC

Zip: 28785

Type of Contribution: Fundraiser Contribution

Amt: 50.00

Cumul: 50.00

Employer:

Business Address:

City: State:

Zip:

5249- -Add

PAC Receipt?:

Date of Receipt: 07/02/2021

Amt: 500.00

Cumul: 500.00

Name: Jill Storrison

Address: 53393 Champlain Street

City: Macomb State: MI

Zip: 48042

Occupation: Administration

Occupation: Retired

Occupation: CPA

Employer: Beaumont Health Business Address: 3601 W 13 Mile

Road

City: Royal Oak State: MI

Zip: 48073

Type of Contribution: Fundraiser Contribution

5276- -Add

PAC Receipt?:

Date of Receipt: 07/03/2021

Amt: 150.00

Cumul: 150.00

Name: Leo Borowsky

Address: 19637 Shorecrest City: Clinton Twp State: MI

Zip: 48038

Type of Contribution: Fundraiser Contribution

Employer: RETIRED

Business Address: RETIRED City: CLINTON TOWNSHIP State: MI

Zip: 48038

5280- -Add

PAC Receipt?:

Date of Receipt: 07/04/2021

Amt: 250.00

Cumul: 250.00

Name: Michael Locricchio Address: 21124 Lilac Lane

City: Clinton Township State: MI

Zip: 48036

Employer: Metzler Locricchio Serra &

Co.

Business Address: 1800 W Big

Beaver Rd #100 City: Troy State: MI

Zip: 48084

Type of Contribution: Fundraiser Contribution

5320- -Add

PAC Receipt?:

Date of Receipt: 07/06/2021

Amt: 250.00

Cumul: 250.00

Name: Philip Jacques

Address: 22353 Morley Ave City: Dearborn State: MI

Occupation: Attorney

Employer: Macomb County Business Address: 1 S Main St. City: Mt Clemems State: MI

Zip: 48043

Zip: 48124

5322- -Add

5319- -Add

PAC Receipt?:

5253- -Add

PAC Receipt?:

Type of Contribution: Fundraiser Contribution

PAC Receipt?: Date of Receipt: 07/07/2021 Amt: 200.00 Cumul: 200.00

Name: Chris Baratta Occupation: Attorney Employer: Baratta & Baratta, P.C. Address: 31 Kerby Ct Business Address: 120 Market

City: Grosse Pointe Farms State: MI

Street Zip: 48236 City: Mount Clemens State: MI

Type of Contribution: Fundraiser Contribution

Zip: 48043

Cumul: 150.00

Cumul: 1,000.00

PAC Receipt?: Date of Receipt: 07/07/2021 Amt: 250.00 Cumul: 250.00

Name: Jeff Bonanni Occupation: Owner **Employer:** Galbon Investments Business Address: 42241 Garfield

Address: 3505 Mountain Laurel Ct City: Oakland Twp State: MI City: Clinton Township State: MI

Zip: 48363 **Zip:** 48038

Type of Contribution: Fundraiser Contribution

Amt: 150.00

5256- -Add

Date of Receipt: 07/08/2021

Name: Daniel Galli Occupation: Engineer Employer: TapeMaster

Address: 54882 Sherwood Ln Business Address: 900 Rochester Rd

City: Troy State: MI City: Shelby Twp State: MI

Zip: 48315 Zip: 48083

Type of Contribution: Fundraiser Contribution

PAC Receipt?: Date of Receipt: 07/08/2021 Amt: 1,000.00 Cumul: 1,000.00

Name: Jeff Kirkpatrick Occupation: Attorney Employer: JSG

Address: 10000 Greenes Dr **Business Address: 401 South** City: Jackson State: MI Jackson St

Zip: 49201 City: Jackson State: MI **Zip:** 49201

Type of Contribution: Fundraiser Contribution

5323- -Add

Name: Anthony Lentine Occupation: Insurance Agent **Employer: SELF EMPLOYED** Address: 39343 Lorien Dr **Business Address: SELF EMPLOYED**

Amt: 1,000.00

City: Clinton Twp State: MI City: Sterling Hts State: MI

Zip: 48038 **Zip:** 48313

Date of Receipt: 07/08/2021

5338- -Add

PAC Receipt?:

Date of Receipt: 07/09/2021

Amt: 150.00

Cumul: 150.00

Name: Fadi Hanna

Employer: General Motors

Address: 11693 Squiers Blvd

Occupation: Engineer

Business Address: 30001 Van Dyke

City: Utica State: MI

Zip: 48315

Type of Contribution: Fundraiser Contribution

City: Warren State: MI

Zip: 48093

5287- -Add

PAC Receipt?:

Date of Receipt: 07/09/2021

Amt: 150.00

Cumul: 150.00

Name: Joseph P Lucido Sr.

Address: 58624 Cory Lake Dr City: Washington State: MI

Occupation: Insurance Agent

Employer: Lucido Insurance Business Address: 39999 Garfield City: Clinton Twp State: MI

Zip: 48094

Type of Contribution: Fundraiser Contribution

Zip: 48838

5339- -Add

PAC Receipt?:

Date of Receipt: 07/12/2021

Amt: 250.00

Cumul: 250.00

Name: Molly Zappitell

Occupation: Attorney

Employer: Macomb County Business Address: 1 S Main St.

Address: 39115 Lakeshore Drive City: Harrison Twp. State: MI

City: Mt Clemems State: MI

Zip: 48045

Type of Contribution: Fundraiser Contribution

Zip: 48043

5258- -Add

PAC Receipt?:

Date of Receipt: 07/13/2021

Amt: 250.00

Cumul: 250.00

Name: Martin Pavlick

Employer: SELF EMPLOYED

Address: 1189 Hathaway Rising

Occupation: Insurance Agent

Business Address: SELF EMPLOYED

City: Rochester Hills State: MI

City: Clinton Twp State: MI **Zip:** 48038

Zip: 48306

Type of Contribution: Fundraiser Contribution

5334- -Add

PAC Receipt?:

Date of Receipt: 07/14/2021

Amt: 1,000.00

Cumul: 1,000.00

Name: Corinne Carollo

Occupation: Consultant

Employer: SELF EMPLOYED

Address: 14600 Breza Drive City: Shelby Twp State: MI

Business Address: SELF EMPLOYED City: Clinton Twp State: MI

Zip: 48315

Zip: 48038

5335- -Add

PAC Receipt?:

Date of Receipt: 07/14/2021

Cumul: 150.00

Name: Dena Keller-Stanley Address: 573 Live Oak Drive

City: Rochester Hills State: MI

Type of Contribution: Fundraiser Contribution

Occupation: Attorney

Employer: Macomb County Business Address: 1 S Main St. City: Mt Clemems State: MI

Zip: 48043

Zip: 48309

5262- -Add

PAC Receipt?:

Date of Receipt: 07/15/2021

Amt: 1,000.00

Amt: 150.00

Cumul: 1,000.00

Name: Kimberly Capoferi

Address: 54249 Shady Lane

Occupation: Registered Nurse

Employer: SELF EMPLOYED

City: Shelby Township State: MI

Business Address: SELF EMPLOYED

Zip: 48315

City: Clinton Twp State: MI

Zip: 48038

Type of Contribution: Fundraiser Contribution

5261- -Add

PAC Receipt?:

Date of Receipt: 07/15/2021

Amt: 250.00

Cumul: 250.00

Name: Donna Myska

Occupation: Bail Agent

Employer: Action Bail Bonds

Address: 29320 Debbie Drive City: Chesterfield State: MI

Business Address: 43530 Elizabeth

Zip: 48051

City: Clinton Township State: MI

Zip: 48036

Type of Contribution: Fundraiser Contribution

Schedule Total

\$ 46,590.00

· Committee ID 139858-0

CTE PETER J LUCIDO FOR PROSECUTOR · Committee Name

 Document Name July - Quarterly

5128- -Add

Date: 01/26/2021 Amt: 95.00

Name: US Bank Address: 425 Walnut Street

City: Cincinnati State: OH

Zip: 48202

Purpose: Email Marketing #295 Payment on Debt/Obligation

reported on

Fund Raiser: previous statement:

5130- -Add

Date: 02/10/2021 Amt: 72.08

Name: US Bank

Address: 425 Walnut Street City: Cincinnati State: OH

Zip: 48202

Purpose: Website, eMarketing #296 Payment on Debt/Obligation

Fund Raiser:

Fund Raiser:

reported on

previous statement:

5131- -Add

Date: 03/12/2021 Amt: 620.00

Name: The Italian Tribune Address: 23 Mile & card City: Macomb State: MI

Zip: 48042

Purpose: Ads #298 Payment on Debt/Obligation

reported on

previous statement:

5133- -Add

Date: 03/12/2021 Amt: 19.72

Name: US Bank

Address: 425 Walnut Street City: Cincinnati State: OH

Zip: 48202

Purpose: Website, eMarketing #297 Payment on Debt/Obligation

reported on

Fund Raiser: previous statement:

5134- -Add

Date: 03/16/2021 Amt: 485.00

Name: Philips Sign& Lighting Address: 40920 Executive Drive City: Harrison Township State: MI

Zip: 48045

Purpose: Removal of Sign/Baner

#299

Payment on Debt/Obligation

reported on

previous statement:

Fund Raiser:

5154- -Add

Date: 06/02/2021 Amt: 2,268.19

Name: Graphics East, Inc. Address: 16005 Sturgeon Street

City: Roseville State: MI

Zip: 48066

Purpose: Invite printing #302 Payment on Debt/Obligation

reported on

Fund Raiser: X previous statement:

5149- -Add

Date: 06/16/2021 **Amt:** 72.68

Fund Raiser:

Fund Raiser: X

Name: US Bank

Address: 425 Walnut Street City: Cincinnati State: OH

Zip: 48202

Purpose: Website #301 Payment on Debt/Obligation

reported on

previous statement:

5329- -Add

Date: 06/18/2021 Amt: 120.00

Name: Hortos Advertising Address: 6715 River Road City: Cottrellville State: MI

Zip: 48039

Purpose: Sign & Ticket printing #304 Payment on Debt/Obligation

reported on

previous statement:

5152- -Add

Name: US Bank

Date: 06/18/2021 Amt: 18.73

Address: 425 Walnut Street

City: Cincinnati State: OH

Zip: 48202

Purpose: Evoice Subscription #303 Payment on Debt/Obligation

reported on

Fund Raiser: previous statement:

5147- -Add

Date: 06/25/2021 **Amt:** 269.70

Name: Anedot Inc Address: 1920 McKinney City: Dallas State: TX

Zip: 75201

Purpose: Bank fees Payment on Debt/Obligation

reported on

Fund Raiser: previous statement:

5222- -Add

Date: 06/25/2021 **Amt:** 10.30

Name: Anedot Inc Address: 1920 McKinney

City: Dallas State: TX Zip: 75201

Fund Raiser:

Purpose: Bank fees

Payment on Debt/Obligation

reported on

previous statement:

5239- -Add

Date: 06/30/2021

Name: Anedot Inc Address: 1920 McKinney

City: Dallas State: TX

Zip: 75201

Amt: 148.70

Purpose: Bank fees Payment on Debt/Obligation

reported on

previous statement:

5248- -Add

Date: 07/02/2021 Amt: 65.20

Name: Anedot Inc Address: 1920 McKinney

City: Dallas State: TX

Zip: 75201

Purpose: Bank Fees

Fund Raiser:

Purpose: Bank Fees

Fund Raiser:

Payment on Debt/Obligation reported on

previous statement:

5252- -Add

Date: 07/04/2021 Amt: 30.60

Name: Anedot Inc Address: 1920 McKinney

Zip: 75201

City: Dallas State: TX **Fund Raiser:**

Payment on Debt/Obligation

reported on

previous statement:

5331- -Add

Date: 07/09/2021 Amt: 750.00

Name: Italian Amrcn Chamber

Commerce

Address: 43843 Romeo Plank City: Clinton Twp State: MI

Zip: 48038

Purpose: Adverisement #305

Fund Raiser:

Payment on Debt/Obligation

reported on

previous statement:

5257- -Add

Date: 07/10/2021 Amt: 46.60

Name: Anedot Inc Address: 1920 McKinney City: Dallas State: TX

Zip: 75201

Purpose: Bank Fees

Fund Raiser:

Payment on Debt/Obligation

reported on

previous statement:

5333- -Add

Date: 07/13/2021 Amt: 394.94

Name: US Bank Address: 425 Walnut Street

City: Cincinnati State: OH

Zip: 48202

Purpose: Website, emarketing#307

Payment on Debt/Obligation

reported on **Fund Raiser:**

previous statement:

5260- -Add

Date: 07/14/2021

Name: Anedot Inc Address: 1920 McKinney City: Dallas State: TX

Zip: 75201

Purpose: Bank Fees

Purpose: Bank Fees

Fund Raiser:

Fund Raiser:

Amt: 10.30

Payment on Debt/Obligation

reported on

previous statement:

5264- -Add

Date: 07/16/2021

Name: Anedot Inc Address: 1920 McKinney City: Dallas State: TX

Zip: 75201

Amt: 50.60

Payment on Debt/Obligation

reported on

previous statement:

Schedule Total \$ 5,548.34

DEBTS AND OBLIGATIONS (1E) CANDIDATE COMMITTEE

• Committee ID 139858-0

• Document Name July - Quarterly

5120- -Add

Corp: Type: Loan Cumulative payment to date on debt: 0.00 Outstanding Balance at close of

this period: 50,000.00

Owed To:
PETER J. LUCIDO
Address: 14601 BREEZA

City: SHELBY TWP State: MI

Zip: 48310

Date Debt Was Incurred: 12/30/2020

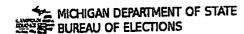
Original Amt of Debt: 50,000.00

Forgiven: 0.00 Endorsed Amt: 0.00 Payment Payment Date(s): Amt(s):

Endorser or Guarantor:

Owed By Committee (Outstanding): \$ 50,000.00

Owed To Committee (Outstanding): \$ 0.00



* AMENDED *

CANDIDATE COMMITTEE COVER PAGE

Committee ID	139858-0
Committee Name	CTE PETER J LUCIDO FOR PROSECUTOR
Coverage Period	04/21/2021 - 07/20/2021
Candidate Name	PETER J. LUCIDO
Office/District Sought	District Courts (Population 250,000+)
County of Residence	
Address Information	6303 26 MILE RD
Committee Mailing	WASHINGTON MI 48094
And the second s	686·206·3133
Phone	
Treasurer Name	FRANK Coppole
Treasurer Residential	FRANK COPPOIR 54620 CHRNATION MI 48042 MACOMB MI 48042
المنافعة فسترادي والمناف المتاكات والمستوار	MACONS MI 48042 Min 5
Phone	586 295 93 75
Treasurer Business	15985 CAPAL
and the second of the second o	CLINTON TWP MI 48038
Phone	
Recordkeeper Name	2
Recordkeeper Mailing	, and a second s
	الله الله الله الله الله الله الله الله
Phone	The second secon
Statement Type	Post-Election
Relates To	General
Election Date	11/03/2020
Dissolution Date (effective)	<i>II</i>
the state of the s	The second secon
Annual Statement Coverage Year	
Treasurer/Recordkeeper Signed	FRANK COPPOLA Date
Candidate Signed	PETER J. LUCIDO • Date //

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in the items above has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

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 De	signated Re	ecord keeper:		A.		
(Type or Print) Name:	FRANK	Coppola	Signature:	efle	_ Date: _ <i>8 - /</i>	7-21
Candidate:	P	المعادي المهمام والمعاد المهمام والمعادي	$\mathcal{C}_{\mathcal{F}}$		·	
(Type or Print) Name:	7 1-	FRI	Signature: 1		_} Date:	· · · · · · · · · · · · · · · · · · ·
)	. '	••	• 6*.
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CANDIDATE COMMITTEE SUMMARY PAGE

· Committee ID	139858-0			•	•
· Committee Name	CTE PETER J LUCIDO FOR PRO	SECUTOR	•••, •• • •		
· Document Name	Post-Election General		··	-	
RECEIPTS	renta ()	in the early and the distance	This Period	. ;	Cumulative
3. Contributions			***************************************	2	Cumuladae ;
a. Itemized Contribution	S	(3a.)	45,840.00	:	
b. Unitemized		(3b.)	0.00		
c. Subtotal of Contribution	ons	(3c.)	45,840.00	(18.)	110,673.50
4. Other Receipts		(4.)	0.00	(19.)	0.00
5. Total Contributions		(5.)	45,840.00	(20.)	110,673.50
	ONS AND EXPENDITURES				
6. In-Kind Contributions		(6.)	0.00	(21.)	0.00
7. In-Kind Expenditures		(7.)	0.00	(22.)	0.00
EXPENDITURES					
8. Expenditures					
a. Itemized b. Itemized GOTV		(8a.)	4,256.54		
c. Uniternized (less than	4F0 01	(8b.)	0.00		
9. Total Expenditures	\$50.01 each)	(8c.)	0.00		
	Table 1986 of a service with the contract of the service of the se	(9.)	4,256.54	(23.)	0.00
INCIDENTAL EXPENSE 10. Disbursements	DISBURSEMENTS				•
a. Itemized		***			:
b. Unitemized		(10a.)	0.00		:
		(10b.)	0.00		•
11. Total Incidental Ex	ONS	(11.)	0.00	(24.)	0.00
12. Debts and Obligation	s				
 a. Owed by the Committe 		(12a.)	50,000.00		
b. Owed to the Committee	20	(12b.)	0.00		
BALANCE STATEMENT	the second of the transfer of the second of the second	- Company of The Company	. भारता १ के रेडिंड	T - 7 12 44 - 1	remaining and the
13. Ending balance of las	t report filed		(13.)		43,925.18
14. Amount received dur	ing reporting Period		(14.)		45,840.00
15. Subtotal			(15.)		89,765.18
16. Amount expended du	iring reporting Period		(16.)		4,256.54
17. ENDING BALANCE	*** * * * ** **		(17.)	•	85,508.64

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CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

· Committee ID	139858-0	
 Committee Name 	CTE PETER J LUCIDO FOR PROSECUTOR	
Document Name	Post-Election General	

5175- -Add

PAC Receipt?: Date of Receipt: 04/26/2021 Amt: 500.00 Cumul: 500.00

Name: Christopher Litsair Address: 54652 Aurora Park

City: Shelby Charter Twp State: MI

Zip: 48316

Occupation: IT Engineer Employer: Cub3dIT

Business Address: PO Box 462 **City:** Washington Twp **State:** MI

Zip: 48094

Type of Contribution: Direct

5205- -Add

PAC Receipt?: Date of Receipt: 06/08/2021 Amt: 1,000.00 Cumul: 1,000.00

Name: Mayer Morganroth

Address: 344 N Old Woodward Ste

200

City: Birmingham State: MI

Zip: 48009

Occupation: Attorney Employer: Morganroth & Moranroth,

PLLC

Business Address: 344 North Old

Woodward Ave Ste 200 City: Birmingham State: MI

Zip: 48009

Type of Contribution: Direct

5198- -Add

PAC Receipt?: Date of Receipt: 06/09/2021 Amt: 300.00 Cumul: 300.00

Name: Frank Aragona Address: 3321 Vineyard HIII City: Rochester Hills State: MI

Zip: 48306

Occupation: Executive

Employer: Aragona Properties **Business Address:** 37020

Garfield STE T-1

City: Clinton Twp State: MI

Zip: 48036

Type of Contribution: Direct

5177- -Add

PAC Receipt?: Date of Receipt: 06/09/2021 Amt: 3,000.00 Cumul: 3,000.00

Name: Ron Cantrell Address: 36535 Groesbeck City: Clinton Township State: MI

Zip: 48035

Type of Contribution: Direct

Occupation: Engineer Employer: LED Lighting Manufacturer

Business Address: 36535 Groesbeck City: Clinton Township State: MI

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CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5176- -Add

PAC Receipt?:

Date of Receipt: 06/09/2021

Amt: 150.00

Cumul: 150.00

Name: Michael Torrice Address: 32059 Utica Road

City: Fraser State: MI

Zip: 48026

Occupation: Private Detective

Employer: Eye Spy Detective Agency Business Address: 32059 Utica Rd

City: Fraser State: MI

The first control of the first

Zip: 48026

Type of Contribution: Direct

5206- -Add

PAC Receipt?:

Date of Receipt: 06/10/2021

Amt: 250.00

Cumul: 250.00

Name: Vito Catalfio Address: 2585 Pond Vallee City: Oakland Twp State: MI

Zip: 48363

Occupation: Car Wash Operator

Employer: Mr. C's Car Wash Business Address: 2585 Pond Vallee City: Oakland Township State: MI

Zip: 48363

Type of Contribution: Direct

5200- -Add

PAC Receipt?:

Date of Receipt: 06/10/2021

Amt: 150.00

Cumul: 150.00

Name: Thomas Charboneau Address: 1923 Hamman Drive

City: Troy State: MI

Zip: 48085

Occupation: Attorney

Employer: Sills Charboneau Barnett **Business Address: 1923 Hamman**

Drive

City: Troy State: MI

Zip: 48085

Type of Contribution: Direct

5191- -Add

PAC Receipt?:

Date of Receipt: 06/10/2021

Amt: 250.00

Cumul: 250.00

Name: Frank Coppola Address: 54620 Carnation Drive

City: Macomb State: MI

Zip: 48042

Occupation: CPA

Employer: SELF EMPLOYED Business Address: SELF EMPLOYED City: Clinton Twp State: MI

Zip: 48038

Type of Contribution: Direct

Amt: 150.00

Cumul: 150.00

Name: David Gorcyca

Address: 6608 Tree Knoll Drive

City: Troy State: MI

Zip: 48098

5202- -Add PAC Receipt?:

Occupation: Attorney

Date of Receipt: 06/10/2021

Employer: Giarmarco Mullins Horton **Business Address:** Tenth Floor Columbia Center 101 West Big Beaver

Road

City: Troy State: MI

Zip: 48084

Type of Contribution: Direct

8/13/2021

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CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5197- -Add

PAC Receipt?:

Date of Receipt: 06/10/2021

Amt: 250.00

Cumul: 250.00

Name: Vincent Lorelli Address: 18805 Overlook Trail

City: Northville State: MI

Zip: 48169

Occupation: Attorney

Employer: Lorelli & Lorelli Business Address: 7031 Orchard

Lake Rd STE 302

City: West Bloomfield State: MI

Zip: 48322

Type of Contribution: Direct

5210- -Add

PAC Receipt?:

Date of Receipt: 06/10/2021

Amt: 150.00

Cumul: 150.00

Name: Frank J Lucido Address: 651 N Oxford Rd.

City: Grosse Pointe State: MI

Zip: 48236

Occupation: Real Estate Agent Employer: SELF EMPLOYED

Business Address: SELF EMPLOYED **City:** Clinton Twp **State:** MI

Zip: 48038

Type of Contribution: Direct

.____

5268- -Add

PAC Receipt?:

Date of Receipt: 06/10/2021

Amt: 1,000.00

Cumul: 1,000.00

Name: Peter Torrice Address: 22599 Lange

City: St. Clair Shores State: MI

Zip: 48080

Occupation: Attorney

Employer: Canu Torrice Law PLLC Business Address: 32059 Utica Road

City: Fraser State: MI

Zip: 48026

Type of Contribution: Direct

Occupation: Real Estate Agent

Occupation: Retired

5193- -Add

PAC Receipt?:

Date of Receipt: 06/11/2021

Amt: 500.00

Cumul: 500.00

Name: Kevin Denha Address: 700 N. Old Woodward Suite

300

City: Birmingham State: MI

Zip: 48009

os MT

Type of Contribution: Direct

Employer: SELF EMPLOYED

Business Address: SELF EMPLOYED

City: Clinton Twp State: MI

Zip: 48038

5201- -Add

PAC Receipt?:

Date of Receipt: 06/11/2021

Amt: 400.00

Cumul: 400.00

Name: Richard Habib

Address: 38140 Cobble Creek Ct. City: Sterling Heights State: MI

Zip: 48312

Type of Contribution: Direct

Employer: RETIRED

Business Address: RETIRED City: CLINTON TOWNSHIP State: MI

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CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5203- -Add

PAC Receipt?:

Date of Receipt: 06/11/2021

Amt: 500.00

Cumul: 500.00

Name: Ralph L. Maccarone

Address: 13921 Basilisco Chase Drive

City: Shelby Twp State: MI

Zip: 48315

Type of Contribution: Direct

Cumul: 500.00

Employer: SELF EMPLOYED **Business Address:** SELF EMPLOYED

City: Clinton Twp State: MI

Zip: 48038

5189- -Add

PAC Receipt?:

Date of Receipt: 06/11/2021

Amt: 250.00

Cumul: 250.00

Name: Annette McLean Address: PO Box 3

City: Romeo State: MI

Zip: 48065

Occupation: Teacher

Occupation: Attorney

Employer: RETIRED
Business Address: RETIRED

City: CLINTON TOWNSHIP State: MI

Zip: 48038

Type of Contribution: Direct

·-·--

5195- -Add PAC Receipt?:

Date of Receipt: 06/11/2021

Amt: 150.00

Cumul: 150.00

Name: Agostino Russo

Address: 19600 Westchester Dr. City: Clinton Township State: MI

Zip: 48038

Occupation: RETIRED

Employer: RETIRED

Business Address: RETIRED City: CLINTON TOWNSHIP State: MI

Zip: 48038

The state of the s

Type of Contribution: Direct

5207- -Add

PAC Receipt?:

Date of Receipt: 06/11/2021

Amt: 250.00

Cumul: 250.00

Name: Giovanni Vitale

Address: 47869 Harbor Dr. City: Chesterfield State: MI

Zip: 48047

Occupation: President

Employer: TEMO

Business Address: 20400 Hall Road **City:** Clinton Township **State:** MI

Zip: 48038

Type of Contribution: Direct

5204- -Add

PAC Receipt?:

Date of Receipt: 06/12/2021

Amt: 1,000.00

Cumul: 1,000.00

Name: Sherman Abdo Address: 55479 Cleveland City: Shelby Township State: MI

Zip: 48313

Occupation: Attorney

Employer: La Grasso, Abdo & Silveri Business Address: 12900 Hall

Road STE 403

City: Sterling Heights State: MI

Zip: 48313

Type of Contribution: Direct

5183- -Add PAC Receipt?: Amt: 150.00 Date of Receipt: 06/12/2021 Cumul: 150.00 Name: Paul Illich Occupation: Owner Employer: American Auto Inc Address: 34285 Groesbeck Highway **Business Address: 34285 Groesbeck** City: Clinton Township State: MI Highway Zip: 48035 City: Clinton Township State: MI **Zip:** 48035 Type of Contribution: Direct PAC Receipt?: Date of Receipt: 06/12/2021 Amt: 250.00 **Cumul: 250.00** Name: Anthony Tocco Occupation: Owner **Employer:** River Crest Address: 50834 Jefferson Avenue Business Address: 900 W. Avon City: New Baltimore State: MI Road **Zip:** 48047 City: Rochester Hills State: MI **Zip:** 48307 Type of Contribution: Direct # 5190- -Add PAC Receipt?: Date of Receipt: 06/13/2021 Amt: 25.00 Cumui: 25.00 Name: Joseph Lempicki Occupation: **Employer:** Address: 1281 Albany St **Business Address:** City: Ferndale State: MI City: State: Zip: 48220 Zip: Type of Contribution: Direct # 5187- -Add PAC Receipt?: Date of Receipt: 06/13/2021 Amt: 500.00 Cumul: 500.00 Name: Joseph Vicari Occupation: Owner **Employer: SELF EMPLOYED** Address: 5601 Enterprise Court **Business Address: SELF EMPLOYED** City: Warren State: MI City: Clinton Twp State: MI Zip: 48092 Zip: 48038 Type of Contribution: Direct # 5214- -Add PAC Receipt?: Date of Receipt: 06/14/2021 Amt: 250.00 **Cumul: 250.00** Employer: Chirco Title Agency Name: Paul Chirco Occupation: Attorney Address: 3045 Harrow Wav **Business Address: 26800 Harper**

City: Shelby Township State: MI

Zip: 48316

Avenue

City: St. Clair Shores State: MI

Zip: 48081

Type of Contribution: Direct ______

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CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5192- -Add **PAC Receipt?:** Date of Receipt: 06/14/2021 Amt: 1,000.00 Cumul: 1,000.00 Name: Louis Corey Occupation: Attorney Employer: Corey Law Firm Address: 401 N Main St. Business Address: 401 N Main St. City: Royal Oak State: MI City: Royal Oak State: MI Zip: 48067 Zip: 48067 Type of Contribution: Direct The second secon الدوالد رابيور والقاروان الأبران ورابيت الأان الاستانات سياسون سيارين فيوسيين # 5184- -Add PAC Receipt?: Date of Receipt: 06/14/2021 Amt: 250.00 **Cumul: 250.00** Name: Diane DiPonio **Employer: SELF EMPLOYED Occupation:** Insurance Agent Address: 29251 Creek Bend **Business Address: SELF EMPLOYED** City: Farmington Hills State: MI City: Clinton Twp State: MI **Zip: 48331** Zip: 48038 Type of Contribution: Direct # 5188- -Add PAC Receipt?: Date of Receipt: 06/14/2021 Amt: 40.00 Cumul: 40.00 Name: Gregory Kelly Occupation: **Employer:** Address: 52888 Mary Martin Drive **Business Address:** City: Chesterfield State: MI City: State: **Zip:** 48051 Zip: Type of Contribution: Direct # 5213- -Add

PAC Receipt?: Date of Receipt: 06/14/2021 Amt: 250.00 Cumul: 250.00

Name: Jennifer Klieman Address: 13400 30 Mile Road City: Washington State: MI

Zip: 48095

Occupation: Owner

Employer: JWK 2 Romeo LLC Business Address: 13400 30 Mile

Road

City: Washington State: MI

Zip: 48095

Type of Contribution: Direct

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5196- -Add

PAC Receipt?: Date of Receipt: 06/14/2021 Amt: 250.00 **Cumul: 250.00**

Occupation: Funeral Director

Name: Raymond Lope Address: 8459 Hall Road City: Utica State: MI

Zip: 48317

Type of Contribution: Direct

Employer: Wm.Sullivan & Son Funeral Business Address: 8459 Hall Rd

City: Utica State: MI

Zip: 48317

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MEK 15 Keports Page 9 of 28

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5215- -Add PAC Receipt?: Date of Receipt: 06/14/2021 Amt: 150.00 Cumul: 150.00 Name: Simone Mauro Occupation: Engineer Employer: Genna Mauro & Associates Address: 5841 Cusick Lake Dr. **Business Address: 28657 Hayes** City: Washington State: MI Road City: Shelby Township State: MI Zip: 48095 Zip: 48315 Type of Contribution: Direct and a state of the control of the co # 5178- -Add PAC Receipt?: Date of Receipt: 06/14/2021 Amt: 1,000.00 Cumul: 1,000.00 Name: Elias Muawad Occupation: Attorney Employer: SELF EMPLOYED Address: 7626 Acom Hill Court **Business Address: SELF EMPLOYED** City: West Bloomfield State: MI City: Clinton Twp State: MI **Zip:** 48323 Zip: 48038 Type of Contribution: Direct # 5217- -Add Date of Receipt: 06/15/2021 PAC Receipt?: Amt: 100.00 Cumul: 100.00 Occupation: Name: Raymond DeBates Employer: Address: 27500 Harper Avenue **Business Address:** City: State: City: St. Clair Shores State: MI Zip: 48081 Zip: Type of Contribution: Direct # 5218- -Add PAC Receipt?: Date of Receipt: 06/15/2021 Amt: 1,000.00 Cumul: 1,000.00 Occupation: Owner Employer: Delta Management Name: James George Address: 19634 Westchester Company **Business Address: 45511 Market** City: Clinton Township State: MI **Zip:** 48038 Street City: Shelby Township State: MI Zip: 48315 Type of Contribution: Direct # 5185- -Add Date of Receipt: 06/15/2021 Amt: 500.00 **Cumul: 500.00** PAC Receipt?: Employer: Giarmarco Mullins Horton Occupation: Attorney Name: Julius Glarmarco **Business Address:** Tenth Floor Address: 101 W Big Beaver Columbia Center 101 West Big Beaver City: Troy State: MI Road Zip: 48084 City: Troy State: MI Zip: 48084 Type of Contribution: Direct

______ # 5186- -Add **Cumul: 150.00** Amt: 150.00 Date of Receipt: 06/15/2021 PAC Receipt?: **Employer: SELF EMPLOYED** Name: Adil Haradhvala Occupation: Attorney **Business Address: SELF EMPLOYED** Address: 86 Clinton Street City: Clinton Twp State: MI City: Mt Clemens State: MI Zip: 48038 **Zip:** 48043 Type of Contribution: Direct The state of the s The second secon and the second s # 5208- -Add **Cumul: 250.00** PAC Receipt?: Date of Receipt: 06/15/2021 Amt: 250.00 **Employer:** International Mkting Name: Daniel Russell Occupation: President Consult Address: 17680 Maisons Drive City: Clinton Twp State: MI **Business Address: P.O. Box 84 Zip:** 48038 City: Romeo State: MI Zip: 48065 Type of Contribution: Direct # 5211- -Add PAC Receipt?: Date of Receipt: 06/15/2021 Amt: 500.00 Cumul: 500.00 Name: Ronald Russo Occupation: Director Employer: Rocky Produce Inc. Address: 7007 28 Mile Rd **Business Address: 7201 W** Fort Room 1 City: Washington Twp State: MI City: Detroit State: MI **Zip:** 48094 Zip: 48209 Type of Contribution: Direct -------------# 5216- -Add PAC Receipt?: Date of Receipt: 06/15/2021 **Cumul: 150.00** Amt: 150.00 Name: Roger VanPamel Occupation: Retired **Employer: RETIRED** Address: 12541 26 Mile Road **Business Address: RETIRED** City: Washington State: MI City: CLINTON TOWNSHIP State: MI Zip: 48094 **Zip:** 48038 Type of Contribution: Direct a management and the contract of the contract # 5266- -Add PAC Receipt?: Date of Receipt: 06/17/2021 Amt: 1,000.00 Cumul: 1,000.00 Name: Paul Manni Occupation: Manager **Employer:** All Phones Wholesale Address: 42778 Flis Drive Business Address: 721 East 11 Mile City: Sterling Heights State: MI Road **Zip:** 48314 City: Royal Oak State: MI Zip: 48067 Type of Contribution: Direct

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CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5209- -Add PAC Receipt?: Date of Receipt: 06/17/2021 Amt: 150.00 Cumul: 150.00 Name: Todd Schmitz Occupation: Attorney Employer: Macomb County Address: 23083 Saxony **Business Address:** 1 S Main St. City: Eastpointe State: MI City: Mt Clemems State: MI Zip: 48021 **Zip:** 48043 Type of Contribution: Direct # 5212- -Add PAC Receipt?: Date of Receipt: 06/17/2021 Amt: 500.00 Cumul: 500.00 Name: Louis Stramaglia Occupation: Member Employer: 22 Mile Investment, LLC. Address: 3202 Auburn Rd Business Address: 3202 Auburn Rd City: Shelby Twp State: MI City: Shelby Twp State: MI Zip: 48317 Zip: 48317 Type of Contribution: Direct and the second of the second o The second secon # 5220- -Add Date of Receipt: 06/17/2021 Amt: 150.00 **Cumul: 150.00** PAC Receipt?: Employer: York, Dolan & Tomlinson Name: Timothy Tomlinson Occupation: Attorney Address: 22600 Hall Road \$205 Business Address: 22600 Hall City: Clinton Township State: MI Road Suite 205 City: Clinton Township State: MI Zip: 48036 Zip: 48036 Type of Contribution: Direct # 5179- -Add Cumul: 1,000.00 Amt: 1,000.00 PAC Receipt?: Date of Receipt: 06/18/2021 **Employer: SELF EMPLOYED** Occupation: Attorney Name: Cy Abdo **Business Address: SELF EMPLOYED** Address: 42550 Garfield Rd Ste 104A City: Clinton Twp State: MI City: Clinton Twp State: MI Zip: 48038 Zip: 48038 Type of Contribution: Direct The state of the first of the first of the state of the s The control of the co to the second companies of the second contract of the second contrac # 5219- -Add Cumul: 500.00 Date of Receipt: 06/18/2021 Amt: 500.00 PAC Receipt?: Employer: Fakhoury Law Firm, PC Occupation: Attorney Name: Walid Fakhoury Business Address: 225 S. Main Floor Address: 111 Linda Ln City: Bloomfield Hills State: MI City: Royal Oak State: MI Zip: 48304 Zip: 48067

Type of Contribution: Direct

5221- -Add PAC Receipt?: Date of Receipt: 06/19/2021 Amt: 150.00 Cumul: 150.00 Name: Ron Fenton Occupation: Psychologist Employer: Dr. Ron Fenton & Address: 8344 Hall Road Suite 209 Associates PC City: Utica State: MI **Business Address: 8344 Hall** Zip: 48317 Road Suite 209 City: Utica State: MI Zip: 48317 Type of Contribution: Direct # 5174- -Add PAC Receipt?: Date of Receipt: 06/19/2021 Amt: 25.00 **Cumul: 50.00** Name: William House Occupation: **Employer:** Address: 5621 8th Avenue **Business Address:** City: Grandville State: MI City: State: Zip: 49418 Zip: Type of Contribution: Direct # 5181- -Add PAC Receipt?: Date of Receipt: 06/19/2021 Amt: 500.00 **Cumul: 500.00** Name: Kumar Palepu **Occupation:** Assistant Prosecutor **Employer: Macomb County** Address: 377 Hillcrest Avenue Business Address: 1 S Main St. City: Grosse Pointe Farms State: MI City: Mt Clemems State: MI Zip: 48236 Zip: 48043 Type of Contribution: Direct The state of the separate services and the services of the services and the services are services are services and the services are services and the services are services are services and the services are services are services and the services are servi # 5257- -Add PAC Receipt?: Date of Receipt: 06/21/2021 Amt: 250.00 Cumul: 250.00 Name: Lorenzo Cavaliere Occupation: Owner **Employer:** Cavaliere Companies Address: 30078 Schoenherr #300 **Business Address: 30078** City: Warren State: MI Schoenherr #300 Zip: 48088 City: Warren State: MI Zip: 48088 Type of Contribution: Direct The second of the second control of the second of the seco # 5260- -Add PAC Receipt?: Date of Receipt: 06/21/2021 Amt: 1,000.00 Cumul: 1,000.00 Name: Michael Chirco Occupation: Residential Builder Employer: MJC Companies Address: 46600 Romeo Plank Rd Ste **Business Address: 46600 Romeo** Plank Suite 5 City: Macomb State: MI City: Macomb State: MI Zip: 48044 Zip: 48044 Type of Contribution: Direct

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rage 13 of 28

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5263- -Add

PAC Receipt?: Date of Receipt: 06/21/2021 Amt: 150.00 Cumui: 150.00

Name: Joe Emington Address: 2661 W. Utica City: Shelby Twp State: MI Occupation: Ball Bondsmen

Employer: Emington Ball Bonds Business Address: 47517 Van Dyke

City: Shelby Two State: MI

Employer: Gallo Companies

Employer: SELF EMPLOYED

City: Clinton Twp State: MI

Employer: Humane Society

Business Address: SELF EMPLOYED

Zip: 48317

Type of Contribution: Direct

5264- -Add

Zip: 48317

PAC Receipt?: Date of Receipt: 06/21/2021 Amt: 500.00

Name: Tony Gallo Address: 6303 26 Mile Rd City: Washington State: MI

Occupation: Contractor

Business Address: 6303 26 Mile Rd Suite 200

Zip: 48094 City: Washington Twp State: MI

Zip: 48094

Type of Contribution: Direct The second control of the second control of

5255- -Add

PAC Receipt?: Date of Receipt: 06/21/2021 Amt: 250.00 **Cumul: 250.00**

Occupation: Attorney

Name: Marc Hart Address: 1007 Mallow St.

City: Wolverine Lake State: MI

Zip: 48390 Type of Contribution: Direct

5262- -Add

PAC Receipt?: Date of Receipt: 06/21/2021 Amt: 150.00 Cumul: 150.00

Occupation: Director

Name: Kenneth Kempkens Address: 15991 Amore St City: Clinton Twp State: MI

Zip: 48038

Business Address: 11350 22 Mile

Road City: Utica State: MI

Zip: 48317

Zip: 48038

Type of Contribution: Direct

Cumul: 500.00 Amt: 500.00 Date of Receipt: 06/23/2021 PAC Receipt?:

Occupation: Retired

Name: Salvatore Munaco Address: 2134 W. Gunn Road City: Oakland Twp State: MI

Zip: 48306

Type of Contribution: Direct

Employer: RETIRED Business Address: RETIRED City: CLINTON TOWNSHIP State: MI

Zip: 48038

8/13/2021

. ._____ # 5261- -Add Amt: 250.00 Cumul: 250.00 **PAC Receipt?:** Date of Receipt: 06/23/2021 Name: James Sawyer Occupation: President **Employer: Macomb Community** Address: 45810 Private Shore Dr. College City: Chesterfield State: MI **Business Address: 44575 Garfield** Zip: 48047 Rd CCE-219 City: Clinton Township State: MI Zip: 48038 Type of Contribution: Direct # 5258- -Add PAC Receipt?: Date of Receipt: 06/23/2021 Amt: 250.00 **Cumul: 250.00** Name: Gordon Wilson Occupation: Civil Engineer Employer: Anderson Eckstein & Address: 49572 Compass Point Dr. Westrick City: Chesterfield State: MI Business Address: 51301 Schoenherr Zip: 48047 Rđ City: Shelby Charter Twp State: MI **Zip:** 48315 Type of Contribution: Direct And the second of the second o # 5259- -Add PAC Receipt?: Date of Receipt: 06/24/2021 Amt: 250.00 **Cumul: 250.00** Name: Stephen Pangori Occupation: Civil Engineer Employer: Anderson Eckstein & Address: 8106 Rosebud Ln Westrick City: Clarkston State: MI Business Address: 51301 Schoenherr Zip: 48348 Rd City: Shelby Charter Twp State: MI Zip: 48315 Type of Contribution: Direct # 5182- -Add PAC Receipt?: Date of Receipt: 06/24/2021 Amt: 250.00 Cumul: 250.00 Name: Vincenzo Vitale Occupation: Owner Employer: Vince & Joe's Gourmet Address: 55178 Van Dyke Market City: Shelby Township State: MI Business Address: 55178 Van Dyke Zip: 48316 Ave City: Shelby Charter Twp State: MI Zip: 48316 Type of Contribution: Direct the contract of the contract o - Canada Carramana Agrano Canada Araba Carra Car # 5222- -Add PAC Receipt?: Date of Receipt: 06/25/2021 Amt: 250.00 **Cumul: 250.00** Name: Nicole Karmazin Occupation: RETIRED **Employer: RETIRED** Address: 38310 Saddle Lane **Business Address: RETIRED** City: Clinton Twp State: MI City: CLINTON TOWNSHIP State: MI Zip: 48036 Zip: 48038 Type of Contribution: Direct **-** · ·

5256- -Add PAC Receipt?: Date of Receipt: 06/26/2021 Amt: 1,000.00 Cumul: 1,000.00 Name: Michael Schodowski Occupation: President Employer: Shelving Inc Address: 29275 Stephenson Hwy **Business Address: 29275** City: Madison Heights State: MI Stephenson Hwy Zip: 48071 City: Madison Heights State: MI Zip: 48071 Type of Contribution: Direct # 5249- -Add PAC Receipt?: Date of Receipt: 06/27/2021 Amt: 250.00 Cumul: 250.00 Name: James L. Galen **Occupation:** Attorney **Employer: SELF EMPLOYED** Address: 21321 Cass Ave **Business Address: SELF EMPLOYED** City: Clinton Twp State: MI City: Clinton Twp State: MI Zip: 48036 Zip: 48038 Type of Contribution: Direct # 5269- -Add PAC Receipt?: Date of Receipt: 06/28/2021 Amt: 150.00 **Cumul: 150.00** Name: Julian Daman Employer: Jajonie Daman PC Occupation: Attorney Address: 30185 Helmandale Dr. Business Address: 29201 Telegraph City: Franklin State: MI Road Suite 330 Zip: 48025 City: Southfield State: MI **Zip:** 48034 Type of Contribution: Direct # 5251- -Add PAC Receipt?: Date of Receipt: 06/28/2021 Amt: 150.00 Cumul: 150.00 **Employer: SELF EMPLOYED** Name: Carl Munaco Occupation: Developer/Builder **Business Address: SELF EMPLOYED** Address: 48635 Van Dyke Avenue City: Clinton Twp State: MI City: Shelby Charter Twp State: MI Zip: 48038 Zip: 48317 Type of Contribution: Direct # 5223- -Add Date of Receipt: 06/28/2021 Amt: 250.00 **Cumul: 250.00** PAC Receipt?: Occupation: Supervisor Employer: Washington Township Name: Sam Previti Business Address: 57900 Van Dyke Address: 61614 Cotswold Drive City: Washington State: MI City: Washington Twp State: MI Zip: 48094 Zip: 48094 Type of Contribution: Direct

The second secon # 5225- -Add Amt: 150.00 **Cumul: 150.00** PAC Receipt?: Date of Receipt: 06/28/2021 Occupation: Lawyer Employer: Macomb County Name: Elizabeth Rittinger Business Address: 1 S Main St. Address: 2300 Paris Drive City: Mt Clemems State: MI City: Troy State: MI Zip: 48083 Zip: 48043 Type of Contribution: Direct . # 5250- -Add **PAC Receipt?:** Date of Receipt: 06/28/2021 Amt: 1,000.00 Cumul: 1,000.00 Name: Paul Shamo Occupation: President **Employer:** Taylor Ford Address: 38311 Huron Pointe Business Address: 13500 Telegraph City: Harrison Twp State: MI Road Zip: 48045 City: Taylor State: MI Zip: 48180 Type of Contribution: Direct # 5226- -Add PAC Receipt?: Date of Receipt: 06/28/2021 Amt: 1,000.00 Cumul: 1,000.00 Name: Vincent Sorrentino Occupation: Real Estate Developer **Employer: ICON Development** Address: 14113 Hibiscus Drive **Business Address: 35520 Forton** City: Shelby Charter Twp State: MI Court Zip: 48315 City: Clinton Township State: MI Zip: 48035 Type of Contribution: Direct man company of the second seco manufacture control of the second sec # 5254- -Add PAC Receipt?: Date of Receipt: 06/28/2021 Amt: 150.00 Cumul: 150.00 Name: James Timpa Occupation: Insurance Agent **Employer: SELF EMPLOYED** Address: 393278 Aynesley St. **Business Address: SELF EMPLOYED** City: Clinton Township State: MI City: Clinton Twp State: MI Zip: 48038 Zip: 48038 Type of Contribution: Direct # 5271- -Add PAC Receipt?: Date of Receipt: 06/28/2021 Amt: 250.00 Cumul: 250.00 Name: David Worden Occupation: Attorney **Employer: SELF EMPLOYED** Address: 20052 Fairway Dr **Business Address: SELF EMPLOYED** City: Grosse Pointe Woods State: MI City: Clinton Twp State: MI **Zip:** 48236 **Zip: 48038** Type of Contribution: Direct

. . . .

5224- -Add PAC Receipt?: Date of Receipt: 06/28/2021 Amt: 500.00 Cumul: 500.00 Name: Paul Zalewski **Occupation:** Attorney Employer: The Zalewski Law Firm Address: 38803 Bellingham Business Address: 29199 Ryan Road City: Harrison Twp State: MI City: Warren State: MI **Zip:** 48045 Zip: 48092 Type of Contribution: Direct The first manifestable of Marine Strategic Community of the Community of t and the second contract contract of the second contract of the secon # 5231- -Add PAC Receipt?: Date of Receipt: 06/29/2021 Amt: 250.00 **Cumul: 250.00** Name: Ralphe Armstrong Occupation: Musician **Employer:** Local 5 Address: 1 Lafayette Plaisance Street Business Address: 24270 W. 7 Mile City: Detroit State: MI Road Zip: 48207 City: Detroit State: MI Zip: 48219 Type of Contribution: Direct # 5230- -Add Amt: 250.00 **Cumul: 250.00** PAC Receipt?: Date of Receipt: 06/29/2021 **Employer: SELF EMPLOYED** Name: Joseph Campbell Occupation: Attorney **Business Address: SELF EMPLOYED** Address: 49198 Monarch Drive City: Macomb State: MI City: Clinton Twp State: MI Zip: 48038 **Zip:** 48044 Type of Contribution: Direct # 5377- -Add PAC Receipt?: Date of Receipt: 06/29/2021 Amt: 1,000.00 Cumul: 1,000.00

Occupation: Attorney

Name: Andrew Canu Address: 8772 Tournament Dr

A COMPANY OF THE PERSON NAMED AND PARTY OF THE PERSON NAMED AND PA

City: Washington State: MI

Zip: 48094

Type of Contribution: Direct

5228- -Add

Amt: 150.00 **PAC Receipt?:** Date of Receipt: 06/29/2021

Occupation: Attorney

Name: Sian Hengeveld Address: 971 Dressler Lane City: Rochester Hills State: MI

Zip: 48307

Type of Contribution: Direct

Cumul: 150.00

Employer: Canu Torrice Law PLLC

City: Fraser State: MI

the state of the s

Business Address: 32059 Utica Road

Employer: Macomb County Business Address: 1 S Main St. City: Mt Clemems State: MI

Zip: 48043

5247- -Add

PAC Receipt?:

Date of Receipt: 06/29/2021

Amt: 500.00

Cumul: 500.00

Name: Alex Lucido

Occupation: Broker

Employer: Lucido Real Estate

Address: 10 Webber Pl City: Grosse Pointe Shores State: MI Occupation: Droker

Business Address: 19455 Mack Ave **City:** Grosse Pte Woods **State:** MI

Zina 40226

Zip: 48236

Zip: 48236

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Type of Contribution: Direct

5243- -Add

PAC Receipt?:

Zip: 48315

Date of Receipt: 06/29/2021

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Amt: 1,000.00

Cumul: 1,000.00

Name: Chris Peyerk

Address: 12955 23 Mile Road City: Shelby Township State: MI Occupation: President

Employer: Dan's Excavating
Business Address: 12955 23 Mile

Road

City: Shelby Township State: MI

Zip: 48315

Type of Contribution: Direct

PAC Receipt?: Date of Receipt: 06/29/2021

Amt: 250.00

Cumult 250 00

The second control of the second control of

Name: Ned Piccinini

Address: 4655 Lockwood Drive City: Washington State: MI

Zip: 48094

5253- -Add

Occupation: President

The second second in the second secon

Employer: MCM Learning, Inc. Business Address: 29900 Lorraine

Ave #300

City: Warren State: MI

Zip: 48093

Type of Contribution: Direct

5227- -Add

PAC Receipt?:

Zip: 48095

Date of Receipt: 06/29/2021

Amt: 1.000.00

Cumul: 1,000.00

Name: Walter Proia Address: 6152 Parliament City: Washington State: MI

Occupation: President

Employer: Eagle Security Services **Business Address: 500 Griswold**

Street

City: Detroit State: MI

Zip: 48226

Type of Contribution: Direct

5229- -Add PAC Receipt?:

Date of Receipt: 06/29/2021

Amt: 100.00

Cumul: 100.00

Name: David Scapini

Address: 54400 Arrowhead City: Shelby Twp State: MI

Zip: 48315

Occupation:

Employer:

Business Address:

City: State:

Zip:

Type of Contribution: Direct

5267- -Add

PAC Receipt?:

Date of Receipt: 06/30/2021

Amt: 1,000.00

Cumul: 1,000.00

Name: Avis Choulagh Occupation: Attorney

Address: 48528 Isola Dr City: Shelby Twp State: MI

Type of Contribution: Direct

Zip: 48315

Employer: Avis Choulagh MTIP PLLC **Business Address: 32059 Utica Road**

City: Fraser State: MI

Zip: 48026

5371- -Add

PAC Receipt?:

Date of Receipt: 06/30/2021

Amt: 1,000.00

Cumul: 1,000.00

Occupation: Consultant Name: James Fowler

Address: 42189 Lochmoor St. City: Clinton Twp. State: MI

Zip: 48038

Type of Contribution: Direct

Employer: SELF EMPLOYED Business Address: SELF EMPLOYED City: Clinton Twp State: MI

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE					
# 5233Add					
PAC Receipt?:	Date of Receipt: 06/30/2021	Amt: 1,000.00	Cumul: 1,000.00		
Name: Derrick George Address: 444 S Washing City: Royal Oak State: M Zip: 48067	ī	ney	Employer: George Law Business Address: 444 S. Washington Ave City: Royal Oak State: MI Zip: 48067		
Type of Contribution: Dire	ect				
# 5245Add					
PAC Receipt?:	Date of Receipt: 06/30/2021	Amt: 500.00	Cumul: 500.00		
Name: Thomas Guastello Address: 34120 Woodwa City: Birmingham State: Zip: 48009	ard	ney	Employer: SELF EMPLOYED Business Address: SELF EMPLOYED City: Clinton Twp State: MI Zip: 48038		
Type of Contribution: Dire	ect				
	<u></u>				
# 5372Add		· • · · · · · · · · · · · · · · · · · ·			
PAC Receipt?:	Date of Receipt: 06/30/2021	Amt: 150.00	Cumul: 150.00		
Name: Onorio Moscone Address: 55459 Ambassa City: Shelby Twp State: Zip: 48316	Occupation: Presi	dent	Employer: Deercreek Construction Business Address: 57125 Deercreek City: Washington State: MI Zip: 48094		
Type of Contribution: Dire	ect				
		= - · · · · · · · · · · · · · · · · · ·			
# 5232Add		• • • • • • • • • • • • • • • • • • •	t transfer en		
PAC Receipt?:	Date of Receipt: 06/30/2021	Amt: 250.00	Cumul: 250.00		
Name: Brian Pannebecke Address: 25984 Maritime City: Harrison Twp State Zip: 48045	Cir S	RED	Employer: RETIRED Business Address: RETIRED City: CLINTON TOWNSHIP State: MI Zip: 48038		
Type of Contribution: Dire	ect		·		
	····				
	· · ·	· · · · ·			
# 5234Add					
PAC Receipt?:	Date of Receipt: 06/30/2021	Amt: 100.00	Cumul: 100.00		
Name: Thomas Sokol Address: 20331 Vine Dri City: Macomb Twp State: Zip: 48044			Employer: Business Address: City: State: Zip:		
Type of Contribution: Dire	ect				

5235- -Add PAC Receipt?: Date of Receipt: 07/01/2021 Amt: 250.00 Cumul: 250.00 Name: Christopher LaBelle Occupation: Contractor Employer: LaBelle Companies **Business Address:** 45 South Rose Address: 49746 Goulette Pointe City: Chesterfield Twp State: MI Street Zip: 48047 City: Mt. Clemens State: MI Zip: 48043 Type of Contribution: Direct ----# 5237- -Add PAC Receipt?: Date of Receipt: 07/02/2021 Amt: 250.00 **Cumul: 250.00 Employer: RETIRED** Name: Christine Antonucci Occupation: Retired Address: 69945 Fisher Road **Business Address: RETIRED** City: CLINTON TOWNSHIP State: MI City: Bruce Twp State: MI Zip: 48065 Zip: 48038 Type of Contribution: Direct # 5370- -Add PAC Receipt?: Date of Receipt: 07/02/2021 Amt: 50.00 Occupation: **Employer:** Name: Marco Santia **Business Address:** Address: 149 Pinecrest Ln City: State: City: Waynesville State: NC Zip: Zlp: 28785 Type of Contribution: Direct # 5236- -Add PAC Receipt?: Date of Receipt: 07/02/2021 Amt: 500.00 **Cumul: 500.00** Occupation: Administration **Employer:** Beaumont Health Name: Jill Storrison Business Address: 3601 W 13 Mile Address: 53393 Champlain Street City: Macomb State: MI City: Royal Oak State: MI Zip: 48042 Zip: 48073 Type of Contribution: Direct .. ._ ._ # 5244- -Add **Cumul: 150.00** Date of Receipt: 07/03/2021 Amt: 150.00 PAC Receipt?: **Employer: RETIRED** Occupation: Retired Name: Leo Borowsky Address: 19637 Shorecrest **Business Address: RETIRED** City: CLINTON TOWNSHIP State: MI City: Clinton Twp State: MI **Zip:** 48038 **Zip:** 48038

Type of Contribution: Direct

was a summariant of the contract of the contra # 5248- -Add Date of Receipt: 07/04/2021 Amt: 250.00 Cumul: 250.00 PAC Receipt?: Name: Michael Locricchio Occupation: CPA Employer: Metzler Locricchio Serra & Address: 21124 Lilac Lane Ca. City: Clinton Township State: MI Business Address: 1800 W Big **Zip:** 48036 Beaver Rd #100 City: Troy State: MI Zip: 48084 Type of Contribution: Direct -----# 5367- -Add PAC Receipt?: Date of Receipt: 07/06/2021 Amt: 250.00 **Cumul: 250.00** Name: Philip Jacques Employer: Macomb County Occupation: Attorney Address: 22353 Morley Ave Business Address: 1 S Main St. City: Dearborn State: MI City: Mt Clemems State: MI Zip: 48124 Zip: 48043 Type of Contribution: Direct The selection of the se # 5368- -Add PAC Receipt?: Date of Receipt: 07/07/2021 Amt: 200.00 **Cumul: 200.00** Name: Chris Baratta Occupation: Attorney Employer: Baratta & Baratta, P.C. Address: 31 Kerby Ct **Business Address: 120 Market** City: Grosse Pointe Farms State: MI Street Zip: 48236 City: Mount Clemens State: MI Zip: 48043 Type of Contribution: Direct # 5366- -Add PAC Receipt?: Date of Receipt: 07/07/2021 Amt: 250.00 Cumul: 250.00 Name: Jeff Bonanni Occupation: Owner **Employer:** Galbon Investments Address: 3505 Mountain Laurel Ct **Business Address: 42241 Garfield** City: Oakland Twp State: MI City: Clinton Township State: MI Zip: 48363 **Zip:** 48038 Type of Contribution: Direct the second secon # 5239- -Add **PAC Receipt?:** Date of Receipt: 07/08/2021 Amt: 150.00 Cumul: 150.00 Name: Daniel Galli Occupation: Engineer

Address: 54882 Sherwood Ln

City: Shelby Twp State: MI Zip: 48315

Type of Contribution: Direct

Employer: TapeMaster

Business Address: 900 Rochester Rd

City: Troy State: MI

5238- -Add PAC Receipt?: Date of Receipt: 07/08/2021 Amt: 1,000.00 Cumul: 1,000.00 Name: Jeff Kirkpatrick Occupation: Attorney **Employer: JSG** Address: 10000 Greenes Dr **Business Address: 401 South** City: Jackson State: MI Jackson St Zip: 49201 City: Jackson State: MI Zip: 49201 Type of Contribution: Direct # 5369- -Add **PAC Receipt?:** Date of Receipt: 07/08/2021 Amt: 1,000.00 Cumul: 1,000.00 **Employer: SELF EMPLOYED** Name: Anthony Lentine Occupation: Insurance Agent Address: 39343 Lorien Dr **Business Address: SELF EMPLOYED** City: Sterling Hts State: MI City: Clinton Twp State: MI Zip: 48313 Zip: 48038 Type of Contribution: Direct # 5375- -Add PAC Receipt?: Date of Receipt: 07/09/2021 Amt: 150.00 Cumul: 150.00 **Employer:** General Motors Occupation: Engineer Name: Fadi Hanna Address: 11693 Squiers Blvd Business Address: 30001 Van Dyke City: Utica State: MI Ave City: Warren State: MI Zip: 48315 Zip: 48093 Type of Contribution: Direct # 5252- -Add **Cumul: 150.00** Date of Receipt: 07/09/2021 Amt: 150.00 PAC Receipt?: Employer: Lucido Insurance Name: Joseph P Lucido Sr. Occupation: Insurance Agent Business Address: 39999 Garfield Address: 58624 Cory Lake Dr City: Clinton Twp State: MI City: Washington State: MI Zip: 48838 Zip: 48094 Type of Contribution: Direct # 5376- -Add Amt: 250.00 Cumul: 250.00 Date of Receipt: 07/12/2021 PAC Receipt?: **Employer: Macomb County** Occupation: Attorney Name: Molly Zappitell Business Address: 1 S Main St. Address: 39115 Lakeshore Drive City: Mt Clemems State: MI City: Harrison Twp. State: MI Zip: 48043 **Zip:** 48045 Type of Contribution: Direct

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE # 5240- -Add PAC Receipt?: Date of Receipt: 07/13/2021 Amt: 250.00 Cumul: 250.00 Name: Martin Pavlick Occupation: Insurance Agent **Employer: SELF EMPLOYED Business Address: SELF EMPLOYED** Address: 1189 Hathaway Rising City: Clinton Twp State: MI City: Rochester Hills State: MI Zip: 48306 **Zip:** 48038 Type of Contribution: Direct # 5373- -Add PAC Receipt?: Date of Receipt: 07/14/2021 Amt: 1,000.00 Cumul: 1,000.00 Name: Corinne Carollo **Employer: SELF EMPLOYED Occupation:** Consultant Address: 14600 Breza Drive **Business Address: SELF EMPLOYED** City: Shelby Twp State: MI City: Clinton Twp State: MI Zip: 48315 **Zip:** 48038 Type of Contribution: Direct # 5374- -Add **PAC Receipt?:** Date of Receipt: 07/14/2021 Amt: 150.00 **Cumul: 150.00** Name: Dena Keller-Stanley Occupation: Attorney Employer: Macomb County Address: 573 Live Oak Drive Business Address: 1 S Main St. City: Rochester Hills State: MI City: Mt Clemems State: MI Zip: 48309 Zip: 48043 Type of Contribution: Direct # 5242- -Add Date of Receipt: 07/15/2021 **PAC Receipt?:** Amt: 1,000.00 Cumul: 1,000.00 Name: Kimberly Capoferi Occupation: Registered Nurse **Employer: SELF EMPLOYED** Address: 54249 Shady Lane **Business Address: SELF EMPLOYED** City: Shelby Township State: MI City: Clinton Twp State: MI **Zip:** 48315 Zip: 48038 Type of Contribution: Direct # 5241- -Add PAC Receipt?: Date of Receipt: 07/15/2021 Amt: 250.00 **Cumul: 250.00** Name: Donna Myska Occupation: Bail Agent **Employer:** Action Bail Bonds Address: 29320 Debbie Drive **Business Address: 43530 Elizabeth** City: Chesterfield State: MI Rd Zip: 48051 City: Clinton Township State: MI **Zip:** 48036 Type of Contribution: Direct

Schedule Total

\$ 45,840.00

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DIRECT EXPENDITURES (1B) CANDIDATE COMMITTEE

Committee ID 139858-0 **Committee Name** CTE PETER J LUCIDO FOR PROSECUTOR **Document Name** Post-Election General # 5381- -Add Date: 06/02/2021 Amt: 2,268,19 Name: Graphics East, Inc. Purpose: Invite printing #302 Payment on Debt/Obligation Address: 16005 Sturgeon Street reported on City: Roseville State: MI Fund Raiser: previous statement: **Zip:** 48066 # 5379- -Add Date: 06/16/2021 Amt: 72.68 Name: US Bank Purpose: Website #301 Payment on Debt/Obligation Address: 425 Walnut Street reported on City: Cincinnati State: OH **Fund Raiser:** previous statement: **Zip:** 48202 # 5389- -Add Amt: 120.00 Date: 06/18/2021 Name: Hortos Advertising Purpose: Sign & Ticket printing #304 Payment on Debt/Obligation reported on Address: 6715 River Road City: Cottreliville State: MI Fund Raiser: previous statement: **Zip:** 48039 # 5380- -Add Amt: 18.73 Date: 06/18/2021 Purpose: Evolce Subscription #303 Payment on Debt/Obligation Name: US Bank Address: 425 Walnut Street reported on **Fund Raiser:** previous statement: City: Cincinnati State: OH **Zip:** 48202 # 5378- -Add Amt: 269.70 Date: 06/25/2021 Payment on Debt/Obligation Purpose: Bank fees Name: Anedot Inc reported on Address: 1920 McKinney

Fund Raiser:

previous statement:

City: Dallas State: TX

DIRECT EXPENDITURES (1B)	CANDIDATE COMMITTEE	
# 5382Add		
Date: 06/25/2021	Amt	: 10.30
Name: Anedot Inc Address: 1920 McKinney City: Dallas State: TX Zip: 75201	Purpose: Bank fees Fund Raiser:	Payment on Debt/Obligation reported on previous statement:
	-	
# 5383Add		
Date: 06/30/2021	Amt	: 148.70
Name: Anedot Inc Address: 1920 McKinney City: Dallas State: TX Zip: 75201	Purpose: Bank fees Fund Raiser:	Payment on Debt/Obligation reported on previous statement:
# 5384Add		
Date: 07/02/2021	A m++	: 65.20
Name: Anedot Inc Address: 1920 McKinney	Purpose: Bank Fees	Payment on Debt/Obligation reported on
City: Dallas State: TX Zip: 75201	Fund Raiser:	previous statement:
Date: 07/04/2021	AA-	- 20 CO
Name: Anedot Inc	Purpose: Bank Fees	20.60 Payment on Debt/Obligation
Address: 1920 McKinney City: Dallas State: TX Zip: 75201	Fund Raiser:	reported on previous statement:
# 5390Add		
Date: 07/09/2021	Amt:	750.00
Name: Italian Amrcn Chamber Commerce	Purpose: Adverisement #305	Payment on Debt/Obligation reported on
Address: 43843 Romeo Plank City: Clinton Twp State: MI Zip: 48038	Fund Raiser:	previous statement:
	······································	
# 5386Add		
Date: 07/10/2021	Amt:	46.60
Name: Anedot Inc Address: 1920 McKinney	Purpose: Bank Fees	Payment on Debt/Obligation reported on
City: Dallas State: TX Zip: 75201	Fund Raiser:	previous statement:

file:///C·/MertsC/r2/can vml

DIRECT EXPENDITURES (1B) CANDIDATE COMMITTEE

5391- -Add Date: 07/13/2021 Amt: 394.94 Name: US Bank Purpose: Website, emarketing#307 Payment on Debt/Obligation Address: 425 Walnut Street reported on City: Cincinnati State: OH **Fund Raiser:** previous statement: Zip: 48202 # 5387- -Add Date: 07/14/2021 Amt: 10.30 Name: Anedot Inc Purpose: Bank Fees Payment on Debt/Obligation Address: 1920 McKinney reported on City: Dallas State: TX **Fund Raiser:** previous statement: Zip: 75201 # 5388- -Add Date: 07/16/2021 Amt: 50.60 Name: Anedot Inc Purpose: Bank Fees Payment on Debt/Obligation Address: 1920 McKinney reported on City: Dallas State: TX Fund Raiser: previous statement: Zip: 75201 Schedule Total \$ 4,256.54

Page 28 of 28 **MERTS** Reports

DEBTS AND OBLIGATIONS (1E) CANDIDATE COMMITTEE

· Committee ID	139858-0
· Committee Name	CTE PETER J LUCIDO FOR PROSECUTOR
 Document Name 	Post-Election General

5402- Add

Corp: Type: Loan

Cumulative payment to date on debt: 0.00 Outstanding Balance at close of

this period: 50,000.00

Owed To: PETER J. LUCIDO Address: 14601 BREEZA Date Debt Was Incurred: 04/10/2020 Payment Original Amt of Debt: 50,000.00 Forgiven: 0.00

Date(s):

Payment Amt(s):

City: SHELBY TWP State: MI

Zip: 48310

Endorser or Guarantor:

Owed By Committee (Outstanding): \$ 50,000.00 Owed To Committee (Outstanding): \$ 0.00

Endorsed Amt: 0.00



Page _____ of ___

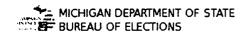
FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

1. Committee I.D. Number 13985

C-

CTE PETER J LUCIDO FOR PROSECUTOR

2. Committee Name CTE PETER J LUCIDO FOR PROSECUTOR						
USE A SEPARATE SHEET FOR EACH EVENT -						
3. Date Event Was Held 07/29/21	Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity	6. Address and Name (If any) of place where the activity was held Palazzo Grande 54660 Van Dyke, She			
	100+		Township, MI 48316 Private Residence			
7. Total Contributions	\$45,840.00					
8. Other Receipts	-					
9. Gross Receipts (Add lines 7	and 8)					
10. Total Cost of Event (Total Cost includes In-Kind Co	entributions and All Expenditures	Made For the Event)				
11. Check if event was a jo	oint fund raiser and complete the	following:				
Co-Sponsor(s)	Contribution S (%)	plit	Expenditure Split (%)			
		interpretation of the state of				
	_					
	_					
The committee is required period covered by the	ired to file a separate Fund Rais Campaign Statement	er Schedule for each fund rais	sing event held during the			
 Receipts and expendit 	ures listed on a Fund Raiser Schedul	nedule must also be reported on the contract of the contract o	on the Itemized Contributions es Schedule (1B) and the			
Each committee that p	articipated in a joint fund raiser r	nust file a Fund Raiser Sched	ule for the event.			



CANDIDATE COMMITTEE COVER PAGE

· Committee ID	139858-0		
· Committee Name	CTE PETER J LUCIDO FOR PROS	ECUTOR	
· Coverage Period	07/21/2021 - 10/20/2021		
· Candidate Name	CTE PETER J LUCIDO FOR PROS	ECUTOR	
· Office/District Sought	District Courts (Population 250,0	000+)	
· County of Residence	•		
· Address Information			
· Committee Mailing	6303 26 MILE RD WASHINGTON MI 48094		
· Phone			
· Treasurer Name	Frank Coppola		
· Treasurer Residential	54620 Carnation Drive		
	Macomb, MI 48042		
• Phone	586.206.3133		
· Treasurer Business	15985 Canal Road Clinton Township, MI 48038		
· Phone			
· Recordkeeper Name			
· Recordkeeper Mailing			
Phone			
· Statement Type	Post-Election		
· Relates To	General		
· Election Date	11/03/2020		
· Dissolution Date (effective)	//		
· Annual Statement Coverage Year			
 Treasurer/Recordkeeper Signed 	Frank Coppola	· Date	//
· Candidate Signed	CTE PETER J LUCIDO FOR PROSECUTOR	· Date	//
A committee that does not have a Reporting Wamust include all applicable Schedules. Direct codebts count against the \$1,000 Reporting Waive since the information was shown on the commit Organization should accompany this Campaign before the filing deadline of a required camp	ontributions, in-kind contributions or threshold. If any of the information, a tee's Statement of Organization, a Statement. If a request for a Rep	, loans, expenditur ion listed in the ito in amendment to the porting Waiver is	res, and outstanding erns above has changed ne Statement of not received on or
Verification: I\We certify that all reasonable dil (if any) and to the best of my\our knowledge an			
Current Treasurer or Designated Record keeper	:	, , 1	
(Type or Print) Name: Frank Coppola	Signature:	17/1 1	Date:10/22/2021
Candidate:	Signature: Party.	0	
(Type or Print) Name: Peter J. Lucido	Signature: Jamy.		Date: 10/22/2021

CANDIDATE COMMITTEE SUMMARY PAGE

• **Committee ID** 139858-0

Document Name Post-Election General			
RECEIPTS		This Period	Cumulative
3. Contributions			
a. Itemized Contributions	(3a.)	59,695.00	
b. Unitemized	(3b.)	0.00	
c. Subtotal of Contributions	(3c.)	59,695.00 (18	.) 110,673.50
4. Other Receipts	(4.)	0.00 (19	.) 0.00
5. Total Contributions and Other Receipts	(5.)	59,695.00 (20	.) 110,673.50
IN-KIND CONTRIBUTIONS AND EXPENDITURES			
6. In-Kind Contributions	(6.)	0.00 (21.	0.00
7. In-Kind Expenditures	(7.)	0.00 (22.	0.00
EXPENDITURES			
8. Expenditures			
a. Itemized	(8a.)	68,139.07	
b. Itemized GOTV	(8b.)	0.00	
c. Unitemized (less than \$50.01 each) 9. Total Expenditures	(8c.)	0.00	`
and the first the property of the control of the state of the control of the cont	(9.)	68,139.07 (23.	0.00
INCIDENTAL EXPENSE DISBURSEMENTS 10. Disbursements			
a. Itemized	(10a.)	0.00	
b. Unitemized	(10a.) (10b.)	0.00	
5. Omeenized	(100.)	0.00	
11. Total Incidental Expense Disbursements	(11.)	0.00 (24.	0.00
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee	(12a.)	0.00	
b. Owed to the Committee	(12b.)	0.00	
BALANCE STATEMENT			
13. Ending balance of last report filed		(13.)	85,508.64
14. Amount received during reporting Period		(14.)	59,695.00
15. Subtotal		(15.)	145,203.64
16. Amount expended during reporting Period		(16.)	68,139.07
17. ENDING BALANCE		(17.)	77,064.57

· Committee ID

139858-0

· Committee Name

CTE PETER J LUCIDO FOR PROSECUTOR

· Document Name

Post-Election General

5480- -Add

PAC Receipt?:

Date of Receipt: 07/21/2021

21 Amt: 250.00

Employer: SELF EMPLOYED

Address: 1565 Fairholme Rd

Name: Nicholas Bachand

City: Grosse Pointe Woods State: MI

Zip: 48236

•

Type of Contribution: Fundraiser Contribution

Business Address: SELF EMPLOYED
City: Clinton Twp State: MI

Cumul: 250.00

Zip: 48038

5481- -Add

PAC Receipt?:

Date of Receipt: 07/21/2021

Amt: 250.00

Cumul: 250.00

Name: Don Brown

Address: 6515 Old Coach Trail City: Washington State: MI

Occupation: Commissioner

Occupation: Attorney

Employer: Macomb County Business Address: 1 S Main St. City: Mt Clemems State: MI

Zip: 48043

Zip: 48094

Type of Contribution: Fundraiser Contribution

5476- -Add

PAC Receipt?:

Date of Receipt: 07/21/2021

Amt: 2,000.00

Cumul: 2,000.00

Name: Brandon Dabish

Address: 50858 Bredenbury Drive

City: Macomb State: MI

Zip: 48044

Occupation: CEO

Occupation: Retired

Employer: MEDfarms

Business Address: 3891 North Euclid

Ave

City: Bay City State: MI

Zip: 48706

Type of Contribution: Fundraiser Contribution

5482- -Add

PAC Receipt?:

Date of Receipt: 07/21/2021

Amt: 250.00 **Cumul:** 250.00

Name: Diane Klobucher
Address: 585 Fast Shevlin A

Address: 585 East Shevlin Ave City: Hazel Park State: MI

Zip: 48030

Type of Contribution: Fundraiser Contribution

Employer: RETIRED

Business Address: RETIRED
City: CLINTON TOWNSHIP State: MI

5478- -Add

PAC Receipt?: Date of Receipt: 07/21/2021 Amt: 250.00 Cumul: 250.00

Name: Michael Leach Occupation: Financial Advisor Employer: STIFEL

Address: 5210 Vineyards Ct

Business Address: 28411

City: Troy State: MI Northwester Highway
Zip: 48098 City: Southfield State: MI

Zip: 48034

Type of Contribution: Fundraiser Contribution

5484- -Add

PAC Receipt?: Date of Receipt: 07/21/2021 Amt: 150.00 Cumul: 150.00

Name: Frank Mamat Occupation: Attorney Employer: Barnes & Thornburg

Address: 3000 Town Center #2440

Business Address: 3000 Town

City: Southfield State: MI Center Suite 2440

Zip: 48075 City: Southfield State: MI

Zip: 48323

Type of Contribution: Fundraiser Contribution

5479- -Add

PAC Receipt?: Date of Receipt: 07/21/2021 Amt: 150.00 Cumul: 150.00

Name: Daniel Rutledge Occupation: RETIRED Employer: RETIRED

Address: 862 Hickory Tree Rd

Business Address: RETIRED

City: Bristol State: TN City: CLINTON TOWNSHIP State: MI

Zip: 37620 **Zip:** 48038

Type of Contribution: Fundraiser Contribution

5487- -Add

PAC Receipt?: Date of Receipt: 07/21/2021 Amt: 500.00 Cumul: 500.00

Name: Mark Tomich Occupation: Machine Sales Employer: Machinery International Address: 19886 Westchester Dr. Business Address: 42471 Garfield

Address: 19886 Westchester Dr.

City: Clinton Township State: MI

Road

Zip: 48038 City: Clinton Township State: MI

Zip: 48038

Type of Contribution: Fundraiser Contribution

5490- -Add

PAC Receipt?: Date of Receipt: 07/22/2021 Amt: 500.00 Cumul: 500.00

Name: Nijad Mehanna Occupation: Attorney Employer: Hakim & Hakim PLLC

Address: 29900 Harper Avenue Ste. E Business Address: 29900 Harper

City: St. Clair Shores State: MI Avenue Suite E

Zip: 48082 City: St. Clair Shores State: MI

Zip: 48082

Type of Contribution: Fundraiser Contribution

5494- -Add

PAC Receipt?:

Date of Receipt: 07/23/2021

Amt: 250.00

Cumul: 250.00

Name: Marian Dwaihy Briske

Address: 19258 Eastborne

Occupation: Assistant Prosecuting Attorney

Employer: Macomb County Business Address: 1 S Main St. City: Mt Clemems State: MI

City: Harper Woods State: MI

Zip: 48225

Zip: 48043

Type of Contribution: Fundraiser Contribution

5493- -Add

PAC Receipt?:

Date of Receipt: 07/23/2021

Amt: 1,000.00

Cumul: 1,000.00

Name: Harold Fried

Occupation: Attorney

Employer: Fried Saperstein Sakwa PC

Address: 150 W. 2nd Street Suite 250

City: Royal Oak State: MI

Zip: 48067

Business Address: 150 W. 2nd

Street Suite 250

City: Royal Oak State: MI

Zip: 48067

Type of Contribution: Fundraiser Contribution

5496- -Add

PAC Receipt?:

Date of Receipt: 07/25/2021

Amt: 250.00

Cumul: 250.00

Name: John Kapousis

Address: 4893 Crystal Creek Lane

City: Washington State: MI

Zip: 48094

Occupation: General Manager

Employer: G & T Used Auto Parts

Business Address: 54525 Gratiot

Avenue

City: New Baltimore State: MI

Zip: 48051

Type of Contribution: Fundraiser Contribution

5497- -Add

PAC Receipt?:

Date of Receipt: 07/26/2021

Amt: 250.00

Cumul: 250.00

Name: Mike Abro

Address: 8315 Hall Road

Occupation: Owner

Employer: Buscemis

City: Utica State: MI **Zip:** 48317

Business Address: 8315 Hall Road

City: Utica State: MI

Zip: 48317

Type of Contribution: Fundraiser Contribution

5431- -Add

PAC Receipt?:

Date of Receipt: 07/26/2021

Occupation:

Amt: 75.00

Cumul: 75.00

Name: Antoninette Anderson

Address: 13714 Belle Court City: Sterling Heights State: MI

Zip: 48312

Type of Contribution: Fundraiser Contribution

Employer:

Business Address: City: State:

Page 6 of 45 **MERTS** Reports

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5426- -Add

PAC Receipt?:

Date of Receipt: 07/26/2021

Amt: 500.00

Cumul: 500.00

Name: Michael Bishoff

Address: 46575 North Ave Citv: Macomb State: MI

Occupation: Owner

Employer: Passport Pizza

Business Address: 46575 North Ave

City: Macomb State: MI

Zip: 48042

Zip: 48042

Type of Contribution: Fundraiser Contribution

5430- -Add

PAC Receipt?:

Date of Receipt: 07/26/2021

Amt: 1,000.00

Cumul: 1,000.00

Name: Tom Celani

Address: 2600 Turtle Lake Dr

Occupation: Investor

Employer: SELF EMPLOYED Business Address: SELF EMPLOYED

City: Bloomfield Hills State: MI

City: Clinton Twp State: MI **Zip:** 48038

Zip: 48302

Type of Contribution: Fundraiser Contribution

5423- -Add

PAC Receipt?:

Date of Receipt: 07/26/2021

Amt: 150.00

Cumul: 150.00

Name: Vincent Crispignani

Address: 529 Chase Lane

City: Bloomfield Hills State: MI

Zip: 48304

Occupation: Developer

Employer: SELF EMPLOYED

Business Address: SELF EMPLOYED

City: Clinton Twp State: MI

Zip: 48038

5424- -Add

PAC Receipt?:

Date of Receipt: 07/26/2021

Amt: 500.00

Cumul: 500.00

Name: Frank DiPonio

Type of Contribution: Fundraiser Contribution

Type of Contribution: Fundraiser Contribution

Occupation: Owner

Employer: DiPonio Contracting Business Address: 51173 Simone

Address: 51173 Simone Industrial

Drive

City: Shelby Township State: MI

Zip: 48316

Industrial City: Shelby Township State: MI

Zip: 48316

5500- -Add

PAC Receipt?:

Date of Receipt: 07/26/2021

Amt: 150.00

Cumul: 150.00

Name: David Portuesi Address: 62000 Kunstman

City: Ray State: MI

Zip: 48096

Occupation: Attorney

Employer: Macomb County Business Address: 1 S Main St. City: Mt Clemems State: MI

Zip: 48043

Type of Contribution: Fundraiser Contribution

5429- -Add

PAC Receipt?:

Date of Receipt: 07/26/2021

Amt: 150.00

Cumul: 150.00

Name: Alphonse Santino

Address: 725 Lake Shore Rd

City: Grosse Pointe Shores State: MI

Zip: 48236

Type of Contribution: Fundraiser Contribution

Employer: SELF EMPLOYED Business Address: SELF EMPLOYED

City: Clinton Twp State: MI

Zip: 48038

5428- -Add

PAC Receipt?:

Date of Receipt: 07/26/2021

Amt: 250.00

Cumul: 250.00

Name: Jack Waller

Address: 14721 Crofton Drive

Occupation: Attorney

Occupation: Doctor

Employer: Linnel & Associates Business Address: P.O. Box 180758

City: Shelby Charter Twp State: MI

Zip: 48315

Type of Contribution: Fundraiser Contribution

City: Utica State: MI

Zip: 48318

5506- -Add

PAC Receipt?:

Date of Receipt: 07/27/2021

Amt: 150.00

Cumul: 150.00

Name: Chris Aiello

Address: 32411 Mound Road

City: Warren State: MI

Zip: 48092

Occupation: Attorney

Employer: Aiello & Associates Business Address: 32411 Mound

Road

City: Warren State: MI

Zip: 48092

Type of Contribution: Fundraiser Contribution

5511- -Add

PAC Receipt?:

Date of Receipt: 07/27/2021

Amt: 250.00

Cumul: 250.00

Name: Matc Cygan

Address: 7335 Heron way City: Canton State: MI

Zip: 48187

Occupation: Director

Employer: Interior Environments Business Address: 48700 Grand

River Avenue

City: Novi State: MI

Zip: 48374

Type of Contribution: Fundraiser Contribution

5507- -Add

PAC Receipt?:

Date of Receipt: 07/27/2021

Amt: 150.00

Cumul: 150.00

Name: Max Fellsman

City: Sterling Heights State: MI

Address: 14612 Alpena Drive

Occupation: Building Maintenance

Employer: City of Warren Business Address: 5460 Arden

Avenue

City: Warren State: MI

Zip: 48092

Zip: 48313

Type of Contribution: Fundraiser Contribution

5508- -Add

PAC Receipt?:

Date of Receipt: 07/27/2021

Amt: 150.00

Cumul: 150.00

Name: Muhammad Siwani

Address: 47450 Wallingford City: Canton State: MI

Zip: 48188

Occupation: Patent Attorney

Employer: RMCK Law Group

Business Address: 4141 N. Atlantic

Blvd Suite 2

City: Auburn Hill State: MI

Zip: 48326

Type of Contribution: Fundraiser Contribution

5504- -Add

PAC Receipt?:

Date of Receipt: 07/27/2021

Amt: 150.00

Cumul: 150.00

Name: Stephanie Stager Address: 54821 Cabrillo Drive

City: Macomb State: MI

Zip: 48042

Occupation: Attorney

Occupation: Consultant

Employer: Macomb County Business Address: 1 S Main St. City: Mt Clemems State: MI

Zip: 48043

Type of Contribution: Fundraiser Contribution

5502- -Add

PAC Receipt?:

Date of Receipt: 07/27/2021

Amt: 150.00

Cumul: 150.00

Name: Lori Wortz

Address: 4144 Meridian Road

City: Okemos State: MI

Zip: 48864

Type of Contribution: Fundraiser Contribution

Employer: SELF EMPLOYED

Business Address: SELF EMPLOYED

City: Clinton Twp State: MI

Zip: 48038

5538- -Add

PAC Receipt?:

Date of Receipt: 07/28/2021

Amt: 150.00

Cumul: 150.00

Name: Raymond Ahonen Address: 18460 Ranier Drive

City: Macomb State: MI

Zip: 48042

Occupation: Public Safety Liaison

Employer: Belfor Property Restoration Business Address: 18460 Ranier

Drive

City: Macomb State: MI

Zip: 48042

Type of Contribution: Fundraiser Contribution

5531- -Add

PAC Receipt?:

Date of Receipt: 07/28/2021

Occupation: Attorney

Amt: 250.00

Cumul: 250.00

Name: John Biernat Address: 4254 Harvard

City: Detroit State: MI

Zip: 48224

Type of Contribution: Fundraiser Contribution

Employer: Padilla Law Group Business Address: 1821 W. Maple City: Birmingham State: MI

Zip: 48009

5534- -Add

PAC Receipt?:

Date of Receipt: 07/28/2021

Amt: 150.00

Cumul: 150.00

Name: Jeff Campbell

Occupation: Community Dev Director Employer: Hazel Park City Gov

Business Address: 111 E 9 Mile Rd

Address: 20220 Ronsdale Drive City: Beverly Hills State: MI

City: Hazel Park State: MI **Zip:** 48030

Zip: 48025

Type of Contribution: Fundraiser Contribution

5520- -Add

PAC Receipt?:

Date of Receipt: 07/28/2021

Amt: 250.00

Cumul: 250.00

Name: Vince Castellana

Address: 5777 Herrington Ct.

Occupation: Builder

Occupation:

Employer: SELF EMPLOYED Business Address: SELF EMPLOYED

City: Washington State: MI

Zip: 48094

Type of Contribution: Fundraiser Contribution

City: Clinton Twp State: MI

Zip: 48038

5529- -Add

PAC Receipt?: X

Date of Receipt: 07/28/2021

Amt: 1,000.00

Cumul: 1,000.00

Name: Defense PAC

Address: 7650 Cooley Lake

Road #906

City: Waterford State: MI

Zip: 48327

Type of Contribution: Fundraiser Contribution

Employer:

Business Address: City: State:

Zip:

5522- -Add

PAC Receipt?:

Date of Receipt: 07/28/2021

Amt: 1,000.00

Cumul: 1,000.00

Name: May Elias

Address: 6674 Glenbrooke Drive City: Shelby Township State: MI

Zip: 48316

Occupation: Consultant

Occupation: Attorney

Employer: SELF EMPLOYED

Business Address: SELF EMPLOYED

City: Clinton Twp State: MI

Zip: 48038

Type of Contribution: Fundraiser Contribution

5526- -Add

PAC Receipt?:

Date of Receipt: 07/28/2021

Amt: 150.00

Cumul: 150.00

Name: Daniel Harold Address: 7203 Lindenmere

Drive Suite 200

City: Bloomfield Hills State: MI

Zip: 48301

Employer: Morganroth & Moranroth,

PLLC

Business Address: 344 North Old

Woodward Ave Ste 200 City: Birmingham State: MI

Zip: 48009

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CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5517- -Add

PAC Receipt?:

Date of Receipt: 07/28/2021

Amt: 150.00

Cumul: 150.00

Name: Sarah Hecker Address: 1315 Harvard Road

Occupation: Advisor

Occupation: Retired

Employer: Templar Baker Group Business Address: 233 Pierce City: Birmingham State: MI

Zip: 48009

City: Grosse Pointe State: MI **Zip:** 48230

Type of Contribution: Fundraiser Contribution

5537- -Add

PAC Receipt?:

Date of Receipt: 07/28/2021

Amt: 150.00

Cumul: 150.00

Name: Robert Little

Address: 14625 Shirley Avenue

City: Warren State: MI

Zip: 48089

Type of Contribution: Fundraiser Contribution

Employer: RETIRED

Business Address: RETIRED City: CLINTON TOWNSHIP State: MI

Zip: 48038

5536- -Add

PAC Receipt?:

Date of Receipt: 07/28/2021

Amt: 200.00

Cumul: 200.00

Name: Scott Luedke

Address: 17452 Contesti Drive

City: Clinton Township State: MI

Zip: 48035

Occupation: Attorney

Occupation: Attorney

Employer: Luedke Law Group Business Address: 13854 Lakeside

Circle

City: Sterling Heights State: MI

Zip: 48313

Type of Contribution: Fundraiser Contribution

5541- -Add

PAC Receipt?:

Date of Receipt: 07/28/2021

Amt: 150.00

Cumul: 150.00

Name: Heather Odgers Address: 45777 Glen Court

City: Macomb State: MI

Zip: 48044

Type of Contribution: Fundraiser Contribution

Employer: SELF EMPLOYED

Business Address: SELF EMPLOYED

City: Clinton Twp State: MI

Zip: 48038

5551- -Add

PAC Receipt?:

Date of Receipt: 07/28/2021

Amt: 150.00

Cumul: 150.00

Name: Justin Pollard

Occupation: Attorney

Address: 39676 Memory Lane City: Harrison Township State: MI

Zip: 48045

Type of Contribution: Fundraiser Contribution

Employer: Macomb County Business Address: 1 S Main St. City: Mt Clemems State: MI

Zip: 48043

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CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5539- -Add

PAC Receipt?:

Date of Receipt: 07/28/2021

Amt: 150.00

Cumul: 150.00-

Name: Emil Semaan

Occupation: Attorney

Address: 53015 Kentland Street

City: Macomb State: MI

Zip: 48042

Type of Contribution: Fundraiser Contribution

Employer: Macomb County Business Address: 1 S Main St. City: Mt Clemems State: MI

Zip: 48043

5524- -Add

PAC Receipt?:

Date of Receipt: 07/28/2021

Amt: 250.00

Cumul: 250.00

Name: Cheryl Steinhurst

Address: 53720 Woodbridge Drive

Occupation: Restaurateur

Employer: SELF EMPLOYED

City: Shelby Charter Twp State: MI

Zip: 48316

Type of Contribution: Fundraiser Contribution

Business Address: SELF EMPLOYED

City: Clinton Twp State: MI

Zip: 48038

5514- -Add

PAC Receipt?:

Date of Receipt: 07/28/2021

Amt: 1,000.00

Cumul: 1,000.00

Name: Ari Zarkin

Occupation: General Manager

Employer: Steven Lelli's Inn

Address: 27925 Golf Pointe Blvd

Business Address: 27925 Golf Pointe Blvd

City: Farmington Hills State: MI

Zip: 48331

City: Farmington Hills State: MI

Zip: 48331

5769- -Add

PAC Receipt?:

Date of Receipt: 07/29/2021

Cumul: 150.00

Name: Joshua Abbott Address: 409 Wesley Street

City: Rochester State: MI

Occupation: Attorney

Employer: Macomb County Business Address: 1 S Main St. City: Mt Clemems State: MI

Zip: 48043

Zip: 48307

Type of Contribution: Fundraiser Contribution

Type of Contribution: Fundraiser Contribution

5739- -Add

PAC Receipt?:

Date of Receipt: 07/29/2021

Amt: 150.00

Amt: 150.00

Cumul: 150.00

The section of the se

Name: Lori Addella Address: 18033 Gaylord City: Clinton Townshp State: MI

Zip: 48035

Occupation: Secretary

Employer: Macomb County Business Address: 1 S Main St. City: Mt Clemems State: MI

Zip: 48043

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CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5794- -Add

Amt: 100.00 Cumul: 100.00 PAC Receipt?: Date of Receipt: 07/29/2021

Employer: Occupation: Name: Fahd Al-Hassan

Business Address: Address: 5322 15 Mile Road City: State: City: Sterling Heights State: MI Zip:

Zip: 48310

Type of Contribution: Fundraiser Contribution

5631- -Add

PAC Receipt?: Date of Receipt: 07/29/2021 Amt: 500.00 Cumul: 500.00

Employer: BB's Liquor Name: Athir Ammori Occupation: Owner

Business Address: 13595 21 Mile Address: 248 E. Gunn Road City: Oakland Township State: MI Road

City: Shelby Township State: MI **Zip:** 48306

Zip: 48315

Type of Contribution: Fundraiser Contribution

5757- -Add

Cumul: 150.00 PAC Receipt?: Date of Receipt: 07/29/2021 Amt: 150.00

Employer: Motor City Pawn Occupation: Manager Name: Anthony Aubrey

Address: 1853 Rochester Road Business Address: 22100 Van Dyke City: Leonard State: MI Ave

City: Warren State: MI **Zip:** 48367

Zip: 48089

Type of Contribution: Fundraiser Contribution

5632- -Add

Amt: 500.00 **Cumul: 500.00** Date of Receipt: 07/29/2021 PAC Receipt?:

Name: Patrick Bagley Occupation: Attorney Employer: Bagley & Langan P.L.L.C. Business Address: 6557 Highland

Address: 6557 Highland Rd Road City: Waterford State: MI

City: Waterford State: MI Zip: 48327 **Zip:** 48327

Type of Contribution: Fundraiser Contribution

5560- -Add

Cumul: 150.00 Date of Receipt: 07/29/2021 Amt: 150.00 PAC Receipt?:

Employer: SELF EMPLOYED Name: Michael Balian Occupation: Attorney

Business Address: SELF EMPLOYED Address: 863 Pinery Blvd

City: Lake Orion State: MI City: Clinton Twp State: MI

Zip: 48362 **Zip:** 48038

5766- -Add

PAC Receipt?:

Date of Receipt: 07/29/2021

Amt: 150.00

Cumul: 150.00

Name: Ralph Bianchi

Address: 16650 18 Mile Road

Occupation: Owner Employer: Bianchi's Salons Business Address: 16650 18 Mile

City: Clinton Township State: MI Zip: 48038

City: Clinton Township State: MI

Zip: 48038

Road

Type of Contribution: Fundraiser Contribution

5797- -Add

PAC Receipt?:

Date of Receipt: 07/29/2021

Occupation:

Amt: 100.00

Cumul: 100.00

Name: Dominic Bommarito

Address: 30066 Prospect Street

City: Chesterfield State: MI

Zip: 48051

Type of Contribution: Fundraiser Contribution

Type of Contribution: Fundraiser Contribution

Employer:

Business Address:

City: State:

Zip:

5633- -Add

PAC Receipt?:

Date of Receipt: 07/29/2021

Amt: 500.00

Cumul: 500.00

Name: James Bowden

Address: 43833 Columbia

Occupation: Attorney

Employer: Bowden Law Business Address: 126 South Main

City: Clinton Twp State: MI

Zip: 48038

City: Mt Clemens State: MI

Zip: 48043

5625- -Add

PAC Receipt?:

Date of Receipt: 07/29/2021

Amt: 1,000.00

Cumul: 1,000.00

Name: Bill Boyer

Occupation: Attorney

Address: 43805 Van Dyke Ave Suite A City: Sterling Heights State: MI

Zip: 48314

Employer: Boyer, St. Pierre & Aull

PLLC

Business Address: 43805 Van Dyke

City: Sterling Heights State: MI

Zip: 48314

Type of Contribution: Fundraiser Contribution

5572- -Add

PAC Receipt?:

Date of Receipt: 07/29/2021

Amt: 150.00

Cumul: 150.00

Name: Roger Butch

Address: 49680 Van Dyke Ave

Occupation: Retired

Employer: RETIRED Business Address: RETIRED City: CLINTON TOWNSHIP State: MI

Zip: 48038

City: Shelby Charter Twp State: MI

Zip: 48317

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CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5607- -Add

PAC Receipt?:

Date of Receipt: 07/29/2021

Amt: 1,000.00

Cumul: 1,000.00

Name: Eric Castiglia

Occupation: Chief Growth Officer

Employer: BAE Networks Business Address: 1250 Stephenson

Address: 38602 Rougewood Drive

City: Sterling Heights State: MI

Highway City: Troy State: MI

Zip: 48312

Zip: 48083

Type of Contribution: Fundraiser Contribution

5561- -Add

PAC Receipt?:

Date of Receipt: 07/29/2021

Amt: 150.00

Cumul: 150.00

Name: Susan Chrzanowski

Address: 48273 Milonas

Occupation: Attorney

Occupation: Attorney

Occupation: Retired

Employer: SELF EMPLOYED Business Address: SELF EMPLOYED

City: Shelby Township State: MI

City: Clinton Twp State: MI **Zip:** 48038

Zip: 48315

Type of Contribution: Fundraiser Contribution

5745- -Add

PAC Receipt?:

Date of Receipt: 07/29/2021

Amt: 150.00

Cumul: 150.00

Name: Joseph Ciaramitaro

Address: 42850 Garfield Suite 104

City: Clinton Township State: MI

Zip: 48038

Type of Contribution: Fundraiser Contribution

Employer: SELF EMPLOYED Business Address: SELF EMPLOYED

City: Clinton Twp State: MI

Zip: 48038

5627- -Add

PAC Receipt?:

Date of Receipt: 07/29/2021

Amt: 500.00

Cumul: 500.00

Name: Vincenzo Ciraulo Address: 7670 19 Mile Road

City: Sterling Heights State: MI

Zip: 48314

Type of Contribution: Fundraiser Contribution

Employer: RETIRED

Business Address: RETIRED City: CLINTON TOWNSHIP State: MI

Zip: 48038

5773- -Add

PAC Receipt?:

Date of Receipt: 07/29/2021

Amt: 150.00

Cumul: 150.00

Name: Vincent Collura

Occupation: Attorney

Address: 53578 Monica Wood Dr.

City: Macomb State: MI

Zip: 48042

Type of Contribution: Fundraiser Contribution

Employer: Macomb County Business Address: 1 S Main St.

City: Mt Clemems State: MI **Zip:** 48043

5790- -Add

PAC Receipt?:

Date of Receipt: 07/29/2021

Amt: 150.00

Cumul: 150.00

Name: Raymond Confer

Occupation: Retired

Employer: RETIRED

Address: 12119 Forest Glen Ln

Business Address: RETIRED City: CLINTON TOWNSHIP State: MI

City: Utica State: MI

Zip: 48315

Zip: 48038

5771- -Add

PAC Receipt?:

Date of Receipt: 07/29/2021

Amt: 150.00

Cumul: 150.00

Name: Daniel DeBruin

Address: 763 Coachman Dr Apt 1

Type of Contribution: Fundraiser Contribution

Type of Contribution: Fundraiser Contribution

Occupation: Attorney

Employer: Macomb County Business Address: 1 S Main St. City: Mt Clemems State: MI

City: Troy State: MI

Zip: 48083

Zip: 48043

5778- -Add

PAC Receipt?:

Date of Receipt: 07/29/2021

Amt: 150.00

Cumul: 150.00

Name: Raymond DeBuck

Address: 67587 Hidden Oak Lane

Occupation: Owner

Employer: DeBuck Construction, Inc. Business Address: 6741 Auburn

City: Washington State: MI

Zip: 48095

Road City: Utica State: MI

Zip: 48317

Type of Contribution: Fundraiser Contribution

5767- -Add

PAC Receipt?:

Date of Receipt: 07/29/2021

Amt: 150.00

Cumul: 150.00

Name: Johanna Delp Address: 1340 Beaconsfield Occupation: Attorney

Employer: Macomb County Business Address: 1 S Main St.

City: Grosse Pointe Park State: MI

Zip: 48230

City: Mt Clemems State: MI

Zip: 48043

Type of Contribution: Fundraiser Contribution

5752- -Add

PAC Receipt?:

Date of Receipt: 07/29/2021

Amt: 150.00

Cumul: 150.00

Name: Lucia DiCicco

Occupation: Attorney **Employer: SELF EMPLOYED**

Address: 6108 Century Court

City: Shelby Township State: MI

Business Address: SELF EMPLOYED City: Clinton Twp State: MI

Zip: 48038

Zip: 48316

5777- -Add

PAC Receipt?:

Date of Receipt: 07/29/2021

Amt: 150.00

Cumul: 150.00

Name: Jurij Fedorak

Address: 43227 Winterfield Drive

Type of Contribution: Fundraiser Contribution

City: Sterling Heights State: MI

Zip: 48314

Employer: Macomb County Business Address: 1 S Main St. City: Mt Clemems State: MI

Zip: 48043

5558- -Add .PAC Receipt?:

Date of Receipt: 07/29/2021

Amt: 150.00

Cumul: 150.00

Name: Steve Fox

Address: 48436 Brittany Parc Dr

City: Macomb State: MI

Zip: 48044

Occupation: Attorney

Occupation: Attorney

Employer: Macomb County Business Address: 1 S Main St. City: Mt Clemems State: MI

Zip: 48043

Type of Contribution: Fundraiser Contribution

5563- -Add

PAC Receipt?:

Date of Receipt: 07/29/2021

Amt: 150.00

Cumul: 150.00

Name: Patricia Giannola

Address: 52893 Schafers Run Court

City: Chesterfield State: MI

Zip: 48051

Occupation: Sales

Employer: JCPenney

Business Address: 14300 Lakeside

Circle

City: Sterling Heights State: MI

Zip: 48313

Type of Contribution: Fundraiser Contribution

Type of Contribution: Fundraiser Contribution

5742- -Add

PAC Receipt?:

Date of Receipt: 07/29/2021

Amt: 150.00

Cumul: 150.00

Name: Tonya Goetz

Address: 1363 Peachtree Drive

City: Troy State: MI

Zip: 48083

Employer: Macomb County Business Address: 1 S Main St. City: Mt Clemems State: MI

Zip: 48043

5784- -Add

PAC Receipt?:

Date of Receipt: 07/29/2021

Amt: 150.00

Cumul: 150.00

Name: Richard Goich

Address: 43932 Robinson Rdg

Occupation: Podiatrist

Occupation: Attorney

Employer: RETIRED Business Address: RETIRED City: CLINTON TOWNSHIP State: MI

Zip: 48038

City: Clinton Twp State: MI **Zip:** 48038

5754- -Add

PAC Receipt?:

Date of Receipt: 07/29/2021

Amt: 150.00

Name: John Gorniak

Occupation: Attorney

Address: P.O. Box 180360 City: Utica State: MI

Zip: 48318

Type of Contribution: Fundraiser Contribution

Cumul: 150.00

Employer: SELF EMPLOYED

Business Address: SELF EMPLOYED City: Clinton Twp State: MI

Zip: 48038

5820- -Add

PAC Receipt?:

Date of Receipt: 07/29/2021

Amt: 1,000.00

Cumul: 1,000.00

Name: David Griem

Occupation: Attorney Address: 21 Kercheval Ave Suite 363

Employer: SELF EMPLOYED Business Address: SELF EMPLOYED

City: Grosse Pointe Farms State: MI

Type of Contribution: Fundraiser Contribution

Type of Contribution: Fundraiser Contribution

City: Clinton Twp State: MI

Zip: 48236

Type of Contribution: Fundraiser Contribution

Zip: 48038

5614- -Add

PAC Receipt?:

Date of Receipt: 07/29/2021

Amt: 1,000.00

Cumul: 1,000.00

Name: Roy Gruenburg Address: 25501 Van Dyle

City: Warren State: MI

Zip: 48091

Occupation: Attorney

Employer: SELF EMPLOYED

Business Address: SELF EMPLOYED

City: Clinton Twp State: MI

Zip: 48038

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5775- -Add

PAC Receipt?:

Date of Receipt: 07/29/2021

Amt: 150.00

Cumul: 150.00

Name: Aaron Hall Address: 155 S. Main Street Unit 875

Occupation: Attorney

City: Mount Clemens State: MI

Zip: 48046

Employer: Macomb County

Business Address: 1 S Main St. City: Mt Clemems State: MI

Zip: 48043

5640- -Add

PAC Receipt?:

Date of Receipt: 07/29/2021

Amt: 500.00

Name: Robert Huth

Occupation: Attorney

Address: 19500 Hall Rd Ste 100 City: Clinton Twp State: MI

Zip: 48038

Business Address: 19500 Hall Road Suite 100

Employer: Kirk Huth Lange

Cumul: 500.00

City: Clinton Township State: MI

Zip: 48038

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CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5644- -Add

PAC Receipt?: Date of Receipt: 07/29/2021 Amt: 500.00 Cumul: 1,000.00

Name: Robert Huth Occupation: Attorney Employer: Kirk Huth Lange
Address: 19500 Hall Rd Ste 100 Business Address: 19500 Hall

City: Clinton Twp State: MI Road Suite 100

Zip: 48038 City: Clinton Township State: MI

Zip: 48038

Type of Contribution: Fundraiser Contribution

5543- -Add

Name: Andrea Jacklyn Occupation: Retired Employer: RETIRED

Address: 969 Huntington Street

City: Mt. Clemens State: MI

City: CLINTON TOWNSHIP State: MI

Zip: 48043 **Zip:** 48038

Type of Contribution: Fundraiser Contribution

5619- -Add

PAC Receipt?: Date of Receipt: 07/29/2021 Amt: 1,000.00 Cumul: 1,000.00

Name: Larry Jacob Occupation: President Employer: Harper Pawn Shop
Address: 14453 Harper Avenue Business Address: 14453 Harper

City: Detroit State: MI Avenue

Zip: 48213 City: Detroit State: MI

Zip: 48213

5610- -Add

PAC Receipt?:

Name: Marvin Jamo

Date of Receipt: 07/29/2021

Amt: 1,000.00

Occupation: Owner

Address: 54438 Roselawn Ct. City: Shelby Township State: MI

Zip: 48318

Type of Contribution: Fundraiser Contribution

Cumul: 1,000.00

Employer: House of Dank Business Address: 3340 E 8 Mile

City: Detroit State: MI

Zip: 48234

5636- -Add

PAC Receipt?:

Date of Receipt: 07/29/2021

Amt: 500.00

Cumul: 500.00

Name: David Jaye

Address: 25810 Hickory Blvd 3603 City: Bonita Springs State: MI

Zip: 34134

Type of Contribution: Fundraiser Contribution

Employer: RETIRED

Business Address: RETIRED City: CLINTON TOWNSHIP State: MI

Zip: 48038

5568- -Add

PAC Receipt?:

Date of Receipt: 07/29/2021

Amt: 150.00

Cumul: 150.00

Name: David Joseph

Address: 28637 Buckinghamshire

City: New Baltimore State: MI

Zip: 48047

Occupation: Trustee

Occupation: Retired

Employer: Chesterfield Township Business Address: 47275 Sugarbush

City: New Baltimore State: MI

Zip: 48047

Type of Contribution: Fundraiser Contribution

5604- -Add

PAC Receipt?:

Date of Receipt: 07/29/2021

Amt: 5,000.00

Cumul: 5,000.00

Name: Shaaln Kejbou

Address: 3015 Alden Drive City: Sterling Heights State: MI

Zip: 48310

Occupation: Owner

Employer: BP Gas Station Business Address: 58955 Gratiot

Avenue

City: New Haven State: MI

Zip: 48048

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CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5764- -Add

PAC Receipt?:

Date of Receipt: 07/29/2021

Amt: 150.00

Cumul: 150.00

Name: Beth Kirshner

Address: 7452 Indianwood Trail

Occupation: Attorney

Employer: Macomb County Business Address: 1 S Main St. City: Mt Clemems State: MI

Zip: 48043

City: West Bloomfield State: MI **Zip:** 48322

Type of Contribution: Fundraiser Contribution

5760- -Add

PAC Receipt?:

Date of Receipt: 07/29/2021

Amt: 150.00

Cumul: 150.00

Name: Jack Latour

Address: 55761 Scheuer Road

Occupation: Attorney

Employer: Macomb County Business Address: 1 S Main St. City: Mt Clemems State: MI

City: Chesterfield State: MI

Zip: 48051

Type of Contribution: Fundraiser Contribution

Zip: 48043

5546- -Add

PAC Receipt?:

Date of Receipt: 07/29/2021

Amt: 250.00

Cumul: 250.00

Name: Jerry Lennox

Address: 19194 Monte Vista Street

City: Detroit State: MI

Zip: 48221

Occupation: Construction

Employer: Skip Your Salesman Inc.

Business Address: 905 W. Eleven

City: Madison Height State: MI

Zip: 48071

Type of Contribution: Fundraiser Contribution

5553- -Add

PAC Receipt?:

Date of Receipt: 07/29/2021

Amt: 150.00

Cumul: 150.00

Name: Ryan Lesperance

Address: 53560 Joe Wood Drive

City: Macomb State: MI

Zip: 48042

Occupation: Executive

Employer: Smash Creative Business Address: 7755 22 Mile

Road #182197

City: Shelby Township State: MI

Zip: 48318

Type of Contribution: Fundraiser Contribution

5634- -Add

PAC Receipt?:

Date of Receipt: 07/29/2021

Amt: 500.00

Cumul: 500.00

Name: Joseph Lucido Jr.

Address: 56276 Cannon Creek Rd

City: Shelby Twp State: MI

Zip: 48316

Occupation: Sales

Employer: Lucido Insurance Business Address: 39999 Garfield City: Clinton Twp State: MI

Zip: 48838

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CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5793- -Add

PAC Receipt?:

Date of Receipt: 07/29/2021

Amt: 150.00

Cumul: 150.00

Name: Mark Makoski Address: 28479 Hoover Rd Occupation: Attorney

Employer: SELF EMPLOYED **Business Address: SELF EMPLOYED** City: Clinton Twp State: MI

Zip: 48038

City: Warren State: MI

Zip: 48093

Type of Contribution: Fundraiser Contribution

5744- -Add

PAC Receipt?:

Date of Receipt: 07/29/2021

Amt: 150.00

Cumul: 150.00

Name: Franco Mancini Address: 2914 Dina Dr Occupation: Developer

Employer: SELF EMPLOYED

City: Troy State: MI

Business Address: SELF EMPLOYED

Zip: 48085

Type of Contribution: Fundraiser Contribution

City: Clinton Twp State: MI

Zip: 48038

5821- -Add

PAC Receipt?:

Date of Receipt: 07/29/2021

Amt: 1,000.00

Cumul: 2,000.00

Name: Paul Manni

Occupation: Manager

Employer: All Phones Wholesale Business Address: 721 East 11 Mile

Address: 42778 Flis Drive

City: Sterling Heights State: MI

Road

Zip: 48314

City: Royal Oak State: MI

Zip: 48067

Type of Contribution: Fundraiser Contribution

5573- -Add

PAC Receipt?:

Date of Receipt: 07/29/2021

Amt: 150.00

Amt: 150.00

Cumul: 150.00

Name: Frank Marino

Address: 45676 Van Dyke

City: Utica State: MI

Occupation: Owner

Employer: Macomb Restaurant Supply Business Address: 45676 Van Dyke

City: Utica State: MI

Zip: 48317

Zip: 48317

Type of Contribution: Fundraiser Contribution

5738- -Add

PAC Receipt?:

Date of Receipt: 07/29/2021

Cumul: 150.00

Name: Benedetto Marrocoo Address: 11421 Heatherwood Ct City: Shelby Twp State: MI

Zip: 48315

Occupation: Owner

Employer: Duro Construction **Business Address: 11421**

Heatherwood Ct

City: Shelby Township State: MI

Zip: 48315

5762- -Add

PAC Receipt?:

Date of Receipt: 07/29/2021

Amt: 150.00

Cumul: 150.00

Name: Joseph McCarthy Address: 2041 S. Parker Street City: Marine City State: MI

Zip: 48039

Occupation: Attorney

Occupation: Attorney

Employer: Macomb County Business Address: 1 S Main St. City: Mt Clemems State: MI

Zip: 48043

Type of Contribution: Fundraiser Contribution

5638- -Add

PAC Receipt?:

Date of Receipt: 07/29/2021

Amt: 500.00

Cumul: 500.00

Name: Paul Misukewicz Address: 18842 Burberry

City: Macomb State: MI

Zip: 48042

Employer: Law Office of Paul

Misukewicz

Business Address: 8300 Hall

Road Suite 201 City: Utica State: MI

Zip: 48317

Type of Contribution: Fundraiser Contribution

5612- -Add

PAC Receipt?:

Date of Receipt: 07/29/2021

Amt: 1,000.00

Cumul: 1,000.00

Name: Mohammed Nasser Address: 2174 Mayflower

City: Troy State: MI

Zip: 48085

Occupation: Attorney

Employer: Perkins Law Group Business Address: 615 Griswold

St Ste 400

City: Detroit State: MI

Zip: 48226

Type of Contribution: Fundraiser Contribution

5781- -Add

PAC Receipt?:

Date of Receipt: 07/29/2021

Amt: 150.00

Cumul: 150.00

Name: Arthur Nicley

Address: 11716 Meadow Place City: Washington Township State: MI

Zip: 48094

Occupation: Insurance Agent

Occupation: Developer

Employer: SELF EMPLOYED Business Address: SELF EMPLOYED

City: Clinton Twp State: MI

Zip: 48038

Type of Contribution: Fundraiser Contribution

5783- -Add

PAC Receipt?:

Date of Receipt: 07/29/2021

Amt: 150.00

Cumul: 150.00

Name: Jack Oddo

Address: 6001 26 Mile Road City: Washington Twp State: MI

Zip: 48094

Type of Contribution: Fundraiser Contribution

Employer: SELF EMPLOYED

Business Address: SELF EMPLOYED

City: Clinton Twp State: MI

Zip: 48038

5556- -Add

PAC Receipt?:

Date of Receipt: 07/29/2021

Amt: 150.00

Cumul: 150.00

Name: Darryl Onderik

Address: 53245 Sams Lane

Occupation: Manager

Employer: Wujek Calcaterra & Sons **Business Address: 36900**

City: Chesterfield State: MI

Schoenherr

Zip: 48047

City: Sterling Heights State: MI

Zip: 48312

Type of Contribution: Fundraiser Contribution

5571- -Add

PAC Receipt?:

Date of Receipt: 07/29/2021

Amt: 1,000.00

Amt: 150.00

Amt: 500.00

Cumul: 1,000.00

Name: Mansour Oram

Occupation: COO

Employer: International Outdoor Business Address: 28423 Orchard

Address: 3294 Wards Pointe Dr.

Lake Road Suite 200

City: Orchard Lake State: MI

City: Farmington Hills State: MI

Zip: 48334

Zip: 48324

Type of Contribution: Fundraiser Contribution

5549- -Add

PAC Receipt?:

Date of Receipt: 07/29/2021

Cumul: 150.00

Name: Victoria Policicchio Address: 1 S Main Street

Occupation: Attorney

Employer: Macomb County Business Address: 1 S Main St. City: Mt Clemems State: MI

City: Mt. Clemens State: MI

Zip: 48043

Zip: 48043

Type of Contribution: Fundraiser Contribution

5559- -Add

PAC Receipt?:

Date of Receipt: 07/29/2021

Cumul: 500.00

Name: Ernest Robinette

Occupation: Attorney

Employer: SELF EMPLOYED

Address: 38600 Van Dyke Ave Ste

Business Address: SELF EMPLOYED City: Clinton Twp State: MI

250E City: Sterling Heights State: MI

Zip: 48038

Zip: 48312

Type of Contribution: Fundraiser Contribution

5642- -Add

Date of Receipt: 07/29/2021

Amt: 500.00

PAC Receipt?:

Name: Chase Robl

Address: 1100 South Main Street City: Mount Clemens State: MI

Occupation: Attorney

Employer: Femminineo Attorneys **PLLC** Business Address: 110 S Main St

Cumul: 500.00

Zip: 48043

City: Mt Clemens State: MI

Zip: 48043

5756- -Add

PAC Receipt?:

Date of Receipt: 07/29/2021

Amt: 150.00

Cumul: 150.00

Name: Lawrence Rocca Address: 38299 Moravian Dr

City: Clinton Township State: MI

Occupation: County Treasurer

Employer: Macomb County Business Address: 1 S Main St. City: Mt Clemems State: MI

Zip: 48043

Zip: 48036

Type of Contribution: Fundraiser Contribution

5785- -Add

PAC Receipt?:

Date of Receipt: 07/29/2021

Amt: 150.00

Cumul: 150.00

Name: Phil Rode

Address: 36097 Action St.

City: Clinton Township State: MI

Zip: 48035

Occupation: Owner

Employer: B.P. Rode Enterprises, LLC Business Address: 36097 Action City: Clinton Township State: MI

Zip: 48035

Type of Contribution: Fundraiser Contribution

5616- -Add

PAC Receipt?:

Date of Receipt: 07/29/2021

Amt: 1,000.00

Cumul: 1,000.00

Name: Philip Sakalian

Occupation: Owner

Employer: Six-S Contracting Business Address: 2210 Scott Lake

Address: 6462 West Oaks Drive City: West Bloomfield State: MI

Zip: 48324

Rd #A

City: Waterford Township State: MI

Zip: 48328

Type of Contribution: Fundraiser Contribution

5557- -Add

PAC Receipt?:

Date of Receipt: 07/29/2021

Amt: 500.00

Cumul: 500.00

Name: Brian Schaf

Occupation: Attorney

Occupation: Attorney

Employer: SELF EMPLOYED

Address: 23220 Westbury St City: St. Clair Shores State: MI

Zip: 48080

Business Address: SELF EMPLOYED City: Clinton Twp State: MI

Zip: 48038

Type of Contribution: Fundraiser Contribution

5779- -Add

PAC Receipt?:

Date of Receipt: 07/29/2021

Amt: 150.00

Cumul: 150.00

Name: Anthony Servito

Address: 172 Moross Street City: Mount Clemens State: MI

Zip: 48043

Type of Contribution: Fundraiser Contribution

Employer: Macomb County Business Address: 1 S Main St. City: Mt Clemems State: MI

Zip: 48043

5732- -Add

PAC Receipt?:

Date of Receipt: 07/29/2021

Amt: 150.00

Cumul: 150.00

Name: Kymberly Shinneman Address: 8620 Goodale Avenue Occupation: Attorney

Employer: Macomb County Business Address: 1 S Main St. City: Mt Clemems State: MI

City: Utica State: MI

Zip: 48317

Type of Contribution: Fundraiser Contribution

Zip: 48043

5788- -Add

PAC Receipt?:

Date of Receipt: 07/29/2021

Amt: 150.00

Cumul: 150.00

Name: Patrick Sierwski Address: 22749 California Occupation: Attorney

Employer: Macomb County Business Address: 1 S Main St. City: Mt Clemems State: MI

City: St. Clair Shores State: MI

Zip: 48080

Type of Contribution: Fundraiser Contribution

Zip: 48043

5628- -Add

PAC Receipt?:

Date of Receipt: 07/29/2021

Amt: 500.00

Cumul: 500.00

Name: James Simasko

Address: 319 N Gratiot Ave

Employer: Simasko Law

Occupation: Attorney

Business Address: 319 N Gratiot City: Mt Clemens State: MI

City: Mount Clemens State: MI

Zip: 48043

Type of Contribution: Fundraiser Contribution

Zip: 48043

5741- -Add

PAC Receipt?:

Date of Receipt: 07/29/2021

Amt: 150.00

Amt: 150.00

Cumul: 150.00

Name: Robert Stevens

Address: 21418 Raintree

Occupation: Attorney

Employer: SELF EMPLOYED

City: Macomb State: MI

Business Address: SELF EMPLOYED City: Clinton Twp State: MI

Zip: 48044

Zip: 48038

Type of Contribution: Fundraiser Contribution

5734- -Add

PAC Receipt?:

Date of Receipt: 07/29/2021

Cumul: 150.00

Name: Jeremy Stradley

Occupation: Owner

Employer: Electronic Monitoring Sys Business Address: 331 E 9 Mile

Address: 35715 Koenigh Street City: New Baltimore State: MI

Zip: 48047

City: Hazel Park State: MI

Type of Contribution: Fundraiser Contribution

Zip: 48030

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CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5746- -Add

PAC Receipt?:

Date of Receipt: 07/29/2021

Amt: 150.00

Cumul: 150.00

Name: Bryan Sunisloe Address: 282 Rivard Blvd. Occupation: Attorney

Employer: SELF EMPLOYED Business Address: SELF EMPLOYED

City: Grosse Pointe State: MI

Zip: 48230

City: Clinton Twp State: MI

Zip: 48038

Type of Contribution: Fundraiser Contribution

5748- -Add

PAC Receipt?:

Date of Receipt: 07/29/2021

Amt: 150.00

Cumul: 150.00

Name: Stephen Swetech

Address: 43868 Scoter Lane City: Clinton Township State: MI

Zip: 48038

Occupation: Doctor

Occupation: Attorney

Employer: RETIRED

Business Address: RETIRED City: CLINTON TOWNSHIP State: MI

Zip: 48038

Type of Contribution: Fundraiser Contribution

5791- -Add

PAC Receipt?:

Date of Receipt: 07/29/2021

Amt: 150.00

Cumul: 150.00

Name: Michael Torey Address: 12309 Volpe Drive

City: Sterling Heights State: MI

Zip: 48312

Type of Contribution: Fundraiser Contribution

Employer: Macomb County Business Address: 1 S Main St. City: Mt Clemems State: MI

Zip: 48043

5749- -Add

PAC Receipt?:

Date of Receipt: 07/29/2021

Amt: 150.00

Cumul: 150.00

Name: Ronald Torres

Address: 51929 Watkins Glen Dr

City: Macomb State: MI

Zip: 48042

Occupation: Sales

Employer: Gardner White Business Address: 45300 Hayes

Road

City: Macomb State: MI

Zip: 48044

Type of Contribution: Fundraiser Contribution

5623- -Add

PAC Receipt?: X

Date of Receipt: 07/29/2021

Amt: 1,000.00

Cumul: 1,000.00

Name: Warren POA

Address: 11304 E. 14 Mile Road

City: Warren State: MI

Zip: 48093

Occupation:

Employer: Business Address: City: State:

Zip:

5635- -Add

PAC Receipt?:

Date of Receipt: 07/29/2021

Amt: 500.00

Cumul: 500.00

Name: James Zabkar

Occupation: Retired

Employer: RETIRED

Address: 19365 River Valley Dr.

Business Address: RETIRED

City: Macomb State: MI

Zip: 48044

City: CLINTON TOWNSHIP State: MI

Zip: 48038

Type of Contribution: Fundraiser Contribution

5566- -Add

PAC Receipt?:

Date of Receipt: 07/29/2021

Amt: 400.00

Cumul: 400.00

Name: Virginia Zerilli

Occupation: Retired

Employer: RETIRED

Address: 53111 Bayberry Drive City: Macomb State: MI

Business Address: RETIRED City: CLINTON TOWNSHIP State: MI

Zip: 48042

Zip: 48038

Type of Contribution: Fundraiser Contribution

5799- -Add

PAC Receipt?:

Date of Receipt: 07/29/2021

Amt: 50.00

Cumul: 50.00

Name: Barara Zinnwe

Occupation:

Address: 38400 Elmite Street City: Harrison Township State: MI

Zip: 48045

Type of Contribution: Fundraiser Contribution

Employer:

Business Address:

City: State:

Zip:

5664- -Add

PAC Receipt?:

Date of Receipt: 07/30/2021

Amt: 250.00

Cumul: 250.00

Name: Domenic Belcastro Address: 54660 Van Dyke

Type of Contribution: Fundraiser Contribution

City: Shelby Township State: MI

Zip: 48316

Occupation: Owner

Occupation: Attorney

Employer: Palazzo Grande Business Address: 54660 Van Dyke

City: Shelby Township State: MI

Zip: 48316

5658- -Add

PAC Receipt?:

Date of Receipt: 07/30/2021

Amt: 250.00

Cumul: 250.00

Name: Lisa Blazevski Address: 31253 Gay Street

City: Roseville State: MI

Zip: 48066

Type of Contribution: Fundraiser Contribution

Employer: Macomb County Business Address: 1 S Main St. City: Mt Clemems State: MI

Zip: 48043

5719- -Add

PAC Receipt?:

Date of Receipt: 07/30/2021

Occupation: Attorney

Amt: 150.00

Cumul: 300.00

Name: Joseph Ciaramitaro

Address: 42850 Garfield Suite 104

City: Clinton Township State: MI

Zip: 48038

Type of Contribution: Fundraiser Contribution

Employer: SELF EMPLOYED

Business Address: SELF EMPLOYED

City: Clinton Twp State: MI

Zip: 48038

5706- -Add

PAC Receipt?:

Date of Receipt: 07/30/2021

Amt: 150.00

Cumul: 150.00

Name: Thomas Ciaramitaro

Address: 42850 Garfield Road Suite

Occupation: Attorney

Employer: SELF EMPLOYED Business Address: SELF EMPLOYED

104

City: Clinton Township State: MI

Zip: 48038

Type of Contribution: Fundraiser Contribution

City: Clinton Twp State: MI Zip: 48038

5711- -Add

PAC Receipt?:

Date of Receipt: 07/30/2021

Amt: 200.00

Cumul: 200.00

Name: Annette Corrado

Address: 17124 Clinton River

Road Apt 4A

City: Clinton Township State: MI

Zip: 48038

Type of Contribution: Fundraiser Contribution

Employer: SELF EMPLOYED Business Address: SELF EMPLOYED

City: Clinton Twp State: MI

Zip: 48038

5674- -Add

PAC Receipt?:

Date of Receipt: 07/30/2021

Amt: 250.00 Cumul: 250.00

Name: Julianne Cusumano Address: 16188 Jenny Drive

City: Macomb State: MI

Zip: 48042

Occupation: Nurse

Occupation: Consultant

Employer: Alliance Health

Business Address: 49310 Van Dyke City: Shelby Township State: MI

Zip: 48317

Type of Contribution: Fundraiser Contribution

5662- -Add

PAC Receipt?:

Date of Receipt: 07/30/2021

Amt: 250.00

Cumul: 250.00

Name: Peter DeAngelo

Occupation: Consultant

Business Address: SELF EMPLOYED

Employer: SELF EMPLOYED

Address: 1 Lafayette Plaisance St Apt

1413

City: Detroit State: MI

Zip: 48207

Type of Contribution: Fundraiser Contribution

City: Clinton Twp State: MI **Zip:** 48038

5721- -Add

PAC Receipt?:

Date of Receipt: 07/30/2021

Amt: 150.00

Cumul: 150.00

Name: Daniel Demeester

Occupation: Police Officer

Employer: Macomb Community College

Address: 9349 Meisner Road City: Casco State: MI

Business Address: 44575 Garfield

Zip: 48064

Rd CCE-219

City: Clinton Township State: MI

Zip: 48038

Type of Contribution: Fundraiser Contribution

5698- -Add

PAC Receipt?:

Date of Receipt: 07/30/2021

Amt: 200.00

Cumul: 200.00

Name: Michael Devault

Occupation: Superintendent

Employer: MISD

Address: 7910 Walters Road

Business Address: 44001 Garfield

City: Laingsburg State: MI

Road

City: Clinton Township State: MI

Zip: 48848

Zip: 48038

Type of Contribution: Fundraiser Contribution

5690- -Add

PAC Receipt?:

Date of Receipt: 07/30/2021

Amt: 250.00

Cumul: 250.00

Name: Ronald Fedoronko

Address: 4747 Anna

Occupation: Retired

Employer: RETIRED **Business Address: RETIRED**

City: Warren State: MI

City: CLINTON TOWNSHIP State: MI

Zip: 48092

Type of Contribution: Fundraiser Contribution

Zip: 48038

5660- -Add

PAC Receipt?:

Date of Receipt: 07/30/2021

Cumul: 250.00

Name: Jacqueline Gartin Address: 15896 Tea Rose City: Macomb State: MI

Occupation: Attorney

Employer: Macomb County Business Address: 1 S Main St. City: Mt Clemems State: MI

Zip: 48042

Type of Contribution: Fundraiser Contribution

Zip: 48043

5683- -Add

PAC Receipt?:

Date of Receipt: 07/30/2021

Amt: 250.00

Amt: 250.00

Cumul: 250.00

Name: Pashko Gjurashaj Address: 55973 Red Cedar Ct Occupation: Consultant

Employer: Ford Motor Company Business Address: 39000 Mound

City: Shelby Twp State: MI

City: Sterling Heights State: MI

Zip: 48313

Zip: 48316

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magic acceptance to the control of

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5709- -Add

PAC Receipt?:

Date of Receipt: 07/30/2021

Amt: 200.00

Cumul: 200.00

Name: Lawrence Hurst Address: 20383 Sunningdale Pk Occupation: Owner

Employer: Mr. Larry's Cafe Business Address: 1800 Vernier

City: Grosse Pointe Woods State: MI

Road Suite 201 City: Harper Woods State: MI

Zip: 48236

Type of Contribution: Fundraiser Contribution

Zip: 48225

5713- -Add

PAC Receipt?:

Date of Receipt: 07/30/2021

Amt: 150.00

Cumul: 150.00

Name: Matthew Hutnick

Occupation: Cook

Employer: 4 Corners Diner Business Address: 231 E St. Clair

Address: 231 E. St Clair Street

City: Romeo State: MI

Zip: 48065

City: Romeo State: MI

Zip: 48065

Type of Contribution: Fundraiser Contribution

5681- -Add

PAC Receipt?:

Date of Receipt: 07/30/2021

Amt: 250.00

Amt: 450.00

Cumul: 250.00

Name: Andrea Irons

Occupation: Attorney

Employer: Macomb County Business Address: 1 S Main St.

Address: 15795 Newport Drive

City: Clinton Township State: MI

Zip: 48038

Type of Contribution: Fundraiser Contribution

City: Mt Clemems State: MI Zip: 48043

5650- -Add

PAC Receipt?:

Date of Receipt: 07/30/2021

Cumul: 450.00

Name: Roula Renee Kapodistrias

Occupation: Treasurer

Employer: Belle River Golf CC Business Address: 12564 Belle River

Address: 4324 Fox Hill Drive City: Sterling Heights State: MI

Road City: Memphis State: MI

Zip: 48041

Zip: 48310

Type of Contribution: Fundraiser Contribution

5696- -Add

PAC Receipt?:

Date of Receipt: 07/30/2021

Amt: 200.00

Cumul: 200.00

Name: Pamela Kroll

Occupation: Attorney

Employer: Caputo Brosnan PC Business Address: 29199 Ryan Rd

Address: 4 Hickory Hollow Ln City: Bingham Farms State: MI

City: Warren State: MI

Zip: 48025

Zip: 48092

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CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5684- -Add

PAC Receipt?:

Date of Receipt: 07/30/2021

Amt: 250.00

Cumul: 250.00

Name: Angelo Lanni Address: 7040 Valley Grn

City: Washington State: MI

Zip: 48094

Type of Contribution: Fundraiser Contribution

Employer: Florence Cement Business Address: 51515 Corridor City: Shelby Township State: MI

Zip: 48315

5648- -Add

PAC Receipt?:

Date of Receipt: 07/30/2021

Amt: 500.00

Cumul: 500.00

Name: Randy Lewis

Occupation: Attorney

Occupation: Training Consultant

Occupation: Owner

Employer: Lewis & Dickson PLLC Business Address: 2000 Town

Address: 2000 Town Center Suite

2350

City: Southfield State: MI

Zip: 48075

Type of Contribution: Fundraiser Contribution

Center Suite 2350

City: Southfield State: MI

Zip: 48075

5677- -Add

PAC Receipt?:

Date of Receipt: 07/30/2021

Amt: 250.00

Name: Ken Licari

Address: 52799 N Weathervane

City: Chesterfield State: MI

Zip: 48047

Type of Contribution: Fundraiser Contribution

Cumul: 250.00

Employer: US Dept of Defense Business Address: 27800 Van Dyke

City: Warren State: MI

Zip: 48093

5710- -Add

PAC Receipt?:

Date of Receipt: 07/30/2021

Cumul: 160.00

Name: Lawrence Lucido

Address: 514 East Muir Avenue City: Hazel Park State: MI

Zip: 48030

Amt: 160.00 Occupation: Attorney

Employer: Lucido & Manzella PC Business Address: 39999 Garfield

Road Suite C

City: Clinton Township State: MI

Zip: 48038

Type of Contribution: Fundraiser Contribution

5655- -Add

PAC Receipt?:

Date of Receipt: 07/30/2021

Occupation: Owner

Amt: 250.00

Cumul: 250.00

Name: Mark Lulgjuraj

Address: 87 S. Deeplands Road City: Grosse Pointe State: MI

Zip: 48236

Type of Contribution: Fundraiser Contribution

Employer: Lulgjuraj Properties Business Address: 87 S. Deeplands City: Grosse Pointe State: MI

Zip: 48236

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CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5653- -Add

Date of Receipt: 07/30/2021 PAC Receipt?:

Amt: 400.00

Cumul: 400.00

Name: Manaf Madoun Address: 52896 Sable Ct Occupation: Physician

Business Address: 52896 Sable Ct. City: Shelby Twp State: MI

Employer: Hospitalist Physicians

City: Shelby Township State: MI

Zip: 48315

Zip: 48315

Type of Contribution: Fundraiser Contribution

5697- -Add

PAC Receipt?:

Date of Receipt: 07/30/2021

Cumul: 200.00 Amt: 200.00

Name: Giovan Mannino

Occupation: Retired

Employer: RETIRED **Business Address: RETIRED**

Address: 8249 Pine Creek Dr City: Shelby Twp State: MI

City: CLINTON TOWNSHIP State: MI

Zip: 48316

Type of Contribution: Fundraiser Contribution

Zip: 48038

5666- -Add

PAC Receipt?:

Date of Receipt: 07/30/2021

Amt: 250.00

Cumul: 250.00 Employer: Clinton Township Clerk

Name: Kimberly Meltzer Address: 18300 Tara Drive

Business Address: 40700 Romeo

City: Clinton Twp State: MI

Plank Rd

Zip: 48036

City: Clinton Twp State: MI

Zip: 48038

Type of Contribution: Fundraiser Contribution

5704- -Add

PAC Receipt?:

Amt: 150.00 Date of Receipt: 07/30/2021

Occupation: Clerk

Name: Aurelio Milana

Occupation: Baker

Address: 47549 Angleine Court City: Shelby Township State: MI

Zip: 48315

Type of Contribution: Fundraiser Contribution

Cumul: 150.00

Employer: SELF EMPLOYED

Business Address: SELF EMPLOYED

City: Clinton Twp State: MI

Zip: 48038

5702- -Add

PAC Receipt?:

Date of Receipt: 07/30/2021

Amt: 150.00

Cumul: 150.00

Name: Mark Mileski

Address: 52833 Winsome Lane

City: Chesterfield State: MI

Occupation: Court Officer

Employer: Sterling Hgts Dodge Business Address: 40111 Van Dyke

City: Sterling Hgts State: MI

Zip: 48313

Zip: 48051

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CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5670- -Add

PAC Receipt?:

Date of Receipt: 07/30/2021

Amt: 250.00

Employer: Musante Tile

Name: Renzo Musante Address: 48895 Fairchild Road Occupation: Tile Contractor

Business Address: 48895 Fairchild Road

Cumul: 250.00

City: Macomb State: MI **Zip:** 48042

City: Macomb State: MI

Zip: 48042

Type of Contribution: Fundraiser Contribution

5668- -Add

PAC Receipt?:

Date of Receipt: 07/30/2021

Amt: 250.00

Cumul: 250.00

Name: Pierre Nofar

Employer: PK Maintenance

Business Address: 2538 Portobello

Address: 2538 Portobello Dr

Occupation: Owner

City: Troy State: MI

Zip: 48083

City: Troy State: MI

Zip: 48083

Type of Contribution: Fundraiser Contribution

5669- -Add

PAC Receipt?:

Date of Receipt: 07/30/2021

Amt: 250.00

Name: Jon Novak

Occupation: Consultant

Employer: Concordia Contracting **Business Address:** 6336 Millett Ave

Cumul: 250.00

Address: 22611 Oconner

City: Saint Clair Shores State: MI

City: St. Heights State: MI

Zip: 48080

Type of Contribution: Fundraiser Contribution

Zip: 48312

5678- -Add

PAC Receipt?:

Date of Receipt: 07/30/2021

Amt: 250.00

Cumul: 250.00

Name: Joyce Patouhas Address: 4455 Fox Hill Drive

Occupation: Podiatrist

Employer: Mission Podiatry Business Address: 39090 Garfield

City: Sterling Heights State: MI Zip: 48310

Road #108

Type of Contribution: Fundraiser Contribution

City: Clinton Township State: MI

Zip: 48038

5687- -Add

PAC Receipt?:

Date of Receipt: 07/30/2021

Amt: 250.00

Name: David Piccinini Occupation: Owner

Address: 6101 windemere Lane City: Shelby Township State: MI

Zip: 48316

Employer: Lira Title Agency LLC Business Address: 12900 Hall Road City: Sterling Heights State: MI

Cumul: 250.00

Zip: 48313

MERTS Reports Page 34 of 45

Employer: Nunzio Provenzano PC

Business Address: 23550 Harper

Business Address: 49378 Camarosa

City: St Clair Shores State: MI

Employer: Team Roe

City: Macomb State: MI

Employer: Proforma

Pleasant Valley Road

Zip: 44131

Zip: 48043

Zip: 48043

Business Address: 8800 East

City: Cleveland State: OH

Employer: Macomb County
Business Address: 1 S Main St.

City: Mt Clemems State: MI

Employer: Macomb County
Business Address: 1 S Main St.

City: Mt Clemems State: MI

Zip: 48080

Zip: 48044

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5701- -Add

PAC Receipt?: Date of Receipt: 07/30/2021 Amt: 160.00 Cumul: 160.00

Name: Nunzio Provenzano Occupation: Attorney

Address: 15829 Kennedy Drive City: Macomb State: MI

Zip: 48044

Type of Contribution: Fundraiser Contribution

5723- -Add

PAC Receipt?: Date of Receipt: 07/30/2021 **Amt:** 150.00 **Cumul:** 150.00

Name: Jamie Roe Occupation: Consultant

Address: 49378 Camarosa Lane

City: Macomb State: MI

Zip: 48044

Type of Contribution: Fundraiser Contribution

5718- -Add

PAC Receipt?: Date of Receipt: 07/30/2021 **Amt:** 150.00 **Cumul:** 150.00

Name: Anthony Rubino Occupation: Sales

Address: 38880 Sahr Ct City: Clinton Twp State: MI

Zip: 48038

Type of Contribution: Fundraiser Contribution

5726- -Add

PAC Receipt?: Date of Receipt: 07/30/2021 Amt: 150.00 Cumul: 150.00

Name: Darra Slanec Occupation: Attorney

Address: 43177 Rivergate Drive City: Clinton Township State: MI

Zip: 48038

Type of Contribution: Fundraiser Contribution

5693- -Add

PAC Receipt?: Date of Receipt: 07/30/2021 Amt: 250.00 Cumul: 250.00

Name: Anthony Sorentino Occupation: Attorney Address: 915 River Bend Dr

City: Rochester Hills State: MI

Zip: 48307

5694- -Add

PAC Receipt?:

Date of Receipt: 07/30/2021

Amt: 200.00

Name: David Stephanoff

Occupation: Consultant

Employer: SELF EMPLOYED

Cumul: 200.00

Address: 42400 Garfield

City: Clinton Township State: MI

Business Address: SELF EMPLOYED City: Clinton Twp State: MI

Zip: 48038

Type of Contribution: Fundraiser Contribution

Zip: 48038

5715- -Add

PAC Receipt?:

Date of Receipt: 07/30/2021

Amt: 150.00

Cumul: 150.00

Name: Eric Sterbis

Address: 26051 Salem Road City: Huntington Woods State: MI

Occupation: Attorney

Occupation: Builder

Employer: Macomb County Business Address: 1 S Main St. City: Mt Clemems State: MI

Zip: 48043

Zip: 48070

Type of Contribution: Fundraiser Contribution

5728- -Add

PAC Receipt?:

Date of Receipt: 07/30/2021

Amt: 150.00

Cumul: 150.00

Name: Michael Torres

Address: 5865 Jackelyn Ct

City: Washington State: MI

Zip: 48094

Type of Contribution: Fundraiser Contribution

Employer: SELF EMPLOYED

Business Address: SELF EMPLOYED

City: Clinton Twp State: MI

Zip: 48038

5730- -Add

PAC Receipt?:

Date of Receipt: 07/30/2021

Amt: 150.00

Cumul: 150.00

Name: Peter Torrice Address: 22713 Lake Shore

City: St. Claire Shores State: MI

Occupation: Podiatrist

Business Address: 20967 Kelly Road City: Eastpointe State: MI

Employer: Peter Torrice & Assoc

Zip: 48021

Zip: 48080

Type of Contribution: Fundraiser Contribution

5692- -Add

PAC Receipt?:

Date of Receipt: 07/30/2021

Amt: 250.00

Name: Pashko Ujkic

Address: 38346 Phyllis Ct

Occupation: Owner

City: Sterling Heights State: MI **Zip:** 48312

City: Sterling Heights State: MI

Cumul: 250.00

Employer: Dodge Park Coney Island

Business Address: 35252 Dodge Park

Zip: 48312

5576- -Add

PAC Receipt?:

Date of Receipt: 07/31/2021

Occupation:

Amt: 100.00

Cumul: 100.00

Name: Robert Donovic

Address: 9881 Garvett Street

City: Livonia State: MI

Zip: 48150

Type of Contribution: Fundraiser Contribution

Employer:

Business Address:

City: State:

Zip:

5443- -Add

PAC Receipt?:

Date of Receipt: 08/03/2021

Amt: 150.00

Cumul: 150.00

Name: Joseph Burke

Address: 61267 Crown Point Drive

City: Washington State: MI

Zip: 48094

Occupation: Owner

Employer: Burke Mechanical Inc. Business Address: 12310 24 Mile

Road

City: Shelby Township State: MI

Zip: 48315

Type of Contribution: Direct

5453- -Add

PAC Receipt?:

Date of Receipt: 08/03/2021

Occupation:

Occupation:

Amt: 75.00

Cumul: 75.00

Name: Robert Costello

Address: 2177 Burns City: Detroit State: MI

Zip: 48214

Type of Contribution: Direct

Employer:

Business Address:

City: State:

Zip:

5433- -Add

PAC Receipt?:

Date of Receipt: 08/03/2021

Amt: 100.00

Cumul: 100.00

Name: Robert Ficano

Address: 19321 Fitzgerald

City: Livonia State: MI

Zip: 48152

Type of Contribution: Direct

Employer:

Business Address:

City: State:

Zip:

5438- -Add

PAC Receipt?:

Date of Receipt: 08/03/2021

Amt: 150.00

Cumul: 150.00

Business Address: 17757 E. 14 Mile

Employer: Freers Freers & Freers

Name: Steven Freers

Address: 17757 E. 14 Mile Road

City: Fraser State: MI

Zip: 48026

Occupation: Attorney

Road

City: Fraser State: MI

Zip: 48026

Type of Contribution: Direct

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CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5441- -Add

PAC Receipt?: Date of Receipt: 08/03/2021 Amt: 150.00

Name: Joseph Kosmala Occupation: Attorney **Employer: SELF EMPLOYED**

Address: 93 S. Main Street City: Mount Clemens State: MI

Zip: 48043

Type of Contribution: Direct

Cumul: 150.00

Business Address: SELF EMPLOYED

Business Address: SELF EMPLOYED

City: Grosse Pointe Shores State: MI

City: Clinton Twp State: MI

City: Clinton Twp State: MI

City: Troy State: MI

Zip: 48083

Zip: 48038

Zip: 48236

Zip: 48038

5449- -Add

PAC Receipt?: Date of Receipt: 08/03/2021 Amt: 150.00 Cumul: 150.00

Occupation: Owner Employer: Picano's Italian Grille Name: Domenico Picano Address: 44162 Astro Dr Business Address: 3775 Rochester Rd

City: Sterling Heights State: MI

Zip: 48314

Type of Contribution: Fundraiser Contribution

5450- -Add

PAC Receipt?: Date of Receipt: 08/03/2021 Amt: 150.00 **Cumul: 150.00**

Name: Valerio Poliuto Occupation: Sales **Employer: SELF EMPLOYED**

Address: 39085 Moravian Dr

City: Clinton Twp State: MI **Zip:** 48036

Type of Contribution: Fundraiser Contribution

5452- -Add

PAC Receipt?: Date of Receipt: 08/03/2021 Amt: 250.00 Cumul: 250.00

Name: Laura Puzzuoli Occupation: Manager Employer: JLM Management

Address: 31 Shorecrest Circle **Business Address:** 31 Shorescrest City: Grosse Pointe Shores State: MI Circle

Zip: 48236

Type of Contribution: Fundraiser Contribution

5435- -Add

PAC Receipt?: Date of Receipt: 08/03/2021 Amt: 500.00 **Cumul: 500.00**

Name: Leonard Rancilio Occupation: Attorney Employer: Rancilio & Associates Address: 5036 Starcreek Lane Business Address: 15655 Eleven Mile

City: Washington Township State: MI Road

Zip: 48094 City: Roseville State: MI

Zip: 48066

Type of Contribution: Direct

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CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5457- -Add

Cumul: 300.00 Amt: 300.00 PAC Receipt?: Date of Receipt: 08/03/2021

Employer: Trion Solutions, Inc. Occupation: Executive VP Name: Maria Silamianos

Business Address: 888 W. Big Beaver Address: 56 Oxford Road

Road Suite 1000 City: Grosse Pointe Shores State: MI City: Troy State: MI Zip: 48236

Zip: 48084

Type of Contribution: Direct

5448- -Add

Cumul: 250.00 **Date of Receipt:** 08/03/2021 Amt: 250.00 PAC Receipt?:

Employer: SELF EMPLOYED Occupation: Attorney Name: Art Weiss

Business Address: SELF EMPLOYED Address: 30445 Northwester Hwy City: Clinton Twp State: MI

City: Farmington Hills State: MI

Zip: 48334

Type of Contribution: Direct

5454- -Add

Cumul: 125.00 Amt: 125.00 Date of Receipt: 08/10/2021 PAC Receipt?:

Employer: Berkshire Financial Name: Daniel Rubino Occupation: President

Zip: 48038

Zip: 48314

Zip:

Business Address: 44400 Van Dyke Address: 44400 Van Dyke, #101 City: Sterling Heights State: MI

City: Sterling Heights State: MI **Zip:** 48314

Type of Contribution: Fundraiser Contribution

5462- -Add

Amt: 250.00 Cumul: 250.00 Date of Receipt: 08/16/2021 PAC Receipt?: X

Occupation: **Employer:** Name: Clark Hill PAC

Address: 500 Woodward Ave Ste 3500 **Business Address:** City: State:

City: Detroit State: MI

Zip: 48226

Type of Contribution: Fundraiser Contribution

5468- -Add

Cumul: 1,000.00 PAC Receipt?: Date of Receipt: 08/16/2021 Amt: 1,000.00

Employer: Moon Roof Corp Name: Quirino D'Alessandro Occupation: Director

Address: 28135 Groesbeck Highway Business Address: 28117 Groesbeck

City: Roseville State: MI Highway

City: Roeseville State: MI Zip: 48066

Zip: 48066

5463- -Add

PAC Receipt?:

Date of Receipt: 08/16/2021

Amt: 150.00

Cumul: 150.00

Name: Randy Rodnick

Address: 7938 Goshen Drive

Occupation: Attorney

Employer: Rodnick Unger & Piraino **Business Address:** 3280 E. Thirteen

Address: 7938 Goshen Drive
City: West Bloomfield State: MI

Mile Road

Zip: 48322

City: Warren State: MI

Zip: 48092

5469- -Add

PAC Receipt?:

Date of Receipt: 08/16/2021

Amt: 500.00

Cumul: 500.00

Name: Gary Roncelli

Occupation: Director

Employer: Roncelli Inc. **Business Address: 6471 Metro**

Address: 69900 Hicks Road City: Armada State: MI

Parkway

Zip: 48005

City: Sterling Heights State: MI

Zip: 48312

Type of Contribution: Fundraiser Contribution

5813- -Add

PAC Receipt?:

Date of Receipt: 08/31/2021

Amt: 50.00

Cumul: 50.00

Name: Keith Rengert

Occupation:

Employer:

Address: 34080 Armada Ridge Road

City: Richmond State: MI

Zip: 48062

Type of Contribution: Fundraiser Contribution

Business Address: City: State:

Zip:

Schedule Total

\$ 59,695.00

DIRECT EXPENDITURES (1B) CANDIDATE COMMITTEE

· Committee ID

139858-0

· Committee Name

CTE PETER J LUCIDO FOR PROSECUTOR

#306

· Document Name

Post-Election General

5471- -Add

Date: 07/21/2021

Name: GM Company Store

Address: 300 Renaissance Center

City: Detroit State: MI

Zip: 48243

Amt: 1,264.00

Purpose: Custom Wrapped Mints Payment on Debt/Obligation

reported on

previous statement:

Fund Raiser: X

5473- -Add

Date: 07/21/2021

Purpose: Table #308

Amt: 409.88

Name: Party Paradise

Address: 39090 Van Dyke Ave

City: Sterling Heights State: MI Zip: 48313

Fund Raiser: X

Payment on Debt/Obligation

reported on

previous statement:

5581- -Add

Date: 07/27/2021

Fund Raiser: X

Amt: 1,000.00

Name: Paul Manni

Address: 42778 Flis Drive

City: Sterling Heights State: MI

Zip: 48314

Purpose: Contribution Reimbursement Payment on Debt/Obligation

#309

reported on

previous statement:

5582- -Add

Date: 07/29/2021

Name: Frank Krause

Address: 19995 Riverwoods Ct.

City: Macomb State: MI

Zip: 48044

Amt: 400.00

Purpose: DJ Entertainment #310

Fund Raiser: X

Payment on Debt/Obligation

reported on

previous statement:

5584- -Add

Date: 07/29/2021

Name: Brad Shaw

Address: 1991 Crescent Lake Road

City: Waterford State: MI

Zip: 48327

Amt: 250.00

Purpose: Event Photographer #311

Fund Raiser: X

Payment on Debt/Obligation

reported on

previous statement:

DIRECT EXPENDITURES (1B) CANDIDATE COMMITTEE

5580- -Add

Date: 07/31/2021

Name: Anedot Inc Address: 1920 McKinney

City: Dallas State: TX

Zip: 75201

Purpose: Online Contribution Fees

Fund Raiser: X

Payment on Debt/Obligation

reported on

previous statement:

previous statement: X

5602- -Add

Date: 08/02/2021

Name: PETER J. LUCIDO Address: 14601 BREEZA

Zip: 48310

City: SHELBY TWP State: MI

Fund Raiser:

Amt: 50,000.00

Amt: 683.30

Payment on Debt/Obligation Purpose: Reimbursemen of Loan #312

reported on

5590- -Add

Amt: 11,130.00 Date: 08/02/2021

Name: Palazzo Grande Address: 54660 Van Dyke City: Shelby Township State: MI

Zip: 48316

Purpose: Event Fees #313

Fund Raiser: X

Payment on Debt/Obligation

reported on

previous statement:

5592- -Add

Date: 08/16/2021

Name: US Bank

Address: 425 Walnut Street City: Cincinnati State: OH

Zip: 48202

Amt: 677.89

Purpose: Website, emarketing, extext Payment on Debt/Obligation

#314

Fund Raiser:

reported on

previous statement:

5801- -Add

Date: 08/24/2021

Name: Macomb Cty Republican Prty

Address: P.O. Box 380962 City: Clinton Township State: MI

Zip: 48038

Amt: 150.00

Purpose: Full Page Ad - #315

Fund Raiser:

Payment on Debt/Obligation

reported on

previous statement:

5593- -Add

Date: 08/31/2021

Name: Romeo Lions Club

Address: 269 E. Washington Street

City: Romeo State: MI

Zip: 48065

Amt: 200.00

Purpose: Banner Romeo Peach Fest

#316

Fund Raiser:

Payment on Debt/Obligation

reported on

previous statement:

DIRECT EXPENDITURES (1B) CANDIDATE COMMITTEE

5803- -Add

Date: 09/28/2021

Name: Families Against Narcotics Address: 18900 15 Mile Road City: Clinton Township State: MI

Zip: 48035

Amt: 500.00

Purpose: Fan Fall Fest Ad #317

Fund Raiser:

Fund Raiser:

Fund Raiser:

Payment on Debt/Obligation

reported on

previous statement:

5806- -Add

Date: 09/28/2021

Name: Frank Coppola CPA PC Address: 15985 Canal Road City: Clinton Township State: MI

Zip: 48038

Amt: 1,000.00

Purpose: Bookkeeping Services #320 Payment on Debt/Obligation

reported on

previous statement:

5808- -Add

Date: 10/07/2021

Name: Frank Coppola CPA PC Address: 15985 Canal Road City: Clinton Township State: MI

Zip: 48038

Amt: 200.00

Purpose: Bookkeeping Services #321 Payment on Debt/Obligation

reported on

previous statement:

5811- -Add

Date: 10/11/2021

Name: G-Tek Professional Svcx Address: 42888 Mound Roac City: Sterling Heights State: MI

Zip: 48314

Amt: 274.00

Purpose: Banners, Signs etc. #322

Fund Raiser:

Payment on Debt/Obligation

reported on

previous statement:

Schedule Total

\$ 68,139.07

Page 44 of 45

DEBTS AND OBLIGATIONS (1E) CANDIDATE COMMITTEE

· Committee ID

139858-0

· Committee Name

CTE PETER J LUCIDO FOR PROSECUTOR

· Document Name

Post-Election General

5402- -Add

Corp:

Owed To:

PETER J. LUCIDO

Type: Loan

Cumulative payment to date on

Outstanding Balance at close of this period: 0.00

debt: 50,000.00

Date Debt Was Incurred: 04/10/2020

Original Amt of Debt: 50,000.00

08/02/2021

Payment Amt(s):

City: SHELBY TWP State: MI

Zip: 48310

Forgiven: 0.00

Endorsed Amt: 0.00

Date(s):

Payment

50,000.00

Endorser or Guarantor:

Address: 14601 BREEZA

Owed By Committee (Outstanding):

\$ 0.00

Owed To Committee (Outstanding):

\$ 0.00

FUND RAISERS (1F) CANDIDATE COMMITTEE

· Committee ID

139858-0

· Committee Name

CTE PETER J LUCIDO FOR PROSECUTOR

Co-sponsors

· Document Name

Post-Election General

5418- -Add

Date of event: 07/29/2021

#Attending: 100 <=**\$20:** 0.00

>\$20: 103860.00 Other: 0.00

Contrib%

Total Cost of

Event: 15257.18 Expend%

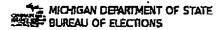
Event: Birthday Fundraiser Address1: Palazzo Grande

Address2: 54660 Van Dyke City: Shelby Township State: MI

Zip: 48316 Private:

MEKIS Reports

Page 1 of 5



CANDIDATE COMMITTEE COVER PAGE

· Committee ID	139858-0		***************************************		
· Committee Name	CTE PETER J LUCIDO FOR PR	CTE PETER J LUCIDO FOR PROSECUTOR			
- Coverage Period	10/21/2021 - 12/31/2021				
- Candidate Name	CTE PETER I LUCIDO FOR PRO	CTE PETER J LUCIDO FOR PROSECUTOR			
· Office/District Sought	Circuit Courts (Population 250),000+)			
County of Residence			•		
County of Residence Address Information			den of the section of		
· Committee Mailing	6303 26 MILE RD WASHINGTON MI 48094	6303 26 MILE RD			
- Phone			the succession of the successi	~ ve ~	
· Treasurer Name	Frank Coppela CPA PC		angalan da nagaran pakan	MANAGE AND ASSESSMENT	
- Treasurer Residential	15985 Canal Road	·*************************************			
	Clinton Township MI 48038 .				
· Phone					
Treesurer Business					
· Phone					
· Recordkeoper Name	Frank Coppola CPA PC	Frank Coppola CPA PC			
· Reçordkeeper Malling	15985 Canal Roed Clinton Township Mt 48038				
· Phone					
Statement Type	Amended - Annual				
· Relates To					
· Election Data	//				
· Dissolution Date (effective)	11				
· Annual Statement Coverage Year	[2021		-fru-utr-uthaptadaari e i sura		
Treasurer/Recordkeeper Signed	Frank Coppola CPA PC	Pate	//	Marie Sala	
Candidate Signed	CTE PETER J LUCIDO FOR PROSECUTOR	- Date	//		

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in the items above has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

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 reasurer or Designated Record Resper:	
(Type or Print) Name: FRANK Coppole Signature: Jeh Coppole Date: 2-15-2	<u>0</u> 2-2
Candidate:	
(Type or Print) Name: Peter J Lucillo Signature: Peter J Combo Date: 2-15-	2022

(FAX)

CANDIDATE COMMITTEE SUMMARY PAGE

- Committee ID 1	39858-0				
· Committee Name	TE PETER J LUCIDO FOR PROS	ECUTOR	**************************************		
	mended - Annual	and an extension of the contract of the contra			
RECEIPTS			This Period		Cumulative
3. Contributions					***************************************
a. Itemized Contributions		(3a.)	959.70		
b. Unitemized		(3b.)	0.00		
c. Subtotal of Contributions		(3c.)	959.70	(18.)	110,673.50
4. Other Receipts		(4.)	0.00	(19.)	0.00
5. Total Contributions and	Other Receipts	(5.)	959.70	(20.)	110,673.50
IN-KIND CONTRIBUTION	S AND EXPENDITURES		1		Commence of the contract of th
6. In-Kind Contributions		(6.)	0.00	(21.)	0.00
7. In-Kind Expenditures		(7.)	0.00	(22.)	0.00
EXPENDITURES			10011010000	* * * ********************************	AND A COMPANY
8. Expenditures			ì		
a. Itemized		(8a.)	1,527.00		
b. Itemized GOTV		(8b.)	0.00		
c. Unitemized (less than \$50	1.01 each)	(8c.)	40.30		
9. Total Expenditures		(9.)	1,567.30	(23.)	0.00
INCIDENTAL EXPENSE DI	SBURSEMENTS	of the state of th		Linder transcr	THE STATE STATE OF STATE
10. Disbursements			ŀ		
a. Itemized		(10a.)	0.00		
b. Unitemized		(10b.)	0.00		
11. Total Incidental Expe	nse Disbursements	(11.)	0.00	(24.)	0.00
DEBTS AND OBLIGATION	5	· · · · · · · · · · · · · · · · · · ·	1		-
12. Debts and Obligations			į		
a. Owed by the Committee		(12a.)	0.00		
b. Owed to the Committee		(12b.)	0.00		
BALANCE STATEMENT	er en for slagger i en englis	en la grafie de la companie de la c La companie de la co	raan la commendad.	SA SUNT	retraction of
13. Ending balance of last re	port filed		(13.)		77,064.5 7
14. Amount received during	reporting Period		(14.)		9 5 9.70
15. Subtotal			(15.)		78,024.27
16. Amount expended during	reporting Period	1	(16.)		1,567.30
17. ENDING BALANCE	namena in in anti-anti-anti-anti-anti-anti-anti-anti-		(17.)	,	76,456.97

- Committee ID 139858-0
- Committee Name CTE PETER J LUCIDO FOR PROSECUTOR
Document Name Amended - Appual
Total Contract Contra

5837- -No-Change

PAC Receipt?:

Date of Receipt: 11/30/2021

Amt: 959.70

Cumul: 959.70

Name: John Polizzi

Address: 51409 West End Drive

Employer: SELF EMPLOYED

City: Shelby Township State: MI

Zip: 48315

Business Address: SELF EMPLOYED City: Clinton Twp State: MI

Occupation: Attorney

Zip: 48038

Type of Contribution: Direct

DIRECT EXPENDITURES (1B) CANDIDATE COMMITTEE

· Committee ID 13985	8-0
· Committee Name CTE P	ETER J LUCIDO FOR PROSECUTOR
- Document Name Amen	ded - Annual
hi missian in gras (1227), resp. re rii ani, i firishi fili	AND CONTENT OF A SECURE TO THE CONTENT OF A SECURE OF CONTENT OF A SECURE OF THE PROPERTY OF T

5828- -No-Change

Date: 10/21/2021 Amt: 115.00

Name: CDCC Banquet Booklet Address: 38250 Lanse Creuse City: Harrison Township State: MI

Purpose: Full Page Ad #318

Payment on Debt/Obligation

reported on Fund Raiser: previous statement:

Zip: 48045

5830- -No-Change

Date: 10/21/2021 Amt: 185.00

Name: Macomb Symphony Orchestra Purpose: 1/3 Page Full Color Ad #319 Payment on Debt/Obligation Address: 44575 Garfield Road

reported on

City: Clinton Township State: MI

Fund Raiser:

previous statement:

Zip: 48038

5834~ -No-Change

Date: 10/29/2021 Amt: 400.00

Name: Smash Creative Purpose: Website Maintenance #323 Payment on Debt/Obligation

Address: 7755 22 Mile Road #182197 reported on Fund Raiser:

City: Shelby Township State: MI ZID: 48318

previous statement:

5835- -No-Change

Date: 11/05/2021 Amt: 210.00

Name: The Italian Tribune Purpose: Ad #324 Address: 23 Mile & card

Payment on Debt/Obligation

reported on City: Macomb State: MI Fund Raiser: previous statement:

Zip: 48042

5850- -No-Change

Date: 12/21/2021 Amt: 207.00

Name: Hortos Advertising Address: 6715 River Road City: Cottreliville State: MI

Purpose: Advertising

Payment on Debt/Obligation

reported on Fund Raiser:

previous statement:

MERTS Reports

Page 5 of 5

DIRECT EXPENDITURES (1B) CANDIDATE COMMITTEE

5853- -No-Change

Date: 12/21/2021

Amt: 410.00

Name: The Italian Tribune Address: 23 Mile & card City: Macomb State: MI

Purpose: Ads #325

Payment on Debt/Obligation

reported on

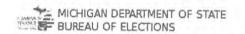
previous statement:

Zip: 48042

Fund Raiser:

Schedule Total

\$ 1,527.00



CANDIDATE COMMITTEE COVER PAGE

· Committee ID 139858-0 · Committee Name CTE PETER J LUCIDO FOR PROSECUTOR · Coverage Period 04/21/2022 - 07/21/2022 · Candidate Name PETER J. LUCIDO · Office/District Sought District Courts (Population 250,000+) · County of Residence MACUMB · Address Information · Committee Mailing 6303 26 MILE RD WASHINGTON MI 48094 · Phone · Treasurer Name FRANK COPPO 12 STEZ= CARNATION · Treasurer Residential 48042 MACOMB 141 · Phone 586 295 9375 · Treasurer Business 15985 CANAL CLINTON TWO MI 48038 · Phone 586 286 9300 · Recordkeeper Name · Recordkeeper Mailing · Phone · Statement Type Pre-Election · Relates To General · Election Date · Dissolution Date (effective) · Annual Statement Coverage Year · Treasurer/Recordkeeper Signed FRANK COPPOLA 11 7-25-22 · Candidate Signed PETER J. LUCIDO · Date 117-25-22

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in the items above has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

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.

	146 141 44 44
(Type or Print) Name: FRAJE Coppe la	Signature: File Cople Date: 7-25-22
(Type or Print) Name: PETER J LUCIDO	Signature: Pota Juin Date: 7-25-22

Current Treasurer or Designated Record keeper.

rage 2 of 38

CANDIDATE COMMITTEE SUMMARY PAGE

• Committee ID • Committee Name	139858-0 CTE PETER J LUCIDO FOR PROSECUTOR				
· Document Name	Pre-Election General				
RECEIPTS	- 19 - 19 - 19 - 19 - 19 - 19 - 19 - 19	AT FORES, 1975년, 1979년 - 날이	This Period	CEPVOLETAK E SE	Cumulative
3. Contributions					
a. Itemized Contributions	S	(3a.)	90,240.00		
b. Unitemized		(3b.)	0.00		
c. Subtotal of Contribution	ons	(3c.)	90,240.00	(18.)	110,673.50
4. Other Receipts		(4.)	0.00	(19.)	0.00
5. Total Contributions	and Other Receipts	(5.)	90,240.00	(20.)	110,673.50
IN-KIND CONTRIBUTI	ONS AND EXPENDITURES		tive statistical in March 1994 (1994)	artigori (Josephi)	
6. In-Kind Contributions		(6.)	0.00	(21.)	0.00
7. In-Kind Expenditures		(7.)	0.00	(22.)	0.00
EXPENDITURES	in the second of		er er er skriver er skriver i er	a Nobelle School	Print with a drawn to a knowledge of
8. Expenditures					
a. Itemized		(8a.)	9,996.64		٠,
b. Itemized GOTV		(8b.)	0.00		
c. Unitemized (less than	\$50.01 each)	(8c.)	0.00		
9. Total Expenditures	Amerikan istraftada kirokik oli bili ele oli eli kipina elapasan ni un melaputi kikapi, ni kikapatasa k	(9.)	9,996.64	(23.)	0.00
INCIDENTAL EXPENSE	DISBURSEMENTS				
10. Disbursements					
a. Itemized b. Unitemized		(10a.)	0.00		
D. Officernized		(10b.)	0.00		
11. Total Incidental Ex	pense Disbursements	(11.)	0.00	(24.)	0.00
DEBTS AND OBLIGATION	ONS		en la fillati i sensi strendi 1800		un un supplication de dinastra de la Partir
12. Debts and Obligation:	s				
a. Owed by the Committe		(12a.)	0.00		
b. Owed to the Committe	<mark>le.</mark> A la capación de la c	(12b.)	150.00		
BALANCE STATEMENT				2 4 2 4 7 1 1 1 1 1 1 1 1 1	entra de la servicio de la companya
13. Ending balance of las	t report filed		(13.)		76,456.97
14. Amount received duri	ing reporting Period		(14.)		90,240.00
15. Subtotal			(15.)		166,696.97
16. Amount expended du	ring reporting Period		(16.)		9,996.64
17. ENDING BALANCE	the state of the s		(17.)		156,700.33

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CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

· Committee ID 139858-0

· Committee Name CTE PETER J LUCIDO FOR PROSECUTOR

- Document Name Pre-Election General

6133- -Add

PAC Receipt?: Date of Receipt: 04/21/2022

Amt: 500.00

Cumul: 500.00

Name: Steven Drakos Occupation: Attorney Employer: SELF EMPLOYED Address: 213 Franklin Wright Blvd.

City: Lake Orion State: MI

Zip: 48362

Business Address: SELF EMPLOYED

City: Clinton Twp State: MI **Zip:** 48038

Type of Contribution: Fundraiser Contribution

5864- -Add

PAC Receipt?:

Date of Receipt: 04/25/2022

Amt: 150.00

Cumul: 150.00

Name: Michael Cherry

Occupation: Attorney

Address: 314 Moran Road

City: Grosse Pointe Farms State: MI

Zip: 48236

Type of Contribution: Fundraiser Contribution

Employer: SELF EMPLOYED

Business Address: SELF EMPLOYED

City: Clinton Twp State: MI

Zip: 48038

5859- -Add

PAC Receipt?:

Date of Receipt: 04/25/2022

Amt: 300.00

Cumul: 300.00

Name: Carl Munaco

Address: 48635 Van Dyke Ave

City: Shelby Township State: MI

Zip: 48315

Occupation: DEVELOPER/BUILDER

Employer: CARL MUNACO

Business Address: 48635 VAN DYKE

AVENUE

Zip: 48315

City: SHELBY CHARTER TOWNS State: MI

Type of Contribution: Fundraiser Contribution

6138- -Add

PAC Receipt?:

Date of Receipt: 04/25/2022

Amt: 100.00

Cumul: 100.00

Name: Ernest Ruppenthal

Occupation:

Address: 14475 Knightsbridge Drive City: Shelby Township State: MI

Zip: 48315

Type of Contribution: Fundraiser Contribution

Employer: **Business Address:**

City: State: Zip:

6135- -Add

LILLIANE DESPUEN

PAC Receipt?:

Date of Receipt: 04/25/2022

Amt: 750.00

Cumul: 750.00

Name: Matthew Scarcella

Address: 68499 Romeo Plank Rd City: Ray Township State: MI

Occupation: General Manager

Employer: Tile and Stone Works Business Address: 12876 23 Mile Rd City: Shelby Township State: MI

Zip: 48315

Zip: 48096

Type of Contribution: Fundraiser Contribution

Type of Contribution: Fundraiser Contribution

5942- -Add

PAC Receipt?:

Zip: 48079

Date of Receipt: 04/26/2022

Amt: 300.00

Cumul: 300.00

Name: Rinaldo Acciavatti

Address: 6321 Gratiot City: St Clair State: MI Occupation: Construction

Employer: Pamar Enterprises Business Address: 31604 Pamar

Court City: New Haven State: MI

Zip: 48048

5865- -Add

PAC Receipt?:

Date of Receipt: 04/26/2022

Amt: 300.00

Cumul: 300.00

Name: Ed Harris

Address: 60 Crestwood Dr. City: Grosse Pointe Shores State: MI

Zip: 48236

Type of Contribution: Fundraiser Contribution

Employer: ReMax First

Business Address: 60 Crestwood Dr City: Grosse Pointe Shores State: MI

Zip: 48236

5936- -Add

PAC Receipt?:

Date of Receipt: 04/26/2022

Amt: 150.00

Cumul: 300.00

Name: Valerio Poliuto

Address: 39085 Moravian Dr

City: Clinton Twp State: MI

Zip: 48036

Occupation: Sales

Occupation: Owner

Occupation: Realtor

Employer: SELF EMPLOYED Business Address: SELF EMPLOYED City: Clinton Twp State: MI

Zip: 48038

Type of Contribution: Fundraiser Contribution

5940- -Add

PAC Receipt?:

Date of Receipt: 04/26/2022

Amt: 500.00

Name: Joseph Vicari

Address: 5601 Enterprise Court

City: Warren State: MI

Zip: 48092

Type of Contribution: Fundraiser Contribution

Cumul: 1,000.00

Employer: SELF EMPLOYED Business Address: SELF EMPLOYED

City: Clinton Twp State: MI

5866- -Add

PAC Receipt?:

Date of Receipt: 04/27/2022

Amt: 1,500.00

Cumul: 4,500.00

Name: Ron Cantrell

Address: 36535 Groesbeck
City: Clinton Township State: MI

Zip: 48035

Type of Contribution: Fundraiser Contribution

Occupation: Engineer

Employer: LED Lighting Manufacturer **Business Address:** 36535 Groesbeck **City:** Clinton Township **State:** MI

Zip: 48035

5955- -Add

PAC Receipt?:

Date of Receipt: 04/27/2022

Amt: 300.00

Cumul: 800.00

Name: Julius Giarmarco Address: 101 W Big Beaver

City: Troy State: MI

Zin: 49094

Zip: 48084

Occupation: Attorney

Employer: Giarmarco Mullins Horton **Business Address:** Tenth Floor Columbia Center 101 West Big Beaver

Road

City: Troy State: MI

Zip: 48084

Type of Contribution: Fundraiser Contribution

Type of Contribution: Fundraiser Contribution

6139- -Add

PAC Receipt?:

Date of Receipt: 04/27/2022

Amt: 150.00

Cumul: 300.00

Name: Dena Keller-Stanley Address: 573 Live Oak Drive

City: Rochester Hills State: MI

Zip: 48309

Employer: Macomb County **Business Address:** 1 S Main St. **City:** Mt Clemems **State:** MI

Zip: 48043

5941- -Add

PAC Receipt?:

Date of Receipt: 04/27/2022

Amt: 150.00

Cumul: 300.00

Name: Simone Mauro

Address: 5841 Cusick Lake Dr. **City:** Washington **State:** MI

Zip: 48095

Occupation: Engineer

Occupation: Attorney

Employer: Genna Mauro & Associates Business Address: 28657 Hayes

Road

City: Shelby Township State: MI

Zip: 48315

Type of Contribution: Fundraiser Contribution

6144- -Add

PAC Receipt?:

Date of Receipt: 04/27/2022

Amt: 1.500.00

Cumul: 2,500.00

Name: Michael Schodowski

Address: 29275 Stephenson Hwy **City:** Madison Heights **State:** MI

Zip: 48071

Occupation: President

Employer: Shelving Inc Business Address: 29275

Stephenson Hwy

City: Madison Heights State: MI

Zip: 48071

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CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

6146- -Add

PAC Receipt?:

Date of Receipt: 04/28/2022

Amt: 750.00

Cumul: 750.00

Name: Paul Borg

Address: 4211 Briar City: Shelby Twp State: MI Occupation: Managment

Employer: SELF EMPLOYED **Business Address: SELF EMPLOYED**

City: Clinton Twp State: MI

Zip: 48038

Zip: 48316

Type of Contribution: Fundraiser Contribution

5867- -Add

PAC Receipt?:

Zip: 48323

Date of Receipt: 04/28/2022

Amt: 150.00

Cumul: 150.00

Name: Greg Rohl

Address: 4051 Haggerty Road City: West Bloomfield Twp State: MI Occupation: Attorney

Occupation: Attorney

Occupation: President

Employer: LAW OFFICES OF GREGORY J ROHL

Business Address: 4051 HAGGERTY

ROAD

City: WEST BLOOMFIELD

TWP State: MI Zip: 48323

Type of Contribution: Fundraiser Contribution

6145- -Add

PAC Receipt?:

Date of Receipt: 04/28/2022

Amt: 750.00

Cumul: 1,250.00

Name: Brian Schaf Address: 23220 Westbury St

City: St. Clair Shores State: MI

Zip: 48080

Type of Contribution: Fundraiser Contribution

Employer: SELF EMPLOYED

Business Address: SELF EMPLOYED City: Clinton Twp State: MI

Zip: 48038

6141- -Add

PAC Receipt?:

Date of Receipt: 04/28/2022

Amt: 1,500.00

Cumul: 2,500.00

Name: Paul Shamo

Address: 38311 Huron Pointe

City: Harrison Twp State: MI

Zip: 48045

Employer: Taylor Ford

Business Address: 13500 Telegraph

Road

City: Taylor State: MI

Zip: 48180

6143- -Add

PAC Receipt?:

Date of Receipt: 04/29/2022

Amt: 50.00

Cumul: 50.00

Name: Stephen Osinski

Address: 26276 Imperial Ln City: Macomb State: MI

Zip: 48044

Occupation:

Employer: **Business Address:**

City: State:

Zip:

Type of Contribution: Fundraiser Contribution

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CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

6142- -Add

PAC Receipt?:

Date of Receipt: 04/30/2022

Amt: 50.00

Cumul: 50.00

Name: Leo Garry

Address: 45815 Grant Ct City: Macomb State: MI

Occupation:

Occupation: RETIRED

Employer: **Business Address:**

City: State: Zip:

Zip: 48044

Type of Contribution: Fundraiser Contribution

6147- -Add

PAC Receipt?:

Date of Receipt: 05/01/2022

Amt: 150.00

Cumul: 300.00

Name: Agostino Russo

Address: 19600 Westchester Dr. City: Clinton Township State: MI

Zip: 48038

Type of Contribution: Fundraiser Contribution

Employer: RETIRED

Business Address: RETIRED City: CLINTON TOWNSHIP State: MI

Zip: 48038

6132- -Add

PAC Receipt?:

Date of Receipt: 05/02/2022

Amt: 1,500.00

Cumul: 2,500.00

Name: James George

Address: 19634 Westchester

City: Clinton Township State: MI

Zip: 48038

Occupation: Owner

Employer: Delta Management

Company

Business Address: 45511 Market

Street

City: Shelby Township State: MI

Zip: 48315

Type of Contribution: Fundraiser Contribution

5869- -Add

PAC Receipt?:

Date of Receipt: 05/03/2022

Amt: 1,500.00

Cumul: 2,500.00

Name: Michael Chirco

Occupation: Residential Builder

Address: 46600 Romeo Plank Rd Ste

City: Macomb State: MI

Zip: 48044

Type of Contribution: Fundraiser Contribution

Employer: MJC Companies Business Address: 46600 Romeo

Plank Suite 5

City: Macomb State: MI

Zip: 48044

5928- -Add

PAC Receipt?:

Date of Receipt: 05/04/2022

Amt: 200.00

Cumul: 200.00

Name: Melinda Jetts

Address: 1140 Autumnview Dr.

City: Rochester State: MI

Zip: 48307

Occupation: Housewife

Employer: SELF EMPLOYED **Business Address: SELF EMPLOYED** City: Clinton Twp State: MI

Zip: 48038

rage 8 of 38

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5871- -Add

TATELL TAPOLO

PAC Receipt?:

Date of Receipt: 05/04/2022

Amt: 150.00

Cumul: 150.00

Name: Jennifer Linquist

Address: 110 South Main Street

Occupation: Attorney

Employer: Femminineo Attorneys PLLC

City: Mount Clemens State: MI

Zip: 48043

Business Address: 110 S Main St

City: Mt Clemens State: MI

Zip: 48043

Type of Contribution: Fundraiser Contribution

5935- -Add

PAC Receipt?:

Date of Receipt: 05/04/2022

Amt: 450.00

Cumul: 450.00

Name: Guy Rizzo

Occupation: Builder

Employer: GTR COMPANIES

Address: 65 Macomb Pl City: Mt Clemens State: MI

Business Address: 65 Macomb Pl Ste

Zip: 48043

City: Mt. Clemens State: MI

Zip: 48043

Type of Contribution: Fundraiser Contribution

5870- -Add

PAC Receipt?:

Date of Receipt: 05/04/2022

Amt: 150.00

Cumul: 650.00

Name: Chase Robl

Occupation: Attorney

Employer: Femminineo Attorneys PLLC

Address: 1100 South Main Street City: Mount Clemens State: MI

Zip: 48043

Business Address: 110 S Main St City: Mt Clemens State: MI

Zip: 48043

Type of Contribution: Fundraiser Contribution

5873- -Add

PAC Receipt?:

Date of Receipt: 05/04/2022

Amt: 150.00

Cumul: 150.00

Name: Vincenzo Sarti

Address: 110 South Main Street City: Mount Clemens State: MI

Zip: 48043

Occupation: Attorney

Employer: Femminineo Attorneys

PLLC

Business Address: 110 S Main St City: Mt Clemens State: MI

Zip: 48043

Type of Contribution: Fundraiser Contribution

5933- -Add

PAC Receipt?:

Date of Receipt: 05/05/2022

Amt: 300.00

Cumul: 300.00

Name: Steven Mancini

Occupation: Management

Address: 37532 Hidden Valley Court City: Clinton Township State: MI

Zip: 48036

Ave Ste 100 City: Sterling Heights State: MI

Employer: RIC MAN Construction

Business Address: 38600 Van Dyke

Type of Contribution: Fundraiser Contribution

LILLIAN AND AND COMMITTED IN rage you so

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5934- -Add

PAC Receipt?:

Date of Receipt: 05/05/2022

Amt: 600.00

Cumul: 600.00

Name: Jack Russo

Address: 7201 W Fort St Room 2

Occupation: Management

Employer: Rocky Produce Inc. Business Address: 7201 W

City: Detroit State: MI

Zip: 48209

Fort Room 1

City: Detroit State: MI

Zip: 48209

Type of Contribution: Fundraiser Contribution

5939- -Add

PAC Receipt?:

Date of Receipt: 05/08/2022

Amt: 4,500.00

Cumul: 4,500.00

Name: Salvatore Randazzo Address: 37180 Willow Lane

Occupation: Food Retail

Employer: Randazzo Fresh Market Business Address: 49800 Hayes Rd

City: Clinton Twp State: MI

Zip: 48036

City: Macomb State: MI

Zip: 48044

Type of Contribution: Fundraiser Contribution

Type of Contribution: Fundraiser Contribution

5875- -Add PAC Receipt?:

Date of Receipt: 05/09/2022

Amt: 1,500.00

Cumul: 1,500.00

Name: Paul Aragona

Address: 37020 Garfield STE T-1

City: Clinton Township State: MI

Zip: 48036

Occupation: Real Estate

Employer: SELF EMPLOYED

Business Address: SELF EMPLOYED

City: Clinton Twp State: MI

Zip: 48038

5938- -Add

PAC Receipt?:

Date of Receipt: 05/09/2022

Amt: 150.00

Cumul: 300.00

Name: Adil Haradhvala

Address: 86 Clinton Street

Occupation: Attorney

Occupation: Attorney

Employer: SELF EMPLOYED

City: Mt Clemens State: MI

Zip: 48043

Business Address: SELF EMPLOYED

City: Clinton Twp State: MI

Zip: 48038

Type of Contribution: Fundraiser Contribution

6130- -Add

PAC Receipt?:

Date of Receipt: 05/09/2022

Amt: 300.00

Cumul: 300.00

Name: Michelle Lundquist

Address: 4246 Van Dyke Ave 200 City: Sterling Heights State: MI

Employer: SELF EMPLOYED **Business Address: SELF EMPLOYED**

City: Clinton Twp State: MI

Zip: 48038

Zip: 48312

5937- -Add

LILLIANA DE ANDROLO

PAC Receipt?:

Zip: 48036

Date of Receipt: 05/10/2022

Amt: 300.00

Cumul: 550.00 Employer: Metzler Locricchio Serra &

Name: Michael Locricchio

Address: 21124 Lilac Lane City: Clinton Township State: MI Occupation: CPA

Business Address: 1800 W Big Beaver Rd #100

City: Troy State: MI

Zip: 48084

Type of Contribution: Fundraiser Contribution

5920- -Add

PAC Receipt?:

Date of Receipt: 05/10/2022

Amt: 500.00

Cumul: 500.00

Name: Marie Spagnuolo

Occupation: Baker Address: 21373 Raintree Drive

Employer: Mannino's Bakery Business Address: 4062 17 Mile

City: Macomb State: MI

Zip: 48044

Road

City: Sterling Heights State: MI

Zip: 48310

Type of Contribution: Fundraiser Contribution

5929- -Add

PAC Receipt?:

Date of Receipt: 05/11/2022

Amt: 300.00

Cumul: 300.00

Name: Chris Holsbeck

Address: 68120 Omo Rd City: Lenox State: MI

Occupation: Owner

Employer: Holsbeke Construction Business Address: 325 North Ave

City: Mt Clemens State: MI

Zip: 48043

Zip: 48050

Type of Contribution: Fundraiser Contribution

5927- -Add

PAC Receipt?:

Zip: 48094

Date of Receipt: 05/11/2022

Amt: 600.00

Cumul: 1,100.00

Name: Ronald Russo Address: 7007 28 Mile Rd

City: Washington Twp State: MI

Occupation: Director

Employer: Rocky Produce Inc. Business Address: 7201 W

Fort Room 1

City: Detroit State: MI

Zip: 48209

Type of Contribution: Fundraiser Contribution

5925- -Add

PAC Receipt?:

Zip: 48047

Date of Receipt: 05/11/2022

Amt: 200.00

Cumul: 450.00

Name: Gordon Wilson

Occupation: Civil Engineer

Employer: Anderson Eckstein &

Address: 49572 Compass Point Dr. Westrick

City: Chesterfield State: MI Business Address: 51301 Schoenherr

City: Shelby Charter Twp State: MI

Zip: 48315

5926- -Add

TITLET O TECHOTO

PAC Receipt?:

Date of Receipt: 05/12/2022

Amt: 200.00

Cumul: 450.00

Name: Stephen Pangori Address: 8106 Rosebud Ln

City: Clarkston State: MI

Zip: 48348

Occupation: Civil Engineer

Employer: Anderson Eckstein &

Westrick

Business Address: 51301 Schoenherr

City: Shelby Charter Twp State: MI

Zip: 48315

Type of Contribution: Fundraiser Contribution

5930- -Add

PAC Receipt?:

Date of Receipt: 05/13/2022

Amt: 300.00

Cumul: 800.00

Name: Frank DiPonio

Occupation: Owner

Employer: DiPonio Contracting Business Address: 51173 Simone

Industrial

Address: 51173 Simone Industrial City: Shelby Township State: MI

Zip: 48316

Drive

Type of Contribution: Fundraiser Contribution

City: Shelby Township State: MI

Zip: 48316

5922- -Add

PAC Receipt?:

Date of Receipt: 05/13/2022

Amt: 200.00

Cumul: 200.00

Name: Scott Lockwood

Address: 950 Southdown Road City: Bloomfield Hills State: MI

Zip: 48304

Occupation: Civil Engineer

Employer: Anderson, Eckstein &

Westrick

Business Address: 950 Southdown City: Shelby Township State: MI

Zip: 48315

Type of Contribution: Fundraiser Contribution

5931- -Add

PAC Receipt?:

Date of Receipt: 05/13/2022

Amt: 300.00

Cumul: 550.00

Name: Cheryl Steinhurst Address: 53720 Woodbridge Drive

City: Shelby Charter Twp State: MI

Type of Contribution: Fundraiser Contribution

Zip: 48316

Occupation: Restaurateur

Occupation: Attorney

Employer: SELF EMPLOYED Business Address: SELF EMPLOYED

City: Clinton Twp State: MI

Zip: 48038

6057- -Add

PAC Receipt?:

Date of Receipt: 05/15/2022

Amt: 300.00

Cumul: 300.00

Name: Eric Flinn

Address: 8054 Dryden Road

City: Almont State: MI

Zip: 48003

Type of Contribution: Fundraiser Contribution

Employer: Macomb County Business Address: 1 S Main St. City: Mt Clemems State: MI

6060- -Add

PAC Receipt?:

Date of Receipt: 05/15/2022

Amt: 20.00

Cumul: 70.00

Name: Keith Rengert

Occupation: Address: 34080 Armada Ridge Road

City: Richmond State: MI

Zip: 48062

Type of Contribution: Fundraiser Contribution

Employer:

Business Address:

City: State:

Zip:

5876- -Add

PAC Receipt?:

Date of Receipt: 05/16/2022

Occupation: Retired

Occupation: Retired

Occupation: RETIRED

Occupation: RETIRED

Amt: 150.00

Cumul: 150.00

Name: Anthony Gusmano

Address: 55332 Macintosh Court City: ShelbyT Township State: MI

Zip: 48316

Type of Contribution: Fundraiser Contribution

Employer: RETIRED

Business Address: RETIRED City: CLINTON TOWNSHIP State: MI

Zip: 48038

5877- -Add

PAC Receipt?:

Date of Receipt: 05/16/2022

Amt: 150.00

Cumul: 300.00

Name: Anthony Gusmano

Address: 55332 Macintosh Court City: ShelbyT Township State: MI

Zip: 48316

Type of Contribution: Fundraiser Contribution

Employer: RETIRED

Business Address: RETIRED City: CLINTON TOWNSHIP State: MI

Zip: 48038

5878- -Add

PAC Receipt?:

Date of Receipt: 05/17/2022

Amt: 150.00

Cumul: 400.00

Name: Nicole Karmazin

Address: 38310 Saddle Lane City: Clinton Twp State: MI

Zip: 48036

Type of Contribution: Fundraiser Contribution

Employer: RETIRED

Business Address: RETIRED City: CLINTON TOWNSHIP State: MI

Zip: 48038

5917- -Add

PAC Receipt?:

Date of Receipt: 05/17/2022

Amt: 150.00

Cumul: 550.00

Name: Nicole Karmazin Address: 38310 Saddle Lane

City: Clinton Twp State: MI

Zip: 48036

Type of Contribution: Fundraiser Contribution

Employer: RETIRED **Business Address: RETIRED**

City: CLINTON TOWNSHIP State: MI

6129- -Add

PAC Receipt?:

Date of Receipt: 05/17/2022

Occupation:

Amt: 20.00

Cumul: 90.00

Name: Keith Rengert

Address: 34080 Armada Ridge Road

City: Richmond State: MI

Zip: 48062

Type of Contribution: Fundraiser Contribution

Employer:

Business Address:

City: State:

Zip:

5880- -Add

PAC Receipt?:

Date of Receipt: 05/18/2022

Amt: 200.00

Cumul: 200.00

Business Address: 26648 Van Dyke

Employer: John C. Elkhoury P.C.

Name: John Elkhoury

Address: 26648 Van Dyke Avenue

City: Center Line State: MI

Zip: 48015

Occupation: Attorney

Ave

City: Center Line State: MI

Zip: 48105

Type of Contribution: Fundraiser Contribution

6151- -Add

PAC Receipt?:

Date of Receipt: 05/19/2022

Amt: 150.00

Cumul: 150.00 Employer: Sal Palombo and Assoc.

Name: Salvatore Palombo

Address: 29400 Van Dyke Ave Suite

Type of Contribution: Fundraiser Contribution

City: Warren State: MI

Zip: 48093

Occupation: Attorney

P.C.

Business Address: 29400 Van Dyke Ave Suite 201

City: Warren State: MI

Zip: 48093

5882- -Add

PAC Receipt?:

Date of Receipt: 05/19/2022

Amt: 1,500.00

Cumul: 1,750.00

Name: Giovanni Vitale

Address: 47869 Harbor Dr. City: Chesterfield State: MI

Zip: 48047

Type of Contribution: Fundraiser Contribution

Employer: TEMO

Business Address: 20400 Hall Road City: Clinton Township State: MI

Zip: 48038

5921- -Add

PAC Receipt?:

Date of Receipt: 05/21/2022

Amt: 150.00

Cumul: 300.00

Name: Ron Fenton

Occupation: Psychologist

Occupation: President

Employer: Dr. Ron Fenton & Associates PC

Address: 8344 Hall Road Suite 209 City: Utica State: MI

Zip: 48317

Business Address: 8344 Hall

Road Suite 209 City: Utica State: MI

Zip: 48317

5883- -Add

PAC Receipt?:

Date of Receipt: 05/21/2022

Amt: 300.00

Cumul: 300.00

Name: Michelle Lundquist

Address: 38600 Van Dyke Avenue

Employer: Michelle Lundquist,

City: Sterling Heights State: MI

Bankruptcy

Zip: 48312

Occupation: Attorney

Business Address: 38600 Van Dyke City: Sterling Heights State: MI

Zip: 48312

Type of Contribution: Fundraiser Contribution

6150- -Add

PAC Receipt?:

Date of Receipt: 05/23/2022

Amt: 100.00

Cumul: 250.00

Name: Daniel Rutledge

Occupation: RETIRED

Employer: RETIRED

Address: 862 Hickory Tree Rd City: Bristol State: TN

Business Address: RETIRED City: CLINTON TOWNSHIP State: MI

Zip: 48038

Zip: 37620

Type of Contribution: Fundraiser Contribution

5886- -Add

PAC Receipt?:

Date of Receipt: 05/23/2022

Amt: 1,500.00

Cumul: 3,250.00

Name: Giovanni Vitale

Address: 47869 Harbor Dr.

Zip: 48047

Occupation: President

Employer: TEMO

City: Chesterfield State: MI

Business Address: 20400 Hall Road City: Clinton Township State: MI

Zip: 48038

Type of Contribution: Fundraiser Contribution

5887- -Add

PAC Receipt?:

Date of Receipt: 05/24/2022

Amt: 600.00

Cumul: 850.00

Name: Vincenzo Vitale

Address: 55178 Van Dyke City: Shelby Township State: MI

Zip: 48316

Occupation: Owner

Employer: Vince & Joe's Gourmet Market

Business Address: 55178 Van Dyke

City: Shelby Charter Twp State: MI

Zip: 48316

Type of Contribution: Fundraiser Contribution

5888- -Add

PAC Receipt?:

Date of Receipt: 05/25/2022

Amt: 1,500.00

Cumul: 1,500.00

Name: Ghassan BRIKHO

Address: 6915 Dakoda Dr City: Troy State: MI

Occupation: OWNER

Employer: Green Pharm Business Address: 200 South Euclid

Avenue

City: Bay City State: MI

Zip: 48706

Zip: 48098

5892- -Add

PAC Receipt?:

Date of Receipt: 05/25/2022

Amt: 300.00

Cumul: 450.00

Name: Sian Hengeveld Address: 971 Dressler Lane

City: Rochester Hills State: MI

Zip: 48307

Employer: Macomb County Business Address: 1 S Main St. City: Mt Clemems State: MI

Zip: 48043

6157- -Add

PAC Receipt?:

Date of Receipt: 05/25/2022

Amt: 1,500.00

Cumul: 1,500.00

Name: Dominic Moceri Address: 3495 Moceri Court

City: Oakland Twp State: MI

Zip: 48306

Occupation: Partner

Occupation: Attorney

Employer: Moceri Management Co. Business Address: 3005 University

Drive

City: Auburn Hills State: MI

Zip: 48326

Type of Contribution: Fundraiser Contribution

Type of Contribution: Fundraiser Contribution

5895- -Add

PAC Receipt?:

Date of Receipt: 05/26/2022

Amt: 1,500.00

Cumul: 2,500.00

Name: Larry Jacob Address: 14453 Harper Avenue

City: Detroit State: MI

Zip: 48213

Occupation: President

Employer: Harper Pawn Shop Business Address: 14453 Harper

Avenue

City: Detroit State: MI

Zip: 48213

Type of Contribution: Fundraiser Contribution

6154- -Add

PAC Receipt?:

Date of Receipt: 05/26/2022

Amt: 1,500.00

Cumul: 1,500.00

Name: Vince Manzella Address: 18751 Wideon Drive

City: Clinton Township State: MI

Zip: 48038

Occupation: Attorney

Employer: Lucido & Manzella PC Business Address: 39999 Garfield

Road Suite C

City: Clinton Township State: MI

Zip: 48038

Type of Contribution: Fundraiser Contribution

5893- -Add

PAC Receipt?:

Date of Receipt: 05/26/2022

Amt: 150.00

Cumul: 150.00

Name: Nicole McKee

Address: 45810 Private shore City: Chesterfield State: MI

Zip: 48047

Occupation: Director

Employer: Macomb Community

College

Business Address: 44575 Garfield

Rd CCE-219

City: Clinton Township State: MI

Zip: 48038

6159- -Add

PAC Receipt?:

Date of Receipt: 05/27/2022

Amt: 100.00

Cumul: 350.00

Name: Vito Catalfio

Address: 2585 Pond Vallee

Type of Contribution: Fundraiser Contribution

Occupation: Car Wash Operator

Employer: Mr. C's Car Wash Business Address: 2585 Pond Vallee

City: Oakland Twp State: MI

Zip: 48363

occupation: Car wash operator

City: Oakland Township State: MI

Zip: 48363

5896- -Add

PAC Receipt?:

Date of Receipt: 05/27/2022

Amt: 150.00

Cumul: 300.00

Name: Robert Little

Occupation: Retired

Occupation: Retired

Occupation: Supervisor

Occupation: Retired

Employer: RETIRED

Address: 14625 Shirley Avenue **City:** Warren **State:** MI

ie

Business Address: RETIRED **City:** CLINTON TOWNSHIP **State:** MI

Zip: 48038

Zip: 48089

zip. 40005

Type of Contribution: Fundraiser Contribution

5898- -Add

PAC Receipt?:

Date of Receipt: 05/27/2022

Amt: 150.00

Cumul: 450.00

Name: Robert Little

Address: 14625 Shirley Avenue

City: Warren State: MI

Zip: 48089

Type of Contribution: Fundraiser Contribution

Employer: RETIRED

Business Address: RETIRED
City: CLINTON TOWNSHIP State: MI

Zip: 48038

5899- -Add

PAC Receipt?:

Date of Receipt: 05/28/2022

Amt: 150.00

Cumul: 400.00

Name: Sam Previti Address: 61614 Cotswold Drive City: Washington State: MI

Zip: 48094

Type of Contribution: Fundraiser Contribution

Employer: Washington Township Business Address: 57900 Van Dyke City: Washington Twp State: MI

Zip: 48094

5900- -Add

PAC Receipt?:

Date of Receipt: 05/30/2022

Amt: 150.00

Cumul: 150.00

Name: Timothy Monicatti Address: 49576 Nautical Dr. City: Chesterfield State: MI

Zip: 48047

Type of Contribution: Fundraiser Contribution

Employer: RETIRED

Business Address: RETIRED

City: CLINTON TOWNSHIP State: MI

6158- -Add

PAC Receipt?:

Date of Receipt: 05/31/2022

Amt: 150.00

Cumul: 150.00

Name: Fausto Delellis

Address: 52675 Tuscany Grv

Occupation: Retired

Employer: RETIRED

City: Shelby Twp State: MI

Zip: 48315

Business Address: RETIRED City: CLINTON TOWNSHIP State: MI

Zip: 48038

Type of Contribution: Fundraiser Contribution

PAC Receipt?:

Date of Receipt: 06/01/2022

Amt: 1,000.00

Cumul: 2,000.00

Name: Cy Abdo

Occupation: Attorney Address: 42550 Garfield Rd Ste 104A

City: Clinton Twp State: MI

Zip: 48038

Type of Contribution: Fundraiser Contribution

Employer: SELF EMPLOYED Business Address: SELF EMPLOYED City: Clinton Twp State: MI

Zip: 48038

5904- -Add

PAC Receipt?:

Date of Receipt: 06/01/2022

Occupation: Retired

Occupation: Broker

Amt: 150.00

Cumul: 150.00

Name: Don Dansbury

Address: 55524 Theo Drive

City: Shelby Township State: MI

Zip: 48315

Type of Contribution: Fundraiser Contribution

Employer: RETIRED

Business Address: RETIRED

City: CLINTON TOWNSHIP State: MI

Zip: 48038

6149- -Add

PAC Receipt?:

Date of Receipt: 06/01/2022

Amt: 500.00

Cumul: 1,000.00

Name: Alex Lucido

Address: 10 Webber Pl

City: Grosse Pointe Shores State: MI

Zip: 48236

Type of Contribution: Fundraiser Contribution

Employer: Lucido Real Estate Business Address: 19455 Mack Ave City: Grosse Pte Woods State: MI

Zip: 48236

6170- -Add

PAC Receipt?:

Date of Receipt: 06/02/2022

Amt: 5,000.00

Cumul: 5,000.00

Name: Vincent Thomas Address: 363 Big Beaver Rd Suite 400

City: Troy State: MI

Zip: 48048

Occupation: Real Estate Developer

Employer: SELF EMPLOYED Business Address: SELF EMPLOYED City: Clinton Twp State: MI

Zip: 48038

6156- -Add

PAC Receipt?:

Date of Receipt: 06/03/2022

Amt: 150.00

Cumul: 400.00

Name: Frank Coppola

Occupation: CPA

Occupation: Retired

Occupation: Owner

Employer: SELF EMPLOYED

Address: 54620 Carnation Drive

Business Address: SELF EMPLOYED City: Clinton Twp State: MI

City: Macomb State: MI

Zip: 48038

Zip: 48042

Type of Contribution: Fundraiser Contribution

6155- -Add

PAC Receipt?:

Date of Receipt: 06/04/2022

Amt: 150.00

Cumul: 300.00

Name: Leo Borowsky Address: 19637 Shorecrest

City: Clinton Twp State: MI

Zip: 48038

Type of Contribution: Fundraiser Contribution

Employer: RETIRED **Business Address: RETIRED** City: CLINTON TOWNSHIP State: MI

Zip: 48038

5907- -Add

PAC Receipt?:

Date of Receipt: 06/06/2022

Amt: 150.00

Cumul: 400.00

Name: Jeff Bonanni

Address: 3505 Mountain Laurel Ct City: Oakland Twp State: MI

Zip: 48363

Type of Contribution: Fundraiser Contribution

Employer: Galbon Investments Business Address: 42241 Garfield City: Clinton Township State: MI

5908- -Add

PAC Receipt?:

Date of Receipt: 06/06/2022

Occupation: Owner

Occupation: Private Equity

Occupation: Funeral Director

Amt: 150.00

Cumul: 550.00

Name: Jeff Bonanni

Address: 3505 Mountain Laurel Ct

City: Oakland Twp State: MI

Zip: 48363

Type of Contribution: Fundraiser Contribution

Employer: Galbon Investments Business Address: 42241 Garfield City: Clinton Township State: MI

Zip: 48038

5906- -Add

PAC Receipt?:

Date of Receipt: 06/06/2022

Amt: 150.00

Cumul: 150.00

Name: Craig Bush

Address: 3310 W Big Beaver Ste 127

City: Troy State: MI

Zip: 48084

Type of Contribution: Fundraiser Contribution

Employer: SELF EMPLOYED

Business Address: SELF EMPLOYED City: Clinton Twp State: MI

Zip: 48038

6148- -Add

PAC Receipt?:

Date of Receipt: 06/07/2022

Amt: 150.00

Cumul: 400.00

Name: Raymond Lope Address: 8459 Hall Road

City: Utica State: MI

Zip: 48317

Type of Contribution: Direct

Employer: Wm.Sullivan & Son Funeral

Business Address: 8459 Hall Rd

City: Utica State: MI

Zip: 48317

5910- -Add

PAC Receipt?:

Date of Receipt: 06/08/2022

Amt: 150.00

Cumul: 150.00

Name: Glenn McIntosh

Address: 53491 Addington Drive

City: Macomb State: MI

Zip: 48042

Occupation: Educator

Employer: Oakland University Business Address: 53491 Addington

Drive 53491 Addington City: Macomb State: MI

Zip: 48042

6172- -Add

PAC Receipt?:

Date of Receipt: 06/08/2022

Amt: 500.00

Cumul: 1,000.00

Name: Louis Stramaglia Address: 3202 Auburn Rd City: Shelby Twp State: MI

Occupation: Member

Employer: 22 Mile Investment, LLC. Business Address: 3202 Auburn Rd

City: Shelby Twp State: MI Zip: 48317

Zip: 48317

Type of Contribution: Fundraiser Contribution

6178- -Add

PAC Receipt?:

Date of Receipt: 06/08/2022

Amt: 150.00

Cumul: 150.00

Name: Thomas Strobl

Occupation: Attorney

Employer: Strobl & Sharp PC PAC Business Address: 300 E. Long Lake

Address: 300 E Long Lake Road Suite

City: Bloomfield Hills State: MI

Zip: 48304

Type of Contribution: Fundraiser Contribution

City: Bloomfield Hills State: MI

Zip: 48304

Rd Ste 200

5913- -Add

PAC Receipt?:

Date of Receipt: 06/11/2022

Amt: 300.00

Cumul: 300.00

Name: TOM KALAS

Address: 15 Pine Gate Drive

City: Bloomfield Hills State: MI

Zip: 48304

Occupation: Attorney

Employer: Kalas Kadian PLC

Business Address: 31350 Telegraph

Road

City: Bingham Farms State: MI

Zip: 48025

Type of Contribution: Fundraiser Contribution

Type of Contribution: Fundraiser Contribution

6163- -Add

PAC Receipt?:

Date of Receipt: 06/11/2022

Amt: 300.00

Cumul: 300.00

Name: Larry Lulich

Address: 20701 Wolf Drive City: Macomb State: MI

Zip: 48044

Employer: SELF EMPLOYED **Business Address: SELF EMPLOYED**

City: Clinton Twp State: MI

Zip: 48038

5916- -Add

PAC Receipt?:

Zip: 48315

Date of Receipt: 06/13/2022

Amt: 300.00

Cumul: 300.00

Name: Michael Ricciardello City: Shelby Twp State: MI

Address: 48639 Hayes Rd Suite A

Occupation: Attorney

Occupation: Sales

Employer: Dematteis & Ricciardello

LLC

Business Address: 48639 Hayes

Rd. Ste. A

City: Shelby Township State: MI

Zip: 48315

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CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

6174- -Add

PAC Receipt?:

Date of Receipt: 06/15/2022

Amt: 300.00

Cumul: 550.00

Name: Diane DiPonio

Occupation: Insurance Agent

Employer: SELF EMPLOYED

Address: 29251 Creek Bend City: Farmington Hills State: MI

Zip: 48331

Type of Contribution: Fundraiser Contribution

Business Address: SELF EMPLOYED City: Clinton Twp State: MI

Zip: 48038

6167- -Add

PAC Receipt?:

Date of Receipt: 06/16/2022

Amt: 3,000.00

Cumul: 3,000.00

Name: Robert Schostak

Address: 17800 N Laurel Park

Occupation: Business

Occupation: Attorney

Employer: Schostak Brothers

Business Address: 17800 Laurel Park

Dr Suite 200C **Zip:** 48512

City: Livonia State: MI

Type of Contribution: Fundraiser Contribution

Dr North Suite 200C City: Livonia State: MI

Zip: 48152

5958- -Add

PAC Receipt?:

Date of Receipt: 06/17/2022

Amt: 300.00

Cumul: 300.00

Name: Mark Laws

Address: 3373 Park Meadow Dr

City: Lake Orion State: MI

Zip: 48362

Type of Contribution: Fundraiser Contribution

Employer: Macomb County Business Address: 1 S Main St. City: Mt Clemems State: MI

Zip: 48043

6067- -Add

PAC Receipt?:

Date of Receipt: 06/17/2022

Amt: 150.00

Cumul: 150.00

Name: Gail Pamukov

Address: 1300 W Altgeld St Ap 134N

City: Chicago State: IL

Zip: 60614-2170

Occupation: Attorney

Employer: Macomb County Business Address: 1 S Main St. City: Mt Clemems State: MI

Zip: 48043

Type of Contribution: Fundraiser Contribution

6056- -Add

PAC Receipt?:

Date of Receipt: 06/17/2022

Amt: 150.00

Cumul: 300.00

Name: David Portuesi Address: 62000 Kunstman

City: Ray State: MI

Zip: 48096

Occupation: Attorney

Employer: Macomb County Business Address: 1 S Main St. City: Mt Clemems State: MI

Zip: 48043

5963- -Add

LILLIAN AND AND PULSO

PAC Receipt?:

Date of Receipt: 06/18/2022

Amt: 150.00

Cumul: 400.00

Name: Marian Dwaihy Briske Address: 19258 Eastborne

Occupation: Assistant Prosecuting

Attorney

Employer: Macomb County Business Address: 1 S Main St. City: Mt Clemems State: MI

Zip: 48043

City: Harper Woods State: MI **Zip:** 48225

Type of Contribution: Fundraiser Contribution

5960- -Add

PAC Receipt?:

Date of Receipt: 06/18/2022

Amt: 300.00

Cumul: 300.00 Employer: Keystone Custom Homes

Name: Salvatore Manzella Address: 50374 Cheltenham Dr

City: Macomb State: MI

Zip: 48044

Occupation: Builder

Business Address: 50374 Cheltenham Dr

City: Macomb State: MI

Zip: 48044

Type of Contribution: Fundraiser Contribution

6062- -Add

PAC Receipt?:

Date of Receipt: 06/19/2022

Amt: 300.00

Cumul: 300.00

Name: David Brunell

Address: 29251 Broadmoor St

City: Livonia State: MI

Zip: 48154

Occupation: Attorney

Employer: Law Office of David C.

Brunell

Business Address: 39111 Six Mile

Road

City: Livonia State: MI

Zip: 48252

Type of Contribution: Fundraiser Contribution

5967- -Add

PAC Receipt?:

Date of Receipt: 06/20/2022

Amt: 200.00

Cumul: 550.00

Name: Vito Catalfio Address: 2585 Pond Vallee

City: Oakland Twp State: MI

Zip: 48363

Occupation: Car Wash Operator

Employer: Mr. C's Car Wash Business Address: 2585 Pond Vallee City: Oakland Township State: MI

Zip: 48363

Type of Contribution: Fundraiser Contribution

5965- -Add

PAC Receipt?:

Date of Receipt: 06/20/2022

Amt: 300.00

Cumul: 300.00

Name: Peter DeAngelo

Occupation: Self

Business Address: SELF EMPLOYED

Address: 1 Lafayette Plaisance Street City: Detroit State: MI

Type of Contribution: Fundraiser Contribution

Zip: 48207

Employer: SELF EMPLOYED City: Clinton Twp State: MI

6175- -Add

..... acepus

PAC Receipt?:

Date of Receipt: 06/20/2022

Amt: 5,000.00

Cumul: 5,500.00

Name: Tony Gallo Address: 6303 26 Mile Rd

Occupation: Contractor

Employer: Gallo Companies Business Address: 6303 26 Mile

City: Washington State: MI

Rd Suite 200

Zip: 48094

City: Washington Twp State: MI

Zip: 48094

Type of Contribution: Fundraiser Contribution

5964- -Add

PAC Receipt?:

Date of Receipt: 06/20/2022

Amt: 150.00

Cumul: 550.00

Name: Raymond Lope

Address: 8459 Hall Road

City: Utica State: MI

Zip: 48317

Type of Contribution: Fundraiser Contribution

Employer: Wm.Sullivan & Son Funeral

Business Address: 8459 Hall Rd

City: Utica State: MI

Zip: 48317

5968- -Add

PAC Receipt?:

Date of Receipt: 06/21/2022

Amt: 250.00

Cumul: 250.00

Name: Gregory Carnago Address: 667 E Big Beaver

City: Troy State: MI

Zip: 48083

Occupation: Retired

Occupation: Funeral Director

Employer: RETIRED **Business Address: RETIRED**

City: CLINTON TOWNSHIP State: MI

Zip: 48038

Type of Contribution: Fundraiser Contribution

6161- -Add

PAC Receipt?:

Date of Receipt: 06/21/2022

Amt: 150.00

Cumul: 150.00

Name: Peter Fuciarelli

Occupation: Retired

Address: 43179 West Kirkwood Drive City: Clinton Township State: MI

Zip: 48038

Employer: RETIRED **Business Address: RETIRED**

City: CLINTON TOWNSHIP State: MI

Zip: 48038

Type of Contribution: Fundraiser Contribution

6160- -Add

PAC Receipt?:

Date of Receipt: 06/21/2022

Amt: 1,500.00

Cumul: 1,500.00

Name: Tom Parker

Occupation: Retired

Employer: RETIRED

Address: 356 North Clifton Road City: Bloomfield State: MI

Business Address: RETIRED City: CLINTON TOWNSHIP State: MI

Zip: 48038

Zip: 48301

6162- -Add

PAC Receipt?:

Date of Receipt: 06/21/2022

Amt: 150.00

Cumul: 300.00

Name: James Timpa

Occupation: Insurance Agent

Employer: SELF EMPLOYED

Address: 393278 Aynesley St. City: Clinton Township State: MI

Zip: 48038

Business Address: SELF EMPLOYED City: Clinton Twp State: MI

Zip: 48038

Type of Contribution: Fundraiser Contribution

5970- -Add

PAC Receipt?:

Date of Receipt: 06/22/2022

Amt: 300 00

Cumul: 300.00

Name: Christopher Urban Address: 22191 Rhys Drive

City: Macomb State: MI

Occupation: Attorney

Employer: Macomb County Business Address: 1 S Main St. City: Mt Clemems State: MI

Zip: 48043

Zip: 48042

Type of Contribution: Fundraiser Contribution

6064- -Add

PAC Receipt?:

Date of Receipt: 06/25/2022

Amt: 500.00

Cumul: 650.00

Name: Paul Illich

Address: 34285 Groesbeck Highway City: Clinton Township State: MI

Zip: 48035

Occupation: Owner

Employer: American Auto Inc Business Address: 34285 Groesbeck

Highway

City: Clinton Township State: MI

Zip: 48035

Type of Contribution: Fundraiser Contribution

5983- -Add

PAC Receipt?:

Date of Receipt: 06/26/2022

Amt: 300.00

Cumul: 300.00

Name: Christopher Petrides

Address: 16924 Courville Drive City: Northville State: MI

Zip: 48169

Occupation: Retired

Occupation: Retired

Employer: RETIRED

Business Address: RETIRED City: CLINTON TOWNSHIP State: MI

Zip: 48038

Type of Contribution: Fundraiser Contribution

5984- -Add

PAC Receipt?:

Date of Receipt: 06/27/2022

Amt: 300.00

Cumul: 300.00

Name: Julie Cucco

Address: 464 Neff Road

City: Grosse Pointe State: MI

Zip: 48230

Type of Contribution: Fundraiser Contribution

Employer: RETIRED

Business Address: RETIRED

City: CLINTON TOWNSHIP State: MI

5986- -Add

PAC Receipt?:

Zip: 22307

Date of Receipt: 06/27/2022

Amt: 150.00

Cumul: 150.00

Name: David Safavian

Address: 1314 Gatewood Drive

Occupation: General Counsel

Employer: American Conservation

Business Address: 1199 North

Fairfax Street 500

City: Alexandria State: VA

Zip: 22314

City: Alexandria State: VA

Type of Contribution: Fundraiser Contribution

6080- -Add

PAC Receipt?:

Date of Receipt: 06/27/2022

Amt: 150.00

Cumul: 150.00

Name: Rico Valente

Address: 3315 33 Mile Rd

Occupation: Owner

Occupation: Retired

Business Address: 42130 Mound Road

City: Bruce Township State: MI **Zip:** 48065

City: Sterling Heights State: MI

Employer: Reklein Plastics

Zip: 48314

Type of Contribution: Fundraiser Contribution

Type of Contribution: Fundraiser Contribution

6086- -Add

PAC Receipt?:

Date of Receipt: 06/28/2022

Amt: 500.00

Cumul: 500.00

Name: Benedetto DiPonio Address: 735 Mill Pointe Dr.

City: Milford State: MI

Zip: 48381

Employer: RETIRED Business Address: RETIRED

City: CLINTON TOWNSHIP State: MI

Zip: 48038

6061- -Add

PAC Receipt?:

Date of Receipt: 06/28/2022

Amt: 1,500.00

Cumul: 1,500.00

Name: Robert Ihrie

Address: 24055 Jefferson Suite 2000

City: St. Clair Shores State: MI

Zip: 48080

Occupation: Attorney

Employer: Ihrie Obrien Law Business Address: 24055 Jefferson

Avenue Suite 2000

City: St. Clair Shores State: MI

Zip: 48080

Type of Contribution: Fundraiser Contribution

5989- -Add

PAC Receipt?:

Date of Receipt: 06/28/2022

Amt: 300.00

Cumul: 460.00

Name: Nunzio Provenzano Address: 15829 Kennedy Drive

City: Macomb State: MI

Zip: 48044

Occupation: Attorney

Employer: Nunzio Provenzano PC Business Address: 23550 Harper

Ave

City: St Clair Shores State: MI

Zip: 48080

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CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5990- -Add

PAC Receipt?:

Date of Receipt: 06/29/2022

Amt: 1,500.00

Cumul: 1,750.00

Name: Brian Pannebecker

Occupation: RETIRED

Employer: RETIRED

Address: 25984 Maritime Cir S City: Harrison Twp State: MI

Business Address: RETIRED City: CLINTON TOWNSHIP State: MI

Zip: 48045

Zip: 48038

Type of Contribution: Fundraiser Contribution

6076- -Add

PAC Receipt?:

Date of Receipt: 06/30/2022

Amt: 300 00

Cumul: 300.00

Name: Jonathan Mycek Address: 1 S Main St

Occupation: Attorney

Occupation: Attorney

Employer: Macomb County Business Address: 1 S Main St. City: Mt Clemems State: MI

City: Mt Clemens State: MI

Zip: 48043

Zip: 48043

Type of Contribution: Fundraiser Contribution

PAC Receipt?:

Date of Receipt: 06/30/2022

Amt: 150.00

Amt: 1,500.00

Cumul: 150.00

Name: Timothy Wegmeyer Address: 5780 Belleview

City: East China State: MI

Zip: 48054

Type of Contribution: Fundraiser Contribution

Employer: SELF EMPLOYED Business Address: SELF EMPLOYED City: Clinton Twp State: MI

Zip: 48038

6078- -Add

PAC Receipt?:

Date of Receipt: 07/01/2022

Cumul: 2,000.00

Name: Ernest Robinette

Address: 38600 Van Dyke Ave Ste

Occupation: Attorney

Employer: Law Office of Ernest Business Address: 38600 Van Dyke

250E

City: Sterling Heights State: MI

Zip: 48312

Type of Contribution: Fundraiser Contribution

Ave City: Sterling Heights State: MI Zip: 48312

5991- -Add

PAC Receipt?:

Date of Receipt: 07/03/2022

Amt: 150.00

Cumul: 150.00

Name: Juanita Hickmon Address: 13305 Swan lane

Occupation: CEO

Employer: My3Angels LLC Business Address: 13305 Swan Lane

City: Shelby Township State: MI

Zip: 48315

Type of Contribution: Fundraiser Contribution

City: Shelby Township State: MI

5998- -Add

PAC Receipt?:

Zip: 48067

Date of Receipt: 07/04/2022

Amt: 3,000.00

Cumul: 4,000.00

Name: Derrick George

Address: 444 S Washington City: Royal Oak State: MI

Occupation: Attorney

Employer: George Law Business Address: 444 S.

Washington Ave

City: Royal Oak State: MI

Zip: 48067

Type of Contribution: Fundraiser Contribution

5999- -Add

PAC Receipt?:

Date of Receipt: 07/04/2022

Amt: 300.00

Cumul: 300.00

Name: Klint Kesto

Occupation: Attorney

Employer: SELF EMPLOYED **Business Address: SELF EMPLOYED**

Address: 4636 Rosewood Lane City: West Bloomfield Twp State: MI

Zip: 48323

City: Clinton Twp State: MI

Zip: 48038

Type of Contribution: Fundraiser Contribution

5994- -Add

PAC Receipt?:

Date of Receipt: 07/04/2022

Amt: 150.00

Cumul: 150.00

Name: Louis LaBrecque

Address: 13113 Renaissance Dr

Occupation: Director

Employer: Conduent **Business Address: 13133**

Renaissance Dr.

City: Shelby Township State: MI

Zip: 48315

City: Shelby Township State: MI

Zip: 48315

Type of Contribution: Fundraiser Contribution

5997- -Add

PAC Receipt?:

Date of Receipt: 07/04/2022

Amt: 250.00

Cumul: 2,250.00

Name: Paul Manni

Address: 42778 Flis Drive

City: Sterling Heights State: MI

Zip: 48314

Occupation: Manager

Employer: All Phones Wholesale Business Address: 721 East 11 Mile

Road

City: Royal Oak State: MI

Zip: 48067

Type of Contribution: Fundraiser Contribution

6117- -Add

PAC Receipt?:

Date of Receipt: 07/04/2022

Amt: 250.00

Cumul: 250.00

Name: Rosann Palazzolo

Address: 21252 Briar Rose Dr

City: Macomb State: MI

Zip: 48044

Occupation: Office Manager

Employer: Metzler Locricchio Serra &

Co.

Business Address: 1800 W Big

Beaver Rd #100 City: Troy State: MI

Zip: 48084

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CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

6003- -Add

PAC Receipt?:

Date of Receipt: 07/05/2022

Amt: 150.00

Cumul: 300.00

Name: Peter Fuciarelli

Occupation: Retired

Occupation: Retired

Address: 43179 West Kirkwood Drive

City: Clinton Township State: MI

Zip: 48038

Type of Contribution: Fundraiser Contribution

Employer: RETIRED

Business Address: RETIRED City: CLINTON TOWNSHIP State: MI

Zip: 48038

6002- -Add

PAC Receipt?:

Date of Receipt: 07/05/2022

Amt: 1,500.00

Cumul: 3,000.00

Name: Tom Parker

Address: 356 North Clifton Road

City: Bloomfield State: MI

Zip: 48301

Type of Contribution: Fundraiser Contribution

Employer: RETIRED

Business Address: RETIRED City: CLINTON TOWNSHIP State: MI

Zip: 48038

6001- -Add

PAC Receipt?:

Date of Receipt: 07/05/2022

Amt: 500.00

Cumul: 750.00

Name: Art Weiss

Address: 30445 Northwester Hwy

City: Farmington Hills State: MI

Zip: 48334

Type of Contribution: Fundraiser Contribution

Employer: SELF EMPLOYED **Business Address: SELF EMPLOYED**

City: Clinton Twp State: MI

Zip: 48038

6020- -Add

PAC Receipt?:

Date of Receipt: 07/06/2022

Amt: 300.00

Cumul: 550.00

Name: Nicholas Bachand

Address: 1565 Fairholme Rd City: Grosse Pointe Woods State: MI

Type of Contribution: Fundraiser Contribution

Zip: 48236

Occupation: Attorney

Occupation: Attorney

Occupation: Attorney

Employer: SELF EMPLOYED

Business Address: SELF EMPLOYED

City: Clinton Twp State: MI

Zip: 48038

6022- -Add

PAC Receipt?:

Date of Receipt: 07/06/2022

Amt: 300.00

Cumul: 550.00

Name: Marc Hart Address: 1007 Mallow St.

City: Wolverine Lake State: MI

Zip: 48390

Type of Contribution: Fundraiser Contribution

Employer: SELF EMPLOYED

Business Address: SELF EMPLOYED City: Clinton Twp State: MI

6021- -Add

PAC Receipt?:

Date of Receipt: 07/06/2022

Amt: 900.00

Cumul: 1,750.00

Name: Vincenzo Vitale

Address: 55178 Van Dyke

Occupation: Owner

Market

Business Address: 55178 Van Dyke

City: Shelby Township State: MI **Zip:** 48316

City: Shelby Charter Twp State: MI

Employer: Vince & Joe's Gourmet

Zip: 48316

Type of Contribution: Fundraiser Contribution

6019- -Add

PAC Receipt?:

Date of Receipt: 07/06/2022

Amt: 300.00

Cumul: 800.00

Name: Paul Zalewski

Occupation: Attorney

Employer: The Zalewski Law Firm Business Address: 29199 Ryan Road

Address: 38803 Bellingham

City: Harrison Twp State: MI **Zip:** 48045

City: Warren State: MI

Zip: 48092

Type of Contribution: Fundraiser Contribution

6028- -Add

PAC Receipt?:

Date of Receipt: 07/07/2022

Amt: 1,500.00

Cumul: 2,000.00

Name: Patrick Bagley

Address: 6557 Highland Rd City: Waterford State: MI

Zip: 48327

Occupation: Attorney

Employer: Bagley & Langan P.L.L.C. Business Address: 6557 Highland

Road

City: Waterford State: MI

Zip: 48327

Type of Contribution: Fundraiser Contribution

6023- -Add

PAC Receipt?:

Date of Receipt: 07/07/2022

Amt: 1,500.00

Cumul: 1,500.00

Name: Justin Elias

Address: 221 North Main Street City: Royal Oak State: MI

Zip: 48067

Occupation: President

Employer: Puff

Business Address: 221 North Main

Street

City: Royal Oak State: MI

Zip: 48067

Type of Contribution: Fundraiser Contribution

6027- -Add

PAC Receipt?:

Date of Receipt: 07/07/2022

Amt: 150.00

Cumul: 700.00

Name: Marc Hart

Address: 1007 Mallow St.

Occupation: Attorney

Employer: SELF EMPLOYED Business Address: SELF EMPLOYED City: Clinton Twp State: MI

City: Wolverine Lake State: MI

Zip: 48390

Type of Contribution: Fundraiser Contribution

6070- -Add

PAC Receipt?:

Date of Receipt: 07/07/2022

Amt: 500.00

Cumul: 750.00

Name: Christopher LaBelle Address: 49746 Goulette Pointe City: Chesterfield Twp State: MI

Occupation: Contractor

Employer: LaBelle Companies Business Address: 45 South Rose

Street

City: Mt. Clemens State: MI

Zip: 48043

Zip: 48047

Type of Contribution: Fundraiser Contribution

6029- -Add

PAC Receipt?:

Date of Receipt: 07/07/2022

Amt: 3,000.00

Cumul: 4.000.00

Employer: Canu Torrice Law PLLC

Name: Peter Torrice

Address: 22599 Lange City: St. Clair Shores State: MI

Zip: 48080

Occupation: Attorney

Business Address: 32059 Utica Road City: Fraser State: MI

Zip: 48026

Type of Contribution: Fundraiser Contribution

6030- -Add

PAC Receipt?:

Date of Receipt: 07/08/2022

Amt: 300.00

Cumul: 550.00

Name: Michael Leach

Address: 5210 Vineyards Ct

City: Troy State: MI

Zip: 48098

Occupation: Financial Advisor

Employer: STIFEL **Business Address: 28411** Northwester Highway City: Southfield State: MI

Zip: 48034

Type of Contribution: Fundraiser Contribution

6079- -Add

PAC Receipt?:

Date of Receipt: 07/10/2022

Amt: 150.00

Cumul: 300.00

Name: Joshua Abbott Address: 409 Wesley Street City: Rochester State: MI

Zip: 48307

Occupation: Attorney

Occupation: Financial Advisor

Employer: Macomb County Business Address: 1 S Main St. City: Mt Clemems State: MI

Zip: 48043

Type of Contribution: Fundraiser Contribution

6031- -Add

PAC Receipt?:

Date of Receipt: 07/10/2022

Amt: 300.00

Cumul: 300.00

Name: Robert Kevin Janeway

Address: 1111 North Old Woodward

Ave Unit 13

City: Birmingham State: MI

Zip: 48009

Type of Contribution: Fundraiser Contribution

Employer: RWS Financial Group Business Address: 1918 North Main

Street

City: Royal Oak State: MI

6039- -Add

PAC Receipt?:

Date of Receipt: 07/11/2022

Amt: 300.00

Cumul: 300.00

Name: Maria Chirco

Occupation: Real Estate

Employer: SELF EMPLOYED **Business Address: SELF EMPLOYED**

Address: 2017 Dell Rose Drive

City: Bloomfield Township State: MI

City: Clinton Twp State: MI

Zip: 48038

Zip: 48302

Type of Contribution: Fundraiser Contribution

6085- -Add

PAC Receipt?:

Date of Receipt: 07/11/2022

Amt: 100.00

Cumul: 100.00

Name: Rosario Curcuru

Address: 54605 Queenbough Dr. City: Shelby Twp State: MI

Zip: 48315

Occupation:

Business Address:

City: State:

Employer:

Zip:

Type of Contribution: Fundraiser Contribution

6034- -Add

PAC Receipt?:

Date of Receipt: 07/11/2022

Amt: 150.00

Cumul: 150.00

Name: Frank Ferro

Address: 6303 26 Mile Rd #150 City: Washington State: MI

Zip: 48094

Occupation: Home Builder

Occupation: Construction

Occupation: Retired

Employer: Ferro Homes

Business Address: 6303 26 Mile

Rd #150

City: Washington State: MI

Zip: 48094

Type of Contribution: Fundraiser Contribution

6041- -Add

PAC Receipt?:

Date of Receipt: 07/11/2022

Amt: 300.00

Employer: Skip Your Salesman Inc.

Cumul: 550.00

Name: Jerry Lennox Address: 6271 PAYNE STREET

City: OTTER LAKE State: MI

Zip: 48464

Business Address: 905 W. Eleven Mile

City: Madison Height State: MI

Zip: 48071

Type of Contribution: Fundraiser Contribution

6036- -Add

PAC Receipt?:

Date of Receipt: 07/11/2022

Amt: 300.00

Cumul: 300.00

Name: Milos Savavolatz Address: 1957 Mapleridge Road

City: Rochester Hills State: MI

Zip: 48309

Type of Contribution: Fundraiser Contribution

Employer: RETIRED

Business Address: RETIRED City: CLINTON TOWNSHIP State: MI

6038- -Add

PAC Receipt?:

Date of Receipt: 07/11/2022

Amt: 150.00

Cumul: 150.00

Name: John Vermeulen

Address: 5514 Woodmire Drive

Occupation: Retired

Employer: RETIRED

City: Shelby Twp State: MI

Zip: 48316

Business Address: RETIRED City: CLINTON TOWNSHIP State: MI

Zip: 48038

Type of Contribution: Fundraiser Contribution

6046- -Add

PAC Receipt?:

Date of Receipt: 07/12/2022

Amt: 50.00

Cumul: 50.00

Name: Guido Aidenbaum

Address: 6734 Cottonwood Knoll

Occupation:

Employer:

City: West Bloomfield State: MI

Zip: 48322

Type of Contribution: Fundraiser Contribution

Type of Contribution: Fundraiser Contribution

Business Address: City: State:

Zip:

6045- -Add

PAC Receipt?:

Date of Receipt: 07/12/2022

Amt: 1,500.00

Cumul: 2,500.00

Name: Avis Choulagh Address: 48528 Isola Dr

City: Shelby Twp State: MI

Zip: 48315

Occupation: Attorney

Employer: Avis Choulagh MTIP PLLC Business Address: 32059 Utica Road

City: Fraser State: MI

Zip: 48026

6081- -Add

PAC Receipt?:

Date of Receipt: 07/12/2022

Amt: 150.00

Cumul: 300.00

Name: Vincent Crispignani

Address: 37135 Woodpointe Dr. City: Clinton Township State: MI

Zip: 48306

Occupation: Developer

Occupation: Attorney

Employer: SELF EMPLOYED

Business Address: SELF EMPLOYED

City: Clinton Twp State: MI

Zip: 48038

Type of Contribution: Fundraiser Contribution

6083- -Add

PAC Receipt?:

Date of Receipt: 07/12/2022

Amt: 500.00

Cumul: 1,000.00

Name: Ralph L. Maccarone

Address: 13921 Basilisco Chase Drive

City: Shelby Twp State: MI

Zip: 48315

Type of Contribution: Fundraiser Contribution

Employer: SELF EMPLOYED

Business Address: SELF EMPLOYED

City: Clinton Twp State: MI

TITTE TO TOPOLO rage 33 01 38

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

6071- -Add

PAC Receipt?:

Date of Receipt: 07/12/2022

Amt: 1,500.00

Cumul: 1,500.00

Name: Martin Manna

Address: 30095 Northwestern Hwy

Ste 101

City: Farmington Hills State: MI

Zip: 48336

Occupation: President

Employer: Chaldean American Chamber

Business Address: 30095 Northwester Highway Suite 101 City: Farmington Hills State: MI

Zip: 48334

Type of Contribution: Fundraiser Contribution

6043- -Add

PAC Receipt?:

Date of Receipt: 07/12/2022

Amt: 300.00

Cumul: 300.00

Name: Thomas Niemasz

Address: 14642 Stratford Ct City: Shelby Twp State: MI

Zip: 48315

Occupation: Sales/Broker

Employer: Real Estate One

Business Address: 56228 Van Dyke

Avenue

City: Shelby Township State: MI

Zip: 48316

Type of Contribution: Fundraiser Contribution

6084- -Add

PAC Receipt?:

Date of Receipt: 07/13/2022

Amt: 150.00

Cumul: 150.00

Name: Paul Viviano Address: 43494 Columbia Dr

City: Clinton Township State: MI

Zip: 48038

Occupation: Owner

Employer: Viviano Flower Shop Business Address: 32050 Harper

Ave.

City: St. Clair Shores State: MI

Zip: 48082

Type of Contribution: Fundraiser Contribution

6049- -Add

PAC Receipt?:

Date of Receipt: 07/14/2022

Amt: 150.00

Cumul: 150.00

Name: Vince Cusmano

Address: 171 Magnolia Lakes

City: PSL State: FL

Zip: 34986

Occupation: Retired

Occupation: Real Estate Agent

Employer: RETIRED **Business Address: RETIRED** City: CLINTON TOWNSHIP State: MI

Zip: 48038

Type of Contribution: Fundraiser Contribution

6074- -Add

PAC Receipt?:

Date of Receipt: 07/14/2022

Amt: 300.00

Cumul: 300.00

Name: Paul Dehem

Address: 8805 Russell St

City: Shelby Township State: MI

Zip: 48317

Type of Contribution: Fundraiser Contribution

Employer: SELF EMPLOYED

Business Address: SELF EMPLOYED City: Clinton Twp State: MI

6050- -Add

PAC Receipt?:

Date of Receipt: 07/15/2022

Amt: 150.00

Cumul: 150.00

Name: Jim Timkia

Address: 39378 Aynesley Street

Occupation: Founder

Business Address: 39378 Aynesley

Employer: Timka Insurance

City: Clinton Township State: MI

Street

Zip: 48038

Type of Contribution: Fundraiser Contribution

City: Clinton Township State: MI

Zip: 48038

6053- -Add

PAC Receipt?:

Date of Receipt: 07/18/2022

Amt: 150.00

Cumul: 300.00

Name: Frank Mamat

Occupation: Attorney

Occupation: Attorney

Employer: Barnes & Thornburg Business Address: 3000 Town

Address: 3000 Town Center #2440

City: Southfield State: MI

Zip: 48075

Center Suite 2440

City: Southfield State: MI

Zip: 48323

Type of Contribution: Fundraiser Contribution

6092- -Add

PAC Receipt?:

Date of Receipt: 07/18/2022

Amt: 1,500.00

Cumul: 1,500.00

Name: Shawn Mansour

Address: 45709 Rathmore Drive

City: Macomb State: MI

Zip: 48044

Employer: Shaun Mansour Business Address: 38550 Garfield

Road

City: Clinton Township State: MI

Zip: 48038

Type of Contribution: Fundraiser Contribution

6099- -Add

PAC Receipt?:

Date of Receipt: 07/20/2022

Amt: 150.00

Cumul: 150.00 Employer: Macomb County

Address: 834 Westchester Road City: Grosse Pointe State: MI

Name: Fred Bartolomei

Zip: 48230

Occupation: APA

Business Address: 1 S Main St. City: Mt Clemems State: MI

Zip: 48043

Type of Contribution: Fundraiser Contribution

6103- -Add

PAC Receipt?:

Date of Receipt: 07/20/2022

Amt: 150.00

Cumul: 400.00

Name: John Biernat Address: 4254 Harvard

City: Detroit State: MI

Zip: 48224

Occupation: Attorney

Employer: Padilla Law Group Business Address: 1821 W. Maple City: Birmingham State: MI

Zip: 48009

Type of Contribution: Fundraiser Contribution

6114- -Add

PAC Receipt?:

Date of Receipt: 07/20/2022

Amt: 150.00

Cumul: 150.00

Name: BRIAN FOX

Address: 1014 Audubon Road City: Grosse Pointe State: MI

Occupation: Attorney

Occupation: Attorney

Employer: Macomb County Business Address: 1 S Main St. City: Mt Clemems State: MI

Zip: 48043

Zip: 48230

Type of Contribution: Fundraiser Contribution

6095- -Add

PAC Receipt?:

Date of Receipt: 07/20/2022

Amt: 150.00

Cumul: 150.00

Name: Nazek Gappy

Address: 1438 N. Crooks Road Suite

City: Clawson State: MI

Zip: 48017

Type of Contribution: Fundraiser Contribution

Employer: Nazek a. Gappy PC Business Address: 1438 N Crooks

Road

City: Clawson State: MI

Zip: 48017

6101- -Add

PAC Receipt?:

Date of Receipt: 07/20/2022

Amt: 150.00

Cumul: 400.00

Name: Jacqueline Gartin Address: 15896 Tea Rose City: Macomb State: MI

Zip: 48042

Type of Contribution: Fundraiser Contribution

Employer: Macomb County Business Address: 1 S Main St. City: Mt Clemems State: MI

Zip: 48043

6104- -Add

PAC Receipt?:

Date of Receipt: 07/20/2022

Amt: 150.00

Cumul: 150.00

Name: Dan Waller Address: 209 Northshore Drive

City: St. Clair Shores State: MI

Zip: 48080

Occupation: Attorney

Occupation: Attorney

Employer: SELF EMPLOYED Business Address: SELF EMPLOYED

City: Clinton Twp State: MI

Zip: 48038

Type of Contribution: Fundraiser Contribution

Schedule Total

\$ 90,240.00

DIRECT EXPENDITURES (1B) CANDIDATE COMMITTEE

· Committee ID

139858-0

· Committee Name

CTE PETER J LUCIDO FOR PROSECUTOR

· Document Name

Pre-Election General

5978- -Add

Date: 04/26/2022

Name: St. Clair Shores

Purpose: Memorial Day Parade #327 Payment on Debt/Obligation

reported on Fund Raiser:

Amt: 100.00

previous statement:

City: St Clair Shores State: MI **Zip:** 48082

5952- -Add

Date: 04/27/2022

Name: OEX Office Supplies Address: 1280 E. Big Beaver Road

Address: 27600 Jefferson Circle Dr

City: Troy State: MI

Zip: 48083

Amt: 4,985.71

Purpose: Advertising #328

Fund Raiser: X

Payment on Debt/Obligation

reported on

previous statement:

6017- -Add

Date: 04/30/2022

Name: Anedot Inc Address: 1920 McKinney City: Dallas State: TX

Zip: 75201

Amt: 97.50

Purpose: Anedot Bank Fees

Fund Raiser: X

Payment on Debt/Obligation reported on

previous statement:

6018- -Add

Date: 05/31/2022

Name: Anedot Inc Address: 1920 McKinney

City: Dallas State: TX

Zip: 75201

Amt: 494.60

Purpose: Anedot Bank Fees

Fund Raiser: X

Payment on Debt/Obligation

reported on

previous statement:

5945- -Add

Date: 06/15/2022

Name: Fiesta Italiana

Address: 6303 26 Mile Road Apt 203

City: Washington State: MI

Zip: 48094

Amt: 750.00

Purpose: Advertising #329

Fund Raiser: X

Payment on Debt/Obligation

reported on

previous statement:

DIRECT EXPENDITURES (1B) CANDIDATE COMMITTEE

6033- -Add

Date: 06/28/2022

Name: Party Paradise Address: 39090 Van Dyke Ave

City: Sterling Heights State: MI

Zip: 48313

Amt: 515.48

Purpose: Tabel #330

Fund Raiser: X

Payment on Debt/Obligation

reported on

previous statement:

6055- -Add

Date: 06/30/2022

Name: Anedot Inc Address: 1920 McKinney City: Dallas State: TX

Zip: 75201

Amt: 280.30

Purpose: Anedot Bank Fees

Fund Raiser: X

Payment on Debt/Obligation

reported on

previous statement:

6091- -Add

Date: 07/19/2022

Name: G-Tek Professional Svcx Address: 42888 Mound Roac City: Sterling Heights State: MI

Zip: 48314

Amt: 1,783.95

Purpose: Advertising #331

Fund Raiser: X

Payment on Debt/Obligation

reported on

previous statement:

6106- -Add

Date: 07/19/2022

Name: Marc Hart Address: 1007 Mallow St.

City: Wolverine Lake State: MI

Zip: 48390

Amt: 150.00

Purpose: Refund

Fund Raiser: X

Payment on Debt/Obligation

reported on

previous statement:

6107- -Add

Date: 07/20/2022

Name: Anedot Inc Address: 1920 McKinney City: Dallas State: TX

Zip: 75201

Amt: 839.10

Purpose: Anedot Bank Fee

Fund Raiser: X

Payment on Debt/Obligation

reported on

previous statement:

Schedule Total

\$ 9,996.64

DEBTS AND OBLIGATIONS (1E) CANDIDATE COMMITTEE

• Committee ID 139858-0
• Committee Name CTE PETER J LUCIDO FOR PROSECUTOR
• Document Name Pre-Election General

6106- -Add

Corp: Type: RF Refund

Cumulative payment to date on debt: 0.00 Outstanding Balance at close of

this period: 150.00

Owed By: Marc Hart

Marc Hart

Address: 1007 Mallow St.

City: Wolverine Lake State: MI

Zip: 48390

Date Debt Was Incurred: 07/19/2022 Payment

Original Amt of Debt: 150.00

Forgiven: 0.00 Endorsed Amt: 0.00 Payment Date(s):

Payment Amt(s):

Endorser or Guarantor:

Owed By Committee (Outstanding):

\$ 0.00

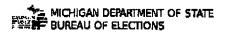
Owed To Committee (Outstanding):

\$ 150.00

MERTS Reports

Page 1 of 1

FILED 2022 AUG 12 PM12:46 MACOMB COUNTY CLERK



CANDIDATE COMMITTEE COVER PAGE

- Committee ID	139858-0	
· Committee Name	CTE PETER J LUCIDO FOR	PROSECUTOR
· Coverage Period	01/01/2022 - 07/20/202	2
- Candidate Name	PETER J. LUCIDO	- The state of the
- Office/District Sought	District Courts (Population	n 250,000+)
· County of Residence		
- Address Information	1	
· Committee Mailing	6303 26 MILE RD WASHINGTON MI 4809	94
- Phone	Aldrew Aldrew	
- Treasurer Name	Frank Coppola	
- Treasurer Residential	54620 Carnation Drive Macomb MI 48042	the shanger with the sales with the
- Phone		The state of the s
· Treasurer Business	SELF EMPLOYED Clinton Twp MI 48038	
Phone		A STATE OF THE STA
Recordkeeper Name	Frank Coppola	
· Recordkeeper Mailing	54620 Carnation Drive Macomb MI 48042	THE CONTRACT OF THE CONTRACT O
Phone	by any and the second distriction of property	The second secon
Statement Type	Amended - Pre-Election	
- Relates To	General	The second section of the second second section sectio
Election Date	V/	
Dissolution Date (effective)	///	
Annual Statement Coverage Year		The second of the second secon
Treasurer/Recordkeeper Signed	Frank Coppola	Date 6-11-2-22//
· Candidate Signed	PETER J. LUCIDO	- Date 9-11.0022 //

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in the items above has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

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: FRANK Copps / Sign	nature: Date: 8-11-202	<u>~</u>
Candidate:		
(Type or Print) Name: Peter 5. Lucido Sign	nature: Date: 8-11-2022	

MERTS Reports

Page 2 of 2

FUND RAISERS (1F) CANDIDATE COMMITTEE

· Committee ID 139858-0 CTE PETER J LUCIDO FOR PROSECUTOR Committee Name Amended - Pre-Election General · Document Name

Co-sponsors

5860- -Add

Date of event: 07/20/2022

#Attending: 200 <=\$20: 40.00

>\$20: 90200.00 Other: 0.00

Total Cost of Event: 9896.64

Contrib% Expend%

Event: Fund Raiser

Address1: 2022 Birthday Celebration Address2: 54660 Van Dyke City: Shelby Township State: MI

Zip: 48317 Private:

file:///C:/MertsC/r2/can.xml



FILED 08 NOV 2022 PM 04:31

MACOMB COUNTY CLERK **CANDIDATE COMMITTEE** FOR OFFICIAL USE ONLY MT. CLEMENS, MICHIGAN **COVER PAGE** Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate. 3. This Statement covers From: 07/21/2022 to 10/20/2022 1. Committee I.D. Number 4. Candidate Last Name First Name M.I. PETER LUCIDO J 139858 4a. Office Sought Including District # or Community Served (If applicable) 2. Committee Name PROSECUTING ATTORNEY, MACOMB COUNTY CTE PETER J. LUCIDO FOR PROSECUTOR 4b. County of Residence MACOMB COUNTY 5. Committee's Mailing Address 6. Treasurer's Name & Residential Address 6303 26-MILE RD SUITE 203 FRANK COPPOLA WASHINGTON TWP. MI 48094 54620 CARNATION **MACOMB**, MI 48042 Area Code and Phone (586) 206-3133 If the address in this box is different from the committee mailing address on the Statement of Organization, mail may Area Code & Phone (586) 295-375 be sent to this address by the filing official. 7. Treasurer's Business Address 8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) 54620 CARNATION SUSANNE RODZOS **MACOMB. MI 48042 47134 MORNING DOVE** MACOMB, MI 48044 Area Code and Phone (586) 295-375 (586) 228-5800 Area Code and Phone 9e. Dissolution of Candidate Committee 9. TYPE OF STATEMENT Required ONLY if candidate 9a. Pre-Election OR 9b. Post-Election By checking this item I/We certify any outstanding debt is not on the ballot for the current year: by the committee to the candidate or his or her spouse is here Pre-Election or Post-Election Statement relates to: by discharged and forgiven, and no longer collectible from July Quarterly the committee. The committee has no oustanding assets, Primary owes no lates fees or has any oustanding debt. X October Quarterly General Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Convention Special Annual Statement (2022) Effective date of dissolution Coverage Year School Amendment to Campaign Statement (Complete Item 9a, 9b , 9c or 9e to Caucus Note: The disposition of residual funds must be reported on indicate which Statement is being Schedule 1B and the Summary Page. amended.) Date of Election, Convention or Caucus

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.

Submitted electronically. Current Treasurer or signature on file Designated Record keeper

Type or Print Name Signature

Type or Print Name

Date

11/08/2022

Submitted electronically, signature on file Date

Signature

11/08/2022

Candidate _

1. Committee I.D. Number 139858

SUMMARY PAGE CANDIDATE COMMITTEE

CANDIDATE COMMITTEE		
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		,,,,,
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 114,790.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ 114,790.00	(18.) \$ 225,463.50
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ 0.00	(19.) \$ 0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ 114,790.00	(20.) \$ 225,463.50
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ 0.00	(21.) \$ 0.00
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ 0.00	(22.) \$ 0.00
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ 20,459.40	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ 0.00	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ 0.00	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ 20,459.40	(23.) \$ 20,459.40
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$ 0.00	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ 0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)		
DEBTS AND OBLIGATIONS	(11.) \$ 0.00	(24.) \$ 0.00
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ 0.00	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ 0.00	
	BALANCE STATEMENT	•
13. Ending Balance of last report filed	(13.) \$ 156,700.33	
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.) + \$ 114,790.00	
(Line 5, Total Contributions & Other Receipts)	(15.) = \$ <u>271,490.33</u>	
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period		
(Add lines 9 and 11) 17. ENDING BALANCE	(16.) - \$ 20,459.40	
(Subtract line 16 from line 15)	(17.) \$ 251,030.93	



1. Committee I.D. Number ____139858

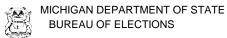
CANDIDATE COMMITTEE 2. Committee

CTE PETER J. LUCIDO FOR PROSECUTOR

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 all 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 07/21/2022 Name & Address: LISA BLAZEVSKI 31253 GAY ST ROSEVILLE, MI 48066	_{\$} 300.00	_{\$} 300.00
5. If over \$100.00 cumulative, please provide: Occupation ASSISTANT PROSECUTING ATTORNEY Employer MACOMB COUNTY Business Address 1 S MAIN ST, MT CLEMENS, MI 48043 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/21/2022 Name & Address RALPHE ARMSTRONG 1 LAFAYETTE PLAISANCE ST DETROIT, MI 48207	§ 300.00	\$ 300.00
5. If over \$100.00 cumulative, please provide: Occupation MUSICIAN Employer DETROIT Business Address 1 LAFAYETTE PLAISANCE ST, DETROIT, MI 48207 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/21/2022 Name & Address: BETH KIRSHNER 7451 INDIANWOOD TRAIL WEST BLOOMFIELD TOWNSHIP, MI 48322	_{\$} 150.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer MACOMB COUNTY Business Address 1 S MAIN ST, MT CLEMENS, MI 48043 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/21/2022 Name & Address NANCY TISEO 16155 VISTA WOODS CT CLINTON TWP, MI 48038	_{\$} 150.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
Type of Contribution: Loan from a person Fund Raiser Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	900.00 Enter this total on	-

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Enter this total on line 3a of Summary Page.



ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

139858 1. Committee I.D. Number _

Page.

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

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 07/21/2022 Name & Address: JEFF STONE 51635 JULIES DR NEW BALTIMORE, MI 48047	§300.00	_{\$} 300.00
5. If over \$100.00 cumulative, please provide:		
Occupation ASSISTANT PROSECUTING ATTORNEY Employer MACOMB COUNTY		
Business Address 1 S MAIN ST, MT CLEMENS, MI 48043		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/21/2022 Name & Address PATRICK SIERAWSKI	450.00	450.00
22749 CALIFORNIA ST ST CLAIR SHORES, MI 48080	§ 150.00	<u>\$ 150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation ASSISTANT PROSECUTING ATTORNEY Employer MACOMB COUNTY		
Business Address 1 S MAIN ST, MT CLEMENS, MI 48043		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/21/2022 Name & Address: JOSEPH A LUCIDO 39999 GARFIELD RD CLINTON TWP, MI 48038	\$300.00	_{\$} 300.00
5. If over \$100.00 cumulative, please provide:		
Occupation INSURANCE AGENT Employer LUCIDO INSURANCE AGENCY		
Business Address 39999 GARFIELD RD, CLINTON TWP, MI 48038 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/21/2022 Name & Address TODD FLOOD 10555 LINCOLN DR HUNTINGTON WOODS, MI 48070	_{\$} 1,500.00	_{\$} 1,500.00
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer FLOOD LAW		
Business Address 155 W CONGRESS ST, DETROIT, MI 48226		
Type of Contribution: Direct Loan from a person Fund Raiser	0.050.00	<u> </u>
Page Subtotal	2,250.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Falsadia	J
2 47	Enter this total on line 3a of Summary	

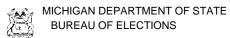
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CANDIDATE COMMITTEE

139858 1. Committee I.D. Number _

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 all 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 07/21/2022 Name & Address: MARVIN DUDLEY 1960 STRAWBERRY CIR	252.22	050.00
COMMERCE TWP, MI 48382	_{\$} 250.00	_{\$} 250.00
5. If over \$100.00 cumulative, please provide:		
Occupation SALES Employer TEK SYSTEMS		
Business Address 3000 TOWN CENTER, SOUTHFIELD, MI 48075		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/22/2022		
Name & Address BOB KIRK		
19500 HALL RD	£750.00	_{\$} 750.00
CLINTON TWP, MI 48038	\$	\$
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY/PARTNER Employer KIRK HUTH LANGE & BADALAMENTI		
Business Address 19500 HALL RD, CLINTON TWP, MI 48038		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/22/2022		_
Name & Address: ANGELO GRILLO		
50775 RICHARD W BLVD	_{\$} 150.00	_s 150.00
NEW BALTIMORE, MI 48051		φ
5. If over \$100.00 cumulative, please provide:		
Occupation REAL ESTATE Employer GRILLO		
Business Address 50775 RICHARD W BLVD, NEW BALTIMORE, MI 48051		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/22/2022		
Name & Address ———————————————————————————————————		
42870 LITTLE RD	_s 150.00	_e 150.00
CLINTON TWP, MI 48036	§ 100.00	\$ <u>130.00</u>
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer CERVENAK LAW		
Business Address 24518 HARPER, ST CLAIR SHORES, MI 48080		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	1,300.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on	- 1
Page 3 of 47	line 3a of Summary Page.	



139858 1. Committee I.D. Number _

Page.

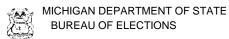
CANDIDATE COMMITTEE 2. Committee Name CTE	PETER J. LUCIDO	FOR PROSECUTOR
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all 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 07/22/2022 Name & Address: LISA A COYLE 16128 OAKWOOD CT NORTHVILLE, MI 48168	_{\$} 150.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide:		
Occupation ASSISTANT PROSECUTOR Employer MACOMB COUNTY PROSECUTORS OFFICE		
Business Address 1 S MAIN ST, MT CLEMENS, MI 48043		
Type of Contribution: Direct Loan from a person Fund Raiser	-	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/22/2022		
Name & Address CHRISTOPHER J COYLE 16128 OAKWOOD CT NORTHVILLE, MI 48168	_{\$} 150.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide:		
Occupation LAWYER Employer WAYNE COUNTY PROSECUTORS OFFICE		
Business Address 1441 ST ANTOINE, DETROIT, MI 48226		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/22/2022 TIMOTHY TOMLINSON 22600 HALL RD CLINTON TWP, MI 48036	_{\$} 150.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer YORK, DOLAN & TOMLINSON, P.C.		
Business Address 22600 HALL RD, CLINTON TWP, MI 48036		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/22/2022 Name & Address ROBERT HUTH JR 19500 HALL RD CLINTON TWP, MI 48038	_{\$} 750.00	_{\$_} 750.00
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY/PARTNER Employer KIRK HUTH LANGE & BADALAMENTI		
Business Address 19500 HALL RD, CLINTON TWP, MI 48038		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	1,200.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	
Λ Λ τ	line 3a of Summary	



139858 1. Committee I.D. Number _

CANDIDATE COMMITTEE

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 all 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 07/22/2022 Name & Address: KUMAR PALEPU 377 HILLCREST AVE GROSSE POINTE FARMS, MI 48236	_{\$} 300.00	_{\$} 300.00
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer MACOMB COUNTY		
Business Address 1 S MAIN ST, MT CLEMENS, MI 48043 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/22/2022 Name & Address		
KATHLEEN BEARD 31674 JOAN DRIVE NEW BALTIMORE, MI 48047	§ 300.00	§ 300.00
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer MACOMB COUNTY		
Business Address 1 S MAIN ST, MT CLEMENS, MI 48043 Type of Contribution: Direct Loan from a person Fund Raiser		
Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/22/2022		
Name & Address: DARRYL ONDERIK 53245 SAMS LN NEW BALTIMORE, MI 48047	<u>\$450.00</u>	§ 450.00
5. If over \$100.00 cumulative, please provide:		
Occupation COMMUNITY RELATIONS Employer CENTURY BANQUET CENTER		
Business Address 33204 MAPLE LN DR, STERLING HEIGHTS, MI 48312 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/22/2022		
Name & Address COLLEEN O'CONNER WORDEN 20052 FAIRWAY DR GROSSE POINTE WOODS, MI 48236	§300.00	_{\$} 300.00
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY MACOMB COUNTY		
Business Address 1 S MAIN ST, MT CLEMENS, MI 48043		
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)	Faranti's total	J
Page 5 of 47	Enter this total on line 3a of Summary Page.	



CANDIDATE COMMITTEE 2. Committee N

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 all 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 07/23/2022 Name & Address: KENNETH J LICARI 52799 S WEATHERVANE DR NEW BALTIMORE, MI 48047 5. If over \$100.00 cumulative, please provide: Occupation TRAINING CONSULTANT Employer GOVERNMENT CONSULTANT SERVICES Business Address 6501 E ELEVEN MILE RD, WARREN, MI 48397 Type of Contribution: Direct Loan from a person Fund Raiser	_{\$} 150.00	_{\$} 150.00
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/23/2022 Name & Address JOSEPH D MCCARTHY 2041 S PARKER ST MARINE CITY, MI 48039	\$ 150.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide: Occupation ASSISTANT PROSECUTOR Employer MACOMB COUNTY PROSECUTORS OFFICE Business Address 1 S MAIN ST, MT CLEMENS, MI 48043 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/24/2022 Name & Address: JENNIFER KEE 55837 NICKELBY S SHELBY TWP, MI 48316	§ 300.00	_{\$} 300.00
5. If over \$100.00 cumulative, please provide: Occupation REALTOR Employer KEE REALTY LLC Business Address 55837 NICKELBY S, SHELBY TWP, MI 48316 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/24/2022 Name & Address JENNIFER KEE 55837 NICKELBY S SHELBY TWP, MI 48316	§600.00	_{\$} 600.00
5. If over \$100.00 cumulative, please provide: Occupation REALTOR Employer KEE REALTY LLC Business Address 55837 NICKELBY S, SHELBY TWP, MI 48316 Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 47	1,200.00 Enter this total on line 3a of Summary Page.	-

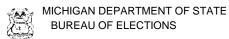


1. Committee I.D. Number _

139858

CANDIDATE COMMITTEE

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 all 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 07/24/2022 Name & Address: JOHN POLIZZI 47 CRANFORD LN GROSSE POINTE, MI 48230 5. If over \$100.00 cumulative, please provide:	§ 300.00	_{\$} 300.00
Occupation BUSINESS TAX CONSULTING Employer RYAN LLC		
Business Address 150 W JEFFERSON AVE, STE 1400, DETROIT, MI 48226 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/24/2022 Name & Address		
GIOELE STEFANI 45491 MEADOW SQUARE Macomb, MI 48044	\$ 300.00	§ 300.00
5. If over \$100.00 cumulative, please provide:		
Occupation BUILDER Employer SELF EMPLOYED		
Business Address 45491 MEADOW SQUARE, MACOMB, MI 48044		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/25/2022 MIKE LEWELLAN 17407 ROCCO DR MACOMB, MI 48044	_{\$} 1,000.00	_{\$} 1,000.00
5. If over \$100.00 cumulative, please provide:		
Occupation SELF EMPLOYED Employer SELF EMPLOYED		
Business Address 17404 ROCCO DR, MACOMB, MI 48044		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/25/2022 Name & Address PAUL MILLER 2071 LEEWOOD DR SHELBY TWP, MI 48316	_{\$} 150.00	_{\$_} 150.00
5. If over \$100.00 cumulative, please provide:		
Occupation OWNER Bemployer JETS PIZZA		
Business Address 2071 LEEWOOD DR, SHELBY TOWNSHIP, MI		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	1,750.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary	
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CANDIDATE COMMITTEE

139858 1. Committee I.D. Number _

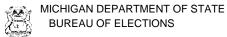
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/25/2022 Name & Address: KENNETH DECOCK 80575 HOLMES RD ARMADA, MI 48005 5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer SELF	_{\$} 150.00	_{\$} 150.00
Business Address Type of Contribution: Direct Direc		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/25/2022 Name & Address DONN FRESARD 27735 JEFFERSON AVE ST CLAIR SHORES, MI 48081	_{\$} 3,000.00	_{\$} 3,000.00
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer MACOMB COUNTY		
Business Address 1 S MAIN ST, MT CLEMENS, MI 48043 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/25/2022 Name & Address: HEATHER ODGERS-FECTEAU 45777 GLEN CT MACOMB, MI 48044	<u>\$ 150.00</u>	_{\$} 150.00
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Business Address 45777 GLEN CT, MACOMB, MI 48044		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/25/2022 Name & Address PAMEL SOSSI 500 GRISWOLD ST STE 2320 DETROIT, MI 48226 5. If over \$100.00 cumulative, please provide:	_{\$} 150.00	_{\$} 150.00
Occupation ATTORNEY Employer LAW OFFICES OF PANEL M. SOSSI, PLLC		
Business Address 500 GRISWOLD ST, STE 2320, DETROIT, MI 48226 Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	3,450.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 6 of 47	Enter this total on line 3a of Summary Page.	J



CANDIDATE COMMITTEE

139858 1. Committee I.D. Number _

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 all 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 07/25/2022 Name & Address: ANTHONY DEMATTEIS 48639 HAYES RD STE. A MACOMB, MI 48044 5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer DEMATTEIS & RICCIARDELLO, PLLC Business Address 48639 HAYES RD, MACOMB, MI 48044 Type of Contribution: Direct Loan from a person Fund Raiser	_{\$} 150.00	_{\$} 150.00
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/25/2022 Name & Address ANTHONY RUBINO 38880 SAHR CT CLINTON TWP, MI 48038	_{\$} 300.00	_{\$} 300.00
5. If over \$100.00 cumulative, please provide: Occupation SALES Employer PILOT MARKETING Business Address 38880 SAHR CT, CLINTON TWP, MI 48038 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/25/2022 VINCENT SORRENTINO 14113 HIBISCUS DR SHELBY TWP, MI 48315	_{\$} 1,500.00	_{\$} 1,500.00
5. If over \$100.00 cumulative, please provide: Occupation Entrepreneur/ Real estate Developer Employer SELF EMPLOYED Business Address 14113 HIBISCUS DR, SHELBY TWP, MI 48315 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/26/2022 Name & Address LAGRASSO SALVATORE 53920 DOMINIQUE CT SHELBY TWP, MI 48315	_{\$} 150.00	_{\$} _150.00
5. If over \$100.00 cumulative, please provide: Occupation LANDSCAPING Employer VICTORY LANDSCAPING		
Business Address 51879 SCHOENHERR RD, SHELBY TWP, MI 48315 Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 9 of 47	2,100.00 Enter this total on line 3a of Summary Page.	-

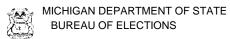


1. Committee I.D. Number _

139858

CANDIDATE COMMITTEE

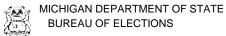
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/26/2022 Name & Address: SUNNY PALAJ 1381 VALLEYVIEW DR CLARKSTON, MI 48348 5. If over \$100.00 cumulative, please provide: Occupation OWNER Employer ALFOCCINO ITALIAN RESTAURANT	_{\$} 300.00	§ 300.00
Business Address Type of Contribution: Direct Direc		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/26/2022 Name & Address DAVID JAYE 25810 HICKORY BLVD BONITA SPRINGS, FL 34134 5. If over \$100.00 cumulative, please provide:	\$ 600.00	_{\$} 600.00
Occupation RETIRED Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/26/2022 Name & Address: SALVATORE MUNACO 15995 STURGEON ST ROSEVILLE, MI 48066	<u>\$500.00</u>	_{\$} 500.00
5. If over \$100.00 cumulative, please provide: Occupation SELF EMPLOYED Employer SELF EMPLOYED Business Address 15995 STURGEON ST, ROSEVILLE, MI 48066 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/26/2022 Name & Address JEREMY T STRADLEY 35715 KOENIG ST NEW BALTIMORE, MI 48047	_{\$} 1,000.00	_{\$_} 1,000.00
5. If over \$100.00 cumulative, please provide: Occupation OWNER Employer ELECTORIC MONITERING SYSTEMS		
Business Address 331 E 9 MILE RD, HAZEL PARK, MI 48030 Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	2,400.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 10 of 47	Enter this total on line 3a of Summary Page.	



CANDIDATE COMMITTEE

139858 1. Committee I.D. Number _

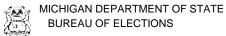
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/26/2022 Name & Address: SHANE GIANINO 38340 TRILLIUM PL HARRISON TWP, MI 48045 5. If over \$100.00 cumulative, please provide: Occupation OWNER Employer PATHWAY STAFFING	_{\$} 150.00	_{\$} 150.00
Business Address 59 N WALNUT ST, MT CLEMENS, MI 48043 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/26/2022 Name & Address DANIEL GALLI 54882 SHERWOOD LN SHELBY TWP, MI 48315	_{\$} 150.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide: Occupation ENGINEERING MANAGER Employer TAPE MASTER		
Business Address 54882 SHERWOOD LN, SHELBY TWP, MI 48315 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/26/2022 Name & Address: MEGAN MCKEON 944 WHEATFIELD DR ORION TWP, MI 48362	_{\$} 150.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer MACOMB COUNTY Business Address 1 S MAIN ST, FLOOR 3, MT CLEMENS, MI 48043 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/26/2022 Name & Address CORINNE CAROLLO 14600 BREZA DR SHELBY TWP, MI 48315	_{\$} 500.00	_{\$} 500.00
5. If over \$100.00 cumulative, please provide: Occupation SELF EMPLOYED Employer SELF		
Business Address 14600 BREZA DR, SHELBY TWP, MI 48315 Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	950.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 11 of 47	Enter this total on line 3a of Summary Page.	J



CANDIDATE COMMITTEE

139858 1. Committee I.D. Number _

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 all 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 07/26/2022 Name & Address: JEFF KANSIER		
11150 30 MILE RD	250.00	250.00
WASHINGTON, MI 48095	_{\$} 250.00	_{\$} 250.00
5. If over \$100.00 cumulative, please provide:		
Occupation VICE PRESIDENT Employer LEGAL INDUSTRIES		
Business Address 1925 TAYLOR RD, AUBURN HILLS, MI 48326		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/27/2022		
Name & Address		
LINDA DAVIS	400.00	400.00
39120 VENETIAN DR	_{\$} 100.00	_{\$} 100.00
HARRISON TWP, MI 48045		
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/27/2022 JURIJ D FEDORAC 43227 WINTERFIELD DR STERLING HEIGHTS, MI 48314 5. If over \$100.00 cumulative, please provide:	_{\$} 1,000.00	_{\$} 1,000.00
Occupation ATTORNERY Employer MACOMB COUNTY		
Business Address 1 S MAIN ST, MT CLEMENS, MI 48043		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 07/27/2022	-	
Name & Address MICHAEL F MACHERZAK 57067 COVINGTON DR WASHINGTON, MI 48094	§300.00	_{\$_} 300.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	1,650.00	
Grand Total of All Schedules 1A	,	-
(Complete on last page of Schedule)	Enter this total on	J
Page 12 of 47	line 3a of Summary Page.	



CANDIDATE COMMITTEE

139858 1. Committee I.D. Number _

Enter contributor's name and address. If contribution is from an individual, enter last name, first name,	6. Amount	7. Cumulative for
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.		Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/27/2022		
Name & Address:		
1634 PEPPERTREE LN	150.00	150.00
LANSING, MI 48912	_{\$} 150.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide:		
Occupation SELF EMPLOYED Employer		
Business Address 1634 PEPPERTREE LN, LANSING, MI 48912		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/27/2022 Name & Address		
JOHN KAPOUSIS		
4893 CRYSTAL CREEK LN	° 150.00	_{\$} 150.00
WASHINGTON, MI 48094	\$	<u> </u>
5. If over \$100.00 cumulative, please provide:		
Occupation GENERAL MANAGER Employer G & T AUTO PARTS		
Business Address 54525 GRATIOT AVE, NEW BALTIMORE, MI 48051		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/27/2022		
DAVID KNOTH		
52945 CREEKSIDE DR	\$ 1,000.00	, 1,000.00
NEW BALTIMORE, MI 48047		Ψ
5. If over \$100.00 cumulative, please provide:		
Occupation SELF EMPLOYED Employer		
Business Address 52945 CREEKSIDE DR, NEW BALTIMORE, MI 48047		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/27/2022 Name & Address		
PAT MASCAR		
12246 DEMING DR	_{\$} 1,000.00	_s 1,000.00
STERLING HEIGHTS, MI 48312	§ 1,000.00	\$_1,000.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	2,300.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on	J
Page 13 of 47	line 3a of Summary Page.	



CANDIDATE COMMITTEE

139858 1. Committee I.D. Number _

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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/27/2022 Name & Address: QUIRINO DALESSANDRO 28117 GROESBECK HWY ROSEVILLE, MI 48066 5. If over \$100.00 cumulative, please provide:	_{\$} 4,500.00	_{\$} 4,500.00
Occupation OWNER Employer LANZO CONSTRUCTION		
Business Address 28135 GROESBECK HWY, ROSEVILLE, MI 48066		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/27/2022		
ANTHONY BENENATI 56037 ASHBROOKE DR E SHELBY TWP, MI 48316	\$ 200.00	_{\$} 200.00
5. If over \$100.00 cumulative, please provide:		
Occupation DOCTOR Employer OWNER		
Business Address 46591 ROMEO PLANK RD, MACOMB, MI 48044		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/27/2022 GREGORY IACOBELLI 53639 CHRISTY DR NEW BALTIMORE, MI 48051	\$500.00	_{\$} 500.00
5. If over \$100.00 cumulative, please provide:		
Occupation ENGINEER Employer SELF EMPLOYED		
Business Address 53639 CHRISTY DR, NEW BALTIMORE, MI 48051		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/27/2022 Name & Address VATE TINAJ 2538 RIDGECREST DR	200.00	200.00
SHELBY TWP, MI 48316	_{\$} 300.00	_{\$_} 300.00
5. If over \$100.00 cumulative, please provide:		
Occupation OWNER BESA LLC		
Business Address 311 E GRAND RIVER AVE, DETROIT, MI 48226		
Type of Contribution: □ Direct □ Loan from a person		
Page Subtotal	5,500.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary	
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1. Committee I.D. Number ____139858

CANDIDATE COMMITTEE 2. Committee Name

CTE PETER J. LUCIDO FOR PROSECUTOR

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 all 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 07/27/2022 Name & Address: SANDRA L HAROUTUNIAN 35139 BOBCEAN RD CLINTON TWP, MI 48035 5. If over \$100.00 cumulative, please provide: Occupation HOUSEWIFE Employer	_{\$} 40.00	_{\$} 40.00
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/27/2022 Name & Address HENRY FRENKEL 3062 MOON LAKE DR WEST BLOOMFIELD TOWNSHIP, MI 48323	\$300.00	_{\$} 300.00
5. If over \$100.00 cumulative, please provide: Occupation SELF EMPLOYED Employer SELF Business Address 3062 MOON LAKE DR, WEST BLOOMFIELD TOWNSHIP, MI 48323 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/27/2022 Name & Address: EDDIE DENHA 6915 LAKEMONT CIR WEST BLOOMFIELD TOWNSHIP, MI 48323	§ 300.00	§ 300.00
5. If over \$100.00 cumulative, please provide: Occupation BUSINESS Employer SELF Business Address 6915 LAKEMONT CIR, WEST BLOOMFIELD TOWNSHIP, MI 48323 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/27/2022 Name & Address JOSEPH ARCORI 47507 MILONAS DR SHELBY TWP, MI 48315	_{\$} 500.00	_{\$} 500.00
5. If over \$100.00 cumulative, please provide: Occupation REAL ESTATE OWNER Business Address 47507 MILONAS DR, SHELBY TWP, MI 48315		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	1,140.00	

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Enter this total on line 3a of Summary Page.



1. Committee I.D. Number ____139858

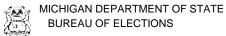
CANDIDATE COMMITTEE 2. Committee Name

CTE PETER J. LUCIDO FOR PROSECUTOR

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 all 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 07/27/2022 Name & Address: FRANK GIANNETTI 12357 FOREST GLEN LN SHELBY TWP, MI 48315	_{\$} 150.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide: Occupation CONTRACTOR Employer SELF Business Address 12357 FOREST GLEN LN, SHELBY TWP, MI 48315		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/27/2022 Name & Address LAWRENCE HURST 20383 SUNNINGDALE PARK GROSSE POINTE WOODS, MI 48236	_{\$} 200.00	§ 200.00
5. If over \$100.00 cumulative, please provide: Occupation OWNER Employer MR. LARRY'S CAFE		
Business Address 1800 VERNIER RD, GROSSE POINTE WOODS, MI 48236		
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/27/2022 RYAN HATHAWAY 746 BALFOUR ST GROSSE POINTE PARK, MI 48230	_{\$} 1,000.00	_{\$} 1,000.00
5. If over \$100.00 cumulative, please provide:		
Occupation LAWYER Employer GTS INC		
Business Address 1501 SIXTH ST, DETROIT, MI 48226 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/27/2022 ATHIR AMMORI 248 E GUNN RD ROCHESTER, MI 48306	_{\$} 1,500.00	_{\$} 1,500.00
5. If over \$100.00 cumulative, please provide:		
Occupation OWNER BB'S LIQUOR		
Business Address 13595 21 MILE RD, SHELBY TWP, MI 48315 Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	2,850.00 Enter this total on	

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Enter this total on line 3a of Summary Page.



139858 1. Committee I.D. Number _

CANDIDATE COMMITTEE 2. Committee Name CTE	PETER J. LUCIDO	D FOR PROSECUTOR
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 all 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 07/27/2022 Name & Address: TIMOTHY MULLIGAN 17100 W 12 MILE RD SOUTHFIELD, MI 48076	_{\$} 600.00	_{\$} 600.00
5. If over \$100.00 cumulative, please provide: Occupation OWNER Employer SHEET METAL WORKSERS LOCAL 80 Business Address 17100 W 12 MILE RD, SOUTHFIELD, MI 48076 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/27/2022 Name & Address MARK HAIDAR 302 W MAIN ST NORTHVILLE, MI 48167	§ 500.00	_{\$} 500.00
5. If over \$100.00 cumulative, please provide: Occupation LAWYER Employer SELF Business Address 302 W MAIN ST, NORTHVILLE, MI 48167 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/27/2022 RAYMOND CONFER 12119 FOREST GLEN LN SHELBY TWP, MI 48315	_{\$} 250.00	_{\$} 250.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/27/2022 Name & Address RAYMOND CONTESTI 39209 COLUMBIA ST HARRISON TWP, MI 48045	§300.00	_{\$} 300.00
5. If over \$100.00 cumulative, please provide: Occupation BUILDER Employer RONCELLI Business Address 6471 METRO PARKWAY, STERLING HEIGHTS, MI 48312		
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser Page Subtotal	1 650 00	<u> </u>
Grand Total of All Schedules 1A (Complete on last page of Schedule) Page	Enter this total on line 3a of Summary Page.	



1. Committee I.D. Number _

139858

CANDIDATE COMMITTEE

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 all 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 07/27/2022 Name & Address: THOMAS WICKERSHAM 14863 TOWERING OAKS DR SHELBY TWP, MI 48315 5. If over \$100.00 cumulative, please provide: Occupation CONSTRUCTION Employer RONCELLI Business Address 6471 METRO PARKWAY, STERLING HEIGHTS, MI 48312	_{\$} 300.00	§ 300.00
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/27/2022 Name & Address JACK ODDO 6001 26 MILE RD WASHINGTON, MI 48094	_{\$} 150.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide: Occupation REAL ESTATE DEVELOPER Employer SELF		
Business Address 6001 26 MILE RD, WASHINGTON, MI 48094 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/27/2022 Name & Address: GEORGE SACHASH 53528 APPLEWOOD DR SHELBY TWP, MI 48315	<u>\$ 150.00</u>	_{\$} 150.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/27/2022 Name & Address FAHD ALHASSAN 6605 LAKE POINTE SHELBY TWP, MI 48317	_{\$} 150.00	_{\$} _150.00
5. If over \$100.00 cumulative, please provide:		
Occupation ACCOUNTANT Employer SELF EMPLOYED		
Business Address 6605 LAKE POINTE, SHELBY TWP, MI 48317 Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	750.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule) Page	Enter this total on line 3a of Summary Page.	



CANDIDATE COMMITTEE

139858 1. Committee I.D. Number _

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 all 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 07/27/2022 Name & Address: A. JOSEPH GAROFALO		
16655 MILLAR RD	200.00	° 200.00
CLINTON TWP, MI 48036	_{\$} 200.00	_{\$} 200.00
5. If over \$100.00 cumulative, please provide:		
Occupation SALES EMPLOYED		
Business Address 16655 MILLAR RD, CLINTON TWP, MI 48036		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/27/2022		
Name & Address		
ANTHONY OROW 1251 ROCHESTER RD	1 000 00	1 000 00
TROY, MI 48083	\$_1,000.00	_{\$_} 1,000.00
5. If over \$100.00 cumulative, please provide:		
Occupation OWNER Employer THE COLLISION GUYS		
Business Address 1251 ROCHESTER RD, TROY, MI 48083		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/27/2022 Name & Address: ANTHONY SERVITO	150.00	450.00
172 MOROSS ST	_{\$} 150.00	_{\$} 150.00
MT CLEMENS, MI 48043		
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer MACOMB CIRCUIT COURT		
Business Address 1 S MAIN ST, MT CLEMENS, MI 48043		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/27/2022 Name & Address		
STEPHEN SWETECH		
43868 SCOTER LN	_s 150.00	_e 150.00
CLINTON TWP, MI 48038	§ 130.00	\$_130.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	1,500.00	
Grand Total of All Schedules 1A	,	-
(Complete on last page of Schedule)	Enter this total on	_l
Page 19 of 47	line 3a of Summary Page.	



139858 1. Committee I.D. Number

CTE PETER J. LUCIDO FOR PROSECUTOR

CANDIDATE COMMITTEE 2. Committee Name	PETER J. LUCIDO	O FOR PROSECUTOR
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 07/27/2022 Name & Address: JASON ABRO 55205 HEARTHSIDE DR SHELBY TWP, MI 48316	_{\$} 150.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide:		
Occupation COMMANDER OF OPS Employer MACOMB SHERIFF		
Business Address 43565 ELIZABETH ST, MT CLEMENS, MI 48043		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/27/2022 Name & Address ARMAND VELARDO 12382 FOREST GLEN LN SHELBY TWP, MI 48315	_{\$_} 150.00	_{\$} _150.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer_		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/27/2022 RANDY LEWIS 2000 TOWN CENTER SOUTHFIELD, MI 48075	_{\$} 500.00	_{\$} 500.00
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer SELF EMPLOYED		
Business Address 2000 TOWN CENTER, SOUTHFIELD, MI 48075		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/27/2022 Name & Address PIERRE NOFAR 2538 PORTOBELLO DR TROY, MI 48083	_{\$} 250.00	_{\$} _250.00
5. If over \$100.00 cumulative, please provide:		
Occupation OWNER Employer PK MAINTENCE		
Business Address 2538 PORTOBELLO DR, TROY, MI 48083		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	1,050.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
(Complete on last page of contedute)	Enter this total on	

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line 3a of Summary Page.



1. Committee I.D. Number _

139858

CANDIDATE COMMITTEE

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 all 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 07/27/2022 Name & Address: BENEDETTO MARROCCO 11421 HEATHERWOOD CT SHELBY TWP, MI 48315 5. If over \$100.00 cumulative, please provide: Occupation OWNER Employer DURO CONSTRUCTION	_{\$} 150.00	_{\$} 150.00
Business Address PO BOX 41, WASHINGTON, MI 48094 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/27/2022 Name & Address RAYMOND DEBUCK JR. 67587 HIDDEN OAK LN WASHINGTON, MI 48095	_{\$} 150.00	_{\$_} 150.00
5. If over \$100.00 cumulative, please provide: Occupation OWNER Employer DEBUCK CONSTRUCTION Business Address 6741 AUBURN RD, UTICA, MI 48317 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/27/2022 Name & Address: ELIZABTH FORLINI 17064 PENROD DR CLINTON TWP, MI 48035	_{\$} 150.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide: Occupation SELF EMPLOYED Employer SELF Business Address 17064 PENROD DR, CLINTON TWP, MI 48035 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/27/2022 Name & Address JENNIFER KLIEMAN 13400 30 MILE RD WASHINGTON, MI 48095	_{\$} 300.00	_{\$} 300.00
5. If over \$100.00 cumulative, please provide: Occupation OWNER Employer JWK 2 ROMEO LLC 13400 30 MH E RD WASHINGTON MI 48005		
Business Address 13400 30 MILE RD, WASHINGTON, MI 48095 Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal	750.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 21 of 47	Enter this total on line 3a of Summary Page.	



1. Committee I.D. Number _

139858

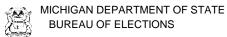
CANDIDATE COMMITTEE

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

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 all 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 07/27/2022 Name & Address: JOE ORAM		
P.O. BOX 252755	§ 300.00	§ 300.00
WEST BLOOMFIELD, MI 48325	<u>\$ 000.00</u>	\$ 000.00
5. If over \$100.00 cumulative, please provide: Occupation SELF EMPLOYED Employer SELF		
Business Address P.O. BOX 252755, WEST BLOOMFIELD, 48352		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/27/2022 Name & Address		_
SARAH P DASH		
16632 E JEFFERSON	_{\$} 500.00	_{\$} 500.00
GROSSE POINTE PARK, MI 48230		
5. If over \$100.00 cumulative, please provide:		
Occupation PRESIDENT Employer IHEARTMEDIA, INC		
Business Address 100 N CENTER ST, ROYAL OAK, MI 48067		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/27/2022		
Name & Address:		
120 MAPLETON RD	\$300.00	_{\$} 300.00
GROSSE POINTE FARMS, MI 48236		·
5. If over \$100.00 cumulative, please provide:		
Occupation HOUSEWIFE Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/27/2022 Name & Address		
MANAF MADOUN		
52896 SABLE CT	¢600.00	. 600.00
SHELBY TWP, MI 48315	<u> </u>	\$
5. If over \$100.00 cumulative, please provide:		
Occupation PHYSICIAN Employer SELF		
Business Address 52896 SABLE CT, SHELBY TWP, MI 48315		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	1,700.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on line 3a of Summary	-

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Page.



139858 1. Committee I.D. Number _

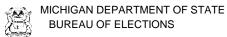
CANDIDATE COMMITTEE

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

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 07/27/2022 Name & Address: DANIEL D DEBRUIN 763 COACHMAN DR TROY, MI 48083	_{\$} 150.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide: Occupation ASSISTANT PROSECUTOR Employer MACOMB COUNTY		
Business Address 1 S MAIN ST, MT CLEMENS, MI 48043		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/27/2022 Name & Address		
ROBERT A STEVENS		
21418 RAINTREE DR	_{\$} 150.00	_s 150.00
MACOMB, MI 48044		
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer SELF EMPLOYED		
Business Address 21418 RAINTREE DR, MACOMB, MI 48044		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/27/2022		
MAX FELLSMAN	450.00	
14612 ALPENA DR	_{\$} 150.00	_{\$} 150.00
STERLING HEIGHTS, MI 48313		
5. If over \$100.00 cumulative, please provide:		
Occupation BUILDING MANAGER Employer CITY OF WARREN		
Business Address 5460 ARDEN AVE, WARREN, MI 48092 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/27/2022 Name & Address		
GIOVAN B MANNINO		
8249 PINE CREEK CT SHELBY TWP, MI 48316	_{\$} 150.00	_s 150.00
5. If over \$100.00 cumulative, please provide:		Ψ
Occupation RETIRED Employer		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	600.00	
Grand Total of All Schedules 1A	000.00	-
(Complete on last page of Schedule)	Enter this total on	J
22 47	line 3a of Summary	

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Page.



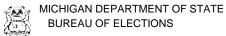
ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

139858 1. Committee I.D. Number _

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

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 all 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 07/27/2022 Name & Address: LOUIS J CIOTTI 1315 S MAIN ST ROYAL OAK, MI 48067	_{\$} 150.00	
5. If over \$100.00 cumulative, please provide:		
Occupation REAL ESTATE Employer SELF		
Business Address 1315 S MAIN ST, ROYAL OAK, MI 48067		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/27/2022 Name & Address		
DILJA JUNCEVIC		
52756 BLUE RIDGE DR	_s 500.00	_s 500.00
SHELBY TWP, MI 48316	·	<u> </u>
5. If over \$100.00 cumulative, please provide:		
Occupation SELF EMPLOYED Employer SELF		
Business Address 52756 BLUE RIDGE DR, SHELBY TWP, MI 48316		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/27/2022		
Name & Address: STEPHANIE STAGER		
54821 CABRILLO DR	_{\$} 150.00	_s 150.00
MACOMB, MI 48042	<u> </u>	\$ 100100
5. If over \$100.00 cumulative, please provide:		
Occupation PROSECUTOR Employer MACOMB CIRCUIT COURT		
Business Address 1 S MAIN ST, MT CLEMENS, MI 48043		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/27/2022		
VINCENZO CIRAULO		
POND DR	§500.00	. 500.00
CLINTON TWP, MI 48038	§ 300.00	\$ 300.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	1,300.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on	_l
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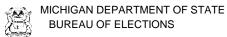
139858 1. Committee I.D. Number

CTE PETER J. LUCIDO FOR PROSECUTOR

CANDIDATE COMMITTEE 2. Committee Name CTE	PETER J. LUCIDO	FOR PROSECUTOR
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 all 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 07/27/2022 Name & Address: LARRY HART 3104 COUNTRY CLUB DR ST CLAIR SHORES, MI 48082	_{\$} 150.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser	-	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/27/2022 Name & Address DAVID P PICCININI 6101 WINDEMERE DR SHELBY TWP, MI 48316	\$ 200.00	_{\$} 200.00
5. If over \$100.00 cumulative, please provide: Occupation OWNER Employer LIRA TITLE AGENCY Business Address 12900 HALL RD, STERLING HEIGHTS, MI 48313 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/27/2022 STEPHEN T RABAUT 16931 19 MILE RD CLINTON TWP, MI 48038 5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer SELF	_{\$} 1,500.00	_{\$} 1,500.00
Business Address 16931 19 MILE RD, Clinton Township, MI 48038		
Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/27/2022 Name & Address ALPHONSE M SANTINO 725 LAKE SHORE RD GROSSE POINTE SHORES, MI 48236 5. If over \$100.00 cumulative, please provide:	_{\$} 200.00	_{\$} 200.00
Occupation DOCTOR Employer SELF EMPLOYED		
Business Address 725 LAKE SHORE RD, GROSSE POINTE, MI 48236 Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	2,050.00 Enter this total on	

 $_{\text{Page}}\underline{25}_{\text{of}}\underline{47}$

line 3a of Summary Page.



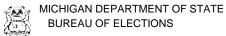
ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

139858 1. Committee I.D. Number _

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

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 all 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 07/27/2022 Name & Address: PAUL J TORRES 37230 WILLOW LN CLINTON TWP, MI 48036	_{\$} 300.00	_{\$} 300.00
5. If over \$100.00 cumulative, please provide:		
Occupation BUILDER DEVELOPER Employer SELF		
Business Address 37230 WILLOW LN, CLINTON TWP, MI 48036		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/27/2022		
Name & Address LAITH HANNA		
1161 PEMBROKE DR	° 150.00	_{\$} 150.00
BLOOMFIELD HILLS, MI 48304	\$	\$ 100100
5. If over \$100.00 cumulative, please provide:		
Occupation OWNER Employer MOTOR CITY PETROLEUM		
Business Address 15275 HALL RD, MACOMB, MI 48044		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/27/2022		
Name & Address:		
LISA VALERIO-NOWC 20761 MARVINDALE ST	\$300.00	§ 300.00
CLINTON TWP, MI 48035	\$ 000100	<u>\$ 000.00</u>
5. If over \$100.00 cumulative, please provide:		
Occupation TEACHER Employer NATIONAL HERITAGE ACADEMIES		
Business Address 353 CASS AVE, MT CLEMENS, MI 48043		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/27/2022		
Name & Address ROBERT BERG JR.		
39850 VAN DYKE AVE	§500.00	500.00
STERLING HEIGHTS, MI 48313	§ 300.00	_{\$} 500.00
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer SELF EMPLOYED		
Business Address 39850 VAN DYKE AVE, STERLING HEIGHTS, MI 48313		
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)	Enter this total on	J
06 47	line 3a of Summary	

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1. Committee I.D. Number

139858

CANDIDATE COMMITTEE

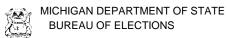
2. Committee Name

CTE PETER J. LUCIDO FOR PROSECUTOR

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 all 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 07/27/2022 Name & Address: JAMES BOWDEN 43833 COLUMBIA DR CLINTON TWP, MI 48038 5. If over \$100.00 cumulative, please provide:	_{\$} 500.00	_{\$} 500.00
Occupation LAWYER Employer SELF		
Business Address 120 S MAIN ST, MT CLEMENS, MI 48043		
Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/27/2022		
Name & Address MARK AUBREY 6200 25 MILE RD SHELBY TWP, MI 48316	_{\$} 500.00	_{\$} 500.00
5. If over \$100.00 cumulative, please provide: Occupation BUSINESS OWNER Employer MOTOR CITY PAWN		
Business Address 26510 GRATIOT AVE, ROSEVILLE, MI 48066		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/27/2022 Name & Address: ROBERT A ROTONDO 4149 BERKSHIRE DR STERLING HEIGHTS, MI 48314	_{\$} 150.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide:		
Occupation CONTRACTOR Employer CONCORDIA CONTRACTING LLC Business Address 6336 MILLETT AVE, STERLING HEIGHTS, MI 48312 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/27/2022 Name & Address LOUIS ESPOSITO 33653 CLIPPER CT NEW BALTIMORE, MI 48047	_{\$} 200.00	_{\$_} 200.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer SELF		
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)	Enter this total on	

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line 3a of Summary Page.



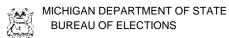
CANDIDATE COMMITTEE

139858 1. Committee I.D. Number _

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

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 all 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 07/27/2022 Name & Address: NANCY SINUTKO		
47074 WILLINGHAM WAY SHELBY TWP, MI 48315	§ 300.00	_s 300.00
5. If over \$100.00 cumulative, please provide:	\$	<u>ə</u>
Occupation SELF Employer SELF		
Business Address 47074 WILLINGHAM WAY, SHELBY TWP, MI 48315		
Type of Contribution: Direct Loan from a person Fund Raiser		_
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/27/2022 Name & Address		
DARIUS DYNKOWSKI		
19098 LIVERY CT	_{\$} 150.00	_{\$} 150.00
CLINTON TWP, MI 48038		
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer ABUTEEL 150 W JEEEE BOON AVE DETBOIL MI 48226		
Business Address 150 W JEFFERSON AVE, DETROIT, MI 48226		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/27/2022 Name & Address:		
CHRISTOPHER HOLSBEKE 11	500.00	E00.00
66340 OMO RD LENOX, MI 48050	\$ 300.00	_{\$} 500.00
5. If over \$100.00 cumulative, please provide:		
Occupation CONSTRUCTION Employer SELF		
Business Address 231 N RIVER RD, MT CLEMENS, MI 48043		
Type of Contribution: Direct Loan from a person Fund Raiser	_	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/27/2022		
Name & Address CHRISTINA MATTINEN		
57927 EMERALD CT	_s 150.00	° 150.00
WASHINGTON, MI 48094	\$	\$
5. If over \$100.00 cumulative, please provide:		
Occupation PROGRAM DIRECTOR Employer HENRY FORD HOSPITAL - MACOMB		
Business Address 15855 19 MILE RD, CLINTON TWP, MI 48038		
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)		
20 47	Enter this total on line 3a of Summary	

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1. Committee I.D. Number _

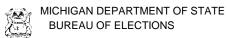
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CANDIDATE COMMITTEE

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

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 all 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 07/27/2022 Name & Address: NORA FERLITO		
37335 CASA BELLA CT	300.00	§ 300.00
CLINTON TWP, MI 48036	§ 300.00	\$ 000.00
5. If over \$100.00 cumulative, please provide:		
Occupation REAL ESTATE Employer SELF		
Business Address 37335 CASA BELLA CT, CLINTON TWP, MI 48036		
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/27/2022 Name & Address		
JOSEPH S PERNICANO	. = 0 00	
1890 KENMORE DR	_{\$} 150.00	_{\$} 150.00
GROSSE POINTE WOODS, MI 48236		
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer PERNICANO LAW PLLC		
Business Address 1890 KENMORE DR, GROSSE POINTE WOODS, MI 48236		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/27/2022 Name & Address:		
MICHELLE SMITH	100.00	400.00
11461 PEYTON DR	_{\$} 100.00	<u>\$ 100.00</u>
STERLING HEIGHTS, MI 48312		
5. If over \$100.00 cumulative, please provide:		
Occupation APPRAISER Employer SELF		
Business Address 11461 PEYTON DR, STERLING HEIGHTS, MI 48312 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/27/2022		
Name & Address — — — — — — — — — — — — — — — — — —		
LUCIA DI CICCO 6108 CENTURY CT	450.00	450.00
SHELBY TWP, MI 48316	_{\$} 150.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer HINMAN & DI CICCO PLC		
Business Address 7755 22 MILE RD, SHELBY TWP, MI 48317		
Type of Contribution: Direct Loan from a person Fund Raiser		
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(Complete on last page of Schedule)	Enter this total on	_1
29 <i>4</i> 7	line 3a of Summary	

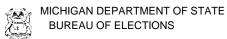
Page 29 of 47



CANDIDATE COMMITTEE

139858 1. Committee I.D. Number _

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 all 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 07/27/2022 Name & Address: LINDA B TORP 38870 RYAN CT HARRISON TWP, MI 48045 5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer	_{\$} 150.00	_{\$} 150.00
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/27/2022 Name & Address ELIZABETH A WADE 43438 WELLAND DR CLINTON TWP, MI 48038 5. If over \$100.00 cumulative, please provide:	_{\$} 150.00	_{\$} 150.00
Occupation RETIRED Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/27/2022 Name & Address: THOMAS J CIARAMITARO 42850 GARFIELD RD CLINTON TWP, MI 48038	\$ <u>150.00</u>	_{\$} 150.00
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer SELF EMPLOYED Business Address 42850 GARFIELD RD, CLINTON TWP, MI 48038 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/27/2022 Name & Address DOMENICO PICANO 44162 ASTRO DR STERLING HEIGHTS, MI 48314	_{\$} 200.00	_{\$_} 200.00
5. If over \$100.00 cumulative, please provide:		
Occupation OWENR Employer PICANO'S ITALIAN GRILLE		
Business Address 3775 ROCHESTER RD, TROY, MI 48083 Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal	650.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 30 of 47	Enter this total on line 3a of Summary Page.	



1. Committee I.D. Number ____139858

CANDIDATE COMMITTEE 2. Committee N

CTE PETER J. LUCIDO FOR PROSECUTOR

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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 all 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 07/27/2022 Name & Address: GIULIO FATTORE 52415 COVINGTON LN NEW BALTIMORE, MI 48047	_{\$} 1,000.00	_{\$} 1,000.00
5. If over \$100.00 cumulative, please provide: Occupation CEO Employer AVI FOOD SYSTEMS Business Address 2590 ELM RD NE, WARREN, OH 44483 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/27/2022 Name & Address PETER FUCIARELLI 61334 WINDWOOD CT WASHINGTON, MI 48094	_{\$} 150.00	_{\$_} 150.00
5. If over \$100.00 cumulative, please provide: Occupation CEO Employer SEALING ENGINEERING SOLUTIONS LLC Business Address 15520 19 MILE RD, CLINTON TWP, MI 48038 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/27/2022 HANI KASSAB 812 S MAIN ST ROYAL OAK, MI 48067	_{\$} 1,500.00	_{\$} 1,500.00
5. If over \$100.00 cumulative, please provide: Occupation REAL EASTATE INVESTOR Employer JARS HOLDINGS LLC Business Address 803 W BIG BEAVER RD, TROY, MI 48084 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/27/2022 Name & Address AARON GEYER 1722 ROSZEL ST ROYAL OAK, MI 48067	_{\$} 1,000.00	_{\$_} 1,000.00
5. If over \$100.00 cumulative, please provide: Occupation SELF EMPLOYED Employer		
Type of Contribution:	3,650.00	

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Enter this total on line 3a of Summary Page.



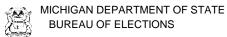
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CANDIDATE COMMITTEE 2. Committee Na

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

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 all 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 07/27/2022 Name & Address: ARI ZARKIN		
26478 BALLANTRAE CT	1 000 00	_{\$} 1,000.00
FARMINGTON HILLS, MI 48331	\$ 1,000.00	§ 1,000.00
5. If over \$100.00 cumulative, please provide: Occupation MANAGER Employer LELLIS ON THE GREEN, LLC		
Business Address 27925 GOLF POINTE BLVD, FARMINGTON HILLS, MI 48331		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/27/2022 Name & Address		
PASHKO UJKIC		
38346 PHYLLIS CT	_{\$} 300.00	_{\$} 300.00
STERLING HEIGHTS, MI 48312		
5. If over \$100.00 cumulative, please provide:		
Occupation SELF EMPLOYED Employer SELF		
Business Address 38346 PHYLLIS CT, STERLING HEIGHTS, MI 48312		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/27/2022		
Name & Address:		
NOAH LENK 13808 TIMBERVIEW DR	£300.00	_s 300.00
SHELBY TWP, MI 48315	\$ <u> </u>	\$ 000.00
5. If over \$100.00 cumulative, please provide:		
Occupation APPRAISER Employer SELF EMPLOYED		
Business Address 13808 TIMBERVIEW DR, SHELBY TWP, MI 48315		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/27/2022		
Name & Address RAID HANNA		
6514 S LINDEN RD	200.00	000.00
FLINT, MI 48507	§ 300.00	_{\$_} 300.00
5. If over \$100.00 cumulative, please provide:		
Occupation OWNER Employer GROCERY		
Business Address 6514 S LINDEN RD, FLINT, MI 48507		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	1,900.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on	_l
20 47	line 3a of Summary	

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ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

139858 1. Committee I.D. Number _

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

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 all 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 07/27/2022 Name & Address: ROGER CANZANO 2595 LAPEER RD AUBURN HILLS, MI 48326	_{\$} 150.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer CANZO LAW Business Address 2595 LAPEER RD, AUBURN HILLS, MI 48326		
Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/27/2022 Name & Address TORY WALSH 79720 NORTH KIDDER ROAD ROMEO, MI 48065	\$300.00	_{\$} 300.00
5. If over \$100.00 cumulative, please provide: Occupation RETAIL Business Address 79720 NORTH KIDDER ROAD, ROMEO, MI 48065 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/27/2022 ALVIN KONJA 7685 WINDGATE CIR WEST BLOOMFIELD TOWNSHIP, MI 48323	§ 500.00	_{\$} 500.00
5. If over \$100.00 cumulative, please provide: Occupation SELF EMPLOYED Employer SELF Business Address 29580 NORTHWESTERN HWY, SOUTHFIELD, MI 48034 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/27/2022 Name & Address ANTHONY NARDONE 54805 WOODCREEK BLVD SHELBY TWP, MI 48315	_{\$} 150.00	_{\$} _150.00
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Business Address 14 1ST ST, MT CLEMENS, MI 48043		
Type of Contribution:	1,100.00 Enter this total on line 3a of Summary	

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line 3a of Summary Page.



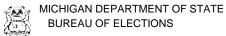
CANDIDATE COMMITTEE

139858 1. Committee I.D. Number _

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/27/2022 Name & Address: MOHAMMED SALAMI 5883 JACKELYN CT WASHINGTON, MI 48094	_s 150.00	_s 150.00
5. If over \$100.00 cumulative, please provide:	\$	2
Occupation OUTSIDE SALES Employer CARTER LUMBER		
Business Address 46401 ERB DR, MACOMB, MI 48042		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/27/2022 Name & Address		
TED MCGREGOR		
38419 WOOSTER STREET	_{\$} 750.00	_{\$} 750.00
CLINTON TWP, MI 48036		
5. If over \$100.00 cumulative, please provide:		
Occupation SELF EMPLOYED Employer SELF		
Business Address 38419 WOOSTER STREET, CLINTON TWP, MI 48036		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/27/2022		
DONNY PALUSHAJ	200.00	000.00
3432 SUSSEX DR ROCHESTER, MI 48306	\$ 300.00	§ 300.00
5. If over \$100.00 cumulative, please provide: Occupation SELF EMPLOYED Employer SELF		
Business Address 3432 SUSSEX DR, ROCHESTER, MI 48306		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/27/2022		
Name & Address ———————————————————————————————————		
18 WOODWARD HEIGHTS	§300.00	. 300.00
PLEASANT RIDGE, MI 48069	\$ 300.00	\$ 300.00
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer RODNICK UNGER & PIRAINO PC		
Business Address 3280 E THIRTEEN MILE RD, WARREN, MI 48092		
Type of Contribution: Direct Loan from a person Fund Raiser		
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(Complete on last page of Schedule)	Enter this total on line 3a of Summary	<u>-</u> ,

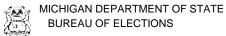
Page 34 of 47



CANDIDATE COMMITTEE

139858 1. Committee I.D. Number _

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 all 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 07/27/2022 Name & Address: JEROME VAN NESTE 45455 FOX LN E SHELBY TWP, MI 48317	_{\$} 150.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide:		
Occupation SUPPLIER GENERAL MOTORS		
Business Address 45455 FOX LN E, SHELBY TWP, MI 48317		
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/27/2022 Name & Address		
ROBERT KATTULA		
4306 BRIGHTWOOD DR	_{\$} 250.00	_s 250.00
TROY, MI 48085	<u> </u>	Ψ
5. If over \$100.00 cumulative, please provide:		
Occupation SELF EMPLOYED Employer SELF		
Business Address 4306 BRIGHTWOOD DR, TROY, MI 48085		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/27/2022 Name & Address:		
FRANK MARINO 45676 VAN DYKE AVE	_s 150.00	_s 150.00
UTICA, MI 48317	<u> </u>	<u>\$ 100.00</u>
5. If over \$100.00 cumulative, please provide:		
Occupation OWNER Employer MACOMB RESTAURANT SUPPLY		
Business Address 45676 VAN DYKE AVE, UTICA, MI 48317		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/27/2022		_
Name & Address TONYA GOETZ		
1363 PEACHTREE DR	_s 150.00	_。 150.00
TROY, MI 48083	§ 100.00	\$ <u>130.00</u>
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer MACOMB COUNTY PROSECUTOR'S OFFICE		
Business Address 1 S MAIN ST, MT CLEMENS, MI 48043		
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)	Enter this total on	_l
Page 35 of 47	line 3a of Summary Page.	



CANDIDATE COMMITTEE

139858 1. Committee I.D. Number _

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

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 all 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 07/27/2022 Name & Address: JULIA ZALEWSKI 3975 TROWBRIDGE ST HAMTRAMCK, MI 48212	_{\$} 450.00	_{\$} 450.00
5. If over \$100.00 cumulative, please provide: Occupation STUDENT Employer SELF		
Business Address 3975 TROWBRIDGE ST, HAMTRAMCK, MI 48212		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/27/2022 Name & Address		
PAMELA BROWN 22097 BEECHWOOD AVE EASTPOINTE, MI 48021	_{\$} 150.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide: Occupation ASSISTANT PROSECUTOR Employer MACOMB COUNTY PROSECUTOR'S OFFICE		
Business Address 1 S MAIN ST, MT CLEMENS, MI 48043		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/27/2022 Name & Address: TED METRY 300 MAPLE PARK BLVD STE. 304 ST CLAIR SHORES, MI 48081 5. If over \$100.00 cumulative, please provide:	_{\$} 500.00	_{\$} 500.00
Occupation ATTORNEY Employer SELF		
Business Address 300 MAPLE PARK BLVD, STE. 304, ST CLAIR SHORES, MI 48081 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/27/2022 Name & Address ERIC ESSHAKI 1914 WITHERBEE DR TROY, MI 48084	_{\$} 150.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer SELF		
Business Address 38500 WOODWARD AVE, BLOOMFIELD HILLS, MI 48304		
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)		
36 47	Enter this total on line 3a of Summary	

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CANDIDATE COMMITTEE

139858 1. Committee I.D. Number _

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 all 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 07/27/2022 Name & Address: JOHANNA DELP 1432 HARVARD RD GROSSE POINTE, MI 48230 5. If over \$100.00 cumulative, please provide:	_{\$} 150.00	_{\$} 150.00
Occupation VICTIM ADVOCATE Employer MACOMB COUNTY PROSECUTOR'S OFFICE Business Address 1 S MAIN ST, MT CLEMENS, MI 48043 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/27/2022 Name & Address JUSTIN POLLARD 39676 MEMORY LN HARRISON TWP, MI 48045	_{\$} 150.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer MACOMB COUNTY Business Address 1 S MAIN ST, MT CLEMENS, MI 48043 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/27/2022 Name & Address: ONORIO D'AGOSTINI 61403 BARCLAY STE. 800 WASHINGTON, MI 48094 5. If over \$100.00 cumulative, please provide:	_{\$} 300.00	_{\$} 300.00
Occupation BUILDER/DEVELOPER Employer D.C. INVESTMENT GROUP, INC Business Address 13425 19 MILE RD, STERLING HEIGHTS, MI 48313 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/27/2022 Name & Address MICHAEL DEBUSSCHER 53668 HERITAGE LN NEW BALTIMORE, MI 48047	_{\$} 150.00	_{\$} _150.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer RETIRED Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
Type of Contribution:	750.00 Enter this total on line 3a of Summary Page.	



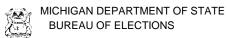
CANDIDATE COMMITTEE

139858 1. Committee I.D. Number _

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

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 all 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 07/27/2022 Name & Address: SAMANTHA MACKERETH		амо от 1990гргу
816 S CAMPBELL RD	450.00	150.00
ROYAL OAK, MI 48067	_{\$} 150.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide: Occupation INTERN Employer MACOMB COUNTY		
Business Address 1 S MAIN ST, MT CLEMENS, MI 48043		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/27/2022		
Name & Address RAYMOND AHONEN		
18460 RANIER DR	. 150 00	_{\$} 150.00
MACOMB, MI 48042	§ 100.00	\$ 130.00
5. If over \$100.00 cumulative, please provide:		
Occupation PUBLIC SAFETY LIASON Employer BELFOR PROPERTY RESTORATION		
Business Address 18460 RANIER DR, MACOMB, MI 48042		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/27/2022		
PATRICK COLETTA		
1153 DEVONSHIRE RD	_s 150.00	_{\$} 150.00
GROSSE POINTE PARK, MI 48230	¥	\$ 100100
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer MACOMB COUNTY		
Business Address 1 S MAIN ST, FLOOR 4, MT CLEMENS, MI 48043		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/27/2022 Name & Address		
RICHARD NELSON		
407 CLOVERLY RD	_s 150.00	_e 150.00
GROSSE POINTE FARMS, MI 48236	\$ 100.00	\$ <u>130.00</u>
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer MACOMB COUNTY		
Business Address 1 S MAIN ST, MT CLEMENS, MI 48043		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	600.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on line 3a of Summary	-

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CANDIDATE COMMITTEE

139858 1. Committee I.D. Number _

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

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 all 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 07/27/2022 Name & Address: NED PICCININI 4655 LOCKWOOD DR WASHINGTON, MI 48094	§ 300.00	§ 300.00
	<u>\$ 000.00</u>	\$ 333133
5. If over \$100.00 cumulative, please provide: Occupation CEO Employer MCM LEARNING INC		
Business Address 31791 SHERMAN AVE, MADISON HEIGHTS, MI 48071		
Type of Contribution: Direct Loan from a person Fund Raiser	_	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/27/2022		
Name & Address MICHAEL BALIAN		
352 KIRKSWAY LN	. 150 00	_s 150.00
SUITE 350	\$ 100.00	<u>\$ 100.00</u>
ORION TWP, MI 48362 5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer SELF		
Business Address 40950 WOODWARD AVE, STE 350, BLOOMFIELD HILLS, MI 48304		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/27/2022 Name & Address:		
FRANCES MURPHY	150.00	150.00
27735 JEFFERSON AVE ST CLAIR SHORES, MI 48081	_{\$} 150.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer FRAN MURPHY		
Occupation ATTORNEY Employer FRAN MURPHY Business Address 27735 JEFFERSON AVE, ST CLAIR SHORES, MI 48081		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 07/27/2022		_
Name & Address		
MIKE ABRO 1374 TRACEKY DR	450.00	4-0-00
ROCHESTER HILLS, MI 48306	_{\$} 450.00	_{\$} 450.00
5. If over \$100.00 cumulative, please provide:		
Occupation OWNER Employer BUSCEMIS		
Business Address 8315 HALL RD, UTICA, MI 48317		
Type of Contribution: □ Direct □ Loan from a person		
Page Subtotal	1,050.00	
Grand Total of All Schedules 1A	, , , , , , , , , , , , , , , , , , , ,	-
(Complete on last page of Schedule)	Enter this total on	_l
20 47	line 3a of Summary	

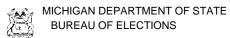
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CANDIDATE COMMITTEE

139858 1. Committee I.D. Number _

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 all 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 07/27/2022 Name & Address: JOSEPH ZAGO		
29438 JEFFERSON AVE ST CLAIR SHORES, MI 48081	1.500.00	_{\$} 1,500.00
5. If over \$100.00 cumulative, please provide:	\$ 1,000.00	\$ 1,0000
Occupation OWNER THE CARPET GUYS, LLC		
Business Address 977 14 MILE RD, TROY, MI 48083		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/27/2022		_
Name & Address		
JOHN RAXE 500 WOODWARD AVE	300 00	_{\$} 300.00
DETROIT, MI 48226	\$ 300.00	\$ 300.00
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer CLARK HILL PAC		
Business Address 500 WOODWARD AVE, DETROIT, MI 48226		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/27/2022		
Name & Address: CAROLE A MURRAY		
42489 CLINTON PL DR	_{\$} 150.00	_{\$} 150.00
CLINTON TWP, MI 48038	Ψ	\$ 100100
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer SELF EMPLOYED		
Business Address 42489 CLINTON PL DR, CLINTON TWP, MI 48038		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/27/2022		_
Name & Address ROBERT KAISER		
777 CHICAGO RD	1 500 00	1 500 00
STE 1	_{\$} 1,500.00	_{\$_} 1,500.00
TROY, MI 48083 5. If over \$100.00 cumulative, please provide:		
Occupation OWNER Employer GALLAGHER-KAISER CORPORATION		
Business Address 777 CHICAGO RD, TROY, MI 48083		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	3,450.00	
Grand Total of All Schedules 1A	,	
(Complete on last page of Schedule)	Enter this total on	J
Page 40 of 47	line 3a of Summary Page.	



CANDIDATE COMMITTEE

139858 1. Committee I.D. Number _

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 07/27/2022 Name & Address: DORAID B ELDER 1360 PORTER ST STE. 200 DEARBORN, MI 48124 5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer ELDER BRINKMAN LAW P.C.	_{\$} 1,500.00	_{\$} 1,500.00
Business Address 1360 PORTER ST, DEARBORN, MI 48124		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/27/2022		
Name & Address		
TODD D SCMITZ 23083 SAXONY AVE	150 00	_s 150.00
EASTPOINTE, MI 48021	\$ 130.00	\$ 130.00
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer MACOMB COUNTY		
Business Address 1 S MAIN ST, MT CLEMENS, MI 48043		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/27/2022 MIKE CIARAMITARO 52462 CHESWICK CT SHELBY TWP, MI 48315	_{\$} 1,500.00	_{\$} 1,500.00
5. If over \$100.00 cumulative, please provide:		
Occupation PLUMBING CONTRACTOR Employer MR. ROOTER		
Business Address 51162 MILANO DR, MACOMB, MI 48042		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/27/2022 Name & Address DEAN C METRY 34740 SOUTHBOUND GRATIOT AVE CLINTON TWP, MI 48035	§ 300.00	_{\$} 300.00
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer MACOMB COUNTY		
Business Address 81 N MAIN ST, MT CLEMENS, MI 48043		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	3,450.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	
Page 41 of 47	line 3a of Summary Page.	



139858 1. Committee I.D. Number

CANDIDATE COMMITTEE

2. Committee Name

CTE PETER J. LUCIDO FOR PROSECUTOR

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 07/27/2022 Name & Address: RICHARD N GOICH 43932 ROBINSON RIDGE CLINTON TWP, MI 48038	_{\$} 150.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/27/2022 Name & Address MARJORIE A WALLER PO BOX 180758 SHELBY TOWNSHIP, MI 48318	_{\$} 150.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide: Occupation HOUSEWIFE Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/27/2022 MARY BOMMARITO 11342 COVERED BRIDGE LN BRUCE TWP, MI 48065	_{\$} 150.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide: Occupation BUILDING OFFICIAL Employer SELF EMPLOYED Business Address 11342 COVERED BRIDGE LN, BRUCE TWP, MI 48065 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/27/2022 Name & Address ONORIO MOSCONE 55459 AMBASSADOR CT SHELBY TWP, MI 48316	_{\$} 150.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide: Occupation PRESIDENT Employer DEERCREEK CONSTRUCTION Business Address 57125 DEER CREEK CT, WASHINGTON, MI 48094		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) $ \frac{42}{6} = \frac{47}{6} $	Enter this total on line 3a of Summary Page.	

Page ____of __



139858 1. Committee I.D. Number _

CANDIDATE COMMITTEE

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

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 all 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 07/27/2022 Name & Address: MARIO EVANGELISTA 69263 LAKE POINT CT ROMEO, MI 48065	_{\$} 150.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide: Occupation BUILDER/OWNER Employer CASSINO BUILDING & DEVELOPMENT		
Business Address 42735 VAN DYKE AVE, STERLING HEIGHTS, MI 48314		
Type of Contribution: Direct Loan from a person		_
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/28/2022 Name & Address SRMD BATRIS 6306 SANTA ANITA DR SAGINAW, MI 48603	\$ 600.00	_{\$} 600.00
5. If over \$100.00 cumulative, please provide: Occupation SELF EMPLOYED Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/28/2022 Name & Address: JAMES J SULLIVAN 1 KERCHEVAL AVE GROSSE POINTE FARMS, MI 48236	§ 450.00	§ 450.00
5. If over \$100.00 cumulative, please provide:		
Occupation LAWYER Employer SELF		
Business Address 1 KERCHEVAL AVE, GROSSE POINTE FARMS, MI 48236 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/28/2022 Name & Address KYMBERLY M SHINNEMAN 8620 GOODALE AVE UTICA, MI 48317	_{\$} 150.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer MACOMB COUNTY PROSECUTORS OFFICE		
Business Address 1 S MAIN STREET, MOUNT CLEMENS, MI 48043		
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)	,	
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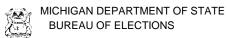
Page 43 of 47



CANDIDATE COMMITTEE

139858 1. Committee I.D. Number _

Enter contributor's name and address. If contribution is from an individual, enter last name, first name,	6. Amount	7. Cumulative for
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.		Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/28/2022 Name & Address: JAMES C THOMAS	·	acto of toodify
49544 COMPASS POINT DR		5 00 00
NEW BALTIMORE, MI 48047	_{\$} 500.00	_{\$} 500.00
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer SELF		
Business Address 30101 NORTHWESTERN HWY, FARMINGTON HILLS, MI 48334		
Type of Contribution:		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/28/2022 Name & Address		
STEVEN G FREERS		
17757 14 MILE RD	_{\$} 100.00	_s 100.00
FRASER, MI 48026	Ψ	Ψ
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer SELF		
Business Address 17757 14 MILE RD, FRASER, MI 48026		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/29/2022 FRANCIS MCNELIS	4.50.00	
75 N MAIN ST	_{\$} 150.00	_s 150.00
MT CLEMENS, MI 48043		Ψ
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer MACOMB COUNTY		
Business Address 75 N MAIN ST, MT CLEMENS, MI 48043		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/29/2022		
Name & Address		
MAGGIE VARNEY 30130 HARPER	000 00	000.00
ST CLAIR SHORES, MI 48082	_{\$} 300.00	_{\$} 300.00
5. If over \$100.00 cumulative, please provide:		
Occupation OWNER Employer GO GREEN SALON		
Business Address 30130 HARPER, ST CLAIR SHORES, MI 48082		
Type of Contribution: ☐ Direct ☐ Loan from a person ✔ Fund Raiser		
Page Subtotal	1,050.00	
Grand Total of All Schedules 1A	1,000.00	-
(Complete on last page of Schedule)	Enter this total ar	J
Page 44 of 47	Enter this total on line 3a of Summary Page.	



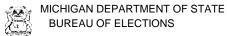
139858 1. Committee I.D. Number _

CANDIDATE COMMITTEE

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

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 all 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 08/01/2022 Name & Address: MARK D MILESKI 52833 WINSOME LN NEW BALTIMORE, MI 48051	_{\$} 150.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide: Occupation COURT OFFICER Employer STERLING HEIGHTS DODGE		
Business Address 40111 VAN DYKE AVE, STERLING HEIGHTS, MI 48313 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/02/2022 Name & Address MICHAEL E TORRES 5865 JACKELYN CT WASHINGTON, MI 48094	_{\$} 7,150.00	_{\$} 7,150.00
5. If over \$100.00 cumulative, please provide: Occupation PRIVATE INVESTIGATOR Employer EYE SPY INVESTIGATIONS Business Address 32059 UTICA RD, FRASER, MI 48026 Type of Contribution: Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 08/02/2022 Name & Address: JAMES CHO 565 LONG LAKE PINE COURT, BLOOMFIELD TWP, MI 48302	_{\$} 7,150.00	_{\$} 7,150.00
5. If over \$100.00 cumulative, please provide: Occupation DOCTOR Employer SELF EMPLOYED Business Address 43900 GARFIELD RD, CLINTON TWP, MI 48038 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 08/02/2022 Name & Address MICHAEL NOVARA 888 W BIG BEAVER RD TROY, MI 48084	_{\$} 7,000.00	_{\$_} 7,000.00
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer NOVARA TEIJA CATENNACCI PLLC		
Business Address 888 W BIG BEAVER RD, TROY, MI 48084 Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	21,450.00 Enter this total on line 3a of Summary	

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CANDIDATE COMMITTEE

139858 1. Committee I.D. Number _

Page.

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

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 all 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 08/02/2022 Name & Address: GARY NOVARA 888 W BIG BEAVER RD TROY, MI 48084	° 7,000.00	_{\$} 7,000.00
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY/PARTNER Employer NOVARA TEIJA CATENNACCI PLLC Business Address 888 W BIG BEAVER RD, SUITE 600, TROY, MI 48084	ў	
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/02/2022 Name & Address PAUL O CATENACCI 888 W BIG BEAVER RD TROY, MI 48084	_{\$} 7,000.00	_{\$} 7,000.00
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY/PARTNER Employer NOVARA TEIJA CATENNACCI PLLC Business Address 888 W BIG BEAVER RD, SUITE 600, TROY, MI 48084 Type of Contribution: Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 08/02/2022 Name & Address: JEFFREY M SANGSTER 34060 JEFFERSON AVE ST CLAIR SHORES, MI 48082	\$300.00	_{\$} 300.00
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer SELF Business Address 400 RENAISSANCE CENTER, DETROIT, MI 48243 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 08/03/2022 Name & Address MELISSA PEHLIS 52101 MONACO DR MACOMB, MI 48042	_{\$} 7,150.00	_{\$_} 7,150.00
5. If over \$100.00 cumulative, please provide: Occupation OWNER Employer PEHLIS PROPERTIES		
Business Address 52101 MONACO DR, MACOMB, MI 48042 Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	21,450.00 Enter this total on line 32 of Summary	-

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CANDIDATE COMMITTEE

139858 1. Committee I.D. Number _

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

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 all 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 08/04/2022 Name & Address: ENRICO ROSSELLI 57303 SCENIC HOLLOW DR WASHINGTON, MI 48094 5. If over \$100.00 cumulative, please provide:	§300.00	_{\$} 300.00
Occupation OWNER DENISE T BEAUPRE-ROSSELLI		
Business Address 57303 SCENIC HOLLOW DR, WASHINGTON, MI 48094		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/09/2022		
Name & Address DAVID FEMMININEO		
110 S MAIN ST	_{\$} 500.00	_{\$} 500.00
MT CLEMENS, MI 48043	\$ <u> </u>	\$ 000.00
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer FEMMININEO ATTORNEYS PLLC		
Business Address 110 S MAIN ST, MT CLEMENS, MI 48043		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt Name & Address:		
	\$	\$
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name & Address		
	\$	\$
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	800.00	
Grand Total of All Schedules 1A	114,790.00	
(Complete on last page of Schedule)	Enter this total on	

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line 3a of Summary Page.



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number 139858

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name FRANK KRAUSE Address 19995 RIVERWOODS CT MACOMB, MI 48044 Fund Raiser	Purpose: DJ Check box if this expenditure is payment of debt or obligation reported on previous	07/26/2022 Date	\$ <u>400.00</u>
Expenditure #2 Name BRAD SHAW Address	Purpose: PHOTOGRAPHY	07/26/2022 Date	\$ <u>250.00</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3 Name THE PALAZZO GRANDE Address 54660 VAN DYKE AVE SHELBY TWP, MI 48316	Purpose: PALAZZO GRANDE HALL Check box if this expenditure is payment of	07/27/2022 Date	\$ 17,052.00
✓ Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4 Name ANEDOT Address 15985 CANAL RD CLINTON TWP, MI 48038		07/31/2022 Date Itemization Bel	\$ <u>747.40</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5 Name RWB PARKES & RECREATION Address 361 MORTON ST ROMEO, MI 48065 Fund Raiser	Purpose: ROMEO PEACH FESTIVAL PARADE Check box if this expenditure is payment of debt or obligation reported on previous statement	08/29/2022 Date	\$ <u>400.00</u>
	Subto	tal this page	18,849.40
	Grand Total of all S (Complete on last page		



SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number

139858

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

	John Million Traine		
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ROMEO LIONS CLUB Address 269 E WASHINGTON ST	Purpose: BANNER FOR ROMEO PEACH FESTIVAL	08/29/2022 Date	\$ <u>200.0</u> 0
ROMEO, MI 48065 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Name BULTYNCK & CO. Address	Purpose: BOOK KEEPING	10/01/2022 Date	\$ 1,200.00
15985 CANAL ROAD CLINTON TOWNSHIP, LM 48038 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3	Sidemon		
Name THE ITALIAN TRIBUNE Address PO BOX 380407	Purpose: ADVERTISING	10/17/2022 Date	\$ <u>210.00</u>
CLINTON TOWNSHIP, LM 48038 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4			
Address Address	Purpose:	Date	\$
		Here for Memo	temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5 Name			
Address	Purpose:	Date	\$
Fund Raiser	Click I Check box if this expenditure is payment of debt or obligation reported on previous statement	Here for Memo	Itemization Type
	Subto	tal this page	1,610.00
	Grand Total of all ((Complete on last page		1,610.00 20,459.40

Enter this total on line 8a of Summary Page



Summary Page.

Page 1 of 1

FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

139858 1. Committee I.D. Number

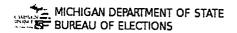
2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

	- USE A	SEPARATE SH	EET FOR EACH EVENT -	
Date Event Was Held		of Individuals Attending ating (whichever is	5. Type of Fund Raising Activity	6. Address and Name (If any) of place where the activity was hel THE PALAZZO GRA
7/27/2022		200	BIRTHDAY CELEBRATION	54660 VAN DYKE A SHELBY TWP, MI 48 Private Residence
Total Contributions		40,040.00		
Other Receipts		0.00		
Gross Receipts (Add lines 7 a	and 8)	40,040.00		
. Total Cost of Event otal Cost includes In-Kind Cor	ntributions	17,052.00 and All Expenditures	Made For the Event)	
. Check if event was a join	int fund rai	ser and complete the	following:	
Co-Sponsor(s)		Contribution S (%)	Split	Expenditure Split (%)
		(/		(70)
	-			
	-			
	-			
	- - -			

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

Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.

Page 1 of 38



CANDIDATE COMMITTEE COVER PAGE

· Committee ID	139858-0	
· Committee Name	CTE PETER J LUCIDO FOR PROSECUTOR	
· Coverage Period	04/21/2022 - 07/21/2022	
· Candidate Name	PETER J. LUCIDO	
· Office/District Sought	District Courts (Population 250,000+)	
· County of Residence	MACUMB	
· Address Information		
· Committee Mailing	6303 26 MILE RD WASHINGTON MI 48094	
Phone	·	
· Treasurer Name	FRANK CORPOLE	
· Treasurer Residential	MACOMS MI 4809Z	
· Phone	586 295 9375	
· Treasurer Business	15985 CANAL	
• Phone	CLINTON TWA MI 48038 586 286 9300	
· Recordkeeper Name		
· Recordkeeper Mailing		
· Phone		
· Statement Type	Pre-Election	
· Relates To	General	
· Election Date	H	
· Dissolution Date (effective)	·//	
· Annual Statement Coverage Year		
· Treasurer/Recordkeeper Signed	FRANK COPPOLA Date 1111-29-20	<u>.</u>
· Candidate Signed	PETER J. LUCIDO • Date // 19 - 20: 2.2	

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in the items above has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

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: Fizak Coppe la	Signature: File Cypla Date: 11-29-27
Candidate:	
(Type or Print) Name: PETER J LUCIDO	Signature: Sta Min Date: 11 - 29 - 22

1/11-29.22

CANDIDATE COMMITTEE SUMMARY PAGE

· Committee ID	139858-0	describing a security of the contract of the same and a green pass super-	en e	4xm2 some max is n	. The second control of the second se
- Committee Name	CTE PETER J LUCIDO FOR PROS	ECUTOR	A Principle Annough and design and a state of the	Saraa # Saraa 100	Care and Secure in a statistical community in Case to
· Document Name	Amended - Pre-Election General	Karana em la litem de al le inglis de la premi meganggapa lak laguag	et in die en	erin e suesti me proju	ميغر المن العميون إيهاي المهراة الراسمة لما والمصارف الدائم
RECEIPTS	িপ্রতিক বিবা কিন্তু গোটার ১৯০২-এই ক্রেটির এই এই ক্রেটির ইয়ার এই বিবার স্থান এই স্থানির ক্রিটির ক্রিটির ক্রিটি বিবার	and to the control of	This Period	, en terresione.	Cumulative
3. Contributions				1	Camalacive
a. Itemized Contributions	5	(3a.)	90,240.00		
b. Unitemized		(3b.)	0.00	4	
c. Subtotal of Contribution	ons	(3c.)	90,240.00	(18.)	110,673.50
4. Other Receipts		(4.)	0.00	(19.)	0.00
5. Total Contributions	and Other Receipts	(5.)	90,240.00	(20.)	110,673.50
IN-KIND CONTRIBUTI	ONS AND EXPENDITURES		THE ST OFFICE WAS ARREST.	Baurenagsbrass	
6. In-Kind Contributions		(6.)	0.00	(21.)	0.00
7. In-Kind Expenditures		(7.)	0.00	(22.)	0.00
EXPENDITURES	erakan bererakan dengen di Samuruk bererak Terakan Samuruk Bandar Bandaran barah dan berarah Samuruk Bandar ba Bandar	e i Diederko in och er stort i store blækkert fraktisch	alla present to articologica reseasible seed	Yeshenikusinen. L	e parace en la segue de en
8. Expenditures				1	
a. Itemized		(8a.)	9,996.64	1	
b. Itemized GOTV		(8b.)	0.00	1	
c. Unitemized (less than	\$50.01 each)	(8c.)	0.00		
9. Total Expenditures		(9.)	9,996.64	(23.)	0.00
INCIDENTAL EXPENSE	DISBURSEMENTS				· 100 · 10 · 10 · 10 · 10 · 10 · 10 · 1
10. Disbursements					
a. Itemized		(10a.)	0.00		
b. Unitemized		(10b.)	0.00		
11. Total Incidental Ex	pense Disbursements	(11.)	0.00	(24.)	0.00
DEBTS AND OBLIGATI	ONS				the first the transfer of the first terms and the first terms at
Debts and Obligation				1	
 a. Owed by the Committe 		(12a.)	0.00	ļ	
 b. Owed to the Committe 	ee Talka ka k	(12b.)	0.00) Benerija ili ili kanada etka etka etka	a, ero samo mente vinatione
BALANCE STATEMENT			The state of the s		the first of the second se
13. Ending balance of las	st report filed		(13.)		76,456.97
14. Amount received dur	ing reporting Period		(14.)		90,240.00
15. Subtotal			(15.)		166,696.97
16. Amount expended dı	uring reporting Period		(16.)		9,996.64
17. ENDING BALANCE			(17.)		156,700.33



CANDIDATE COMMITTEE COVER PAGE

FILED 26 JAN 2023 AM 10:28

MACOMB COUNTY CLERK MT. CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

		1		
Report must be legible, typed or printed in ink a the treasurer (or designated record keeper) and	nd signed by candidate.	This Statement covers From	^{n:} 10/21/2022 to 1	2/31/2022
1. Committee I.D. Number		4. Candidate Last Name	First Name	M.I.
139858		LUCIDO	PETER	J
Committee Name		4a. Office Sought Including Dis	,	,
CTE PETER J. LUCIDO FOR PRO	SECUTOR	PROSECUTING ATTO	RNET, MACOMB COUR	4 I T
CTETETERS. EGGIDGT ORTRO	SECOTOR	4b. County of Residence MA	COMB COUNTY	
5. Committee's Mailing Address		6. Treasurer's Name & Reside	ential Address	
6303 26-MILE RD SUITE 203		FRANK COPPOLA		
WASHINGTON TWP, MI 48094		54620 CARNATION		
		MACOMB, MI 48042	2	
Area Code and Phone (586) 206-3133				
If the address in this box is different from the commailing address on the Statement of Organization		(586)	295-375	
be sent to this address by the filing official.				
7. Treasurer's Business Address		Designated Record keeper Designated Record keeper)	's Name and Mailing Address	(If the committee has a
54620 CARNATION		SUSANNE RODZO	S	
MACOMB, MI 48042		47134 MORNING D	=	
		MACOMB, MI 4804	4	
Area Code and Phone (586) 295-375		Area Code and Phone (58	6) 228-5800	
9. TYPE OF STATEMENT	Doguirod O	VII V if condidate	9e. Dissolution of Candida	ate Committee
9a. Pre-Election OR 9b. Post-Election	is not on the	NLY if candidate ballot for the	-	We certify any outstanding debt
Pre-Election or Post-Election Statement relates to	:		by discharged and forgiven,	didate or his or her spouse is here and no longer collectible from
Primary	July Quar	terly	the committee. The committee owes no lates fees or has ar	tee has no oustanding assets, ny oustanding debt.
General	October 0	Quarterly	Further, if the dissolution can	anot he granted, that this he
Convention			considered a request for the	
Special	9c. X Annu	al Statement (2022)		
School		Coverage Year	Effective date of d	issolution
Caucus	9d. Amen	dment to Campaign Statement blete Item 9a, 9b , 9c or 9e to		
		te which Statement is being	Note: The disposition of residuction of residuction and the Summ	dual funds must be reported on ary Page
	amon	icu.)	Consult 15 and the Canin	ary rago.
Date of Election, Convention or Caucus				
10. Verification: I\We certify that all reasonable dil my\our knowledge and belief the contents are true			nent and attached schedules (i	f any) and to the best of
Current Treasurer or			Submitted electronically, signature on file	04/06/0000
Designated Record keeper Type or Print Nam	<u> </u>	/ Signature	—————Date	01/26/2023
Type of Fallit Nam	•	Signature	Submitted electronically,	
Candidate		1	signature on file Date	01/26/2023
Type or Print Nar	ne	Signature		

1. Committee I.D. Number 139858

SUMMARY PAGE CANDIDATE COMMITTEE

CANDIDATE COMMITTEE		
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		,,,,,
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>300.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ <u>300.00</u>	(18.) \$ 300.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _0.00	(19.) \$ 0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ 300.00	(20.) \$ 300.00
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ 0.00	(21.) \$ 0.00
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ 0.00	(22.) \$ 0.00
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ 1,250.00	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ 0.00	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ 0.00	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ _1,250.00	(23.) \$ 1,250.00
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$ 0.00	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ 0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS		
(Add Line 10a + Line 10b)	(11.) \$ 0.00	(24.) \$ 0.00
DEBTS AND OBLIGATIONS 12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ 0.00	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ 0.00	
	BALANCE STATEMENT	
13. Ending Balance of last report filed	(13.) \$ 251,030.93	
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.) + \$ 300.00	
(Line 5, Total Contributions & Other Receipts)		
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period	(15.) = \$ <u>251,330.93</u>	
(Add lines 9 and 11)	(16.) - \$ 1,250.00	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ 250,080.93	*



1. Committee I.D. Number _

139858

CANDIDATE COMMITTEE

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 all 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 10/21/2022 Name & Address: MICHAEL DIMICHELE 53660 APPLEWOOD DR SHELBY TWP, MI 48315	_{\$} 300.00	_{\$} 300.00
5. If over \$100.00 cumulative, please provide: Occupation INDEPENDENT MANUFACTUAR Employer SELF Business Address 53600 APPLEWOOD DR, SHELBY TWP, MI 48315 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt Name & Address 5. If ever \$400.00 sumulative, places provides	\$	\$r Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation Employer	Click Hele to	i Memo nemizanom
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt	\$Click Hara for	\$
5. If over \$100.00 cumulative, please provide:	Ollok Flore for	Wellie Reliization
Occupation Employer Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name & Address	¢	¢.
5. If over \$100.00 cumulative, please provide:	Ψ	\$
Occupation Employer	Click Here for	Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 1 of 1	300.00 Solution 300.00 Enter this total on line 3a of Summary Page.	-



SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number

139858

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

2.0	ommittee name		
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name MACOMB SYMPHONY ORCHESTRA		11/09/2022	\$ 185.00
Address	Purpose: ADVERTISING DONATION	Date	<u> 100.00</u>
Address P.O. BOX 381062	Purpose.		
Clinton Township, MI 48038			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
Name CALABRIA CLUB		11/22/2022	. 200 00
57 (E) (B) (I) (G26 E	۸۵	Date	\$ <u>300.00</u>
Address	Purpose: AD		
38250 LANSE CREUSE ST			
HARRISON TWP, MI 48045			
□	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #3			
Name CDCC		11/22/2022	\$ 115.00
Address	Purpose: FULL PAGE COLOR AD	Date	₹ <u>113.00</u>
38250 LANSE CREUSE ST	Fulpose.		
HARRISON TWP, MI 48045			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
Name MACOMB COUNTY CLERK		11/22/2022	
		Date	\$ <u>250.00</u>
Address 32 MARKET ST	Purpose: LATE FEE		
MT CLEMENS, MI 48043			
WIT OLLIVICITYO, WIT 40043	Check box if this expenditure is payment of		
□ _{5 10} :	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name SMASH CREATIVE		12/08/2022	. 400.00
Address	Purpose: WEBSITE	Date	\$ <u>400.00</u>
7755 22 MILE RD			
SHELBY TWP, MI 48317	Check boy if this owner disture is nownered at		
□p.:	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
	Subto	otal this page	1,250.00
	Grand Total of all (Complete on last page		1,250.00
	COMDIECE OF IASI DAGE		,

(Complete on last page of Schedule)

Enter this total on line 8a of Summary Page



CANDIDATE COMMITTEE COVER PAGE

FILED 25 JUL 2023 PM 03:00

MACOMB COUNTY CLERK MT. CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

Area Code and Phone (586) 206-3133 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. 7. Treasurer's Business Address 39999 GARFIELD ROAD 7. Treasurer's Business Address 39999 GARFIELD ROAD CLINTON TOWNSHIP, MI 48038 Area Code & Phone (586) 286-8200 DAVID BULTYNCK 15985 CANAL ROAD CLINTON TOWNSHIP, MI 48038 Area Code and Phone (586) 286-8200 9. TYPE OF STATEMENT 9a.	Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and c	d signed by andidate.	This Statement covers From	01/01/2023 to 0	7/20/2023	
4a. Office Sought Including District # or Community Served (If applicable) PROSECUTING ATTORNEY, MACOMB COUNTY 4b. Country of Residence MACOMB COUNTY 4c. Country o						
PROSECUTING ATTORNEY, MACOMB COUNTY 4b. County of Residence MACOMB COUNTY 4b. County of Residence MACOMB COUNTY 4c. County of Residence MACOMB County of Residence Accordance And Pool of Residence Accordance Accordance And Pool of Residence Accordance A	139858					
Area Code and Phone (586) 286-8200 3. Tressurer's Name & Residential Address Area Code and Phone (586) 206-3133 If the address in finis box is different from the committee has a Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper's Name and Mailing Address (If the Committee has a Designated Record keeper's Name and Mailing Address (If the Committee has a Designated Record keeper's Name and Mailing Address (If the Committee has a Designated Record keeper's Name and Mailing Address (If the Committee has a Designated Record keeper's Name and Mailing Address (If the Committee has a Designated Record keeper's Name and Mailing Address (If the Committee has a Designated Record keeper's Name and Maili	2. Committee Name			•		
45. Country of Residence MACOMB COUNTY 6. Tressurer's Name & Residential Address 6. Sommittee's Name & Residential Address 6. Tressurer's Name & Residential Address 7. Tressurer's Name & Residential Address 8. DSEPH LUCIDO 8. DSEPH LUCIDO 8. Designated Record Keeper's Name and Mailing Address (if the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official. 7. Treasurer's Business Address 8. Designated Record keeper's Name and Mailing Address (if the committee has a Designated Record keeper's Name and Mailing Address (if the committee has a Designated Record keeper's Name and Mailing Address (if the committee has a Designated Record keeper's Name and Mailing Address (if the committee has a Designated Record keeper's Name and Mailing Address (if the committee has a Designated Record keeper's Name and Mailing Address (if the committee has a Designated Record keeper's Name and Mailing Address (if the committee has a Designated Record keeper's Name and Mailing Address (if the committee has a Designated Record keeper's Name and Mailing Address (if the committee has a Designated Record keeper's Name and Mailing Address (if the committee has a Designated Record keeper's Name and Mailing Address (if the committee has a Designated Record keeper's Name and Mailing Address (if the committee has a Designated Record keeper's Name and Mailing Address (if the committee has a Designated Record keeper') 8. DAVID BULTYNCK 15985 CANAL ROAD CLINTON TOWNSHIP, MI 48038 Area Code and Phone (586) 286-8200 9. TYPE OF STATEMENT 9a. Pre-Election or Post-Election Statement relates to: Pre-Election or Post-Election Statement relates to: Pre-Election or Post-Election or Post-Electio	CTE PETER J. LUCIDO FOR PROS	ECUTOR	TROOLOG TING ATTO	(NET, MACOMB COOK		
WASHINGTON TWP, MI 48094 Area Code and Phone (586) 206-3133 If the address in this box is different from the committee mailing address by the filing official. 7. Treasurer's Business Address 39999 GARFIELD ROAD CLINTON TOWNSHIP, MI 48038 Area Code & Phone (586) 286-8200 8. Designated Record keeper's Name and Mailing Address (if the committee has a Designated Record keeper's Name and Mailing Address (if the committee has a Designated Record keeper's Name and Mailing Address (if the committee has a Designated Record keeper's Name and Mailing Address (if the committee has a Designated Record keeper's Name and Mailing Address (if the committee has a Designated Record keeper's Name and Mailing Address (if the committee has a Designated Record keeper's Name and Mailing Address (if the committee has a Designated Record keeper's Name and Mailing Address (if the committee has a Designated Record keeper's Name and Mailing Address (if the committee has a Designated Record keeper's Name and Mailing Address (if the committee has a Designated Record keeper's Name and Mailing Address (if the committee has a Designated Record keeper's Name and Mailing Address (if the committee has a Designated Record keeper's Name and Mailing Address (if the committee has a Designated Record keeper's Name and Mailing Address (if the committee has a Designated Record keeper's Name and Mailing Address (if the committee has a Designated Record keeper's Name and Mailing Address (if the committee has a Designated Record keeper's Name and Mailing Address (if the committee has a Designated Record keeper's Name and Mailing Address (if the committee has a Designated Record keeper's Name and Mailing Address (if the committee has a Designated Record keeper's Name and Mailing Address (if the committee has a Designated Record keeper's Name and Mailing Address (if the committee has a Designated Record keeper's Name and Mailing Address (if the committee has a Designated Record keeper's Name and Mailing Address (if the committee has a Designated Recor					_	
Area Code and Phone (586) 206-3133 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. 7. Treasurer's Business Address 39999 GARFIELD ROAD 7. Treasurer's Business Address 39999 GARFIELD ROAD CLINTON TOWNSHIP, MI 48038 Area Code & Phone (586) 286-8200 DAVID BULTYNCK 15985 CANAL ROAD CLINTON TOWNSHIP, MI 48038 Area Code and Phone (586) 286-8200 9. TYPE OF STATEMENT 9a.	5. Committee's Mailing Address		6. Treasurer's Name & Reside	ential Address		
Area Code and Phone (586) 206-3133 If the address in this bot is different from the committee be sent to this address by the filing official. 7. Treasurer's Business Address 39999 GARFIELD ROAD CLINTON TOWNSHIP, MI 48038 Area Code & Phone (586) 286-8200 8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper's Name and Ma			JOSEPH LUCIDO			
Area Code and Phone (586) 206-3133 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. 7. Treasurer's Business Address 39999 GARFIELD ROAD CLINTON TOWNSHIP, MI 48038 Area Code and Phone (586) 286-8200 Area Code and Phone (586) 286-8200 Area Code and Phone (586) 286-8200 9. TYPE OF STATEMENT 9a. Pre-Election OR 9b. Post-Election Pre-Election or Post-Election Statement relates to: Substitute of the current year: Substitute of the current year: Substitute of the current year: Substitute of the current year of the year of the current year of the year of th	WASHINGTON TWP, MI 48094					
If the address on the Statement of Organization, mail may be sent to this address by the filing official. 7. Treasurer's Business Address 39999 GARFIELD ROAD CLINTON TOWNSHIP, MI 48038 DAVID BULTYNCK 15985 CANAL ROAD CLINTON TOWNSHIP, MI 48038 Area Code and Phone (586) 286-8200 Area Code and Phone (586) 286-8200 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 Path of Election, Convention or Caucus Required ONLY if candidate is not on the ballot for the current year: Date of Election, Convention or Caucus Required ONLY if candidate is not on the ballot for the current year: Date of Election, Convention or Caucus Pre-Election or Post-Election Statement relates to: Pre-Bicketion or Post-Election Statement relates to: Pre-Election or Post-Election Statement relates to: Primary General Convention School Date of Election, Convention or Caucus Post-Pre-Election Statement to Campaign Statement (2023) Coverage Year October Quarterly Date of Election, Convention or Caucus Post-Pre-Election Statement to Campaign Statement (2023) Effective date of dissolution School Indicate which Statement is being amended.) Note: The disposition of residual funds must be reported or Schedule 1B and the Summary Page. 10. Verification: IWe certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of mylour knowledge and belief the contents are true, accurate and complete. Current Treasurer or Designated Record keeper	(500) 000 0400		CLINTON TOWNSE	11P, IVII 48038		
Area Code & Phone (S86) 280-820U	If the address in this box is different from the comm					
Designated Record keeper) DayID BULTYNCK 15985 CANAL ROAD CLINTON TOWNSHIP, MI 48038 Area Code and Phone (586) 286-8200 Pre-Election OR 9b. Post-Election Pre-Election or Post-Election Statement relates to: Primary General Convention Special School Caucus Designated Record keeper) DayID BULTYNCK 15985 CANAL ROAD CLINTON TOWNSHIP, MI 48038 Area Code and Phone (586) 286-7300 Per Dissolution of Candidate Committee By checking this litem I/We certify any outstanding deby the committee to the candidate or his or her spouse is he by discharged and forgiven, and no longer collectible from the committee. The committee has no oustanding assets, owes no lates fees or has any outstanding debt. Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Special School Caucus Date of Election, Convention or Caucus Date of Election, Convention or Caucus Designated Record keeper) DAVID BULTYNCK 15985 CANAL ROAD CLINTON TOWNSHIP, MI 48038 Area Code and Phone (586) 286-7300 Per Dissolution of Candidate Committee By checking this item I/We certify any outstanding debte by the committee to the candidate or his or her spouse is he by discharged and forgiven, and no longer collectible from the committee. The committee. The committee has no oustanding assets, owes no lates fees or has any outstanding debte by the committee to the candidate or his or her spouse is he by discharged and forgiven, and no longer collectible from the committee. 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 or Schedule 1B and the Summary Page.	mailing address on the Statement of Organization, be sent to this address by the filing official.	mail may	Area Code & Phone (586)	286-8200		
CLINTON TOWNSHIP, MI 48038 Area Code and Phone (586) 286-8200	7. Treasurer's Business Address			's Name and Mailing Address (If the committee has a	
Area Code and Phone (586) 286-8200 9. TYPE OF STATEMENT 9a. Pre-Election OR 9b. Post-Election Pre-Election or Post-Election Statement relates to: Primary October Quarterly			DAVID BULTYNCK			
Area Code and Phone (586) 286-8200 Area Code and Phone (586) 286-7300 9. TYPE OF STATEMENT 9a.	CLINTON TOWNSHIP, MI 48038			D		
9. TYPE OF STATEMENT 9a. Pre-Election OR 9b. Post-Election Pre-Election or Post-Election Statement relates to: Pre-Election or Post-Election Statement relates to: Primary General Convention Special Caucus October Quarterly Annual Statement (2023) Coverage Year 9d. Statement (2023) Coverage Year Note: The disposition of residual funds must be reported or Schedule 1B and the Summary Page. 10. Verification: NWe certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of mylour knowledge and belief the contents are true, accurate and complete. 10. Verification: NWe certify any outstanding deby			CLINTON TOWNSH	IIP, MI 48038		
9. TYPE OF STATEMENT 9a. Pre-Election OR 9b. Post-Election Pre-Election or Post-Election Statement relates to: Pre-Election or Post-Election Statement relates to: Primary General Convention Special Caucus October Quarterly Annual Statement (2023) Coverage Year 9d. Statement (2023) Coverage Year Note: The disposition of residual funds must be reported or Schedule 1B and the Summary Page. 10. Verification: NWe certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of mylour knowledge and belief the contents are true, accurate and complete. 10. Verification: NWe certify any outstanding deby	(500) 000 0000		/	->		
Pre-Election OR 9b. Post-Election Pre-Election or Post-Election Statement relates to: Primary General Convention School Caucus Pa. Pre-Election or Post-Election Statement relates to: Primary General Convention Special Caucus Pre-Election or Post-Election Statement relates to: Image: Primary Primary Annual Statement (2023) Coverage Year Indicate which Statement is being amended.) Pre-Election or Post-Election Statement relates to: Image: Primary Primary Image: Primary Primary Primary Image: Primary Primary Image: Primary Primary Primary Image: Primary Primary Primary Image: Primary Primary Primary Image: Primary Primary Primary Primary Image: Primary Primary Primary Primary Primary Primary Primary Primary Image: Primary	Area Code and Phone (586) 286-8200		Area Code and Phone (58)	,	to Committee	
Pre-Election or Post-Election Statement relates to: Primary						
□ Primary □ General □ Convention □ Special □ Caucus □ Caucus □ Caucus □ Caucus □ Convention or Caucus □ Caucus □ Date of Election, Convention or Caucus □ Date of Election, Convention or Caucus □ Coverage Year only or Election of Election or Caucus □ Coverage Year only or Election of this statement and attached schedules (if any) and to the best of mylour knowledge and belief the contents are true, accurate and complete. □ Current Treasurer or Designated Record keeper	9a. Pre-Election OR 9b. Post-Election					
Primary	Pre-Election or Post-Election Statement relates to:	V.July Quart	terly			
General Convention Special 9c. Annual Statement (2023) 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 Effective date of dissolution Effective date of dissolution Mote: The disposition of residual funds must be reported or Schedule 1B and the Summary Page. 10. Verification: IWe 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	Primary					
Special School Caucus Annual Statement (2023) 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 Date of Election, Convention or Caucus 10. Verification: IWe 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 / Submitted electronically, signature on file Date 07/25/2023	General	October G	Quarterly			
Caucus Coverage Year 9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.) Note: The disposition of residual funds must be reported or 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 Submitted electronically, signature on file Date	Convention			considered a request for the I	Reporting Waiver.	
Coverage Year Gaucus Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.) Note: The disposition of residual funds must be reported or 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 / Submitted electronically, signature on file Date 07/25/2023	Special	9c. Annu	,	Effective date of di	scalution	
(Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.) Date of Election, Convention or Caucus 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 / Submitted electronically, signature on file Date 07/25/2023	School			Lifective date of dis	SSOIUIIOIT	
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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 / Date 07/25/2023	Date of Election, Convention or Caucus					
my\our knowledge and belief the contents are true, accurate and complete. Current Treasurer or Designated Record keeper Date Date	Date of Election, Convention of Caucus					
my\our knowledge and belief the contents are true, accurate and complete. Current Treasurer or Designated Record keeper Date Date						
my\our knowledge and belief the contents are true, accurate and complete. Current Treasurer or Designated Record keeper Date Date		1				
Designated Record keeper / signature on file Date Date				ent and attached schedules (if	any) and to the best of	
Date			1	signature on file	07/25/2023	
Type of Finit Name	Designated Record keeper Type or Print Name		Signature	——— Date	01/20/2020	
Submitted electronically, signature on file Submitted electronical electronic					07/25/2022	
Candidate/			/ Signature	Date	01/23/2023	

1. Committee I.D. Number 139858

SUMMARY PAGE CANDIDATE COMMITTEE

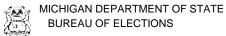
CANDIDATE COMMITTEE		
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		Cumulative trils election cycle
a. Itemized (Schedule 1A - Column 6)	_{(3a.) \$} 117,920.15	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ 117,920.15	(18.) \$ _118,220.15
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ 0.00	(19.) \$ 0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ _117,920.15	(20.) \$ 118,220.15
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ 0.00	(21.) \$ 0.00
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _0.00	(22.) \$ 0.00
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ 21,113.30	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ 0.00	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ 21,113.30	(23.) \$ 22,363.30
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.)\$ 0.00	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.)\$ 0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS	(10b.) \$	
(Add Line 10a + Line 10b)	(11.) \$ 0.00	(24.) \$ 0.00
DEBTS AND OBLIGATIONS 12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ 0.00	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ 0.00	
 13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period (Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15) 	BALANCE STATEMENT (13.) \$ 250,080.93 (14.) + \$ 117,920.15 (15.) = \$ 368,001.08 (16.) - \$ 21,113.30 (17.) \$ 346,887.78	*



CANDIDATE COMMITTEE

139858 1. Committee I.D. Number _

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 all 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 01/21/2023 Name & Address: JOHN ANGE 3031 ALDEN CT PORT HURON, MI 48060	_{\$} 10.15	_{\$} 10.15
5. If over \$100.00 cumulative, please provide: Occupation REAL ESTATE Employer SELF EMPLOYED		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 04/11/2023 Name & Address PETER TORRICE 22713 LAKESHORE DR ST CLAIR SHORES, MI 48080	_{\$} 4,500.00	_{\$} 4,500.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer SELF		
Business Address 22713 LAKESHORE DR, ST CLAIR SHORES, MI 48080		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 04/11/2023 Name & Address: CHRISTOPHER LABELLE 49746 GOULETTE POINTE DR NEW BALTIMORE, MI 48047	§ 300.00	_{\$} 300.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer RETIRED		
Business Address 49746 GOULETTE POINTE DR, NEW BALTIMORE, MI 48047 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 04/11/2023 Name & Address JACK WALLER 14721 CROFTON DR SHELBY TWP, MI 48315	_{\$} 300.00	_{\$} 300.00
5. If over \$100.00 cumulative, please provide:		
Occupation VOC EDUCATION Employer NCI ASSOCIATES		
Business Address PO BOX 180758, SHELBY TOWNSHIP, MI 48318 Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	5,110.15	
Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 1 of 56	Enter this total on line 3a of Summary Page.	J

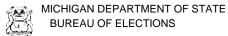


1. Committee I.D. Number _

139858

CANDIDATE COMMITTEE

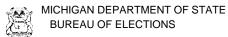
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 04/11/2023 Name & Address: GREGORY CARNAGO 667 E BIG BEAVER RD STE 201 TROY, MI 48083 5. If over \$100.00 cumulative, please provide: Occupation CPA Employer SELF	_{\$} 150.00	_{\$} 150.00
Business Address 667 E BIG BEAVER RD, STE 201, TROY, MI 48083 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 04/11/2023 Name & Address ROSANN PALAZZOLO 21252 BRIAR ROSE DR STE 100 MACOMB, MI 48044 5. If over \$100.00 cumulative, please provide:	_{\$} 250.00	_{\$} 250.00
Occupation OFFICE MANAGER Employer METZLER, LOCRICCHIO & SERRA Business Address 1800 W BIG BEAVER RD, STE 100, TROY, MI 48084		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 04/11/2023 Name & Address: MICHAEL TORRICE 32059 UTICA RD FRASER, MI 48026 5. If over \$100.00 cumulative, please provide: Occupation PRIVATE INVESTAGOR Employer EYE SPY Business Address 32059 UTICA RD, FRASER, MI 48026	§ 300.00	§ 300.00
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 04/11/2023 Name & Address MARIO KIEZI 2600 W BIG BEAVER RD STE 410 TROY, MI 48084 5. If over \$100.00 cumulative, please provide:	_{\$} 1,500.00	_{\$} 1,500.00
Occupation REAL ESTATE Employer MKIEZI PROPERTIES		
Business Address 2600 W BIG BEAVER RD, STE 410, TROY, MI 48084 Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	2,200.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	
Page 2 of 56	line 3a of Summary Page.	



CANDIDATE COMMITTEE

139858 1. Committee I.D. Number _

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 all 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 04/12/2023 Name & Address: MICHAEL CHIRCO		
6166 WOODBRIDGE DR	1 500 00	_{\$} 1,500.00
WASHINGTON, MI 48094	\$ 1,300.00	\$ 1,000.00
5. If over \$100.00 cumulative, please provide:		
Occupation BUILDER/DEVELOPER Employer MJC COMPANIES		
Business Address 46600 ROMEO PLANK RD, STE 5, MACOMB, MI 48044		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 04/13/2023		
Name & Address RICHARD WADOWSKI		
19552 QUARTZ CT	°300.00	\$ 300.00
MACOMB, MI 48044	\$ <u> </u>	\$ 000.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer RETIRED		
Business Address 19552 QUARTZ CT, MACOMB, MI 48044		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 04/13/2023		
Name & Address: 5 17 19/2020 CHRISTOPHER URBAN		
22191 RHYS DR	\$ 300.00	\$ 300.00
MACOMB, MI 48042	\$	<u>\$ 000.00</u>
5. If over \$100.00 cumulative, please provide:		
Occupation LAWYER Employer MACOMB COUNTY		
Business Address 1 S MAIN ST, MT CLEMENS, MI 48043		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 04/14/2023		
Name & Address STEVEN A DRAKOS		
213 FRANKLIN WRIGHT BLVD	400.00	400.00
ORION TWP, MI 48362	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer LAW OFFICES OF STEVEN A DRAKOS		
Business Address 334 S BROADWAY ST, ORION TWP, MI 48362		
Type of Contribution: ☐ Direct ☐ Loan from a person ✔ Fund Raiser	00000	
Page Subtotal	2,200.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
	Enter this total on line 3a of Summary	
Page 3 of 56	Page.	



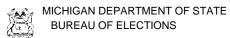
139858 1. Committee I.D. Number _

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

CANDIDATE COMMITTEE 2. Committee Name	PETER J. LUCIDO	FOR PROSECUTOR
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 all 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 04/14/2023 Name & Address: JULIUS GIARMARCO 101 W BIG BEAVER RD STE 1000 TROY, MI 48084 5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer GIARMARCO, MULLINS & HORTON PC	§ 300.00	_{\$} 300.00
Business Address 101 W BIG BEAVER RD, STE 1000, TROY, MI 48084		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 04/15/2023 Name & Address TOM KALAS 15 PINE GATE DR BLOOMFIELD HILLS, MI 48304	§ 200.00	_{\$} 200.00
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer KALAS KADIAN PLC		
Business Address 43928 MOUND RD, STERLING HEIGHTS, MI 48314		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 04/15/2023 Name & Address: RONALD FENTON 3583 PORT COVE DR WATERFORD TWP, MI 48328	_{\$} 150.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide:		
Occupation PHYCHOLOGIST Employer DR. FENTON & ASSOCIATES, PC		
Business Address 8334 HALL RD, UTICA, MI 48317 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 04/15/2023 VINCENT R LORELLI 47450 CHELTENHAM DR NOVI, MI 48374	_{\$} 150.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer SELF		
Business Address 7031 ORCHARD LAKE RD, WEST BLOOMFIELD TOWNSHIP, MI 48322		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	800.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
4 56	Enter this total on line 3a of Summary	

Page 4 of 50

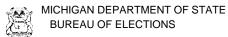
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CANDIDATE COMMITTEE

139858 1. Committee I.D. Number _

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 all 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 04/15/2023 Name & Address: CARL MUNACO 14634 BREZA DR SHELBY TWP, MI 48315 5. If over \$100.00 cumulative, please provide: Occupation BUILDER/DEVELOPER Employer SELF Business Address 48635 VAN DYKE AVE, SHELBY TWP, MI 48317 Type of Contribution: Direct Loan from a person Fund Raiser	§ 300.00	_{\$} 300.00
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 04/16/2023 Name & Address GIOVANNI MERCADANTE 39271 FERRIS ST CLINTON TWP, MI 48036	\$300.00	§ 300.00
5. If over \$100.00 cumulative, please provide: Occupation OWNER Employer MOTORCITY HUBCAP AND WHEEL Business Address 29800 GROESBECK HWY, ROSEVILLE, MI 48066 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 04/17/2023 Name & Address: WALID FAKHOURY 111 LINDA LN BLOOMFIELD HILLS, MI 48304	§ 300.00	_{\$} 300.00
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer FAKHOURY LAW FIRM PC Business Address 225 S MAIN ST, ROYAL OAK, MI 48067 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 04/17/2023 Name & Address GIOVANNI VITALE 47860 HARBOR LN CLINTON TWP, MI 48038	§600.00	_{\$} 600.00
5. If over \$100.00 cumulative, please provide: Occupation PRESIDENT Employer TEMO SUNROOMS Business Address 20400 HALL RD, CLINTON TWP, MI 48038 Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 5 of 56	1,500.00 Enter this total on line 3a of Summary Page.	-



139858 1. Committee I.D. Number _

CANDIDATE COMMITTEE 2. Committee Name	PETER J. LUCIDO	J FOR PROSECUTOR
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 all 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 04/17/2023 Name & Address: DOMINIC J MOCERI 3495 MOCERI COURT OAKLAND, MI 48306	_{\$} 4,500.00	_{\$} 4,500.00
5. If over \$100.00 cumulative, please provide: Occupation PARTNER Employer MOCERI MANAGEMENT COMPANY Business Address 3005 UNIVERSITY DR, AUBURN HILLS, MI 48326		
Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 04/17/2023		
Name & Address DAN DEMEESTER 9349 MEISNER RD CASCO, MI 48064	_{\$} 150.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide: Occupation POLICE OFFICER Employer MACOMB COLLEGE Business Address 14500 E 12 MILE RD, WARREN, MI 48088		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 04/17/2023 Name & Address: DAVID 4 KRAMER 42400 GRAND RIVER AVE STE 109 NOVI, MI 48375 5. If over \$100.00 cumulative, please provide:	_{\$} 2,000.00	_{\$} 2,000.00
Occupation ATTORNEY Employer SELF		
Business Address 42400 GRAND RIVER AVE, STE 109, NOVI, MI 48375 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 04/17/2023 Name & Address JAMES SAWYER 45810 PRIVATE SHORE DR NEW BALTIMORE, MI 48047	_{\$} 150.00	_{\$_} 150.00
5. If over \$100.00 cumulative, please provide:		
Occupation PRESIDENT Employer MACOMB COMMUNITY COLLEGE		
Business Address 45810 PRIVATE SHORE DR, NEW BALTIMORE, MI 48047 Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	6,800.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	
Page 6 of 56	line 3a of Summary Page.	



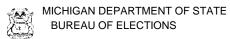
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CANDIDATE COMMITTEE 2. Committee Na

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

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 all 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 04/17/2023 Name & Address: LARRY CAMPBELL 6690 VERNMOR TROY, MI 48098	_{\$} 150.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide: Occupation REAL ESTATE Employer CENTURY 21 CAMPBELL REALTY		
Business Address 1186 E 12 MILE RD, MADISON HEIGHTS, MI 48071		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 04/18/2023		
Name & Address MARK J SNETHKAMP		
26300 HARBOUR POINTE DR S	£500.00	_s 500.00
HARRISON TWP, MI 48045	\$	<u>\$ 000100</u>
5. If over \$100.00 cumulative, please provide:		
Occupation SALES Employer SNETHKAMP AUTOMOTIVE FAMILY		
Business Address 16322 WOODWARD AVE, HIGHLAND PARK, MI 48203		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 04/18/2023		
Name & Address: ROBERT GAGLIANO		
48391 HARBOR DRIVE	\$ 1,500.00	_{\$} 1,500.00
NEW BALTIMORE, MI 48047		φ
5. If over \$100.00 cumulative, please provide:		
Occupation OWNER Employer GENESIS AUTO GROUP		
Business Address 23001 W INDUSTRIAL DR, ST CLAIR SHORES, MI 48080		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 04/18/2023 Name & Address		
RON CANTRELL		
21981 STURGEON RIVER DR	_s 1,500.00	_。 1,500.00
MACOMB, MI 48042	\$	\$
5. If over \$100.00 cumulative, please provide:		
Occupation OWNER Employer GREEN FLAME TEQUILA		
Business Address 36535 GROESBECK HWY, CLINTON TWP, MI 48035		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	3,650.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on line 3a of Summary	J.

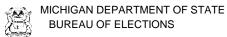
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CANDIDATE COMMITTEE

139858 1. Committee I.D. Number

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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 04/20/2023 Name & Address: MICHAEL SCHODOWSKI 29275 STEPHENSON HWY MADISON HEIGHTS, MI 48071 5. If over \$100.00 cumulative, please provide: Occupation SELF EMPLOYED BUILDER Employer SELF Business Address 29275 STEPHENSON HWY, MADISON HEIGHTS, MI 48071	_{\$} 1,500.00	_{\$} 1,500.00
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 04/20/2023 Name & Address CY M ABDO 17797 CANVASBACK DR CLINTON TWP, MI 48038	\$ 1,500.00	_{\$} _1,500.00
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer ABDO LAW FIRM		
Business Address 42550 GARFIELD RD, STE 104A, CLINTON TWP, MI 48038		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 04/20/2023 RINALDO G ACCIAVATTI 6321 GRATIOT AVE ST CLAIR, MI 48079 5. If over \$100.00 cumulative, please provide: Occupation CONSTRUCTION Employer PAMAR ENTERPRISES INC Business Address 31604 PAMAR CT, NEW HAVEN, MI 48048	\$ 150.00	_{\$} 150.00
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 04/20/2023 Name & Address CHRIS HOLSBEKE 68120 OMO RD NEW HAVEN, MI 48050	_{\$} 150.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide:		
Occupation CONSTRUCTION Employer HOLSBEKE CONSTRUCTION		
Business Address 239 N RIVER RD, MT CLEMENS, MI 48043		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 8 of 56	3,300.00 Enter this total on line 3a of Summary	
Page O of SO	Page.	



139858 1. Committee I.D. Number _

CANDIDATE COMMITTEE

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

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 all 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 04/20/2023 Name & Address: CHRISTOPHER HOLSBEKE 11 66340 OMO RD LENOX, MI 48050 5. If over \$100.00 cumulative, please provide:	_{\$} 150.00	_{\$} 650.00
Occupation CONSTRUCTION Employer HOLSBEKE CONSTRUCTION Business Address 239 N RIVER RD, MT CLEMENS, MI 48043		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 04/20/2023 Name & Address TONY GALLO 6303 26 MILE RD WASHINGTON, MI 48094	\$ 1,500.00	_{\$} 1,500.00
5. If over \$100.00 cumulative, please provide: Occupation CONTRACTOR Employer GALLO COMPANIES		
Business Address 6303 26 MILE RD, WASHINGTON, MI 48094		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 04/22/2023 Name & Address: ERIC G FLINN 8054 DRYDEN RD ALMONT, MI 48003	\$ 300.00	_{\$} 300.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer Business Address 8054 DRYDEN RD, ALMONT, MI 48003 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 04/23/2023 Name & Address MELINDA JETTS 11975 SW TORCH LAKE DR RAPID CITY, MI 49676	_{\$} 500.00	_{\$} 500.00
5. If over \$100.00 cumulative, please provide: Occupation HOUSEWIFE Employer SELF		
Business Address 11975 SW TORCH LAKE DR, RAPID CITY, MI 49676		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	2,450.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule) O 56	Enter this total on line 3a of Summary	J
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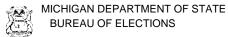
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CANDIDATE COMMITTEE

139858 1. Committee I.D. Number

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 04/23/2023 Name & Address: ELIAS MUAWAD 7626 ACORN HILL CT WEST BLOOMFIELD TOWNSHIP, MI 48323 5. If over \$100.00 cumulative, please provide:	§ 600.00	_{\$} 600.00
Occupation ATTORNEY Employer SELF Business Address 7626 ACORN HILL CT, WEST BLOOMFIELD TOWNSHIP, MI 48323		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 04/23/2023 Name & Address KEITH RENGERT 34080 ARMADA RIDGE RD RICHMOND, MI 48062	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer SELF		
Business Address 34080 ARMADA RIDGE RD, RICHMOND, MI 48062		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 04/24/2023 Name & Address: DONALD J DANSBURY THEO DR SHELBY TWP, MI 48315	_{\$} 150.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer SELF		
Business Address THEO DR, SHELBY TWP, MI 48315		
Type of Contribution: Direct Loan from a person Fund Raiser	-	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 04/24/2023 Name & Address SIMONE MAURO 5841 CUSICK LAKE DR WASHINGTON, MI 48095	_{\$} 150.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide:		
Occupation ENGINEER SELF EMPLOYED		
Business Address 48657 HAYES RD, SHELBY TWP, MI 48315		
Type of Contribution: ☐ Direct ☐ Loan from a person		
Page Subtotal	925.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule) Page	Enter this total on line 3a of Summary Page.	



139858 1. Committee I.D. Number _

CANDIDATE COMMITTEE

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

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 all 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 04/24/2023 Name & Address: ROBERT RUFFOLO 17242 CARDIFF CT CLINTON TOWNSHIP, MI 48038	_{\$} 900.00	_{\$} 900.00
5. If over \$100.00 cumulative, please provide: Occupation HVAC Employer TECH IV HEATING & COOLING		
Business Address 46796 HAYES RD, MACOMB, MI 48044		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 04/24/2023 Name & Address		
MARK CARDELLIO		
21524 PALLISTER ST	_s 150.00	_s 150.00
ST CLAIR SHORES, MI 48080	·	*
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer SELF		
Business Address 21524 PALLISTER ST, ST CLAIR SHORES, MI 48080		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 04/25/2023		
Name & Address: ROBERT LANTZY		
3845 PICCADILLY DR	_{\$} 150.00	§ 150.00
ROCHESTER HILLS, MI 48309	<u> </u>	\$ 100100
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer BUCKFIRE LAW FIRM		
Business Address 3845 PICCADILLY DR, ROCHESTER HILLS, MI 48309		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 04/26/2023		
Name & Address ———————————————————————————————————		
4921 DEER CREEK CIR S	_s 150.00	° 150.00
WASHINGTON, MI 48094	<u>\$ 100.00</u>	\$ 130.00
5. If over \$100.00 cumulative, please provide:		
Occupation CAR DEALER Employer SELF		
Business Address 40111 VAN DYKE AVE, STERLING HEIGHTS, MI 48313		
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)	Enter this total on	7
44 FG	line 3a of Summary	

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CANDIDATE COMMITTEE 2. Committee N

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

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 all 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 04/26/2023 Name & Address: JAMES GEORGE		2002
19634 WESTCHESTER DR CLINTON TWP, MI 48038	_{\$} 150.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer SELF		
Business Address 19634 WESTCHESTER DR, CLINTON TWP, MI 48038		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 04/27/2023 Name & Address		
DAVID PORTUESI		
62000 KUNSTMAN RD RAY, MI 48096	§ 150.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide:		
Occupation ASSISTANT PROSECUTING ATTORNEY Employer COUNTY		
Business Address 1 S MAIN ST, MT CLEMENS, MI 48043		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 04/27/2023		
Name & Address: PHILIP RUGGERI		
55764 ST REGIS DR	_{\$} 500.00	_s 500.00
SHELBY TWP, MI 48315		·
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer SELF		
Business Address 43231 SCHOENHERR RD, STERLING HEIGHTS, MI 48313		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 04/27/2023 Name & Address NICK RIZZO		
65 MACOMB PL	_s 450.00	450.00
MT CLEMENS, MI 48043	\$ 1 30.00	\$ 430.00
5. If over \$100.00 cumulative, please provide:		
Occupation BUILDER/DEVELOPER Employer GTR COMPANIES		
Business Address 65 MACOMB PL, MT CLEMENS, MI 48043		
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)		
10 FG	Enter this total on line 3a of Summary	

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1. Committee I.D. Number _

139858

CANDIDATE COMMITTEE

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

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 all 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 04/27/2023 Name & Address: LAUREN GRUBE 55415 BUCKTHORN DR		
SHELBY TWP, MI 48316	_{\$} 1,500.00	_{\$} 1,500.00
5. If over \$100.00 cumulative, please provide: Occupation REAL ESTATE AGENT Employer EXP REALTY		
Business Address 55415 BUCKTHORN DR, SHELBY TWP, MI 48316		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 04/27/2023		
Name & Address MAGGIE VARNEY		
30130 HARPER	§ 150.00	_{\$} 450.00
ST CLAIR SHORES, MI 48082	Ψ	\$
5. If over \$100.00 cumulative, please provide:		
Occupation OWNER Employer GO GREEN SALON		
Business Address 30130 PLYMOUTH RD, LIVONIA, MI 48150		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 04/28/2023		_
Name & Address: MARCO A SANTIA		
149 PINECREST LN	_{\$} 50.00	_s 50.00
WAYNESVILLE, NC 28785		*
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer SELF		
Business Address 149 PINECREST LN, WAYNESVILLE, NC 28785		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/01/2023 Name & Address		
SCHOSTAK FAMILY PAC CTE 514254		
17800 N LAUREL PARK DR	_{\$} 1,500.00	_e 1,500.00
LIVONIA, MI 48152		φ
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser	,	
Page Subtotal	3,200.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
13 FG	Enter this total on line 3a of Summary	

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CANDIDATE COMMITTEE 2. Committee Nam

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 all 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 05/01/2023 Name & Address: CHRISTOPHER ALAYAN 3822 WINDING BROOK CIRCLE ROCHESTER, MI 48309 5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer SELF Business Address 7200 E 10 MILE RD, CENTER LINE, MI 48015 Type of Contribution: Direct Loan from a person Fund Raiser	_{\$} 150.00	_{\$} 150.00
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/02/2023 Name & Address STEVEN MANCINI 41500 MOUND RD STERLING HEIGHTS, MI 48314 5. If over \$100.00 cumulative, please provide:	\$300.00	_{\$} 300.00
Occupation MANAGEMENT Employer RIC-MAN CONSTRUCTION Business Address 41500 MOUND RD, STERLING HEIGHTS, MI 48314 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 05/02/2023 Name & Address: WILLLIAM ADDELIA 18033 GAYLORD CT CLINTON TWP, MI 48035	_{\$} 150.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer SELF Business Address 18033 GAYLORD CT, CLINTON TWP, MI 48035 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/02/2023 Name & Address CURT HOOPER 32610 COLUMBUS DR WARREN, MI 48088	_{\$} 150.00	_{\$_} 150.00
5. If over \$100.00 cumulative, please provide: Occupation SELF EMPLOYED Employer SELF Business Address 32610 COLUMBUS DR, WARREN, MI 48088 Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 14 of 56	Enter this total on line 3a of Summary Page.	-



1. Committee I.D. Number ____139858

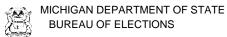
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CANDIDATE COMMITTEE 2. Committee Name

CTE PETER J. LUCIDO FOR PROSECUTOR

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 all 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 05/02/2023 Name & Address: GHASSAN BRIKHO 6915 DAKOTA DR TROY, MI 48098	_{\$} 1,500.00	_{\$} 1,500.00
5. If over \$100.00 cumulative, please provide:		
Occupation OWNER Employer GREEN PHARM		
Business Address 200 S EUCLID AVE, BAY CITY, MI 48706		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/02/2023 Name & Address		
DENISE HART	200.00	200.00
1007 MALLOW ST COMMERCE TWP, MI 48390	_{\$} 300.00	_{\$} 300.00
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer SELF		
Business Address 32398 WOODWARD AVE, ROYAL OAK, MI 48073		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 05/02/2023 Name & Address: DAVID GORCYCA 6608 TREE KNOLL DR TROY, MI 48098	_{\$} 2,000.00	_{\$} 2,000.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer RETIRED		
Business Address 6608 TREE KNOLL DR, TROY, MI 48098		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/02/2023 Name & Address RAYMOND LOPE 8459 HALL RD UTICA, MI 48317	_{\$} 150.00	_{\$_} 150.00
5. If over \$100.00 cumulative, please provide:		
Occupation FUNERAL DIRECTOR Employer SULLIVAN AND SONS FUNERAL HOME		
Business Address 8459 HALL RD, UTICA, MI 48317		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	3,950.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on line 3a of Summary	- -

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ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

139858 1. Committee I.D. Number _

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 all 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 05/02/2023 Name & Address: DAVID SAFAVIAN		
1314 GATEWOOD DR	1 000 00	_{\$} 1,000.00
ALEXANDRIA, VA 22307	<u>\$ 1,000.00</u>	§ 1,000.00
5. If over \$100.00 cumulative, please provide:		
Occupation GENERAL COUNSEL Employer AMERICAN CONSERVATIVE UNION		
Business Address 1199 N FAIRFAX ST, ALEXANDRIA, VA 22314		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/05/2023		
Name & Address FRANK COPPOLA		
54620 CARNATION DR	. 150 00	_{\$} 150.00
MACOMB, MI 48042	\$ <u>100.00</u>	\$ 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation CPA Employer FRANK COPPOLA CPA PC		
Business Address 54620 CARNATION DR, MACOMB, MI 48042		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 05/05/2023		
Name & Address:		
SCOTT P LOCKWOOD 950 SOUTHDOWN RD	_{\$} 200.00	_s 400.00
BLOOMFIELD HILLS, MI 48304	<u>\$ 200.00</u>	\$ 400.00
·		
5. If over \$100.00 cumulative, please provide:		
Occupation CIVIL ENGINEER Employer ANDERSON ECKSTEIN & WESTRICK		
Business Address 51301 SCHOENHERR RD, SHELBY TWP, MI 48315 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/07/2023 Name & Address		
VELERIO POLIUTO		
39085 MORAVIAN DR	_s 150.00	° 150.00
CLINTON TWP, MI 48036	\$ 100100	<u>\$</u>
5. If over \$100.00 cumulative, please provide:		
Occupation INSURANCE AGENT Employer FINANCIAL SECURITY GROUP		
Business Address 39085 MORAVIAN DR, CLINTON TWP, MI 48036		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	1,500.00	
Grand Total of All Schedules 1A	-,000.00	•
(Complete on last page of Schedule)	Enter this total on	J
Page 16 of 56	line 3a of Summary Page.	



CANDIDATE COMMITTEE

139858 1. Committee I.D. Number _

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 all 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 05/08/2023 Name & Address: ADIL N HARADHVALA 86 CLINTON STREET	150.00	_s 150.00
MOUNT CLEMENS, MI 48043	_{\$} 150.00	§ 130.00
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer SELF Business Address 86 CLINTON STREET, Mount Clemens, MI 48043		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/08/2023		
Name & Address HEATHER ODGERS-FECTEAU		
45777 GLEN CT	° 150.00	_{\$} 300.00
MACOMB, MI 48044	\$	\$ 222122
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer MACOMB COUNTY		
Business Address 1 S MAIN ST, MT CLEMENS, MI 48043		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 05/08/2023 Name & Address: JOHN BIERNAT		
4254 HARVARD RD	_{\$} 150.00	_s 150.00
DETROIT, MI 48224		Ψ
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer PADILLA LAW GROUP		
Business Address 1821 W MAPLE RD, BIRMINGHAM, MI 48009		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/08/2023 Name & Address		
JACQUELINE GARTIN		
15896 TEA ROSE DR	_s 150.00	° 150.00
MACOMB, MI 48042	Ψ	5 _
5. If over \$100.00 cumulative, please provide:		
Occupation ASSISTANT PROSECUTOR Employer MACOMB COUNTY		
Business Address 1 S MAIN ST, MT CLEMENS, MI 48043		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	600.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on line 3a of Summary	
Page 17 of 56	Page.	



CANDIDATE COMMITTEE

139858 1. Committee I.D. Number _

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 all 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 05/08/2023 Name & Address: SYLVESTER LUCIDO		
57491 CIDER DR	200.00	200 00
WASHINGTON, MI 48094	_{\$} 300.00	_{\$} 300.00
5. If over \$100.00 cumulative, please provide:		
Occupation VENDO Employer RICHARD LUCIDO & SONS		
Business Address 57491 CIDER DR, WASHINGTON, MI 48094		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/09/2023		
Name & Address		
CHERYL STEINHURST 17200 27 MILE RD	300 00	\$ 300.00
RAY, MI 48096	\$ 300.00	§ 300.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer RETIRED		
Business Address 17200 27 MILE RD, RAY, MI 48096		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 05/09/2023 Name & Address:		
ENZO CASTELLANA	200.00	000 00
5777 HERRINGTON CT	\$ 300.00	_{\$} 300.00
WASHINGTON, MI 48094		
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer RETIRED		
Business Address 5777 HERRINGTON CT, WASHINGTON, MI 48094		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/09/2023		
JEFFERY COJOCAR		
8113 WILSON DR	600.00	600.00
SHELBY TWP, MI 48316	_{\$} 600.00	_{\$_} 600.00
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer SELF		
Business Address 8113 WILSON DR, SHELBY TWP, MI 48316		
Type of Contribution: ☐ Direct ☐ Loan from a person ✔ Fund Raiser		
Page Subtotal	1,500.00	
Grand Total of All Schedules 1A	1,000.00	-
(Complete on last page of Schedule)	Fatanthis (-1-1-	_
Page 18 of 56	Enter this total on line 3a of Summary Page.	



CANDIDATE COMMITTEE

139858 1. Committee I.D. Number _

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 all 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 05/09/2023 VITO CATALFIO		
2585 POND VALLEE DR OAKLAND TWP, MI 48363	_s 100.00	_s 100.00
·	\$ 100100	\$
5. If over \$100.00 cumulative, please provide: Occupation OWNER Employer MR. C'S CARWASH		
Business Address 2585 POND VALLEE DR, OAKLAND TWP, MI 48363		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/09/2023 Name & Address		
LEO BOROWSKY		
19637 SHORECREST DR	¢ 150.00	_s 150.00
CLINTON TWP, MI 48038	Ψ	<u> </u>
5. If over \$100.00 cumulative, please provide:		
Occupation DEPUTY SHERIFF Employer OAKLAND CO. SHERIFF'S DEPT		
Business Address 1200 N TELEGRAPH, PONTIAC, MI 48341		
Type of Contribution: Direct Loan from a person Fund Raiser		
Name & Address:		
LAITH HANNA	150.00	150.00
15275 HALL RD	<u>\$ 150.00</u>	_{\$} 150.00
MACOMB, MI 48044		
5. If over \$100.00 cumulative, please provide:		
Occupation SELF EMPLOYED Employer LAKESIDE AUTO INC		
Business Address 15275 HALL RD, MACOMB, MI 48044		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/10/2023		
THOMAS SPAGNUOLO		
21373 RAINTREE DR	§300.00	300.00
MACOMB, MI 48044	§ 000.00	\$ <u>000.00</u>
5. If over \$100.00 cumulative, please provide:		
Occupation BAKER Employer MANINO'S BAKERY		
Business Address 4062 17 MILE RD, STERLING HEIGHTS, MI 48310		
Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal	700.00	<u> </u>
	700.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		J
Page 19 of 56	Enter this total on line 3a of Summary Page.	



CANDIDATE COMMITTEE

139858 1. Committee I.D. Number _

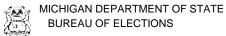
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 05/11/2023 Name & Address: JIM FINDLAY 21455 MACKENZIE DR MACOMB, MI 48044	_{\$} 150.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide: Occupation SALES EXECUTIVE Employer SELF		
Business Address Type of Contribution: Direct Direc		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/12/2023 Name & Address		
BRIAN BOURBEAU 28716 ASHLAND AVE HARRISON TWP, MI 48045	\$ 150.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer BONE BOURBEAU LAW		
Business Address 42452 HAYES RD, CLINTON TWP, MI 48038		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 05/12/2023 Name & Address: ANTHONY SOAVE 3400 E LAFAYETTE ST DETROIT, MI 48207	_{\$} 1,000.00	_{\$} 1,000.00
5. If over \$100.00 cumulative, please provide:		
Occupation OWNER Employer SOAVE ENTERPRISES		
Business Address 3400 E LAFAYETTE ST, DETROIT, MI 48207		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/13/2023 PAUL ILLICH 34285 GROESBECK HWY CLINTON TWP, MI 48035	§ 500.00	_{\$} 500.00
5. If over \$100.00 cumulative, please provide:		
Occupation OWNER Employer AMERICAN AUTO INC		
Business Address 34285 GROESBECK HWY, CLINTON TWP, MI 48035		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	1,800.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	
Page 20 of 56	line 3a of Summary Page.	



CANDIDATE COMMITTEE

139858 1. Committee I.D. Number _

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 all 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 05/14/2023 Name & Address: PAUL CHIRCO		
3045 HARROW WAY	§ 300.00	_s 300.00
SHELBY TWP, MI 48316	\$ 300.00	\$ 000.00
5. If over \$100.00 cumulative, please provide:		
Occupation CEO Employer CHIRCO TITLE AGENCY		
Business Address 26800 HARPER, ST CLAIR SHORES, MI 48081		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/15/2023		
Name & Address ANTHONY TOCCO		
50834 JEFFERSON AVE	_s 200.00	_{\$} 200.00
NEW BALTIMORE, MI 48047	\$_00:00	\$ 200100
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer SELF		
Business Address 50834 JEFFERSON AVE, NEW BALTIMORE, MI 48047		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 05/15/2023		
Name & Address:		
38310 SADDLE LN	\$300.00	_s 300.00
CLINTON TWP, MI 48036	Ψ	\$ 000.00
5. If over \$100.00 cumulative, please provide:		
Occupation REAL ESTATE INVESTOR Employer SELF		
Business Address 38310 SADDLE LN, CLINTON TWP, MI 48036		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/15/2023		
Name & Address ———————————————————————————————————		
49572 COMPASS POINT DR	200.00	000 00
NEW BALTIMORE, MI 48047	_{\$} 200.00	_{\$} 200.00
5. If over \$100.00 cumulative, please provide:		
Occupation CIVIL ENGINEER Employer ANDERSON ECKSTEIN & WESTRICK		
Business Address 51301 SCHOENHERR RD, SHELBY TWP, MI 48315		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	1,000.00	
Grand Total of All Schedules 1A	1,000.00	-
(Complete on last page of Schedule)	Enter this total as	J
Page 21 of 56	Enter this total on line 3a of Summary Page.	



CANDIDATE COMMITTEE

139858 1. Committee I.D. Number _

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

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 all 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 05/15/2023 Name & Address: GAIL PAMUKOV 1300 W ALTGELD ST APT 134N CHICAGO, IL 60614 5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer MACOMB COUNTY Business Address 1 S MAIN ST, MT CLEMENS, MI 48043	_{\$} 150.00	_{\$} 150.00
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/16/2023 Name & Address STEPHEN T RABAUT 16931 19 MILE RD CLINTON TWP, MI 48038	_{\$} 1,500.00	_{\$} 3,000.00
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer SELF Business Address 16931 19 MILE RD, CLINTON TWP, MI 48038 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 05/16/2023 Name & Address: STEPHEN V PANGORI 8016 ROSEBUD LANE CLARKSTON, MI 48348	<u>\$</u> 200.00	_{\$} 200.00
5. If over \$100.00 cumulative, please provide: Occupation CIVIL ENGINEER Employer ANDERSON ECKSTEIN & WESTRICK Business Address 51301 SCHOENHERR RD, SHELBY TWP, MI 48315 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/17/2023 Name & Address DENNIS KOCH 1209 MOHAWK AVE ROYAL OAK, MI 48067	§300.00	_{\$} 300.00
5. If over \$100.00 cumulative, please provide:		
Occupation TEACHER DE LA SALLE		
Business Address 14600 COMMON RD, WARREN, MI 48088 Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal	2,150.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	

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line 3a of Summary Page.



139858 1. Committee I.D. Number _

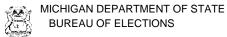
CANDIDATE COMMITTEE

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

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 all 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 05/17/2023 Name & Address: RALPH MACCARONE 13921 BASILISCO CHASE DR SHELBY TWP, MI 48315	_{\$} 300.00	_{\$} 300.00
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer SELF		
Business Address 13921 BASILISCO CHASE DR, SHELBY TWP, MI 48315		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/17/2023 Name & Address		
SCOTT RABAUT 32059 UTICA RD FRASER, MI 48026	§ 150.00	_{\$_} 150.00
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer SELF EMPLOYED		
Business Address 32059 UTICA RD, FRASER, MI 48026 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 05/18/2023 Name & Address: BRIAN SCHAF 23220 WESTBURY ST ST CLAIR SHORES, MI 48080	_{\$} 750.00	_{\$} 750.00
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer SELF Business Address 23220 WESTBURY ST, ST CLAIR SHORES, MI 48080 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/19/2023 Name & Address MICHAEL LOCRICCHIO 21124 LILAC LANE CLINTON TOWNSHIP, MI 48036	§300.00	_{\$} 300.00
5. If over \$100.00 cumulative, please provide: Occupation CPA Employer METZLER, LOCRICCHIO & SERRA		
Business Address 1800 W BIG BEAVER RD, STE 100, TROY, MI 48084 Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	1,500.00 Enter this total on line 3a of Summary	

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CANDIDATE COMMITTEE

139858 1. Committee I.D. Number _

Page.

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

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 all 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 05/19/2023 Name & Address: JOHN ELKHOURY 26648 VAN DYKE AVE		
CENTER LINE, MI 48015	_s 150.00	_s 150.00
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer SELF	Ψ	<u> </u>
Business Address 26648 VAN DYKE AVE, CENTER LINE, MI 48015		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/19/2023 Name & Address	-	
CARRIE SEWARD	450.00	4 = 0 0 0
8368 28 MILE RD WASHINGTON, MI 48094	_{\$} 150.00	<u>\$ 150.00</u>
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer COUNTY OF MACOMB		
Business Address 1 S MAIN ST, MT CLEMENS, MI 48043		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 05/19/2023		
JEFFREY M SANGSTER	450.00	
34060 JEFFERSON AVE	_{\$} 150.00	_{\$} 450.00
ST CLAIR SHORES, MI 48082		
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer SELF		
Business Address 34060 JEFFERSON AVE, ST CLAIR SHORES, MI 48082 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/20/2023		
Name & Address		
JOHN VANCE 52731 WESTCREEK DR	450.00	450.00
MACOMB, MI 48042	_{\$} 150.00	_{\$_} 150.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer RETIRED		
Business Address 52731 WESTCREEK DR, MACOMB, MI 48042		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	600.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
Complete on last page of scriedule)	Enter this total on line 3a of Summary	

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139858 1. Committee I.D. Number _

CANDIDATE COMMITTEE

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 05/23/2023 Name & Address: FRANK PALUZZI 399 FISHER RD GROSSE POINTE, MI 48230 \$500.00
<u> </u>
5. If over \$100.00 cumulative, please provide:
Occupation OWNER Employer MHB CUSTOM CONSTRUCTION
Business Address 399 FISHER RD, GROSSE POINTE, MI 48230
Type of Contribution: Direct Loan from a person 🗾 Fund Raiser
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/23/2023 Name & Address
JENNIFER KLIEMAN
13400 30 MILE RD \$300.00 \$600.00
WASHINGTON, MI 48095
5. If over \$100.00 cumulative, please provide:
Occupation OWNER Employer JWK 2 ROMEO LLC
Business Address 13400 30 MILE RD, WASHINGTON, MI 48095
Type of Contribution: Direct Loan from a person 🗾 Fund Raiser
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 05/23/2023
Name & Address: ROY SCHNEPPER
17878 13 MILE RD \$300.00 \$300.00
ROSEVILLE, MI 48066
5. If over \$100.00 cumulative, please provide:
Occupation PRESIDENT BUTLER COLLISION
Business Address 17878 13 MILE RD, ROSEVILLE, MI 48066
Type of Contribution: Direct Loan from a person Fund Raiser
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/24/2023
Name & Address SHERMAN ABDO
55479 CLEVELAND 1 500 00 1 500 00
STE 403 \$1,500.00 \$1,500.00
SHELBY TWP, MI 48316 5. If over \$100.00 cumulative, please provide:
Occupation ATTORNEY LA GRASSO, ABDO & SILVERI, PLLC
Business Address 12900 HALL RD, STERLING HEIGHTS, MI 48313
Type of Contribution: Direct Loan from a person Fund Raiser
Page Subtotal 2,600.00
Grand Total of All Schedules 1A
(Complete on last page of Schedule) Enter this total on

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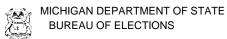
line 3a of Summary Page.



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CANDIDATE COMMITTEE

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 all 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 05/24/2023 Name & Address: MICHAEL DEBUSSCHER 53668 HERITAGE LN NEW BALTIMORE, MI 48047	_{\$} 150.00	_{\$} 300.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer RETIRED		
Business Address 53668 HERITAGE LN, NEW BALTIMORE, MI 48047		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/26/2023		
JOE EMINGTON 2661 W UTICA RD SHELBY TWP, MI 48317	<u>\$ 150.00</u>	_{\$} _150.00
5. If over \$100.00 cumulative, please provide: Occupation BAIL BONDSMAN Employer EMINGTON BAIL BONDS		
Business Address 47517 VAN DYKE AVE, SHELBY TWP, MI 48317		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 Name & Address: MARK LAWS 3373 PARK MEADOW DR ORION TWP, MI 48362	<u>\$450.00</u>	_{\$} 450.00
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer COUNTY OF MACOMB		
Business Address 1 S MAIN ST, MT CLEMENS, MI 48043 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/30/2023		
Name & Address LUKE CIARAMITARO 20402 HOLIDAY RD GROSSE POINTE WOODS, MI 48236	_{\$} 150.00	_{\$} _150.00
5. If over \$100.00 cumulative, please provide:		
Occupation SALES Employer DC INSURANCE GROUP		
Business Address 26333 JEFFERSON AVE, ST CLAIR SHORES, MI 48081		
Type of Contribution: Direct Loan from a person Fund Raiser		
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Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	J
Page 26 of 56	line 3a of Summary Page.	



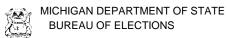
139858 1. Committee I.D. Number

CANDIDATE COMMITTEE

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/01/2023 Name & Address: CORINNE CAROLLO 14600 BREZA DR SHELBY TWP, MI 48315 5. If over \$100.00 cumulative, please provide: Occupation SELF EMPLOYED Employer SELF	_{\$} 500.00	_{\$} 1,000.00
Business Address 15600 BREZA DR, SHELBY TWP, MI 48315 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/01/2023 Name & Address BRIAN KURTZ 2077 PARTRIDGE DR SHELBY TWP, MI 48317	_{\$} 150.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide: Occupation FINANCIAL ADV Employer AIP FINANCE SERVICES		
Business Address 2041 E SQUARE LAKE RD, # 200, TROY, MI 48085 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/01/2023 Name & Address: MARIAN DWAIHY BRISKE 19258 EASTBORNE HARPER WOODS, MI 48225	§ 300.00	§ 300.00
5. If over \$100.00 cumulative, please provide: Occupation APA Employer COUNTY OF MACOMB Business Address 1 S MAIN ST, MT CLEMENS, MI 48043		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/01/2023 Name & Address DANIEL HAROLD 344 N OLD WOODWARD AVE BIRMINGHAM, MI 48009	_{\$} 1,500.00	_{\$} 1,500.00
5. If over \$100.00 cumulative, please provide: Occupation LAWYER Employer MORGANROTH & MORANORTH PLLC		
Business Address 344 N OLD WOODWARD AVE, BIRMINGHAM, MI 48009 Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 27 of 56	2,450.00 Enter this total on line 3a of Summary Page.	

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1. Committee I.D. Number ____139858

CANDIDATE COMMITTEE

2 Committee Name

CTE PETER J. LUCIDO FOR PROSECUTOR

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 all 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 06/01/2023 Name & Address: AVIS CHOULAGH 48528 ISOLA DR SHELBY TWP, MI 48315	_{\$} 1,500.00	_{\$} 1,500.00
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer AVIS CHOULAGH LAW, PLLC Business Address 32059 UTICA RD, FRASER, MI 48026 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/01/2023 Name & Address THOMAS JANKOWSKI 53 WEBBER PL GROSSE POINTE SHORES, MI 48236	_{\$} 160.00	_{\$} 160.00
5. If over \$100.00 cumulative, please provide: Occupation REAL ESTATE Employer SELF Business Address 53 WEBBER PL, GROSSE POINTE SHORES, MI 48236		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 06/02/2023 Name & Address: MICHAEL LEACH 2862 VINEYARDS DR TROY, MI 48098	§ 450.00	_{\$} 450.00
5. If over \$100.00 cumulative, please provide:		
Occupation FINANCIAL ADVISOR Employer_STIFEL		
Business Address 28411 NORTHWESTERN HWY, SOUTHFIELD, MI 48034 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/03/2023 THOMAS R CHARBONEAU JR. 1923 HAMMAN DR TROY, MI 48085	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer SELF EMPLOYED		
Business Address 1923 HAMMAN DR, TROY, MI 48085		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	2,210.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on	_l

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Enter this total on line 3a of Summary Page.



139858 1. Committee I.D. Number _

CANDIDATE COMMITTEE

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

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 all 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 06/04/2023 Name & Address: JAMES ROMZEK 19637 MADRONE DR MACOMB, MI 48042	_{\$} 300.00	_{\$} 300.00
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer WARNER NORCROSS		
Business Address 45000 RIVER RIDGE DR, CLINTON TWP, MI 48038		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/05/2023		
Name & Address SALVATORE RANDAZZO		
37180 WILLOW LN	\$ 3,000.00	_{\$} 3,000.00
CLINTON TWP, MI 48036	Ψ	Ψ
5. If over \$100.00 cumulative, please provide:		
Occupation OWNER Employer RANDAZZO FRUIT MARKET		
Business Address 49800 HAYES RD, MACOMB, MI 48044		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/06/2023		
Name & Address: VINCENT CRISPIGNANI		
529 CHASE LN	_{\$} 150.00	_s 150.00
BLOOMFIELD HILLS, MI 48304		<u> </u>
5. If over \$100.00 cumulative, please provide:		
Occupation DEVELOPER Employer SELF EMPLOYED		
Business Address 259 CHASE LN, BLOOMFIELD HILLS, MI 48304		
Type of Contribution: Direct Loan from a person Fund Raiser	·	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/06/2023 Name & Address		
SALVATORE MUNACO		
15995 STURGEON ST	_{\$} 500.00	_e 1,000.00
ROSEVILLE, MI 48066	<u>*</u>	Ψ
5. If over \$100.00 cumulative, please provide: SELE EMPLOYED SELE EMPLOYED		
Occupation SELF EMPLOYED Employer SELF EMPLOYED		
Business Address 15995 STURGEON ST, ROSEVILLE, MI 48066		
Type of Contribution: Direct Loan from a person Fund Raiser		_
Page Subtotal	3,950.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
20 FG	Enter this total on line 3a of Summary	

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139858 1. Committee I.D. Number _

CANDIDATE COMMITTEE

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

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 all 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 06/06/2023 Name & Address: FAUSTO DELELLIS 52675 TUSCANY GROVE SHELBY TWP, MI 48315	_{\$} 150.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer RETIRED		
Business Address 52675 TUSCANY GROVE, SHELBY TWP, MI 48315		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/06/2023 Name & Address		
DORIE VASQUEZ-NOLAN 49926 WILLOWOOD DR MACOMB, MI 48044	_{\$} 50.00	§ 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation CLO Employer		
Business Address 131 MARKET ST, MT CLEMENS, MI 48043		
Type of Contribution:		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/06/2023 Name & Address: THOMAS GORE 36423 EGAN ST CLINTON TWP, MI 48035	\$300.00	_{\$} 300.00
5. If over \$100.00 cumulative, please provide:		
Occupation INSURANCE AGENT Employer THE GORE INSURANCE GROUP, INC		
Business Address 36423 EGAN ST, CLINTON TWP, MI 48035 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/06/2023 Name & Address RYAN JOHNSON 11737 HIAWATHA DR SHELBY TWP, MI 48315	§300.00	_{\$} 300.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer RETIRED		
Business Address 11737 HIAWATHA DR, SHELBY TWP, MI 48315 Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	800.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	500.00	-
20 FG	Enter this total on line 3a of Summary	

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139858 1. Committee I.D. Number _

Page.

CANDIDATE COMMITTEE

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

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 all 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 06/06/2023 Name & Address: KUMAR PALEPU 377 HILLCREST AVE GROSSE POINTE FARMS, MI 48236 5. If over \$100.00 cumulative, please provide:	_{\$} 300.00	_{\$} 600.00
Occupation ATTORNEY Employer MACOMB COUNTY		
Business Address 1 S MAIN ST, MT CLEMENS, MI 48043		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/06/2023		
Name & Address STEPHEN G OSINSKI 1281 ALBANY ST FERNDALE, MI 48220	§ 50.00	§ 50.00
5. If over \$100.00 cumulative, please provide: Occupation NURSE Employer BEAUMONT HOSPITAL		
Business Address 44201 DEQUINDRE RD, TROY, MI 48085		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/07/2023 Name & Address: TODD SCHMITZ 23083 SAXONY AVE EASTPOINTE, MI 48021	_{\$} 150.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide:		
Occupation ASSISTANT PROSECUTING ATTORNEY Employer MACOMB COUNTY		
Business Address 1 S MAIN ST, MT CLEMENS, MI 48043 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/07/2023 Name & Address BEN DIPONIO 735 MILL POINTE DR MILFORD TWP, MI 48381	_{\$} 500.00	_{\$} _500.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer RETIRED		
Business Address 735 MILL POINTE DR, MILFORD TWP, MI 48381		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	1,000.00	_
Grand Total of All Schedules 1A (Complete on last page of Schedule)]
21 56	Enter this total on line 3a of Summary	

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CANDIDATE COMMITTEE

139858 1. Committee I.D. Number _

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 all 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 06/07/2023 Name & Address: JACK J RUSSO 7201 W FORT ST ROOM 2 DETROIT, MI 48209 5. If over \$100.00 cumulative, please provide: Occupation MANAGEMENT Employer ROCKY PRODUCE INC	_{\$} 500.00	_{\$} 500.00
Business Address 7201 W FORT ST, ROOM 2, DETROIT, MI 48209 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/07/2023 Name & Address RONALD RUSSO 7007 28 MILE RD WASHINGTON, MI 48094	_{\$} 500.00	_{\$} 500.00
5. If over \$100.00 cumulative, please provide: Occupation DIRECTOR Employer ROCKY PRODUCE INC Business Address 7201 W FORT ST, ROOM 1, DETROIT, MI 48209 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/07/2023 Name & Address: ANNETTE MANZELLA 36390 GLOUCESTER DR CLINTON TWP, MI 48035	_{\$} 500.00	_{\$} 500.00
5. If over \$100.00 cumulative, please provide: Occupation BOOKKEEPER Employer SELF EMPLOYED Business Address 36390 GLOUCESTER DR, CLINTON TWP, MI 48035 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/08/2023 Name & Address FRANK MAMAT 900 WILSHIRE DR TROY, MI 48084	_{\$} 150.00	_{\$_} 150.00
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY DINSMORE & SHOHL		
Business Address 900 WILSHIRE DR, TROY, MI 48084 Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	1,650.00 Enter this total on line 3a of Summary Page.	



139858 1. Committee I.D. Number

2. Committee Name

CTE PETER J. LUCIDO FOR PROSECUTOR

CANDIDATE COMMITTEE 2. Committee Name CTE	PETER J. LUCIDO	FOR PROSECUTOR
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 06/08/2023 Name & Address: MICHAEL RICCIARDELLO 4527 OLIVIA AVE ROYAL OAK, MI 48073	_{\$} 600.00	_{\$} 600.00
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer MACOMB COUNTY		
Business Address 1 S MAIN ST, MT CLEMENS, MI 48043		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/10/2023 Name & Address ALEXANDRA BADALAMENTI 36390 GLOUCESTER DR CLINTON TWP, MI 48035	_{\$} 500.00	_{\$} 500.00
5. If over \$100.00 cumulative, please provide: Occupation PROCESS SERVER Employer METRO PROCESS CENTER Business Address PO BOX 981, MOUNT CLEMENS, MI 48046 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/11/2023 Name & Address: LISA BLAZEVSKI 31253 GAY ST ROSEVILLE, MI 48066 5. If over \$100.00 cumulative, please provide:	\$300.00	_{\$} 600.00
Occupation ASSISTANT PROSECUTING ATTORNEY Employer MACOMB COUNTY		
Business Address 1 S MAIN ST, MT CLEMENS, MI 48043 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/11/2023 Name & Address BOB LITTLE 15652 SHIRLEY AVE WARREN, MI 48089	_{\$} 1,500.00	_{\$} 1,500.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer RETIRED		
Business Address 15652 SHIRLEY AVE, WARREN, MI 48089 Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	2,900.00	
(Complete on last page of Schedule)	Enter this total on	-

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line 3a of Summary Page.



139858 1. Committee I.D. Number _

Page.

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

CANDIDATE COMMITTEE 2. Committee Name CTE	PETER J. LUCIDO	FOR PROSECUTOR
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 all 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 06/12/2023 Name & Address: VITO G PALAZZOLO 66851 DOROTHY TRL WASHINGTON, MI 48095	_s 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation CONTROLLER Employer MESSINA TRUCKING		
Business Address 6386 AUBURN RD, SHELBY TWP, MI 48317		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/13/2023 Name & Address		
JAMES R RYAN	050.00	050.00
3041 HUNTER RD BRIGHTON, MI 48114	§ 250.00	_{\$} 250.00
5. If over \$100.00 cumulative, please provide:		
Occupation LOBBYIST Employer LANSING		
Business Address 600 WALNUT ST, LANSING, MI 48933		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/13/2023 Name & Address: ROSE MANZELLA 36390 GLOUCESTER DR CLINTON TWP, MI 48035	\$ 500.00	_{\$} 500.00
5. If over \$100.00 cumulative, please provide:		
Occupation HOUSEWIFE Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/13/2023		
Name & Address NICOLAS MANZELLA 36390 GLOUCESTER DR CLINTON TWP, MI 48035	_{\$} 500.00	_{\$} 500.00
5. If over \$100.00 cumulative, please provide:		
Occupation PROCESS SERVER Employer METRO PROCESS CENTER		
Business Address P.O. BOX 981, MOUNT CLEMENS, MI 48046		
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)		
31 56	Enter this total on line 3a of Summary	

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CANDIDATE COMMITTEE

139858 1. Committee I.D. Number _

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

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 all 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 06/13/2023 Name & Address: DIANN O'CONNER 13836 STRATHMORE DR SHELBY TWP, MI 48315	_{\$} 500.00	_{\$} 500.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer SELF Business Address 13836 STRATHMORE DR, SHELBY TWP, MI 48315 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/14/2023 Name & Address FRANK DIGIORGIO 72709 CAMPGROUND ROAD ROMEO, MI 48065	_{\$} 150.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide: Occupation TREASURER Employer TOWNSHIP OF BRUCE Business Address 72709 CAMPGROUND RD, ROMEO, MI 48065 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 06/15/2023 VINCENZO CIRAULO 53425 PONDVIEW DR SHELBY TWP, MI 48315	_{\$} 500.00	_{\$} 1,000.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer RETIRED Business Address 53425 PONDVIEW DR, SHELBY TWP, MI 48315 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/15/2023 Name & Address SALVATORE LEONE PO BOX 792 Washington, MI 48094	_{\$} 500.00	_{\$} _500.00
5. If over \$100.00 cumulative, please provide: Occupation CABINET MAKER Employer SELF Business Address PO BOX 792, WASHINGTON, MI 48094 Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	1,650.00	-

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139858 1. Committee I.D. Number

2. Committee Name

CTE PETER J. LUCIDO FOR PROSECUTOR

CANDIDATE COMMITTEE 2. Committee Name CTE	PETER J. LUCIDO	D FOR PROSECUTOR
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 06/15/2023 Name & Address: SAM MANZELLA 36390 GLOUCESTER DR CLINTON TWP, MI 48035	_{\$} 500.00	_{\$} 500.00
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 06/16/2023 Name & Address JULIE CUCCO 464 NEFF RD GROSSE POINTE, MI 48230	§ 300.00	_{\$} 300.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/16/2023 Name & Address: DOMINIC TORRES 44517 S CAROLINA DR SHELBY TOWNSHIP, MI 48315 5. If over \$100.00 cumulative, please provide:	\$ 300.00	§ 300.00
Occupation REALTOR Employer KELLER WILLIAMS LAKESIDE		
Business Address 45609 VILLAGE BLVD, SHELBY TWP, MI 48315 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/19/2023 Name & Address EDWARD AMYOT 69020 MAIN ST RICHMOND, MI 48062	_{\$} 325.00	_{\$} 325.00
5. If over \$100.00 cumulative, please provide:		
Occupation OWNER Employer SELF EMPLOYED		
Business Address 69020 MAIN ST, RICHMOND, MI 48062 Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	1,425.00	

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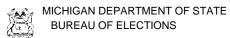
line 3a of Summary Page.



CANDIDATE COMMITTEE

139858 1. Committee I.D. Number

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 all 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 06/19/2023 Name & Address: SIAN HENGEVELD 971 DRESSLER LN ROCHESTER HILLS, MI 48307 5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer MACOMB COUNTY Business Address 1 S MAIN ST, MT CLEMENS, MI 48043	_{\$} 300.00	_{\$} 300.00
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/20/2023 Name & Address PAUL BORG 4211 BRIAR DR SHELBY TWP, MI 48316	_{\$} 425.00	_{\$} 425.00
5. If over \$100.00 cumulative, please provide: Occupation MANAGEMENT Employer B & B MAINTENANCE SERVICES INC Business Address PO BOX 182337, Shelby Township, MI 48318		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/20/2023 Name & Address: ROBERT FISHMAN 599 BALLANTYNE RD GROSSE POINTE SHORES, MI 48236 5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer RETIRED	_{\$} 150.00	_{\$} _150.00
Business Address 599 BALLANTYNE RD, GROSSE POINTE SHORES, MI 48236		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/20/2023 Name & Address MIKE CIARAMITARO 52462 CHESWICK CT SHELBY TWP, MI 48315	_{\$} 500.00	_{\$} 2,000.00
5. If over \$100.00 cumulative, please provide:		
Occupation BUSINESS OWNER Employer MR. ROOTER		
Business Address 51162 MILANO DR, MACOMB, MI 48042 Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	1,375.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 37 of 56	Enter this total on line 3a of Summary Page.	



CANDIDATE COMMITTEE

139858 1. Committee I.D. Number _

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 all 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 06/21/2023 Name & Address: RAYMOND AHONEN		
18460 RANIER DR	150.00	_s 300.00
MACOMB, MI 48042	_{\$} 150.00	\$ 300.00
5. If over \$100.00 cumulative, please provide:		
Occupation PUBLIC SAFETY LIASON Employer BELFOR PROPERTY RESTORATION		
Business Address 18460 RAINIER DR, MACOMB, MI 48042		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/21/2023		
Name & Address CHRISTOPHER PETRIDES		
16924 COURVILLE DR	° 150.00	_{\$} 150.00
TOWNSHIP OF NORTHVILLE, MI 48168	\$ 100.00	\$ 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation APA Employer MACOMB COUNTY		
Business Address 16924 COURVILLE DR, TOWNSHIP OF NORTHVILLE, MI 48168		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 06/22/2023		
Name & Address: ROBERT GAGLIANO		
48390 HARBOR DRIVE	£1,500.00	_{\$} 1,500.00
NEW BALTIMORE, MI 48047	φ ,	§ 1,000.00
5. If over \$100.00 cumulative, please provide:		
Occupation OWNER Employer GENESIS AUTO GROUP		
Business Address 23001 E INDUSTRIAL DR, ST CLAIR SHORES, MI 48080		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/23/2023		
Name & Address — — — — — — — — — — — — — — — — — —		
MARIO EVANGELISTA 69263 LAKE POINT CT	450.00	000.00
ROMEO, MI 48065	_{\$} 150.00	_{\$} 300.00
5. If over \$100.00 cumulative, please provide:		
Occupation BUILDER/OWNER Employer CASSINO BUILDING & DEVELOPMENT		
Business Address 42732 VAN DYKE AVE, STERLING HEIGHTS, MI 48314		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	1,950.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on	_l
Page 38 of 56	line 3a of Summary Page.	



CANDIDATE COMMITTEE

139858 1. Committee I.D. Number _

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

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 all 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 06/24/2023 Name & Address: MIKE WRATHELL 34190 TUDOR CT STERLING HEIGHTS, MI 48312 5. If over \$100.00 cumulative, please provide:	_{\$} 150.00	_{\$} 150.00
Occupation ATTORNEY Employer SELF Business Address 34190 TUDOR CT, STERLING HEIGHTS, MI 48312 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/26/2023 Name & Address JOSEPH ZAGO 29438 JEFFERSON AVE ST CLAIR SHORES, MI 48081	_{\$} 8,325.00	_{\$} 9,825.00
5. If over \$100.00 cumulative, please provide: Occupation OWNEREmployerTHE CARPET GUYS, LLC Business Address977 14 MILE RD, TROY, MI 48083 Type of Contribution:DirectLoan from a personFund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/26/2023 Name & Address: STEPHEN LUCIDO 43129 W KIRKWOOD DR CLINTON TWP, MI 48038	_{\$} 700.00	_{\$} 700.00
5. If over \$100.00 cumulative, please provide: Occupation BUSINESS OWNER Employer RICHARD LUCIDO & SONS Business Address 16244 MILLAR RD, CLINTON TWP, MI 48036 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/27/2023 Name & Address BETH KIRSHNER 7451 INDIANWOOD TRAIL WEST BLOOMFIELD TOWNSHIP, MI 48322	_{\$} 150.00	_{\$} _300.00
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer MACOMB COUNTY Business Address 1 S MAIN ST, MT CLEMENS, MI 48043 Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	9,325.00 Enter this total on line 33 of Summary	

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line 3a of Summary Page.



CANDIDATE COMMITTEE

139858 1. Committee I.D. Number _

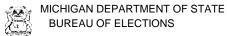
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/27/2023 Name & Address: SEBATIAN PREVITI		
61614 COTSWOLD DR	200.00	300 00
WASHINGTON, MI 48094	<u>\$ 300.00</u>	_{\$} 300.00
5. If over \$100.00 cumulative, please provide:		
Occupation SUPERVISOR Employer WASHINGTON TWP		
Business Address 57900 VAN DYKE AVE, WASHINGTON, MI 48094		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/28/2023		
Name & Address DANIEL GALI		
54882 SHERWOOD LN	150 00	_s 150.00
SHELBY TWP, MI 48315	\$ 100.00	\$ 130.00
5. If over \$100.00 cumulative, please provide:		
Occupation ENGINEERING MANAGER Employer TAPEMASTER		
Business Address 900 ROCHESTER ROAD, SHELBY TOWNSHIP, MI 48315		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 06/28/2023 Name & Address: VINCENZO VITALE		
55178 VAN DYKE AVE	\$ 300.00	_s 300.00
SHELBY TWP, MI 48316	·	φ
5. If over \$100.00 cumulative, please provide:		
Occupation OWN Employer VINCE AND JOE'S FRUIT MARKET		
Business Address 55178 VAN DYKE AVE, SHELBY TWP, MI 48316		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/28/2023		
Name & Address ———————————————————————————————————		
39999 GARFIELD RD	1 500 00	1 500 00
CLINTON TWP, MI 48038	_{\$} 1,500.00	_{\$_} 1,500.00
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer LUCIDO & MANZELLA PC		
Business Address 39999 GARFIELD RD, CLINTON TWP, MI 48038		
Type of Contribution: □ Direct □ Loan from a person		
Page Subtotal	2,250.00	
Grand Total of All Schedules 1A	_,	-
(Complete on last page of Schedule)	Enter this total on	_l
Page 40 of 56	line 3a of Summary Page.	



CANDIDATE COMMITTEE

139858 1. Committee I.D. Number _

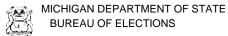
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/30/2023 Name & Address: CHRISTOPHER SCHORNAK 35602 HERMITAGE CT NEW BALTIMORE, MI 48047 5. If over \$100.00 cumulative, please provide:	_{\$} 150.00	_{\$} 150.00
Occupation MANAGER Employer DEBT SOLUTIONS NETWORK Business Address 35602 HERMITAGE CT, NEW BALTIMORE, MI 48047		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/30/2023 Name & Address ERDA GJONBALAJ 16150 CLARKSON DR # 15	_{\$} 1,500.00	_{\$} 1,500.00
FRASER, MI 48026		·
5. If over \$100.00 cumulative, please provide:		
Occupation OWNER Employer SELF EMPLOYED		
Business Address 16150 CLARKSON DR, # 15, FRASER, MI 48026		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/30/2023 Name & Address: DORIE VASQUEZ-NOLAN 49926 WILLOWOOD DR MACOMB, MI 48044	_{\$} 150.00	_{\$} 200.00
5. If over \$100.00 cumulative, please provide:		
Occupation CEO Employer MACOMB COUNTY CHILD ADVOCACY CENTER		
Business Address 49926 WILLOWOOD DR, MACOMB, MI 48044		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/30/2023		
Name & Address DOMENICO PICANO 44162 ASTRO DR STERLING HEIGHTS, MI 48314	_{\$} 150.00	_{\$} _350.00
5. If over \$100.00 cumulative, please provide:		
Occupation OWENR Employer PICANO'S ITALIAN GRILLE		
Business Address 3775 ROCHESTER RD, TROY, MI 48083		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	1,950.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		-
Page 41 of 56	Enter this total on line 3a of Summary Page.	



ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

139858 1. Committee I.D. Number _

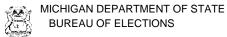
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/04/2023 Name & Address: TIMOTHY MONICATTI 49567 NAUTICAL DR NEW BALTIMORE, MI 48047	_{\$} 150.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer RETIRED		
Business Address 49567 NAUTICAL DR, NEW BALTIMORE, MI 48047		
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/05/2023 Name & Address		
TORY WELSH		
79720 NORTH KIDDER ROAD	_{\$} 300.00	_s 300.00
ROMEO, MI 48065	<u> </u>	Ψ
5. If over \$100.00 cumulative, please provide:		
Occupation REAL ESTATE Employer SELF		
Business Address 79720 NORTH KIDDER ROAD, Romeo, MI 48065		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/05/2023 Name & Address: DAN WALLER	_s 150.00	150.00
209 NORTHSHORE DR ST CLAIR SHORES, MI 48080	\$ 100.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer SELF		
Business Address 100 MAPLE PARK BLVD, ST CLAIR SHORES, MI 48081		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/05/2023		
Name & Address DAWN JAROSZ		
158 SISSON ST	150.00	150.00
ROMEO, MI 48065	_{\$} 150.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide:		
Occupation COMMUNICATIONS DIRECTOR Employer PROSECUTOR'S OFFICE		
Business Address 1 S MAIN ST, MT CLEMENS, MI 48043		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	750.00	
Grand Total of All Schedules 1A		-
(Complete on last page of Schedule)	Enter this total on	J
Page 42 of 56	line 3a of Summary Page.	



CANDIDATE COMMITTEE

139858 1. Committee I.D. Number _

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 all 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 07/05/2023 Name & Address: CHRISTOPHER P AIELLO		
49432 COMPASS POINT DR	_s 250.00	_{\$} 250.00
NEW BALTIMORE, MI 48047	<u>\$ 230.00</u>	§ 200.00
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer AIELLO AND ASSOCIATES		
Business Address 32411 MOUND RD, WARREN, MI 48092		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/06/2023		
Name & Address		
DINA DANIELS 5540 BRIDGEWOOD DR	1 500 00	1 500 00
STERLING HEIGHTS, MI 48310	\$ 1,300.00	_{\$_} 1,500.00
, and the second		
5. If over \$100.00 cumulative, please provide:		
Occupation OWNER Employer PMS DIVERSIFIED CONSTRUCTION		
Business Address 5540 BRIDGEWOOD DR, STERLING HEIGHTS, MI 48310		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/06/2023 Name & Address: DIANE DIPONIO 29251 CREEK BEND DR	_s 300.00	_{\$} 300.00
FARMINGTON HILLS, MI 48331	т	\$ 000100
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/06/2023		
Name & Address ———————————————————————————————————		
29251 BROADMOOR ST	000 00	000.00
LIVONIA, MI 48154	_{\$} 300.00	_{\$} 300.00
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer SELF EMPLOYED		
Business Address 29251 BROADMOOR ST, LIVONIA, MI 48154		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	2,350.00	
Grand Total of All Schedules 1A		-
(Complete on last page of Schedule)	Enter this total on	J
Page 43 of 56	line 3a of Summary Page.	



CANDIDATE COMMITTEE

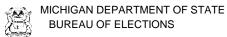
139858 1. Committee I.D. Number _

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

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 all 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 07/06/2023 Name & Address: JAMIE MOLDENHAUER 28785 BARKMAN ST ROSEVILLE, MI 48066	_{\$} 500.00	_{\$} 500.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/07/2023 Name & Address KENNETH DECOCK 80575 HOLMES RD ARMADA, MI 48005	_{\$} 150.00	_{\$} 300.00
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer SELF Business Address 80575 HOLMES RD, ARMADA, MI 48005 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/07/2023 JEFFREY BONANNI 3505 MOUNTAIN LAUREL CT OAKLAND TWP, MI 48363	§ 300.00	§ 300.00
5. If over \$100.00 cumulative, please provide: Occupation OWNER Employer GALBON INVESTMENTS Business Address 42241 GARFIELD RD, CLINTON TWP, MI 48038 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 07/08/2023 Name & Address OAKLAND COUNTY REPUBLICAN PARTY 42611 WOODWARD AVE BLOOMFIELD HILLS, MI 48304	_{\$} 1,500.00	_{\$} 1,500.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Type of Contribution: ☐ Direct ☐ Loan from a person ✔ Fund Raiser	la 1=0 ==	1
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	2,450.00 Enter this total on line 3a of Summary	

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Page.



ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

139858 1. Committee I.D. Number _

Page.

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

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 all 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 07/08/2023 Name & Address: JEFFERY VOLLMAR	·	, , , , , , , , , , , , , , , , , , ,
11695 RIDGE DR	300.00	_{\$} 300.00
SHELBY TWP, MI 48315	<u>\$ 300.00</u>	§ 300.00
5. If over \$100.00 cumulative, please provide: Occupation MAINTENANCE Employer COMFORT CARE		
Business Address 51831 VAN DYKE AVE, SHELBY TWP, MI 48316		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/08/2023 Name & Address		
NATALIE VOLLMAR	450.00	450.00
11695 RIDGE DR SHELBY TWP, MI 48315	\$ 150.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide:		
Occupation ACCOUNTANT Employer METZLER, LOCRICCHIO & SERRA		
Business Address 1800 W BIG BEAVER RD, TROY, MI 48084		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/08/2023		
Name & Address: KALEB MOLDENHAUER		
28785 BARKMAN ST	_{\$} 1,000.00	_{\$} 1,000.00
ROSEVILLE, MI 48066		·
5. If over \$100.00 cumulative, please provide:		
Occupation PROCESS SERVER Employer METRO PROCESS CENTER		
Business Address P.O.BOX 981, MOUNT CLEMENS, MI 48046 Type of Contribution: Direct Loan from a person Fund Raiser		
	-	
Name & Address		
ROBERT D HINMAN		
49625 LAKEBRIDGE DR SHELBY TWP, MI 48315	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer ESTATE PLANNING LEGAL SERVICES PC		
Business Address 2564 MAPLE LN DR, TROY, MI 48084		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	1,550.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
AE EC	Enter this total on line 3a of Summary	

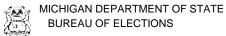
Page 45 of 56



CANDIDATE COMMITTEE

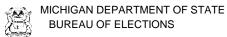
139858 1. Committee I.D. Number _

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 all 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 07/10/2023 Name & Address: VINC CUSMANO 171 MAGNOLIA LAKES PORT ST. LUCIE, FL 34986 5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer RETIRED Business Address 171 MAGNOLIA LAKES, PORT ST LUCIE, 34986	_{\$} 150.00	_{\$} 150.00
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/10/2023 Name & Address AMERICAN CONSERVATIVE UNION PAC 1331 H ST NW STE 500 WASHINGTON, DC 20005 5. If over \$100.00 cumulative, please provide:	_{\$} 1,000.00	_{\$_} 1,000.00
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/10/2023 Name & Address: JONATHAN AGVAL 30 HARBOR HILL RD GROSSE POINTE FARMS, MI 48236 5. If over \$100.00 cumulative, please provide: Occupation DIRECTOR Employer HOUSE ARREST SERVICES Business Address HOOVER RD, Warren, MI 48093	_{\$} 750.00	_{\$} 750.00
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/10/2023 Name & Address JAMES J SULLIVAN 18720 MACK AVE STE 200 GROSSE POINTE, MI 48236 5. If over \$100.00 cumulative, please provide:	_{\$} 1,500.00	_{\$_} 1,500.00
Occupation ATTORNEY SELF EMPLOYED		
Business Address 18720 MACK AVE, GROSSE POINTE, MI 48236 Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	3,400.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 46 of 56	Enter this total on line 3a of Summary Page.	



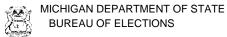
139858 1. Committee I.D. Number _

CANDIDATE COMMITTEE 2. Committee Name CTE	PETER J. LUCIDO	O FOR PROSECUTOR
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 all 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 07/11/2023 Name & Address: ROBERT LULGJURAJ 1517 HAMMAN DR TROY, MI 48085	_{\$} 300.00	_{\$} 300.00
5. If over \$100.00 cumulative, please provide: Occupation PROSECUTOR Employer WAYNE COUNTY PROS OFFICE Business Address 1441 ST ANTOINE, DETROIT, MI 48226 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/11/2023 Name & Address MICHAEL WARREN 30358 GEORGETOWN DR BEVERLY HILLS, MI 48025	_{\$} 150.00	_{\$} _150.00
5. If over \$100.00 cumulative, please provide: Occupation JUDGE Employer OAKLAND COUNTY Business Address 1200 N TELEGRAPH, PONTIAC, MI 48341 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/11/2023 Name & Address: JACOB SAHLANEY 25052 S MAGDALENA ST HARRISON TWP, MI 48045	\$300.00	_{\$} 300.00
5. If over \$100.00 cumulative, please provide: Occupation FIREFIGHTER Employer HARRISON TWP FIRE DEPARTMENT Business Address 25052 S MAGDALENA ST, HARRISON TWP, MI 48045 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/12/2023 Name & Address PATRICK BAGLEY 6557 HIGHLAND RD WATERFORD TWP, MI 48327	_{\$} 1,500.00	_{\$} 1,500.00
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY BAGLEY & LANGAN PLLC Business Address 6557 HIGHLAND RD, WATERFORD TWP, MI 48327		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 47 of 56	2,250.00 Enter this total on line 3a of Summary Page.	-



139858 1. Committee I.D. Number _

CANDIDATE COMMITTEE 2. Committee Name CTE	PETER J. LUCIDO	D FOR PROSECUTOR
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 all 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 07/12/2023 Name & Address: MIKE ABRO 1374 TRACEKY DR ROCHESTER HILLS, MI 48306	_{\$} 300.00	_{\$} 750.00
5. If over \$100.00 cumulative, please provide: Occupation BUSINESS OWNER Employer SELF EMPLOYED Business Address 1374 TRACEKY DR, ROCHESTER HILLS, MI 48306 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/12/2023 Name & Address CASSIDY HAVILAND 16750 CHARLESTON ST ROSEVILLE, MI 48066	_{\$} 1,000.00	_{\$_} 1,000.00
5. If over \$100.00 cumulative, please provide: Occupation COURT OFFICER Employer METRO PROCESS CENTER Business Address P.O. BOX 981, MOUNT CLEMENS, MI 48046 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/13/2023 Name & Address: ROBERT KAISER 815 ELLAIR PL GROSSE POINTE PARK, MI 48230	§ 300.00	§ 300.00
5. If over \$100.00 cumulative, please provide: Occupation OWNER Employer GALLAGHER-KAISER CORP Business Address 777 CHICAGO RD, TROY, MI 48083 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 07/14/2023 Name & Address DANIEL ALTON 7045 24 MILE RD SHELBY TWP, MI 48316	_{\$} 150.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer RETIRED Business Address 7045 24 MILE RD, SHELBY TWP, MI 48316 Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	1,750.00 Enter this total on line 3a of Summary Page.	-



CANDIDATE COMMITTEE

139858 1. Committee I.D. Number _

	1	
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 07/15/2023 Name & Address: MARTIN PAVLICK		
1189 HATHAWAY RISING	000 00	200.00
ROCHESTER HILLS, MI 48306	\$ 300.00	§ 300.00
5. If over \$100.00 cumulative, please provide:		
Occupation FINANCIAL ADVISOR Employer SELF EMPLOYED		
Business Address 901 WILSHIRE DR, STE 200, TROY, MI 48084		
Type of Contribution:		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/15/2023 Name & Address		
TONY FERLITO		
37335 CASA BELLA CT	£300.00	_s 300.00
CLINTON TWP, MI 48036	\$ <u></u>	\$ 000100
5. If over \$100.00 cumulative, please provide:		
Occupation DEVELOPER Employer FERLITO CONSTRUCTION		
Business Address 51410 MILANO DR SUITE 115, Macomb, MI 48042		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/17/2023 Name & Address: NICHOLAS STEFANI	222.22	
13852 STRATHMORE DR SHELBY TWP, MI 48315	\$ 300.00	_{\$} 300.00
5. If over \$100.00 cumulative, please provide:		
Occupation PLANT CHAIRMAN Employer FORD MOTOR COMPANY		
Business Address 41111 VAN DYKE AVE, STERLING HEIGHTS, MI 48314 Type of Contribution: Direct Loan from a person Fund Raiser		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/17/2023 Name & Address		
JAMES ZABKAR		
19365 RIVER VALLEY DR	, 250.00	250.00
MACOMB, MI 48044	§ 200.00	\$ <u>230.00</u>
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED 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)	Enter this total on	J
Page 49 of 56	line 3a of Summary Page.	

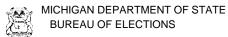


CANDIDATE COMMITTEE 2. Committee Name

CTE PETER J. LUCIDO FOR PROSECUTOR

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 all 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 07/18/2023 Name & Address: DANIEL J RUBINO 1380 ROSS LN ROCHESTER, MI 48306	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide: Occupation PILOT PROPERTY GROUP		
Business Address 44400 VAN DYKE AVE, STERLING HEIGHTS, MI 48314		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/18/2023 Name & Address JOHN VERMEULEN 5514 WOODMIRE DR SHELBY TWP, MI 48316	_{\$} 150.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide:		
Occupation TRUSTEE Employer SHELBY TOWNSHIP		
Business Address 52700 VAN DYKE AVE, SHELBY TWP, MI 48316		
Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/18/2023		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/18/2023 Name & Address: MARK DELDIN 703 UNIVERSITY PL STE 270 GROSSE POINTE, MI 48230 5. If over \$100.00 cumulative, please provide:	_{\$} 1,500.00	_{\$} 1,500.00
Occupation ATTORNEY Employer DELDIN LAW PLLC		
Business Address 18720 MACKAY ST, STE 270, GROSSE POINTE, MI 48230 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/18/2023 Name & Address JUSTIN GONZALES 38360 MAPLE FOREST BLVD HARRISON TWP, MI 48045	_{\$} 150.00	_{\$_} 150.00
5. If over \$100.00 cumulative, please provide:		
Occupation ASSISTANT PROSECUTOR Employer MACOMB		
Business Address 1 S MAIN ST, MT CLEMENS, MI 48043 Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	1,900.00	<u> </u>
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	

 $_{\text{Page}}\underline{50}_{\text{ of }}\underline{56}$



139858 1. Committee I.D. Number _

CANDIDATE COMMITTEE 2. Committee Name CTE	PETER J. LUCIDO	D FOR PROSECUTOR
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 all 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 07/18/2023 Name & Address: ROBERT LULGJURAJ 1517 HAMMAN DR TROY, MI 48085	_{\$} 150.00	_{\$} 450.00
5. If over \$100.00 cumulative, please provide: Occupation PROSECUTOR Employer WAYNE COUNTY PROS OFFICE Business Address 1441 ST ANTOINE, DETROIT, MI 48226 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/18/2023 Name & Address BRADLEY SEWICK 1109 LAKE PARK DR BIRMINGHAM, MI 48009	_{\$} 300.00	§ 300.00
5. If over \$100.00 cumulative, please provide: Occupation PSYCHOLOGIST Employer SPECTRUM REHABILITATION CENTERS Business Address 26555 EVERGREEN RD, SOUTHFIELD, MI 48076 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/18/2023 Name & Address: PETER TORRICE 22713 LAKESHORE DR ST CLAIR SHORES, MI 48080	§ 450.00	_{\$} 4,950.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/18/2023 Name & Address JAMES BIVENS 29054 ALINE DR WARREN, MI 48093	§300.00	_{\$} 300.00
5. If over \$100.00 cumulative, please provide: Occupation DIRECTOR Employer SELF EMPLOYED Business Address 29054 ALINE DR, WARREN, MI 48093 Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 51 of 56	1,200.00 Enter this total on line 3a of Summary Page.	-



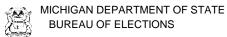
139858 1. Committee I.D. Number

CTE PETER J. LUCIDO FOR PROSECUTOR

CANDIDATE COMMITTEE 2. Committee Name	PETER J. LUCIDO	O FOR PROSECUTOR
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 all 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 07/19/2023 Name & Address: ANTHONY GUSMANO 55332 MACINTOSH CT SHELBY TWP, MI 48316	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/19/2023 Name & Address NICHOLAS BACHAND 1566 FAIRHOLME RD GROSSE POINTE WOODS, MI 48236	§ 300.00	_{\$} 300.00
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer ATTORNEY Business Address 2411 VINEWOOD ST, STE 435, DETROIT, MI 48216 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/19/2023 PAUL CASSIDY 51150 WASHINGTON ST NEW BALTIMORE, MI 48047	_{\$} 150.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer SELF Business Address 51150 WASHINGTON ST, NEW BALTIMORE, MI 48047 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/19/2023 Name & Address MARK AUBREY 6200 25 MILE RD SHELBY TWP, MI 48316	_{\$} 1,500.00	_{\$} 2,000.00
5. If over \$100.00 cumulative, please provide: Occupation BUSINESS OWNER Employer MOTOR CITY PAWN Business Address 6200 25 MILE RD, SHELBY TWP, MI 48316 Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A	2,050.00	
(Complete on last page of Schedule)	Enter this total on	_l

 $_{\text{Page}}\underline{52}_{\text{of}}\underline{56}$

line 3a of Summary Page.



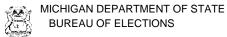
139858 1. Committee I.D. Number _

CANDIDATE COMMITTEE

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

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 all 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 07/19/2023 Name & Address: MICHAEL BALIAN 352 KIRKSWAY LN ORION TWP, MI 48362 5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer SELF EMPLOYED	_{\$} 150.00	_{\$} 150.00
Business Address 100 W BIG BEAVER RD, STE 333, TROY, MI 48084 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/19/2023 Name & Address LEONARD RANCILO 15655 E ELEVEN MILE RD ROSEVILLE, MI 48066 5. If over \$100.00 cumulative, please provide:	_{\$} 150.00	_{\$} 150.00
Occupation OWNER Employer RAMCILIO & ASSOCIATES Business Address 15655 E ELEVEN MILE RD, ROSEVILLE, MI 48066 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/19/2023 Name & Address: ANGELO JADAN 1971 RAVENHILL DR STERLING HEIGHTS, MI 48314	<u>\$ 150.00</u>	_{\$} 150.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/19/2023 Name & Address JOSEPH KOSMALA 2 CROCKER BLVD MT CLEMENS, MI 48043	_{\$} 150.00	_{\$} _150.00
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer SELF EMPLOYED		
Business Address 2 CROCKER BLVD, MT CLEMENS, MI 48043 Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	Enter this total on line 3a of Summary Page.	

Page **33** of **30**



CANDIDATE COMMITTEE

139858 1. Committee I.D. Number _

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

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 all 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 07/19/2023 Name & Address: JOSEPH S PERNICANO 1890 KENMORE DR GROSSE POINTE WOODS, MI 48236	_{\$} 150.00	_{\$} 300.00
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer PERNICANO LAW PLLC		
Business Address 79 KERCHEVAL AVE, GROSSE POINTE FARMS, MI 48236		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/19/2023 Name & Address VINCENT SORRENTINO		
14113 HIBISCUS DR SHELBY TWP, MI 48315	_{\$} 1,500.00	\$ 3,000.00
5. If over \$100.00 cumulative, please provide: Occupation Entrepreneur/Real estate Developer Employer SELF EMPLOYED		
Business Address 14113 HIBISCUS DR, SHELBY TWP, MI 48315		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/19/2023 Name & Address: LLOYD BROWN 4688 FAWN HILL CT ROCHESTER, MI 48306	_{\$} 150.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide:		
Occupation PRESDIENT Employer WALTONEN		
Business Address 31330 MOUND RD, WARREN, MI 48092 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/19/2023		
Name & Address BRIAN PENNEBECKER 25984 MARITIME CIR S HARRISON TWP, MI 48045	§300.00	_s 300.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer RETIRED		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	2,100.00	
Grand Total of All Schedules 1A	2,100.00	-
(Complete on last page of Schedule)	Enter this total on line 3a of Summary	J

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Page.



139858 1. Committee I.D. Number _

Name & Address DANIEL CADEZ 22001 BELL ROAD NEW BOSTON, MI 48164 5. If over \$100.00 cumulative, please provide: Occupation BAIL BONDS Employer BAIL BONDS SERVICES, INC Business Address 38530 S GROESBECK HWY, CLINTON TWP, MI 48036 Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Enter this total on	CANDIDATE COMMITTEE 2. Committee Name CTE	PETER J. LUCIDO	D FOR PROSECUTOR
Name & Address: Standard St	middle initial. Check box to indicate if contribution is from a Political Committee or an Independent	6. Amount	Election Cycle for Each Contributor (Through
Decupation PROGRAM DIRECTOR Employer HENRY FORD HOSPITAL - MACOMB	Name & Address: CHRISTINA MATTINEN 57927 EMERALD CT	_{\$} 150.00	_{\$} 300.00
Name & Address JUSTIN POLLARD 39676 MEMORY LN HARRISON TWP, MI 48045 5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer MACOMB COUNTY Business Address 1 S MAIN ST, MT CLEMENS, MI 48043 Type of Contribution: Direct Loan from a person P Fund Raiser 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/19/2023 JOE ORAM 4585 ARLINE DR WEST BLOOMFIELD TOWNSHIP, MI 48323 5. If over \$100.00 cumulative, please provide: Occupation SELF EMPLOYED Employer SELF Business Address Type of Contribution: Direct Loan from a person P Fund Raiser 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/20/2023 NAMB & Address DANIEL CADEZ 22001 BELL ROAD NEW BOSTON, MI 48164 5. If over \$100.00 cumulative, please provide: Occupation BAIL BONDS Employer BAIL BONDS SERVICES, INC Business Address 38530 S GROESBECK HWY, CLINTON TWP, MI 48036 Type of Contribution: Direct Loan from a person P Fund Raiser Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Enter this total on	Occupation PROGRAM DIRECTOR Employer HENRY FORD HOSPITAL - MACOMB Business Address 15855 19 MILE RD, CLINTON TWP, MI 48038		
ATTORNEYemployer MACOMB COUNTY Business Address 1 S MAIN ST, MT CLEMENS, MI 48043 Type of Contribution:DirectLoan from a personV	JUSTIN POLLARD 39676 MEMORY LN	§ 300.00	_{\$} 450.00
Name & Address: JOE ORAM 4585 ARLINE DR WEST BLOOMFIELD TOWNSHIP, MI 48323 5. If over \$100.00 cumulative, please provide: Occupation SELF EMPLOYED Employer SELF Business Address Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/20/2023 DANIEL CADEZ 22001 BELL ROAD NEW BOSTON, MI 48164 5. If over \$100.00 cumulative, please provide: Occupation BAIL BONDS Employer BAIL BONDS SERVICES, INC Business Address 38530 S GROESBECK HWY, CLINTON TWP, MI 48036 Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Enter this total on	Occupation ATTORNEY Employer MACOMB COUNTY Business Address 1 S MAIN ST, MT CLEMENS, MI 48043		
Occupation SELF EMPLOYED Employer SELF Business Address Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/20/2023 Name & Address DANIEL CADEZ 22001 BELL ROAD NEW BOSTON, MI 48164 5. If over \$100.00 cumulative, please provide: Occupation BAIL BONDS Employer BAIL BONDS SERVICES, INC Business Address Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal (Complete on last page of Schedule) Finter this total on Enter this total on	Name & Address: JOE ORAM 4585 ARLINE DR	_{\$} 1,500.00	_{\$} 1,800.00
Name & Address DANIEL CADEZ 22001 BELL ROAD NEW BOSTON, MI 48164 5. If over \$100.00 cumulative, please provide: Occupation BAIL BONDS Employer BAIL BONDS SERVICES, INC Business Address 38530 S GROESBECK HWY, CLINTON TWP, MI 48036 Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Enter this total on	Occupation SELF EMPLOYED Employer SELF Business Address		
Occupation BAIL BONDS Employer BAIL BONDS SERVICES, INC Business Address 38530 S GROESBECK HWY, CLINTON TWP, MI 48036 Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal 3,450.00 Grand Total of All Schedules 1A (Complete on last page of Schedule) Enter this total on	DANIEL CADEZ 22001 BELL ROAD	_{\$} 1,500.00	_{\$_} 1,500.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Enter this total on	Occupation BAIL BONDS Employer BAIL BONDS SERVICES, INC Business Address 38530 S GROESBECK HWY, CLINTON TWP, MI 48036		
Page.	Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary	-



CANDIDATE COMMITTEE

2. Committee Name

CTE PETER J. LUCIDO FOR PROSECUTOR

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 07/20/2023 Name & Address: LLOYD BROWN 4688 FAWN HILL CT ROCHESTER, MI 48306	_{\$} 150.00	_{\$} 300.00
5. If over \$100.00 cumulative, please provide: Occupation PRESDIENT Employer WALTONEN Business Address 31330 MOUND RD, WARREN, MI 48092		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/20/2023 Name & Address JIM JOHNSON 25284 ST CHRISTOPHER ST HARRISON TWP, MI 48045	_{\$} 300.00	§ 300.00
5. If over \$100.00 cumulative, please provide: Occupation OWNER Employer PRINTING BY JOHNSON		
Business Address 21222 CASS AVE, CLINTON TWP, MI 48036		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt Name & Address:		
	\$	\$
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name & Address		
	\$	\$
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	450.00 117,920.15 Enter this total on	

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1. Committee I. D. Number

139858

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

2.0	ommittee Name		
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name BULTYNCK & CO.		02/06/2023	\$ 950.00
Address 15985 CANAL ROAD CLINTON TOWNSHIP, LM 48038	Purpose: SERVICES	Date	
CLINTON TOWNSHIP, LIVI 40030			
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name DE LA SALLE		02/16/2023	\$ 3,500.00
Address 14600 COMMON RD WARREN, MI 48088	Purpose: ADVERTISING	Date	<u> </u>
✓ Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name IACS COUNCIL OF PRESIDENTS		03/27/2023	\$ 400.00
Address 45865 MEADOWS CIR E	Purpose: ADVERTISING	Date	
MACOMB, MI 48044			
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4			
Name PARTY PARADISE		04/01/2023	\$ 515.48
Address 39090 VAN DYKE AVE STERLING HEIGHTS, MI 48313	Purpose: BALLOONS	Date	¥ <u>313.40</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name HOUR MEDIA		04/18/2023	
Address 5750 NEW KING DR	Purpose: ADVERTISING	Date	\$ 985.00
TROY, MI 48098 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
	Subto	tal this page	6,350.48
	Grand Total of all s		<u>, </u>
	(Complete on last page	e or scriedule)	



1. Committee I. D. Number

139858

CTE PETER J. LUCIDO FOR PROSECUTOR

CANDIDATE COMMITTEE 2. C	ommittee Name CIEPEIER J. LUCID		USECUTUR
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name OFFICE EXPRESS		04/18/2023	\$ 2,413.12
Address	Purpose: OFFICE EXPENSE	Date	<u> </u>
1280 E BIG BEAVER RD	Тирозе.		
TROY, MI 48083			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
Name DETROIT BAR ASSOCIATION		04/18/2023	\$ 1,000.00
	Purpose: ADVERTISING	Date	\$ <u>1,000.00</u>
Address	Purpose: //DVETTTION		
2 WOODWARD AVE DETROIT, MI 48226			
DETROIT, WII 40220	Check box if this expenditure is payment of		
✓ Fund Raiser	debt or obligation reported on previous		
Expenditure #3	statement		
•			
Name CITY OF ST CLAIR SHORES		04/25/2023	\$ 100.00
Address	Purpose: PARADE	Date	
27600 JEFFERSON AVE			
ST CLAIR SHORES, MI 48081			
[7]	LICheck box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #4			
Name RWB PARKES & RECREATION		04/25/2023	\$ 400.00
Address	ROMEO PEACH FESTIVAL PARADE	Date	\$ 400.00
361 MORTON ST	Purpose:		
ROMEO, MI 48065			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5			
Name NOI FOUNDATION		0.4/07/0000	
	ADVERTISING	04/27/2023	\$ 250.00
Address 44600 ENTERPRISE DR	Purpose: ADVERTISING	Date	
CLINTON TWP, MI 48038			
, in the second	Check box if this expenditure is payment of debt or obligation reported on previous		
✓ Fund Raiser	statement		
	Subto	otal this page	4,163.12
	Grand Total of all		
	(Complete on last page	e of Schedule)	



1. Committee I. D. Number 139858

2 Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

2. 0	ommittee name		
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name FESTA ITALIANA Address 6990 TOWN LN DEARBORN HEIGHTS, MI 48127	Purpose: SPONSORSHIP Check box if this expenditure is payment of	04/28/2023 Date	\$ 1,000.00
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
Name THE ITALIAN TRIBUNE Address PO BOX 380407	Purpose: ADVERTISING	04/28/2023 Date	\$ <u>840.00</u>
CLINTON TOWNSHIP, LM 48038			
✓ Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name AMERICAN POLISH CENTERY CLUB	Purpose: SPONSORSHIP	05/17/2023 Date	\$ 1,000.00
Address 33204 MAPLE LN DR STERLING HEIGHTS, MI 48312		Date	
✓ Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4			
Name POLISH DAY PARADE COMMITTEE		05/17/2023	\$ 300.00
^{Address} 11558 VENTURA DR WARREN, MI 48093	Purpose: ADVERTISING	Date	22222
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name MACOMB COUNTY REPUBLICAN PARY		05/17/2023	* 4CO OO
Address 39099 GARFIELD RD CLINTON TWP, MI 48038	Purpose: TICKETS Check box if this expenditure is payment of	Date	\$ <u>160.00</u>
Fund Raiser	debt or obligation reported on previous statement		
	Subto	tal this page	3,300.00
	Grand Total of all ((Complete on last page		



1. Committee I. D. Number 139858

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

		T _	
Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name FOP		05/17/2023	400.00
I OF	001 5 01 5 11		\$ <u>100.00</u>
Address	Purpose: GOLF OUTING	Date	
33845 24 MILE RD	-		
NEW BALTIMORE, MI 48047			
- ,	Check box if this expenditure is payment of		
П	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #2			
Name US BANK		05/17/2023	
			\$ 1,174.78
Address	CC PAYMENT - E VOICE, CONSTANT CONTACT, EZ	Date	
Address	1 dipose		
PO BOX 790408	Memo	Itemization Bel	ow
ST LOUIS, MO 63179			-
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
	statement		
Expenditure #3			
Name CONTANT CONTACT		04/12/2022	
CONTINUE CONTINUE		04/13/2023	\$ (462.00)
Address	Purpose: ADVERTISING	Date	
1601 TRAPELO RD			
WALTHAM, MA 02451	(Memo	Itemization)	
, = = = = = = = = = = = = = = = = = = =	Check box if this expenditure is payment of		
П _{с 18} :	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #4			
Name EZ TEXTING		04/00/0000	
LZ ILXIINO		04/26/2023	\$ (25.00)
Address	Purpose: ADVERTISING	Date	<u>(20.00)</u>
PO BOX 1973	Purpose: / LE TELL TOTAL		
	/84	. Itomizeties.	
SANTA MONICA, CA 9046	(Memo	Itemization)	
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
L did i/disei	statement		
Expenditure #5			
Name EZ TEXTING		0.4/0.5/57	
LZILXIINO		04/26/2023	\$ (348.00)
Address	Purpose: ADVERTISING	Date	♥ <u>(340.00)</u>
PO BOX 1973			
SANTA MONICA, CA 9046	(Memo	Itemization)	
	Check box if this expenditure is payment of		
Found Daises	debt or obligation reported on previous		
Fund Raiser	statement		
	Subto	tal this page	1,274.78
			1,217.10
	Grand Total of all S		
	(Complete on last page	of Schedule)	



1. Committee I. D. Number 139858

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
3. Name and address of person of vendor to whom paid	4. Fulpose (Required information)	J. Date	o. Amount
Expenditure #1			
Name EZ TEXTING		04/27/2023	\$ (320.00)
	Purpose: ADVERTISING	Date	<u>(320.00)</u>
Address PO BOX 1973	Purpose: //DVLTTTOTTO		
SANTA MONICA, CA 9046	(Memo	Itemization)	
Chitin Mondon, On 3040	Check box if this expenditure is payment of		
Devided:	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #2			
Name E VOICE		05/01/2023	\$ (19.78)
	Purpose: ADVERTISING	Date	\$ (13.70)
Address	Purpose: ADVERTION		
700 W 7TH ST, 5TH FLOOR	(Memo	Itemization)	
LAS ANGELES, CA 90017		nomization	
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3			
Name HADIAND CLADKE			
Name HARLAND CLARKE		05/24/2023	\$ 30.61
Address	Purpose: ORDERED NEW CHECKS	Date	
200 RIVERSIDE INDUSTRIAL PKWY	,		
PORTLAND, ME 04103			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
Name ISABELLA LEDUC			
ISABELLA LEDUC		06/05/2023	\$ 300.00
Address	Purpose: BOOK KEEPING	Date	<u> </u>
CUMBERLAND DR	i dipose.		
Rochester, MI 48307			
·	Check box if this expenditure is payment of		
Π	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name COMERICA BANK		06/13/2023	
	Purpose: BANK FEES		\$ 60.12
Address 15301 HALL RD	Purpose: DAINI LLS	Date	
MACOMB, MI 48044			
IVIACCIVID, IVII 40044	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
L Fullu Kaisel	statement	1	
	Subto	tal this page	390.73
	Grand Total of all S	Schedules 1B	
	(Complete on last page		



1. Committee I. D. Number

139858

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

OANDIDATE OOMMITTEE 2. (committee Name		
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name CONCOURS D'AGOSTINI		06/20/2023	\$ 400.00
Address 11200 WALNUT LN STERLING HEIGHTS, MI 48313	Purpose: ADVERTISING	Date	
✓ Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name JOSEPH ZAGO		07/01/2023	\$ 1,500.00
Address 29438 JEFFERSON AVE ST CLAIR SHORES, MI 48081	Purpose: ANEDOTE PARTIAL REFUND	Date	1,000.00
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name US BANK		07/14/2023	\$ 886.88
Address PO BOX 790408	Purpose: ADVERTISING	Date	<u> </u>
ST LOUIS, MO 63179	Memo	Itemization Bel	ow
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4	- Clarentonia		
Name EZ TEXTING		06/07/2023	\$ (360.00)
Address	Purpose: ADVERTISING	Date	ψ <u>(300.00)</u>
PO BOX 1973 SANTA MONICA, CA 9046	(Memo	Itemization)	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name EZ TEXTING		06/20/2023	
Address PO BOX 1973	Purpose: ADVERTISING	Date	\$ <u>(25.00)</u>
SANTA MONICA, CA 9046		Itemization)	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
	Subto	tal this page	2,786.88
	Grand Total of all S (Complete on last page		, - 2



1. Committee I. D. Number 139858

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

2.0			
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Name COBO CENTER WASHINGTON DETROIT Address 1 WASHINGTON BLVD DETROIT, MI 48226 Fund Raiser	Purpose: PARKING FOR NAACP EVENT (Mem Check box if this expenditure is payment of debt or obligation reported on previous statement	06/25/2023 Date o Itemization)	\$ <u>(20.00)</u>
Expenditure #2 Name HUNTINGTON PLACE CONC DETROIT Address 1 WASHINGTON BLVD	Purpose: EVENT NAACP	06/26/2023 Date o Itemization)	\$ <u>(62.10)</u>
DETROIT, MI 48226 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	o nemization)	
Expenditure #3 Name EZ TEXTING Address PO BOX 1973 SANTA MONICA, CA 9046	Purpose: ADVERTISING (Memo	07/01/2023 Date Discrepance of the state o	\$ <u>(400.00)</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4 Name E VOICE	Purpose: ADVERTISING	07/01/2023 Date	\$ <u>(19.78)</u>
700 W 7TH ST, 5TH FLOOR LAS ANGELES, CA 90017		o Itemization)	
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5 Name ANEDOT Address 15985 CANAL RD CLINTON TWP, MI 48038	Purpose: ANEDOT FEE Check box if this expenditure is payment of debt or obligation reported on previous statement	07/20/2023 Date	\$ <u>2,847.31</u>
	Subto	otal this page	2,847.31
	Grand Total of all (Complete on last page		21,113.30

Enter this total on line 8a of Summary Page

 $_{\text{Page}}\underline{7}_{\text{of}}\underline{7}_{\text{}}$



FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

139858 1. Committee I.D. Number

	- USE A SEPARATE SHI	EET FOR EACH EVENT -	
3. Date Event Was Held	Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity	6. Address and Name (If any) of the place where the activity was held. PALAZZO GRANDE
07/26/2023	200	FUTURE FUNDRAISER	54660 VAN DYKE AVE SHELBY TWP, MI 48310 Private Residence
7. Total Contributions	100.00		
8. Other Receipts	100.00		
9. Gross Receipts (Add lines 7	and 8) 200.00		
10. Total Cost of Event (Total Cost includes In-Kind Co	100.00 ntributions and All Expenditures	Made For the Event)	
11. Check if event was a jo	int fund raiser and complete the	following:	
Co-Sponsor(s)	Contribution S (%)	plit	Expenditure Split (%)
<u>-</u>	<u>-</u>		
	· · · · · · · · · · · · · · · · · · ·		
	- 		

- 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.

Page	1	of	1



CANDIDATE COMMITTEE COVER PAGE

FILED 04 AUG 2023 AM 08:54

MACOMB COUNTY CLERK MT. CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

		-		
Report must be legible, typed or printe the treasurer (or designated record ke	ed in ink and signed by eper) and candidate.	3. This Statement covers Fron	01/01/2023 to 0	7/20/2023
1. Committee I.D. Number		4. Candidate Last Name	First Name	M.I.
139858		LUCIDO	PETER	J
2. Committee Name			strict # or Community Served (I	,
CTE PETER J. LUCIDO FOR		PROSECUTING ATTO	RNEY, MACOMB COUN	1 1 Y
CTE PETER J. LUCIDO FOR	RPROSECUTOR	4b. County of Residence MA	COMB COUNTY	
5. Committee's Mailing Address		6. Treasurer's Name & Reside	ential Address	
6303 26-MILE RD SUITE	203	JOSEPH LUCIDO		
WASHINGTON TWP, MI 4	8094	39999 GARFIELD F	ROAD	
		CLINTON TOWNSH	HP, MI 48038	
Area Code and Phone (586) 206-3	3133			
If the address in this box is different from mailing address on the Statement of Org	n the committee ganization, mail may	(596)	286-8200	
be sent to this address by the filing offic	ial.			<u>—</u>
7. Treasurer's Business Address		8. Designated Record keeper Designated Record keeper)	's Name and Mailing Address (If the committee has a
39999 GARFIELD ROAD		DAVID BULTYNCK		
CLINTON TOWNSHIP, MI	48038	15985 CANAL ROA		
		CLINTON TOWNSH		
Area Code and Phone (586) 286	-8200	Area Code and Phone (58	6) 286-7300	
9. TYPE OF STATEMENT			9e. Dissolution of Candida	ite Committee
9a. Pre-Election OR 9b. Pos	st-Election is not on the	NLY if candidate ballot for the	_ · · ·	Ve certify any outstanding debt
Pre-Election or Post-Election Statement	relates to:	:	,	lidate or his or her spouse is here and no longer collectible from
Primary		terly	the committee. The committee owes no lates fees or has an	ee has no oustanding assets,
General	October 0	Quarterly		,
Convention			Further, if the dissolution can considered a request for the I	
Special	90		·	. 0
	^{9c.} Annu	al Statement (<u>2</u> 023) Coverage Year	Effective date of dis	ssolution
☐School	od XAmen	dment to Campaign Statement		
Caucus	(Comp	blete Item 9a, 9b , 9c or 9e to te which Statement is being	Note: The disposition of resid	dual funds must be reported on
	amend		Schedule 1B and the Summa	ary Page.
Date of Election, Convention or Cauc	cus			
 Verification: I\We certify that all reasingly our knowledge and belief the content 			ieni and attached schedules (if	any) and to the best of
Current Treasurer or		,	Submitted electronically, signature on file	08/04/2023
Designated Record keeper Type or F	Print Name	/ Signature	Date	
7		•	Submitted electronically,	00/04/0000
Candidate		I	signature on file Date	08/04/2023
Type or	Print Name	Signature		



139858 1. Committee I.D. Number _

CANDIDATE COMMITTEE 2. Committee Name CTE	PETER J. LUCIDO	D FOR PROSECUTOR
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 all 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 04/23/2023 Name & Address: ELIAS MUAWAD 7626 ACORN HILL CT WEST BLOOMFIELD TOWNSHIP, MI 48323	_{\$} 600.00	_{\$} 600.00
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Business Address 7626 ACORN HILL CT, WEST BLOOMFIELD TOWNSHIP, MI 48323 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 04/23/2023 Name & Address KEITH RENGERT 34080 ARMADA RIDGE RD RICHMOND, MI 48062	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer SELF Business Address 34080 ARMADA RIDGE RD, RICHMOND, MI 48062 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 04/24/2023 Name & Address: DONALD J DANSBURY 55524 THEO DR SHELBY TWP, MI 48315	§ 150.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer SELF Business Address 55524 THEO DR, SHELBY TWP, MI 48315 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 04/24/2023 Name & Address SIMONE MAURO 5841 CUSICK LAKE DR WASHINGTON, MI 48095	_{\$} 150.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide: Occupation ENGINEER Employer SELF EMPLOYED Business Address 48657 HAYES RD, SHELBY TWP, MI 48315 Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 10 of 56	925.00 Enter this total on line 3a of Summary Page.	-



139858 1. Committee I.D. Number _

Page.

CANDIDATE COMMITTEE

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

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 all 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 04/27/2023 Name & Address: LAUREN GRUBE 55415 BUCKTHORN DR SHELBY TWP, MI 48316	_{\$} 1,500.00	_{\$} 1,500.00
5. If over \$100.00 cumulative, please provide: PEΔΙ ΕSΤΔΤΕ ΔΩΕΝΙΤ ΕΧΡ ΒΕΔΙ ΤΥ		
Occupation REAL ESTATE AGENT Employer EXP REALTY Business Address 55415 BUCKTHORN DR, SHELBY TWP, MI 48316		
Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 04/27/2023		
Name & Address		
MAGGIE VARNEY	450.00	450.00
30130 HARPER	_{\$} 150.00	_{\$} 450.00
ST CLAIR SHORES, MI 48082		
5. If over \$100.00 cumulative, please provide: Occupation OWNER Employer GO GREEN SALON		
Business Address 30130 PLYMOUTH RD, LIVONIA, MI 48150		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 04/28/2023 Name & Address: MARCO A SANTIA		
149 PINECREST LN	_{\$} 50.00	_s 50.00
WAYNESVILLE, NC 28785	·	φ
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer SELF		
Business Address 149 PINECREST LN, WAYNESVILLE, NC 28785		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 05/01/2023 Name & Address		
SCHOSTAK FAMILY PAC CTE 514254 17800 N LAUREL PARK DR		
LIVONIA, MI 48152	_{\$} 1,500.00	_{\$} 1,500.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	3,200.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on	_1
13 56	line 3a of Summary	

Page 13 of 56



CANDIDATE COMMITTEE

139858 1. Committee I.D. Number _

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 all 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 07/06/2023 Name & Address: JAMIE MOLDENHAUER 28785 BARKMAN ST ROSEVILLE, MI 48066	_{\$} 500.00	_{\$} 500.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/07/2023		
Name & Address		
KENNETH DECOCK 80575 HOLMES RD	150.00	200 00
ARMADA, MI 48005	\$ 130.00	_{\$} 300.00
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer SELF		
Business Address 80575 HOLMES RD, ARMADA, MI 48005		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/07/2023 JEFFREY BONANNI 3505 MOUNTAIN LAUREL CT OAKLAND TWP, MI 48363	\$ 300.00	_{\$} 300.00
5. If over \$100.00 cumulative, please provide:		
Occupation OWNER Employer GALBON INVESTMENTS		
Business Address 42241 GARFIELD RD, CLINTON TWP, MI 48038 Type of Contribution: Direct Loan from a person Fund Raiser		
	-	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/08/2023 Name & Address OAKLAND COUNTY REPUBLICAN PARTY 42611 WOODWARD AVE BLOOMFIELD HILLS, MI 48304	_{\$} 1,500.00	_{\$} 1,500.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	2,450.00	
Grand Total of All Schedules 1A		-
(Complete on last page of Schedule)	Enter this total on	_l
Page 44 of 56	line 3a of Summary Page.	



CANDIDATE COMMITTEE

139858 1. Committee I.D. Number _

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 all 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 07/10/2023 Name & Address: VINC CUSMANO 171 MAGNOLIA LAKES PORT ST. LUCIE, FL 34986 5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer RETIRED Business Address 171 MAGNOLIA LAKES, PORT ST LUCIE, 34986	_{\$} 150.00	_{\$} 150.00
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? VES 4. Date of Receipt 07/10/2023 Name & Address AMERICAN CONSERVATIVE UNION PAC 1331 H ST NW STE 500 WASHINGTON, DC 20005 5. If over \$100.00 cumulative, please provide:	_{\$} 1,000.00	_{\$_} 1,000.00
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 Name & Address: JONATHAN AGVAL 30 HARBOR HILL RD GROSSE POINTE FARMS, MI 48236 5. If over \$100.00 cumulative, please provide: Occupation DIRECTOR PAC Receipt? YES 4. Date of Receipt 07/10/2023 4. Date of Receipt 07/10/2023 Employer HOUSE ARREST SERVICES	_{\$} 750.00	_{\$} 750.00
Business Address HOOVER RD, Warren, MI 48093		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/10/2023 Name & Address JAMES J SULLIVAN 18720 MACK AVE STE 200 GROSSE POINTE, MI 48236 5. If over \$100.00 cumulative, please provide:	_{\$} 1,500.00	_{\$} 1,500.00
Occupation ATTORNEY Employer SELF EMPLOYED		
Business Address 18720 MACK AVE, GROSSE POINTE, MI 48236		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	3,400.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 46 of 56	Enter this total on line 3a of Summary Page.	



1. Committee I. D. Number

139858

2 Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

OANDIDATE OOMINITTEE 2. C	ommittee Name		
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name BULTYNCK & CO.		02/06/2023 Date	\$ <u>950.00</u>
Address 15985 CANAL ROAD	Purpose: TAXES AND BOOK KEEPING	Date	
CLINTON TOWNSHIP, MI 48038			
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name DE LA SALLE		02/16/2023	\$ 3,500.00
Address 14600 COMMON RD WARREN, MI 48088	Purpose: ADVERTISING	Date	
✓ Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name IACS COUNCIL OF PRESIDENTS		03/27/2023	\$ 400.00
Address 45865 MEADOWS CIR E MACOMB, MI 48044	Purpose: ADVERTISING	Date	100100
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous		
	statement		
Expenditure #4			
Name PARTY PARADISE		04/01/2023	\$ 515.48
^{Address} 39090 VAN DYKE AVE STERLING HEIGHTS, MI 48313	Purpose: BALLOONS	Date	
✓ Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name HOUR MEDIA		04/18/2023	
Address 5750 NEW KING DR	Purpose: ADVERTISING	Date	\$ <u>985.00</u>
TROY, MI 48098 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
	Subto	tal this page	6,350.48
	Grand Total of all S (Complete on last page		.,
	(/	



1. Committee I. D. Number

139858

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

CANDIDATE COMMITTEE 2. C	ommittee Name OTETETET 3. EOOID		
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1		•	
Name OFFICE EXPRESS		04/18/2023	\$ 2,413.12
	Purpose: OFFICE EXPENSE	Date	φ <u>2,413.1</u> 2
Address 1280 E BIG BEAVER RD	Purpose: OTTTOL L/(T LIVOL		
TROY, MI 48083			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Expenditure #2	statement		
		0.4/4.0/0.000	
Name DETROIT BAR ASSOCIATION		04/18/2023	\$ 1,000.00
Address	Purpose: ADVERTISING	Date	
2 WOODWARD AVE			
DETROIT, MI 48226			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3	datement		
Name CITY OF ST CLAIR SHORES			
CITY OF ST CLAIR SHORES		04/25/2023	\$ 100.00
Address	Purpose: PARADE	Date	
27600 JEFFERSON AVE			
ST CLAIR SHORES, MI 48081			
[]	LICheck box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #4			
Name RWB PARKES & RECREATION		04/25/2023	. 100 00
Address	ROMEO PEACH FESTIVAL PARADE	Date	\$ <u>400.00</u>
Address 361 MORTON ST	Purpose:		
ROMEO, MI 48065			
110M20, MI 10000	Check box if this expenditure is payment of		
Пс. 10:	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name NOI FOUNDATION		04/27/2023	. 050 00
Address	Purpose: ADVERTISING	Date	\$ <u>250.00</u>
44600 ENTERPRISE DR			
CLINTON TWP, MI 48038			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement	i	
	Subto	tal this page	4,163.12
	Grand Total of all S	Schedules 1B	•
	(Complete on last page		



1. Committee I. D. Number

139858

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

OANDIDATE OOMINITTEE 2. C	ommittee Name		
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name CONCOURS D'AGOSTINI Address	Purpose: ADVERTISING	06/20/2023 Date	\$ <u>400.00</u>
11200 WALNUT LN STERLING HEIGHTS, MI 48313	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
Name JOSEPH ZAGO		07/01/2023	\$ 1,500.00
Address	Purpose: ANEDOTE PARTIAL REFUND	Date	
29438 JEFFERSON AVE ST CLAIR SHORES, MI 48081			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #3			
Name US BANK		07/14/2023	\$ 886.88
Address	Purpose: ADVERTISING	Date	
PO BOX 790408	Momo	Itemization Bel	0147
ST LOUIS, MO 63179		itemization bei	OW
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4			
Name CONSTANT CONTACT		04/13/2023	\$ (462.00)
Address 1601 TRAPELO RD	Purpose: ADVERTISING	Date	(102.00)
WALTHAM, MA 02451	(Memo	Itemization)	
✓ Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous		
	statement		
Expenditure #5			
Name EZ TEXTING		04/26/2023	¢ (25 00)
Address PO BOX 1973	Purpose: ADVERTISING	Date	\$ <u>(25.00)</u>
SANTA MONICA, CA 9046	(Memo	Itemization)	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
		tal this page	2,786.88
	Grand Total of all S	Schedules 1B	
	(Complete on last page		



Page 1 of 1

FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

139858

2 Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

		EET FOR EACH EVENT -	
ate Event Was Held	Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity	6. Address and Name (If any) of the place where the activity was held. PALAZZO GRANDE
7/26/2023	200	CONTINUING FUNDRAISER	54660 VAN DYKE AVE SHELBY TWP, MI 4831 Private Residence
otal Contributions	117,920.15	5	
ther Receipts	5,375.16		
ross Receipts (Add lines 7	and 8) 123,295.31	<u> </u>	
Total Cost of Event al Cost includes In-Kind Co	1.00 ontributions and All Expenditures	Made For the Event)	
Check if event was a jo	oint fund raiser and complete the	following:	
Co-Sponsor(s)	Contribution S (%)	plit	Expenditure Split (%)
-			
	_		

Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.



CANDIDATE COMMITTEE COVER PAGE

FILED 09 NOV 2023 AM 08:12

MACOMB COUNTY CLERK MT. CLEMENS, MICHIGAN

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Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate. 3. This Statement covers From: 07/21/2023 to 10/20/2023 1. Committee I.D. Number 4. Candidate Last Name First Name M.I. PETER LUCIDO J 139858 4a. Office Sought Including District # or Community Served (If applicable) 2. Committee Name PROSECUTING ATTORNEY, MACOMB COUNTY CTE PETER J. LUCIDO FOR PROSECUTOR 4b. County of Residence MACOMB COUNTY 5. Committee's Mailing Address 6. Treasurer's Name & Residential Address 6303 26-MILE RD SUITE 203 JOSEPH LUCIDO WASHINGTON TWP. MI 48094 39999 GARFIELD ROAD CLINTON TOWNSHIP, MI 48038 Area Code and Phone (586) 206-3133 If the address in this box is different from the committee mailing address on the Statement of Organization, mail may Area Code & Phone (586) 286-8200 be sent to this address by the filing official. 7. Treasurer's Business Address 8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) 39999 GARFIELD ROAD DAVID BULTYNCK CLINTON TOWNSHIP, MI 48038 15985 CANAL ROAD CLINTON TOWNSHIP, MI 48038 Area Code and Phone (586) 286-8200 (586) 286-7300 Area Code and Phone 9e. Dissolution of Candidate Committee 9. TYPE OF STATEMENT Required ONLY if candidate 9a. Pre-Election OR 9b. Post-Election By checking this item I/We certify any outstanding debt is not on the ballot for the current year: by the committee to the candidate or his or her spouse is here Pre-Election or Post-Election Statement relates to: by discharged and forgiven, and no longer collectible from July Quarterly the committee. The committee has no oustanding assets, Primary owes no lates fees or has any oustanding debt. X October Quarterly General Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Convention Special Annual Statement (2023) Effective date of dissolution Coverage Year School 9d. Amendment to Campaign Statement (Complete Item 9a, 9b , 9c or 9e to Caucus Note: The disposition of residual funds must be reported on indicate which Statement is being Schedule 1B and the Summary Page. amended.) Date of Election, Convention or Caucus 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. Submitted electronically. Current Treasurer or signature on file 11/09/2023 Designated Record keeper Date Type or Print Name Signature Submitted electronically, 11/09/2023 signature on file Candidate Date Signature Type or Print Name



ITEMIZED IN-KIND CONTRIBUTIONS SCHEDULE 1-IK

1. Committee I. D. Number 139858

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

CANDIDA I E COMIN	IIIIIEE 2. Commuee Name		
3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions. Contribution # 1 PAC Receipt? Yes	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 4. Endorsement or Guarantee of Bank Loan	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Name & Address: GREGORY IACOBELLI 53639 CHRISTY DR NEW BALTIMORE, MI 48051 If over \$100.00 cumulative, please provide: Occupation: ENGINEER Employer Name & Business Address: SELF EMPLOYED 53639 CHRISTY DR, NEW BALTIMORE, MI 48051 Fund Raiser Contribution		1,150.00	_{\$} 1,650.00
Contribution # 2 PAC Receipt? Yes Name & Address CHRIS PEYERK 12955 23 MILE RD SHELBY TWP, MI 48315 If over \$100.00 cumulative, please provide: Occupation: OWNER Employer Name & Address: DAN'S EXCAVATING 12955 23 MILE RD, SHELBY TWP, MI 48315	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 REFRESHMENTS 5. Date Of Receipt: 08/15/2023 6. Vendor Name & Address:	1,150.00	\$ 1,150.00
Fund Raiser Contribution Contribution #3 PAC Receipt? Yes Name & Address: JOE FERRO 2201 HAMLIN RD SHELBY TWP, MI 48317 If over \$100.00 cumulative, please provide: Occupation: OWNER Employer Name & Address: F & M CONSTRUCTION 2201 HAMLIN RD, SHELBY TWP, MI 48317 Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ✓ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description REFRESHMENTS 5. Date Of Receipt: 08/15/2023 6. Vendor Name & Address:	,150.00 s	1,150.00
	Page Subtota	3,450.00	3,950.00
	Grand Total of all Schedules 1-I	1 3 450 00	

Enter this total on line 6 of Summary Page

(Complete on last page of Schedule)



1. Committee I. D. Number 139858

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

2. 0	ommittee rame		
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name STEWARDS OF BRUCE TOWNSHIP CEMETERIES Address 13947 34 MILE RD BRUCE TOWNSHIP, MI 48065	Purpose: HOLE SPONSOR	07/28/2023 Date	\$ <u>150.00</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name PETER J LUCIDO	REPAYMENT OF PARTY SUPPLIES AND MEETINGS	08/03/2023 Date	\$ <u>915.64</u>
Address	Purpose:		
14601 BREZA DR SHELBY TWP, MI 48315	Memo	Itemization Bel	low
✓ Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name LOUIS CHOP HOUSE		07/21/2023	\$ (150.00)
Address 50355 GRATIOT AVE	Purpose: MEETING	Date o Itemization)	
NEW BALTIMORE, MI 48051	 	, itemization,	
✓ Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4			
Name TIM HORTONS		07/21/2023	\$ (19.99)
Address 12265 23 MILE RD	Purpose: MEETING	Date	<u>(10.00)</u>
SHELBY TWP, MI 48315	(Memo	temization)	
✓ Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name DA FRANCESCO'S RESTORANTE & BAR		07/21/2023	¢ (0.40,00)
Address 49521 VAN DYKE AVE	Purpose: MEETING	Date	\$ <u>(340.00)</u>
SHELBY TWP, MI 48317	(Memo	o Itemization)	
✓ Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
<u>- </u>		atal this page	4 005 04
	Subio	otal this page	1,065.64
	Grand Total of all ((Complete on last page		



1. Committee I. D. Number 139858

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

2. 0			
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Name LA SAJ LEBANESE BISTRO Address	Purpose: MEETING	07/21/2023 Date	\$ <u>(65.00</u>)
13776 SOUTHCOVE DR STERLING HEIGHTS, MI 48313	(Memo	o Itemization)	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name HAPPY'S PIZZA		07/21/2023	\$ <u>(</u> 85.00)
Address	PUZZA FOR MEETING FOR FUNDRAISER	Date	
140 GRATIOT AVE MT CLEMENS, MI 48043	(Memo	o Itemization)	
✓ Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name WALGREENS		07/31/2023	\$ (55.65)
Address 13664 23 MILE RD	Purpose: PHOTOS	Date	
SHELBY TWP, MI 48315	(Memo	Itemization)	
CHEEST TVVI , IVII 10010	Check box if this expenditure is payment of		
✓ Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
Name LUCIANO'S		08/01/2023	\$ (200.00)
Address	Purpose: GIFT CARDS FOR HELPERS	Date	<u> (200.00)</u>
39091 GARFIELD RD CLINTON TWP, MI 48038	(Memo	temization)	
<u></u>	Check box if this expenditure is payment of	•	
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5			
Name COMERICA BANK		08/11/2023	
Address 15301 HALL RD	Purpose: BANK FEES	Date	\$ <u>13.00</u>
MACOMB, MI 48044	Charle have if the same and it was to account of		
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
		tal this page	13.00
			13.00
	Grand Total of all ((Complete on last page		



CANDIDATE COMMITTEE COVER PAGE

FILED 05 FEB 2024 AM 09:23

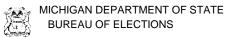
MACOMB COUNTY CLERK MT. CLEMENS, MICHIGAN

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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: 10/21/2023 to 12/31/2023 1. Committee I.D. Number 4. Candidate Last Name First Name M.I. PETER LUCIDO J 139858 4a. Office Sought Including District # or Community Served (If applicable) 2. Committee Name PROSECUTING ATTORNEY, MACOMB COUNTY CTE PETER J. LUCIDO FOR PROSECUTOR 4b. County of Residence MACOMB COUNTY 5. Committee's Mailing Address 6. Treasurer's Name & Residential Address 6303 26 MILE ROAD SUITE 203 JOSEPH LUCIDO WASHINGTON TWP. MI 48094 39999 GARFIELD ROAD CLINTON TOWNSHIP, MI 48038 Area Code and Phone (586) 206-3133 If the address in this box is different from the committee mailing address on the Statement of Organization, mail may Area Code & Phone (586) 286-8200 be sent to this address by the filing official. 7. Treasurer's Business Address 8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) 39999 GARFIELD ROAD DAVID BULTYNCK CLINTON TOWNSHIP, MI 48038 15985 CANAL ROAD CLINTON TOWNSHIP, MI 48038 Area Code and Phone (586) 286-8200 (586) 286-7300 Area Code and Phone 9e. Dissolution of Candidate Committee 9. TYPE OF STATEMENT Required ONLY if candidate 9a. Pre-Election OR 9b. Post-Election By checking this item I/We certify any outstanding debt is not on the ballot for the current year: by the committee to the candidate or his or her spouse is here Pre-Election or Post-Election Statement relates to: by discharged and forgiven, and no longer collectible from July Quarterly the committee. The committee has no oustanding assets, Primary owes no lates fees or has any oustanding debt. October Quarterly General Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Convention Special 9c. \times Annual Statement (2023) Effective date of dissolution Coverage Year School 9d. Amendment to Campaign Statement (Complete Item 9a, 9b , 9c or 9e to Caucus Note: The disposition of residual funds must be reported on indicate which Statement is being Schedule 1B and the Summary Page. amended.) Date of Election, Convention or Caucus 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. Submitted electronically. Current Treasurer or signature on file 02/05/2024 Designated Record keeper Date Type or Print Name Signature Submitted electronically, 02/05/2024 signature on file Candidate Date

Signature

Type or Print Name



ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

139858 1. Committee I.D. Number _

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

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 11/07/2023 Name & Address: PALJUSA VIKTOR 121 FERN DRIVE LEONARD, MI 48367	_{\$} 500.00	_{\$} 500.00
5. If over \$100.00 cumulative, please provide: Occupation SELF EMPLOYED Employer SELF Business Address 121 FERN DR, LEONARD, MI 48367 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt	\$	\$
5. If over \$100.00 cumulative, please provide: Occupation Employer	Click Here to	r Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt Name & Address:		
If over \$100.00 cumulative, please provide: Occupation	\$Click Here for	\$ Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt	\$	\$
5. If over \$100.00 cumulative, please provide:	Oliak Hara for	. Mana a Itanaizatian
Occupation Employer	Click Here for	Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 1 of 1	500.00 500.00 Enter this total on line 3a of Summary Page.	-



CANDIDATE COMMITTEE COVER PAGE

FILED 04 APR 2024 PM 02:44

MACOMB COUNTY CLERK MT. CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink an the treasurer (or designated record keeper) and	d signed by candidate.	3. This Statement covers From	07/21/2023 to 1	10/20/2023		
1. Committee I.D. Number		4. Candidate Last Name	First Name	M.I.		
139858		LUCIDO	PETER	J		
2. Committee Name		4a. Office Sought Including Dis	-			
	NEOUTOD.	PROSECUTING ATTOR	RNEY, MACOMB COU	NTY		
CTE PETER J. LUCIDO FOR PROS	SECUTOR	4b. County of Residence MA	COMB COUNTY			
5. Committee's Mailing Address		6. Treasurer's Name & Reside	ential Address			
6303 26 MILE ROAD SUITE 203	3	JOSEPH LUCIDO				
WASHINGTON TWP, MI 48094			39999 GARFIELD ROAD			
, , , , , , , , , , , , , , , , , , , ,		CLINTON TOWNSH				
Area Code and Phone (586) 206-3133						
If the address in this box is different from the commailing address on the Statement of Organization.		(===)				
be sent to this address by the filing official.	- India may	Area Code & Phone (586)	286-8200			
7. Treasurer's Business Address		8. Designated Record keeper Designated Record keeper)	s Name and Mailing Address	(If the committee has a		
39999 GARFIELD ROAD		DAVID BULTYNCK				
CLINTON TOWNSHIP, MI 48038	}	15985 CANAL ROA	D			
		CLINTON TOWNSH				
			,			
Area Code and Phone (586) 286-8200		Area Code and Phone (58	6) 286-7300			
9. TYPE OF STATEMENT			9e. Dissolution of Candid	ate Committee		
9a. Pre-Election OR 9b. Post-Election		NLY if candidate ballot for the		We certify any outstanding debt didate or his or her spouse is here		
Pre-Election or Post-Election Statement relates to:			by discharged and forgiven,	and no longer collectible from		
Primary	July Quar	terly	the committee. The commit owes no lates fees or has a	tee has no oustanding assets, ny oustanding debt.		
General	X October 0	Quarterly	Further, if the dissolution car	anot he granted that this he		
Convention			considered a request for the			
Special	9c. Annu	al Statement (2023)				
School		Coverage Year	Effective date of d	issolution		
Caucus	9d. XAmen	dment to Campaign Statement blete Item 9a, 9b , 9c or 9e to				
	indicat	te which Statement is being		dual funds must be reported on		
	ameno	ded.)	Schedule 1B and the Summ	ary Page.		
Date of Election, Convention or Caucus						
	dence was used	in the preparation of this statem	ent and attached schedules (i	if any) and to the best of		
my\our knowledge and belief the contents are true	, accurate and c	omplete.				
Current Treasurer or		1	Submitted electronically, signature on file	04/04/2024		
Designated Record keeper Type or Print Name	1	Signature	——— Date	J 1/J 1/LUL 1		
			Submitted electronically,	04/04/2024		
Candidate		/ Signature	signature on file Date	04/04/2024		
Type or Print Nam	^	Signatura				



CANDIDATE COMMITTEE

139858 1. Committee I.D. Number _

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check bot to inclaste for contribution is from a postor. Committee or An Independent P. Curmitative or P. Curmitative or An Independent P. Curmitative or P. Curmitative or Independent P. Curmitative or P. Curmitative or Independent P. Loan from a person or Independent P. Curmitative or Independent P. Curmi			
Name & Address: ORAS YONO OCCUPATION: OR OSTERLING HEIGHTS, MI 48310 S. 1 over \$10.00 cumulative, please provide: OCCUPATION: OCCUPATION: In over \$10.00 cumulative, please provide: OCCUPATION: OCCUPATION: OR OSTERLING HEIGHTS, MI 48310 S. 1 over \$10.00 cumulative, please provide: OCCUPATION:	middle initial. Check box to indicate if contribution is from a Political Committee or an Independent	6. Amount	Election Cycle for Each Contributor (Through
SROSSE POINTE FARMS, MI 48236 \$150.00 \$300.00	Name & Address: RICHARD NELSON		
S. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer MACOMB COUNTY Business Address: 1 S MAIN ST, MT CLEMENS, MI 48043 Type of Contribution: Direct Loan from a person P Fund Raiser 3. Contribution Business Address: 26300 SHERWOOD AVE, WARREN, MI 48091 Type of Contribution: Direct Loan from a person P Fund Raiser 3. Contribution B PAC Receipt? YES A. Date of Receipt 07/26/2023 Name & Address: Description of PAC Receipt? YES A. Date of Receipt 07/26/2023 Subject of State of Receipt P Fund Raiser 3. Contribution B PAC Receipt? YES A. Date of Receipt 07/26/2023 ORAS YONO 40832 RYAN RD STERLING HEIGHTS, MI 48310 5. If over \$100.00 cumulative, please provide: Occupation OWNER Employer DREAM MARKET Business Address: Direct Loan from a person P Fund Raiser 3. Contribution: Direct Loan from a person P Fund Raiser 3. Contribution: P PAC Receipt? YES A. Date of Receipt 07/26/2023 Name & Address: DREAM MARKET Business Address: A0832 RYAN RD, STERLING HEIGHTS, MI 48310 Type of Contribution: P PAC Receipt? YES A. Date of Receipt 07/26/2023 NANGELO DALESSANDRO 13046 RUBY DR SHELBY TWP, MI 48315 5. If over \$100.00 cumulative, please provide: Occupation CONSULTANT Employer AQD CONSULTANTS Business Address: 28165 GROESBECK HWY, ROSEVILLE, MI 48066 Type of Contribution: Direct Loan from a person P Fund Raiser Page Subtotal 6,650.00 Enter this total on line as of Summary 16. 53		150.00	300 00
ATTORNEY Employer MACOMB COUNTY Business Address 1 S MAIN ST, MT CLEMENS, MI 48043 Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/25/2023 NAME & Address Nobel Nobe	GROSSE POINTE FARMS, MI 48236	§ 130.00	§ 300.00
Business Address 1 S MAIN ST, MT CLEMENS, MI 48043 Type of Contribution: □ Direct □ Loan from a person			
Type of Contribution: Direct Loan from a person Product Page 200.000 \$1,000.			
3. Contribution #2 Name & Address ROBERT ADCOCK 16784 LYONHURST CIR NORTHVILLE, MI 48168 5. If over \$100.00 cumulative, please provide: Occupation CHAIRMAN Employer ANGELO LAFRATE CONSTRUCTION Business Address 26300 SHERWOOD AVE, WARREN, MI 48091 Type of Contribution: Direct Loan from a person Fund Raiser 7. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/26/2023 NAME & Address ORAS YONO 40832 RYAN RD STERLING HEIGHTS, MI 48310 5. If over \$100.00 cumulative, please provide: Occupation OWNER Employer DREAM MARKET Business Address 40832 RYAN RD, STERLING HEIGHTS, MI 48310 Type of Contribution: Direct Loan from a person Fund Raiser 8. Andress Address ANGELO DALESSANDRO 3046 RUBY DR SHELBY TWP, MI 48315 5. If over \$100.00 cumulative, please provide: Occupation CONSULTANT Employer AQD CONSULTANTS Business Address 28165 GROESBECK HWY, ROSEVILLE, MI 48066 Type of Contribution: Direct Loan from a person Fund Raiser 16. 53 16. 53	Business Address 1 S MAIN ST, MT CLEMENS, MI 48043		
Name & Address ROBERT ADCOCK 16784 LYONHURST CIR NORTHVILLE, MI 48168 5. If over \$100.00 cumulative, please provide: Occupation CHAIRMAN Employer ANGELO LAFRATE CONSTRUCTION Business Address 26300 SHERWOOD AVE, WARREN, MI 48091 Type of Contribution: Direct Loan from a person Pund Raiser 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/26/2023 ORAS YONO 40832 RYAN RD STERLING HEIGHTS, MI 48310 5. If over \$100.00 cumulative, please provide: Occupation OWNER Employer DREAM MARKET Business Address 40832 RYAN RD, STERLING HEIGHTS, MI 48310 Type of Contribution: Direct Loan from a person Pund Raiser 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/26/2023 Name & Address ANGELO DALESSANDRO 13046 RUBY DR SHELBY TWP, MI 48315 5. If over \$100.00 cumulative, please provide: Occupation CONSULTANT Employer AQD CONSULTANTS Business Address 28165 GROESBECK HWY, ROSEVILLE, MI 48066 Type of Contribution: Direct Loan from a person Page Subtotal (Complete on last page of Schedule) Grand Total of All Schedules 1A (Complete on last page of Schedule) Enter this total on line 3a of Summary	Type of Contribution: Direct Loan from a person Fund Raiser		
ROBERT ADCOCK 16784 LYONHURST CIR NORTHVILLE, MI 48168 5. If over \$100.00 cumulative, please provide: Occupation CHAIRMAN Employer ANGELO LAFRATE CONSTRUCTION Business Address 26300 SHERWOOD AVE, WARREN, MI 48091 Type of Contribution: Direct Loan from a person V Fund Raiser 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/26/2023 ORAS YONO 40832 RYAN RD STERLING HEIGHTS, MI 48310 5. If over \$100.00 cumulative, please provide: Occupation OWNER Employer DREAM MARKET Business Address 40832 RYAN RD, STERLING HEIGHTS, MI 48310 Type of Contribution: Direct Loan from a person V Fund Raiser 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/26/2023 ANGELO DALESSANDRO 13046 RUBY DR SHELBY TWP, MI 48315 5. If over \$100.00 cumulative, please provide: Occupation CONSULTANT Employer AQD CONSULTANTS Business Address 28165 GROESBECK HWY, ROSEVILLE, MI 48066 Type of Contribution: Direct Loan from a person V Fund Raiser Page Subtotal (Complete on last page of Schedule) Finder this total on line 3a of Summary			
16784 LYONHURST CIR NORTHVILLE, MI 48168 5. If over \$100.00 cumulative, please provide: Occupation CHAIRMAN Employer ANGELO LAFRATE CONSTRUCTION Business Address 26300 SHERWOOD AVE, WARREN, MI 48091 Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/26/2023 NAME & Address: ORAS YONO 40832 RYAN RD STERLING HEIGHTS, MI 48310 5. If over \$100.00 cumulative, please provide: Occupation OWNER Employer DREAM MARKET Business Address 40832 RYAN RD, STERLING HEIGHTS, MI 48310 Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 07/26/2023 ANGELO DALESSANDRO 13046 RUBY DR SHELBY TWP, MI 48315 5. If over \$100.00 cumulative, please provide: Occupation CONSULTANT Employer AQD CONSULTANTS Business Address 28165 GROESBECK HWY, ROSEVILLE, MI 48066 Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal (Complete on last page of Schedule) Finder this total on line 3a of Summany			
NORTHVILLE, MI 48168 5. If over \$100.00 cumulative, please provide: Occupation CHAIRMAN Employer ANGELO LAFRATE CONSTRUCTION Business Address 26300 SHERWOOD AVE, WARREN, MI 48091 Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/26/2023 ORAS YONO 40832 RYAN RD STERLING HEIGHTS, MI 48310 5. If over \$100.00 cumulative, please provide: Occupation OWNER Employer DREAM MARKET Business Address 40832 RYAN RD, STERLING HEIGHTS, MI 48310 Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 07/26/2023 ANGELO DALESSANDRO 13046 RUBY DR SHELBY TWP, MI 48315 5. If over \$100.00 cumulative, please provide: Occupation CONSULTANT Employer AQD CONSULTANTS Business Address 28165 GROESBECK HWY, ROSEVILLE, MI 48066 Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal (6,650.00 Grand Total of All Schedules 1A (Complete on last page of Schedule) Find Raiser Page Subtotal Fine total on line 3a of Summany		1 000 00	1 000 00
5. If over \$100.00 cumulative, please provide: Occupation CHAIRMAN Employer. ANGELO LAFRATE CONSTRUCTION Business Address 26300 SHERWOOD AVE, WARREN, MI 48091 Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/26/2023 ORAS YONO 40832 RYAN RD STERLING HEIGHTS, MI 48310 5. If over \$100.00 cumulative, please provide: Occupation OWNER Employer DREAM MARKET Business Address 40832 RYAN RD, STERLING HEIGHTS, MI 48310 Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/26/2023 NAME & Address ANGELO DALESSANDRO 13046 RUBY DR SHELBY TWP, MI 48315 5. If over \$100.00 cumulative, please provide: Occupation CONSULTANT Employer AQD CONSULTANTS Business Address 28165 GROESBECK HWY, ROSEVILLE, MI 48066 Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal 6,650.00 Grand Total of All Schedules 1A (Complete on last page of Schedule) Enter this total on line 3a of Summary		\$ 1,000.00	\$ 1,000.00
CCUDATION Business Address 26300 SHERWOOD AVE, WARREN, MI 48091 Type of Contribution: Direct			
Business Address 26300 SHERWOOD AVE, WARREN, MI 48091 Type of Contribution: Direct			
Type of Contribution: Direct Loan from a person			
3. Contribution # 3			
Name & Address: ORAS YONO 40832 RYAN RD STERLING HEIGHTS, MI 48310 5. If over \$100.00 cumulative, please provide: Occupation OWNER Business Address 40832 RYAN RD, STERLING HEIGHTS, MI 48310 Type of Contribution: Direct			
40832 RYAN RD STERLING HEIGHTS, MI 48310 5. If over \$100.00 cumulative, please provide: Occupation OWNER	' U1/ZU/ZUZU		
STERLING HEIGHTS, MI 48310 5. If over \$100.00 cumulative, please provide: Occupation OWNER Employer DREAM MARKET Business Address 40832 RYAN RD, STERLING HEIGHTS, MI 48310 Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/26/2023 ANGELO DALESSANDRO 13046 RUBY DR SHELBY TWP, MI 48315 5. If over \$100.00 cumulative, please provide: Occupation CONSULTANT Employer AQD CONSULTANTS Business Address 28165 GROESBECK HWY, ROSEVILLE, MI 48066 Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal (Complete on last page of Schedule) Enter this total on line 3a of Summary		0.500.00	
5. If over \$100.00 cumulative, please provide: Occupation OWNER Employer DREAM MARKET Business Address 40832 RYAN RD, STERLING HEIGHTS, MI 48310 Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/26/2023 ANGELO DALESSANDRO 13046 RUBY DR SHELBY TWP, MI 48315 5. If over \$100.00 cumulative, please provide: Occupation CONSULTANT Employer AQD CONSULTANTS Business Address 28165 GROESBECK HWY, ROSEVILLE, MI 48066 Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal (Complete on last page of Schedule) Enter this total on line 3a of Summary		_{\$} 2,500.00	_{\$} 2,500.00
Occupation OWNER Business Address 40832 RYAN RD, STERLING HEIGHTS, MI 48310 Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/26/2023 ANGELO DALESSANDRO 13046 RUBY DR SHELBY TWP, MI 48315 5. If over \$100.00 cumulative, please provide: Occupation CONSULTANT Employer AQD CONSULTANTS Business Address 28165 GROESBECK HWY, ROSEVILLE, MI 48066 Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal 6,650.00 Grand Total of All Schedules 1A (Complete on last page of Schedule) Enter this total on line 3a of Summary	STERLING HEIGHTS, MI 48310		
Business Address 40832 RYAN RD, STERLING HEIGHTS, MI 48310 Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/26/2023 ANGELO DALESSANDRO 13046 RUBY DR SHELBY TWP, MI 48315 5. If over \$100.00 cumulative, please provide: Occupation CONSULTANT Employer AQD CONSULTANTS Business Address 28165 GROESBECK HWY, ROSEVILLE, MI 48066 Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Enter this total on line 3a of Summary			
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3. Contribution # 4 Name & Address ANGELO DALESSANDRO 13046 RUBY DR SHELBY TWP, MI 48315 5. If over \$100.00 cumulative, please provide: Occupation CONSULTANT Employer AQD CONSULTANTS Business Address 28165 GROESBECK HWY, ROSEVILLE, MI 48066 Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal 6,650.00 Grand Total of All Schedules 1A (Complete on last page of Schedule) Enter this total on line 3a of Summary	Business Address 40832 RYAN RD, STERLING HEIGHTS, MI 48310		
ANGELO DALESSANDRO 13046 RUBY DR SHELBY TWP, MI 48315 5. If over \$100.00 cumulative, please provide: Occupation CONSULTANT Employer AQD CONSULTANTS Business Address 28165 GROESBECK HWY, ROSEVILLE, MI 48066 Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal (Complete on last page of Schedule) Grand Total of All Schedules 1A (Complete on last page of Schedule) Enter this total on line 3a of Summary	Type of Contribution: Direct Loan from a person Fund Raiser		
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SHELBY TWP, MI 48315 5. If over \$100.00 cumulative, please provide: Occupation CONSULTANT Business Address 28165 GROESBECK HWY, ROSEVILLE, MI 48066 Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal (Complete on last page of Schedule) Complete on last page of Schedule) Enter this total on line 3a of Summary		2 000 00	7 500 00
Occupation CONSULTANT Business Address 28165 GROESBECK HWY, ROSEVILLE, MI 48066 Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal 6,650.00 Grand Total of All Schedules 1A (Complete on last page of Schedule) Enter this total on line 3a of Summary		\$ 3,000.00	_{\$} 7,500.00
Business Address Type of Contribution: Direct Loan from a person Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Enter this total on line 3a of Summary	5. If over \$100.00 cumulative, please provide:		
Business Address Type of Contribution: Direct Loan from a person Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Enter this total on line 3a of Summary	Occupation CONSULTANT Employer AQD CONSULTANTS		
Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal 6,650.00 Grand Total of All Schedules 1A (Complete on last page of Schedule) Enter this total on line 3a of Summary			
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16 53 line 3a of Summary		Establish to	_
the state of the s	Page 16 of 53	line 3a of Summary	



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LATE CONTRIBUTION REPORT

1. Your Committee ID#: <u>139858</u>	
2. Your Committee Name: CTE PETER J. LUCIDO FOR PROSECUTOR	
3. Date Late Contribution(s) Received: (Only one Date per Sheet)	
 Late Contribution Reports are required when a Candidate committee receives a single contribution or a cumulative contribution from the same contribution of the candidate is participating. See Appendix G of the Campaign Finance Manual. A committee other than a candidate committee (PAC, Ballot Question or Political Party) receives a contribution or a cumulative contribution from the same contributor of \$2,500.00 or more after the clast campaign statement required and the 3rd day before an election. See Appendix G of the Campaign Contributions are anything of monetary value including contributions of money, in-kind and loans to the contribution Reports are not waived by the Reporting Waiver. Late Contribution Reports that are filed late result in the committee receiving a late filing fee. The maximum per report. Paper filers may file the report by any written means (including fax) within 48 hour of receipt of the contributing Official. Electronic Filers on the state level must file all Late Contribution Report electronically. The Late Contribution must also be reported on the next Campaign Statement owed by the committee. 	an election where single closing date of the ign Finance Manual muttee.
4. Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial and if the contributor is an individual, the Occupation, Employer and Business address of the contributor.	5. Cumulative Amount during LCR Period.
Contributor Name and Address: Oras Zuhair 3401 Sandy Ridge Drive Dorr, MI 49323 (If Individual, also provide:) OccupationBusiness Owner Employer / Business Address	\$2000
Contributor Name and Address: David Enwyia 3401 Sandy Ridge Dr Shelby Twp, MI 48315 (If Individual, also provide:) Occupation Owner Employer / Business Address Shelby Twp MI 48315	\$1000
Contributor Name and Address: Robert Little 14625 Shirley Ave Warren, MI 48089 (If Individual, also provide:) Occupation Retired Employer / Business Address	\$1000
Contributor Name and Address: Michelle Madoun 52896 Sable Court Shelby Twp., MI 48315 (If Individual, also provide:) Occupation Retired Employer / Business Address	\$600



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LATE CONTRIBUTION REPORT

1. Your Committee ID#: 139858	
2. Your Committee Name: CTE PETER J. LUCIDO FO	OR PROSECUTOR
3. Date Late Contribution(s) Received: 07/29/2024	(Only one Date per Sheet)

- Late Contribution Reports are required when a
 - O Candidate committee receives a single contribution or a cumulative contribution from the same contributor of.

 \$500.00 or more after the closing date of the last campaign statement required and the 3rd day before an election where the candidate is participating. See Appendix G of the Campaign Finance Manual.
 - O A committee other than a candidate committee (PAC, Ballot Question or Political Party) receives a single contribution or a cumulative contribution from the same contributor of \$2,500.00 or more after the closing date of the last campaign statement required and the 3rd day before an election. See Appendix G of the Campaign Finance Manual
- Contributions are anything of monetary value including contributions of money, in-kind and loans to the committee.
- Late Contribution Reports are not waived by the Reporting Waiver.
- Late Contribution Reports that are filed late result in the committee receiving a late filing fee. The maximum fee is \$2,000.00 per report.
- Paper filers may file the report by any written means (including fax) within 48 hour of receipt of the contribution with your Filing Official.
- Electronic Filers on the state level must file all Late Contribution Report <u>electronically</u>.
 The Late Contribution must also be reported on the next Campaign Statement owed by the committee.
- 5. Cumulative 4. Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle Amount during initial and if the contributor is an individual, the Occupation, Employer and Business address of the contributor. LCR Period. Contributor Name and Address: Kumar Palepu 377 Hillcrest Avenue. \$600 Grosse Pointe Farms Macomb County/ 1 S Main Street (If Individual, also provide:)
 Attorney Mount Clements MI 48043 Occupation Employer / Business Address Contributor Name and Address: James Bowden 43833 Columbia Dr. Clinton Twp, MI 48038 \$500 Bowden Law/ 126 S Main Street (If Individual, also provide:)
 Occupation Attorney Employer / Business Address Mount Clemens, MI 48043 Occupation_ Contributor Name and Address: Mansour Oram 280 Northlawn Blvd Birmingham, MI 48009 Inner City Contracting/ 28433 Orchard Lk Rd \$500 (If Individual, also provide:) Farmingtion MI 48334 Occupation COO Employer / Business Address Contributor Name and Address: Latif Oram 3294 Wards Pointe Orchard LK, MI 48323 Vision Properties/ 3294 Wards Pointe. (If Individual, also provide:) Employer / Business Address Orchard LK, MI 483232 \$500 Occupation __



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LATE CONTRIBUTION REPORT

2. Your Committee Name: CTE PETER J. LUCIDO FOR PROSECUTOR 3. Date Late Contribution(s) Received: 07/29/2024 (Only one Date per Sheet) 4. Late Contribution Reports are required when a Ocadidate committee receives a single contribution or a cumulative contribution from the same contributor of \$50.00 or more after the closing date of the last campaign statement required and the 3" day before an election where the candidate is participating; See Appendix of the Campaign Finance Manual. O A committee other than a candidate committee (PAC, Ballot Question or Political Party) receives a single contribution or a cumulative contribution of \$5,000 or more after the closing date of the last campaign statement required and the 3" day before an election. See Appendix G of the Campaign Finance Manual. Contributions are anything of monetary value including contributions of money, in-kind and loans to the committee. Late Contribution Reports that are filed late result in the committee receiving a late filing fee. The maximum fee is \$2,000.00 per report. Paper filers may file the report by any written means (including fax) within 48 hour of receipt of the contribution with your Filing Official. Electronic Filers on the state level must file all Late Contribution Report determination. Electronic Filers on the state level must file all Late Contribution Report determination. Electronic Filers on the state level must file all Late Contribution Report of the contributor. Electronic Filers on the state level must file all Late Contribution Report of the contributor. Electronic Filers on the state level must file all Late Contribution Report of the contributor. Electronic Filers on the state level must file all Late Contribution Report of the contributor. Contributor Name and Address: Prince K Yousif 30335 Stephenson Hwy, Madison Hts, MI 48071 (Individual, she provide) Contributor Name and Address: Robert Huth Jr. 19500 Hall Rd (Cinton Twp. MI 48038 (Fired Mass) Reported: Mass provide) Contributor Name and Address:	1. Your Committee ID#: 139858	
Late Contribution Reports are required when a Candidate committee receives a single contribution or a cumulative contribution from the same contributor of \$500.00 or more after the closing date of the last campaign statement required and the 3" day before an election where the candidate is participating. See Appendix G of the Campaign Finance Manual. O A committee other than a candidate committee (PAC, Ballot Question or Political Party) receives a single contribution or a cumulative contribution from the same contributor of \$2,500.00 or more after the closing date of the last campaign statement required and the 3" day before an election. See Appendix G of the Campaign Finance Manual. Contributions are anything of monetary value including contributions of money, in-kind and locats to the committee. Late Contribution Reports are not waived by the Reporting Waiver. Late Contribution Reports that are filed late result in the committee receiving a late filing fee. The maximum fee is \$2,000.00 per report. Paper filters may file the report by any written means (including fax) within 48 hour of receipt of the contribution with your Filing Official. Electronic Filers on the state level must file all Late Contribution Report electronically. The Late Contribution must also be reported on the next Campaign Statement owed by the committee. 4. Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial and if the contributor is an individual, the Occupation, Employer and Business address of the contributor. Contributor Name and Address: Prince K Yousif 30335 Stephenson Hwy, Madison Hts, Mi 48071 (Irladividual, also provider) Contributor Name and Address: Prince K Yousif 30335 Stephenson Hwy, Madison Hts, Mi 48071 Employer / Business Address Fober Huth Jr. House of Dank/ 30335 Stephenson Hwy, Madison Hts, Mi 48038 Kirk Huth Lange & Badalamenti 19500 Hall Rd Clinton Twp. Mi 48038 (Irladividual, also provider) Contributor Name and Address: Cont	2. Your Committee Name: CTE PETER J. LUCIDO FOR PROSECUTOR	
O Candidate committee receives a single contribution or a cumulative contribution from the same contributor of \$500.00 or more after the closing date of the last campaign statement required and the 3 rd day before an election where the candidate is participating. See Appendix G of the Campaign Finance Manual. O A committee other than a candidate committee (PAC, Ballot Question or Political Party) receives a single contribution or a cumulative contribution from the same contributor of 25,500.00 or more after the closing date of the last campaign statement required and the 3 rd day before an election. See Appendix G of the Campaign Finance Manual. Contributions are anything of monetary value including contributions of money, in-kind and loans to the committee. Late Contribution Reports are not waived by the Reporting Waiver. Late Contribution Reports are not waived by the Reporting Waiver. Late Contribution Reports are not waived by the Reporting Waiver. Late Contribution Reports are not waived by the Reporting Waiver. Late Contribution Reports are not waived by the Reporting Waiver. Late Contribution Reports are not waived by the Reporting Waiver. Late Contribution Reports are not waived by the Reporting Waiver. Late Contribution Reports are not waived by the Reporting Waiver. Late Contribution Reports are not waived by the Reporting Waiver. Late Contribution Reports are not waived by the Reporting Waiver. Late Contribution Files on the state level must file all Late Contribution Report electronically. The Late Contribution must also be reported on the next Campaign Statement owed by the committee. Late Contribution Reports are and address. If contribution is from an individual, enter last name, first name, middle initial and if the contributor is an individual, the Occupation Report and Business address of the contributor Amount during LCR Period. Contributor Name and Address: Robert Huth Jr. House of Dank/ 30335 Stephenson Hwy, Madison Htts, MI 48036 (Individual, also provide:) Occupation	3. Date Late Contribution(s) Received: 07/29/2024 (Only one Date per Sheet)	
4. Elter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial and if the contributor is an individual, the Occupation, Employer and Business address of the contributor. Contributor Name and Address: Ned Piccinini 4655 Lockwood Dr. Washington, MI 48094 (If Individual, also provide:) Occupation Retired Employer / Business Address Prince K Yousif 30335 Stephenson Hwy Madison Hts, MI 48071 (If Individual, also provide:) Occupation Founder Employer / Business Address Robert Huth Jr. 19500 Hall Rd Clinton Twp., MI 48038 (If Individual, also provide:) Occupation Attorney/ Partner Employer / Business Address Contributor Name and Address: Robert Huth Jr. 19500 Hall Rd Clinton Twp., MI 48038 (If Individual, also provide:) Occupation Attorney/ Partner Employer / Business Address Contributor Name and Address: Tony Lochirco 277 Camelot Way Rochester, MI 48306 (If Individual, also provide:) Self Employed/ 49480 Van Dyke Ave Schelby Typ., MI 48317	 Candidate committee receives a single contribution or a cumulative contribution from the same constitution or more after the closing date of the last campaign statement required and the 3rd day before the candidate is participating. See Appendix G of the Campaign Finance Manual. A committee other than a candidate committee (PAC, Ballot Question or Political Party) receives a contribution or a cumulative contribution from the same contributor of \$2,500.00 or more after the last campaign statement required and the 3rd day before an election. See Appendix G of the Campa Contributions are anything of monetary value including contributions of money, in-kind and loans to the constitution Reports are not waived by the Reporting Waiver. Late Contribution Reports that are filed late result in the committee receiving a late filing fee. The maximum per report. Paper filers may file the report by any written means (including fax) within 48 hour of receipt of the contribution of Filing Official. Electronic Filers on the state level must file all Late Contribution Report electronically. 	e an election where single closing date of the high Finance Manua mnittee. m fee is \$2,000.00
Ned Piccinini 4655 Lockwood Dr. Washington, MI 48094 (If Individual, also provide:) Occupation Retired Employer / Business Address Prince K Yousif 30335 Stephenson Hwy Madison Hts, MI 48071 (If Individual, also provide:) Occupation Founder Employer / Business Address Contributor Name and Address: Robert Huth Jr. 19500 Hall Rd Clinton Twp., MI 48038 (If Individual, also provide:) Occupation Attorney/ Partner Employer / Business Address Contributor Name and Address: Robert Huth Jr. 19500 Hall Rd Clinton Twp., MI 48038 (If Individual, also provide:) Occupation Attorney/ Partner Employer / Business Address Contributor Name and Address: Tony Lochirco 277 Camelot Way Rochester, MI 48306 (If Individual, also provide:) Self Employed/ 49480 Van Dyke Ave (If Individual, also provide:) Self Employed/ 49480 Van Dyke Ave Self Employed/ 49480 Van Dyke Ave	initial and if the contributor is an individual, the Occupation, Employer and Business address of the contributor.	Amount during
Prince K Yousif 30335 Stephenson-Hwy Madison Hts, MI 48071 (If Individual, also provide:) Occupation Founder Employer / Business Address Contributor Name and Address: Robert Huth Jr. 19500 Hall Rd Clinton Twp., MI 48038 (If Individual, also provide:) Occupation Attorney/ Partner Employer / Business Address Contributor Name and Address: Self Employed/ 49480 Van Dyke Ave (If Individual, also provide:) Sholby Type MI 48317	Ned Piccinini 4655 Lockwood Dr. Washington, MI 48094 (If Individual, also provide:)	\$500
Robert Huth Jr. 19500 Hall Rd Clinton Twp., MI 48038 (If Individual, also provide:) Occupation Attorney/ Partner Employer / Business Address Contributor Name and Address: Tony Lochirco 277 Camelot Way Rochester, MI 48306 (If Individual, also provide:) Self Employed/ 49480 Van Dyke Ave (If Individual, also provide:)	Prince K Yousif 30335 Stephenson Hwy Madison Hts, MI 48071 House of Dank/ 30335 Stephenson Hwy	\$5000
Tony Lochirco 277 Camelot Way Rochester, MI 48306 (If Individual, also provide:) Shelby Two MI 48317	Robert Huth Jr. 19500 Hall Rd Clinton Twp., MI 48038 (If Individual, also provide:) Kirk Huth Lange & Badalamenti 19500 Hall Rd Clinton Twp. MI 48038	\$2000
I I	Tony Lochirco 277 Camelot Way Rochester, MI 48306 (If Individual, also provide:) Self Employed/ 49480 Van Dyke Ave Shelby Type, MI 48317	



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LATE CONTRIBUTION REPORT

1. Your Committee ID#: 139858			
2. Your Committee Name: CTE PE	TER J. LUCIDO I	FOR PROSECUTOR	
3. Date Late Contribution(s) Received:	07/29/2024	(Only one Date per Sheet)	

- Late Contribution Reports are required when a
 - O Candidate committee receives a single contribution or a cumulative contribution from the same contributor of \$500.00 or more after the closing date of the last campaign statement required and the 3rd day before an election where the candidate is participating. See <u>Appendix G</u> of the Campaign Finance Manual.
 - O A committee other than a candidate committee (PAC, Ballot Question or Political Party) receives a single contribution or a cumulative contribution from the same contributor of \$2,500.00 or more after the closing date of the last campaign statement required and the 3rd day before an election. See Appendix G of the Campaign Finance Manual
- Contributions are anything of monetary value including contributions of money, in-kind and loans to the committee.
- Late Contribution Reports are not waived by the Reporting Waiver.
- Late Contribution Reports that are filed late result in the committee receiving a late filing fee. The maximum fee is \$2,000.00 per report.
- Paper filers may file the report by any written means (including fax) within 48 hour of receipt of the contribution with your Filing Official.
- Electronic Filers on the state level must file all Late Contribution Report electronically.

• The Late Contribution must also be reported on the next Campaign Statement owed by the committee.

4. Enter contributor's name and address. If contribution is from initial and if the contributor is an individual, the Occupation, En	· · · · · · · · · · · · · · · · · · ·	5. Cumulative Amount during LCR Period.
Contributor Name and Address:		
Athir Ammori 248 E Gunn Rd Rochester, MI 48306 (If Individual, also provide:) Occupation Owner Employer / Business Address	BB's Liquor/ 13595 21 Mile Rd. Shelby Twp. MI 48315	\$2500
Contributor Name and Address:		
Brian Schaf 23220 Westbury St. St. Clair Shores, MI 48080 (If Individual, also provide:) Occupation Attorney Employer / Business Address	Self Employes/ 2 Crocker Blvd Mount Clemens, MI 48043	\$1000
Contributor Name and Address:		
Jeffrey Mandziuk 4254 Chris Dr. Sterling Hts, MI 48310 (If Individual, also provide:) Occupation <u>Business Owner Employer</u> / Business Address	Self Employed/ 4254 Chris Dr. Sterling Hts, MI 48310	\$700
Contributor Name and Address:		
Ryley Austyn 7120 Muerdale St. West Bloomfield Twp., MI 48322 (If Individual, also provide:) Occupation Entrepeneur Employer / Business Address	Self Employed/ 28250 Northline Rd. West Bloomfield, MI 48322	\$600



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LATE CONTRIBUTION REPORT

1. Your Committee ID#: 139858	
2. Your Committee Name: CTE PETER J. LUCIDO FOR PROSECUTOR	
3. Date Late Contribution(s) Received: 07/29/2024 (Only one Date per Sheet)	
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4. Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial and if the contributor is an individual, the Occupation, Employer and Business address of the contributor.	5. Cumulative Amount during LCR Period.
Contributor Name and Address: Robert Berg 39850 Van Dyke Ave Sterling Hts, MI 48313 (If Individual. also provide:) Occupation Attorney Employer / Business Address Self Employed/ 39850 Van Dyke Ave Sterling Hts, MI 48313	\$500
Contributor Name and Address: Kevin Schneider 11078 Guy Ct Warren, MI 48093 (If Individual, also provide:) Occupation Attorney Employer / Business Address Clinton Twp., MI 48038	\$500
Contributor Name and Address: Pashko Ujkic 38346 Phyllis Ct. Sterling Hts, MI 48312 (If individual, also provide:) Occupation Self Employed Employer / Business Address Sterling Hts, MI 48312	\$500
Contributor Name and Address:	
(If Individual, also provide:) Occupation Employer / Business Address	



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LATE CONTRIBUTION REPORT

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4. Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial and if the contributor is an individual, the Occupation, Employer and Business address of the contributor.	5. Cumulative Amount during LCR Period.
Contributor Name and Address: Oras Zuhair 3401 Sandy Ridge Drive Dorr, MI 49323 (If Individual, also provide:) OccupationBusiness Owner Employer / Business Address	\$2000
Contributor Name and Address: David Enwyia 3401 Sandy Ridge Dr Shelby Twp, MI 48315 (If Individual, also provide:) Occupation Owner Employer / Business Address House of Hummus/ 14010 23 Mile Road, Shelby Twp MI 48315	\$1000
Contributor Name and Address: Robert Little 14625 Shirley Ave Warren, MI 48089 (If Individual, also provide:) Occupation Retired Employer / Business Address	\$1000
Contributor Name and Address: Michelle Madoun 52896 Sable Court Shelby Twp., MI 48315 (If Individual, also provide:) Occupation Retired Employer / Business Address	\$600



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LATE CONTRIBUTION REPORT

I. Your Committee	_{ID#:} 139858		
2. Your Committee	e Name: CTE PE	ETER J. LUCIDO FO	OR PROSECUTOR
3. Date Late Contri	ibution(s) Received:_	07/29/2024	(Only one Date per Sheet)
o ,	\$500.00 or more afte	receives a single contributer the closing date of the last	ion or a cumulative contribution from the same contributor of campaign statement required and the 3 rd day before an election when of the Campaign Finance Manual.

contribution or a cumulative contribution from the same contributor of \$2,500.00 or more after the closing date of the last campaign statement required and the 3rd day before an election. See <u>Appendix G</u> of the Campaign Finance Manual

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- The Late Contribution must also be reported on the next Campaign Statement owed by the committee.

		an individual, enter last name, first name, middle ployer and Business address of the contributor.	5. Cumulative Amount during LCR Period.
Contributor Name and Address: Kumar Palepu 377 Hillcrest Avenue, Grosse Pointe Farms (If Individual, also provide:) Occupation Attorney	_Employer / Business Address	Macomb County/ 1 S Main Street Mount Clements MI 48043	\$600
Contributor Name and Address: James Bowden 43833 Columbia Dr. Clinton Twp, MI 48038 (If Individual, also provide:) OccupationAttorney	_ Employer / Business Address	Bowden Law/ 126 S Main Street Mount Clemens, MI 48043	\$500
Contributor Name and Address: Mansour Oram 280 Northlawn Blvd Birmingham, MI 48009 (If Individual, also provide:) Occupation <u>COO</u>	_ Employer / Business Address	Inner City Contracting/ 28433 Orchard Lk Rd Farmingtion MI 48334	\$500
Contributor Name and Address: Latif Oram 3294 Wards Pointe Orchard LK, MI 48323 (If Individual, also provide:) Occupation	_ Employer / Business Address	Vision Properties/ 3294 Wards Pointe, Orchard LK, MI 483232	\$500



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LATE CONTRIBUTION REPORT

1.	Your Committee ID#: 139858			
2.	2. Your Committee Name: CTE PETER J. LUCIDO FOR PROSECUTOR			
3.	Date Late Contribution(s) Received:	07/29/2024	(Only one Date per Sheet)	

- Late Contribution Reports are required when a
 - O Candidate committee receives a single contribution or a cumulative contribution from the same contributor of \$500.00 or more after the closing date of the last campaign statement required and the 3rd day before an election where the candidate is participating. See <u>Appendix G</u> of the Campaign Finance Manual.
 - O A committee other than a candidate committee (PAC, Ballot Question or Political Party) receives a single contribution or a cumulative contribution from the same contributor of \$2,500.00 or more after the closing date of the last campaign statement required and the 3rd day before an election. See <u>Appendix G</u> of the Campaign Finance Manual
- · Contributions are anything of monetary value including contributions of money, in-kind and loans to the committee.
- Late Contribution Reports are not waived by the Reporting Waiver.
- Late Contribution Reports that are filed late result in the committee receiving a late filing fee. The maximum fee is \$2,000.00 per report.
- Paper filers may file the report by any written means (including fax) within 48 hour of receipt of the contribution with your Filing Official.
- Electronic Filers on the state level must file all Late Contribution Report electronically.
- The Late Contribution must also be reported on the next Campaign Statement owed by the committee.

4. Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial and if the contributor is an individual, the Occupation, Employer and Business address of the contributor.	5. Cumulative Amount during LCR Period.
Contributor Name and Address: Ned Piccinini 4655 Lockwood Dr. Washington, MI 48094 (If Individual, also provide:) Occupation Retired Employer / Business Address	\$500
Contributor Name and Address: Prince K Yousif 30335 Stephenson Hwy Madison Hts, MI 48071 (If Individual, also provide:) Occupation Founder Employer / Business Address House of Dank/ 30335 Stephenson Hwy, Madison Hts, MI 48071	\$5000
Contributor Name and Address: Robert Huth Jr. 19500 Hall Rd Clinton Twp., MI 48038 (If Individual, also provide:) Cccupation Attorney/ Partner Employer / Business Address Kirk Huth Lange & Badalamenti 19500 Hall Rd Clinton Twp. MI 48038	\$2000
Contributor Name and Address: Tony Lochirco 277 Camelot Way Rochester, MI 48306 (If Individual, also provide:) Occupation Business Owner Employer / Business Address Self Employed/ 49480 Van Dyke Ave Shelby Twp., MI 48317	\$2000



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LATE CONTRIBUTION REPORT

. Your Committee ID#: <u>139858</u>	
2. Your Committee Name: CTE PETER J. LUCIDO FOR PROSECUTOR	
Date Late Contribution(s) Received: 07/29/2024 (Only one Date per Sheet)	
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4. Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial and if the contributor is an individual, the Occupation, Employer and Business address of the contributor.	5. Cumulative Amount during LCR Period.
Contributor Name and Address: Athir Ammori 248 E Gunn Rd Rochester, MI 48306 (If Individual, also provide:) Occupation Owner Employer / Business Address BB's Liquor/ 13595 21 Mile Rd. Shelby Twp. MI 48315	\$2500
Contributor Name and Address: Brian Schaf 23220 Westbury St. St. Clair Shores, MI 48080 (If Individual, also provide:) Occupation Attorney Employer / Business Address Self Employes/ 2 Crocker Blvd Mount Clemens, MI 48043	\$1000
Contributor Name and Address: Jeffrey Mandziuk 4254 Chris Dr. Sterling Hts, MI 48310 (If Individual, also provide:) Occupation Business Owner Employer / Business Address Self Employed/ 4254 Chris Dr. Sterling Hts, MI 48310	\$700
Contributor Name and Address: Ryley Austyn 7120 Muerdale St. West Bloomfield Twp., MI 48322 (If Individual, also provide:) Occupation Entrepeneur Employer / Business Address Self Employed/ 28250 Northline Rd. West Bloomfield, MI 48322	\$600



Authority Granted under PA 388 of 1976 7/12

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LATE CONTRIBUTION REPORT

1. Your Committee ID#: 139858	
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4. Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial and if the contributor is an individual, the Occupation, Employer and Business address of the contributor.	5. Cumulative Amount during LCR Period.
Contributor Name and Address: Robert Berg 39850 Van Dyke Ave Sterling Hts, MI 48313 (If Individual, also provide:) Occupation Attorney Employer / Business Address Self Employed/ 39850 Van Dyke Ave Sterling Hts, MI 48313	\$500
Contributor Name and Address: Kevin Schneider 11078 Guy Ct Warren, MI 48093 (If Individual, also provide:) Cocupation Attorney Employer / Business Address Clinton Twp., MI 48038	\$500
Contributor Name and Address: Pashko Ujkic 38346 Phyllis Ct. Sterling Hts, MI 48312 (If individual, also provide:) Occupation Self Employed Employer / Business Address Sterling Hts, MI 48312	\$500
Contributor Name and Address: (If Individual, also provide:) Occupation Employer / Business Address	



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LATE CONTRIBUTION REPORT

1.	. Your Committee ID#: 139858	
2.	2. Your Committee Name.CTE PETER J. LUCIDO FOR PROSECUTOT	
3.	3. Date Late Contribution(s) Received: 08/04/2024 (On	ly one Date per Sheet)

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 - O Candidate committee receives a single contribution or a cumulative contribution from the same contributor of \$500.00 or more after the closing date of the last campaign statement required and the 3rd day before an election where the candidate is participating. See <u>Appendix G</u> of the Campaign Finance Manual.
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- Electronic Filers on the state level must file all Late Contribution Report <u>electronically</u>.

The Late Contribution must also be reported on the next Campaign Statement owed by the committee. 5. Cumulative 4. Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle Amount during initial and if the contributor is an individual, the Occupation, Employer and Business address of the contributor. LCR Period. Contributor Name and Address: Frank Slaiwa 37320 Suan \$1,000.00 Sterling Hts, MI 48310 (If Individual, also provide:) Employer / Business Address Metrotech Automotive/ 15101 Michigan Ave Occupation Mechanic Dearborn, MI 48126 Contributor Name and Address: Rudah Sghir 18467 Fox Hollow Ct \$5,000.00 Northville, MI 48168 (If Individual, also provide:) Employer / Business Address Fairlain Construction/ Occupation President of Co. 26766 Simone, Dearborn Hts, MI 48127 Contributor Name and Address: Hussein M Hussein 49910 Jonathan Ct \$8,325.00 Northvilee, MI 48167 (If Individual, also provide:) Occupation President of Co. Employer / Business Address Metrotech Automotive/ 15101 Michigan Ave Dearborn, MI 48126 Contributor Name and Address: Annie Hussein 49910 Jonathan Ct \$1,000.00 Northvilee, MI 48167 (If Individual, also provide:)
Occupation Director of Legal At Employer / Business Address Wayne County Employees Retirment/

Authority Granted under PA 388 of 1976 7/12

28 W Adams Ave # 1900, Detroit MI 48226



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LATE CONTRIBUTION REPORT

. Your Committee ID#: 139858	
2. Your Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR	
3. Date Late Contribution(s) Received: 08/04/20 ²⁴ (Only one Date per Sheet)	
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4. Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial and if the contributor is an individual, the Occupation, Employer and Business address of the contributor.	5. Cumulative Amount during LCR Period.
Contributor Name and Address: Hant Kassab Jr 803 W Big Beaver Ste 202 Troy, MI 48084 (If Individual, also provide:) Occupation Business Owner Troy, MI 48048 Employer / Business Address JARS/ 803 W Big Beaver Ste 202	\$2,000.00
Contributor Name and Address:	
(If Individual, also provide:) Occupation Employer / Business Address	
Contributor Name and Address:	
(If Individual, also provide:) Occupation Employer / Business Address	
Contributor Name and Address:	
(If Individual, also provide:) Occupation Employer / Business Address	

5. Cumulative

\$1,000.00



MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

www.Michigan.gov/sos

LATE CONTRIBUTION REPORT

1. Your Committee ID#: 139858	~
2. Your Committee Name: CTE PETER J. LUCIDO FOR PROSECUTOR	Ł
3. Date Late Contribution(s) Received: 08/03/24	_(Only one Date per Sheet)

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4. Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial and if the contributor is an individual, the Occupation, Employer and Business address of the contributor.

Contributor Name and Address:
Paul Tylenda

18720 Mack Ave Ste. 210
Grosse Pointe, MI 48236

(If Individual, also provide:)
Occupation Attorney Employer / Business Address Tylenda Law PLLC/

Occupation Attorney Employer / Business Address 19/ 18720 Mach Ste 270, Grosse Pointe, MI 48236

Contributor Name and Address:
Deldin PAC

18720 Mack Ave Ste. 210
Grosse Pointe, MI 48236

(If Individual, also provide:)
Occupation PAC

Employer / Business Address

PAC/

18720 Mach Ste 270, Grosse Pointe, MI 48236

Contributor Name and Address:
Mark Deldin
70 University TL
Grosse Pointe Farms, MI 48236

\$1,277.01

(If Individual, also provide:)
Occupation Attorney Employer / Business Address
18720 Mach Ste 270, Grosse Pointe, MI 48236 - in kind contribution for food and drink

Contributor Name and Address:
David Ferminineo

110 South Main Street

Mount Clemens, MI 48043

(If Individual, also provide:)

Occupation Attorney Employer / Business Address

Femminineo Attorneys PLLC/
110 South Main Street, Mount Clemens, MI 48043



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LATE CONTRIBUTION REPORT

1. Your Committee ID#: 139858		
2. Your Committee Name: CTE PETER J. LUCIDO FOR PRO	SECUTOR	···
3. Date Late Contribution(s) Received: 08/03/24	(Only one Date per Sheet)	
Late Contribution Paperts are required when a		

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CANDIDATE COMMITTEE COVER PAGE

FILED 21 AUG 2024 AM 07:57

MACOMB COUNTY CLERK MT. CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

Report must be legible, typ the treasurer (or designated	ed or printed in ink and d record keeper) and ca	signed by andidate.	3. This Statement covers From	^{n:} 01/01/2024 _{to}	07/21/2024
1. Committee I.D. Number			4. Candidate Last Name	First Name	M.I.
139858			LUCIDO	PETER	J
			4a. Office Sought Including Dis	strict # or Community Served	(If applicable)
Committee Name			PROSECUTING ATTO	RNEY, MACOMB COU	NTY
CTE PETER J. LUC	IDO FOR PROSE	ECUTOR	4b. County of Residence MA	COMB COUNTY	
5. Committee's Mailing Addr	ess		6. Treasurer's Name & Reside	ential Address	
6303 26 MILE ROAD SUITE 203 WASHINGTON TWP, MI 48094		JOSEPH LUCIDO 39999 GARFIELD ROAD CLINTON TOWNSHIP, MI 48038			
Area Code and Phone <u>(58)</u> If the address in this box is d mailing address on the State be sent to this address by the	lifferent from the commi ment of Organization, r	ttee nail may	Area Code & Phone (586)	286-8200	
7. Treasurer's Business Add	ress		Designated Record keeper Designated Record keeper)	's Name and Mailing Address	(If the committee has a
39999 GARFIELD CLINTON TOWNS			DAVID BULTYNCK 15985 CANAL ROA CLINTON TOWNSH		
Area Code and Phone (58	36) 286-8200		Area Code and Phone (58	6) 286-7300	
9. TYPE OF STATEMENT				9e. Dissolution of Candid	date Committee
9a. Pre-Election OR	9b. Post-Election		NLY if candidate ballot for the	—	/We certify any outstanding debt
Pre-Election or Post-Election Primary	Statement relates to:	July Quart	terly		, and no longer collectible from ittee has no oustanding assets, any oustanding debt.
General		October C	Quarterly		,
Convention				Further, if the dissolution ca considered a request for the	annot be granted, that this be e Reporting Waiver.
		00 —		·	
Special School		^{9C.} Annua	al Statement () Coverage Year	Effective date of	dissolution
Caucus		(Comp	dment to Campaign Statement blete Item 9a, 9b , 9c or 9e to e which Statement is being led.)	Note: The disposition of res Schedule 1B and the Sumr	sidual funds must be reported on mary Page.
Date of Election, Convent	tion or Caucus				
08/06/2024	4				
10. Verification: I\We certify t my\our knowledge and belief			in the preparation of this statem omplete.	nent and attached schedules	(if any) and to the best of
Current Treasurer or				Submitted electronically, signature on file	08/21/2024
Designated Record keeper	Type or Print Name		/ Signature	Date	00/21/2024
			-	Submitted electronically,	00/01/005
Candidate			1	signature on file Date	08/21/2024
	Type or Print Name		Signature		

1. Committee I.D. Number 139858

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

CANDIDATE COMMITTEE		
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		,,,,,
a. Itemized (Schedule 1A - Column 6)	_(3a.) \$ _168,925.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ 168,925.00	(18.) \$ _389,245.15
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _0.00	(19.) \$ 0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ 168,925.00	(20.) \$ 389,245.15
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ 10,200.00	(21.) \$ 13,650.00
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ 0.00	(22.) \$ 0.00
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	_(8a.) \$ 195,688.10	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ 0.00	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ 0.00	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ _195,688.10	(23.) \$ 323,716.84
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$ 0.00	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ 0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)		0.00
DEBTS AND OBLIGATIONS	(11.) \$ 0.00	(24.) \$ 0.00
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ 0.00	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ 0.00	
 13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period (Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15) 	BALANCE STATEMENT (13.) \$ 343,322.34 (14.) + \$ 168,925.00 (15.) = \$ 512,247.34 (16.) - \$ 195,688.10 (17.) \$ 316,559.24 **	



CANDIDATE COMMITTEE

139858 1. Committee I.D. Number _

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

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 all 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 02/13/2024 Name & Address: SHERMAN ABDO		
STE 403	_{\$} 500.00	\$ 2,000.00
SHELBY TWP, MI 48316 5. If over \$100.00 cumulative, please provide:		·
Occupation ATTORNEY Employer LA GRASSO, ABDO & SILVERI, PLLC		
Business Address 12900 HALL RD, STE 403, STERLING HEIGHTS, MI 48313		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 02/13/2024		
Name & Address		
MICHELE BRYANT	500.00	500.00
250 BUTTERNUT LN	\$ 500.00	_{\$} 500.00
STAMFORD, CT 06903		
5. If over \$100.00 cumulative, please provide:		
Occupation SELF EMPLOYED Employer SELF		
Business Address 250 BUTTERNUT LN, STAMFORD, CT 06903		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 02/13/2024 Name & Address:		
CHRIS STUMP 1590 FAIRHOLME RD	°500 00	_s 500.00
GROSSE POINTE WOODS, MI 48236	<u>\$000.00</u>	§ 300.00
5. If over \$100.00 cumulative, please provide:		
Occupation CLERK Employer PERKINS LAW GROUP		
Business Address 615 GRISWOLD ST, DETROIT, MI 48226		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 02/13/2024 Name & Address BRIAN SCHAF		
23220 WESTBURY ST	500 00	1 050 00
ST CLAIR SHORES, MI 48080	_{\$} 500.00	_{\$_} 1,250.00
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer SELF		
Business Address 2 CROCKER BLVD, MT CLEMENS, MI 48043		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	2,000.00	
	۷,000.00	-
Grand Total of All Schedules 1A (Complete on last page of Schedule)		J
Page 10 of 68	Enter this total on line 3a of Summary Page.	



139858 1. Committee I.D. Number _

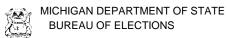
CANDIDATE COMMITTEE

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

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 07/19/2024 Name & Address: JOSEPH P LUCIDO JR. 56276 CANNON CREEK RD SHELBY TWP, MI 48316	_{\$} 200.00	_{\$} 250.00
5. If over \$100.00 cumulative, please provide: Occupation SALES Employer LUCIDO INSURANCE		
Business Address 39999 GARFIELD RD, CLINTON TWP, MI 48038 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/19/2024 Name & Address LARRY LULICH 20701 WOLF DR MACOMB, MI 48044	_{\$} 400.00	_{\$} 700.00
5. If over \$100.00 cumulative, please provide: Occupation SELF EMPLOYED Employer SELF Business Address 20701 WOLF DR, MACOMB, MI 48044 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/19/2024 Name & Address: DENA KELLER 573 LIVE OAK DR ROCHESTER HILLS, MI 48309	_{\$} 500.00	_{\$} 1,000.00
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer MACOMB COUNTY PROSECUTOR'S OFFICE Business Address 1 S MAIN ST, MT CLEMENS, MI 48043 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/16/2024 Name & Address DENNIS PROBERT 25564 BARBARA ST ROSEVILLE, MI 48066	_{\$} 15.00	_{\$} 15.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer		
Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	1,115.00	-
(Complete of last page of Scriedule)	Enter this total on line 3a of Summary	

Page 63 of 68

Page.



CANDIDATE COMMITTEE

139858 1. Committee I.D. Number _

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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/16/2024 Name & Address: LAITH HANNA	_	
1161 PEMBROKE DR	200.00	250.00
BLOOMFIELD HILLS, MI 48304	_{\$} 200.00	_{\$} 350.00
5. If over \$100.00 cumulative, please provide:		
Occupation OWNER Employer LAKESIDE AUTO		
Business Address 15275 HALL RD, MACOMB, MI 48044		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/17/2024		
Name & Address	-	
DAN DEMEESTER	200.00	250.00
9349 MEISNER RD	_{\$} 200.00	_{\$} 350.00
CASCO, MI 48064		
5. If over \$100.00 cumulative, please provide:		
Occupation POLICE OFFICER Employer MACOMB COLLEGE		
Business Address 14500 E 12 MILE RD, WARREN, MI 48088		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/17/2024 Name & Address: SAKINA BURNS-LENNOX 19194 MONTE VISTA ST DETROIT, MI 48221	_ \$400.00	_{\$} 400.00
5. If over \$100.00 cumulative, please provide:		
Occupation SELF EMPLOYED Employer SELF		
Business Address 19194 MONTE VISTA ST, DETROIT, MI 48221		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 07/17/2024		
Name & Address	_	
STEPHEN T RABAUT		
16931 19 MILE RD	_{\$} 2,000.00	, 6,000.00
CLINTON TWP, MI 48038	5 /	\$
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer SELF	-	
Business Address 17001 19 MILE ROAD, STE D, CLINTON TWP, MI 48038		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtot	^{tal} 2,800.00	
Grand Total of All Schedules 1/	2,000.00	-
(Complete on last page of Schedule	e)	_
Page 64 of 68	Enter this total on line 3a of Summary	



139858 1. Committee I.D. Number _

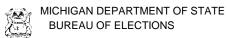
CANDIDATE COMMITTEE

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

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 all 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 07/17/2024 Name & Address: MICHAEL LAGRASSO 14058 BOURNEMUTH DR SHELBY TWP, MI 48315 5. If over \$100.00 cumulative, please provide:	_{\$} 200.00	_{\$} 350.00
Occupation RETIRED Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/18/2024 Name & Address VINCE CUSMANO 171 MAGNOLIA LAKES PORT ST. LUCIE, FL 34986	_{\$} 150.00	_{\$} 300.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer RETIRED Business Address 171 MAGNOLIA LAKES BLVD, PORT ST. LUCIE, FL 34986 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/18/2024 Name & Address: SHAWN WESTERVELT 19701 MAXINE ST ST CLAIR SHORES, MI 48080	\$ 400.00	_{\$} 400.00
5. If over \$100.00 cumulative, please provide: Occupation AUTO TECHNICIAN Employer JOHN & HOLGERS Business Address 16521 E 9 MILE RD, EASTPOINTE, MI 48021 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/18/2024 Name & Address ANGELA LEACH 4120 DOGWOOD DRIVE MILFORD, MI 48381	_{\$} 200.00	_{\$} 200.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	950.00 Enter this total on line 33 of Summary	

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line 3a of Summary Page.



CANDIDATE COMMITTEE

139858 1. Committee I.D. Number _

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

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 all 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 07/18/2024 Name & Address: MICHAEL LEACH 2862 VINEYARDS DR TROY, MI 48098	_{\$} 400.00	
5. If over \$100.00 cumulative, please provide: Occupation FINANCIAL ADVISOR Employer STIFEL		
Business Address 28411 NORTHWESTERN HWY, SOUTHFIELD, MI 48034		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/18/2024 Name & Address		
BILL COLOVOS 13305 REECK RD SOUTHGATE, MI 48195	\$ <u>2,000.00</u>	_{\$} 2,000.00
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer COLOVAS LAW FIRM		
Business Address 13305 REECK RD, SOUTHGATE, MI 48195		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/19/2024 Name & Address:		
ARNOLD RECCHIA	200.00	000.00
14857 SPARROW DR	<u>\$</u> 200.00	_{\$} 200.00
SHELBY TWP, MI 48315		
5. If over \$100.00 cumulative, please provide:		
Occupation PROJECT MANAGER Employer INNER CITY CONTRACTING		
Business Address 18701 GRAND RIVER AVE, DETROIT, MI 48223 Type of Contribution: Direct Loan from a person Fund Raiser		
	-	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/19/2024 Name & Address		
MARIANNE JANISSE		
649 BUCKINGHAM ROAD CANTON, MI 48188	_{\$} 400.00	_{\$} 400.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	3,000.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on line 3a of Summary	<u>-</u>

Page 66 of 68

Page.



139858 1. Committee I.D. Number _

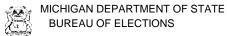
CANDIDATE COMMITTEE

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

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 all 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 07/20/2024 Name & Address: MARY VARNEY-BIELAT 22316 HOFFMAN ST ST CLAIR SHORES, MI 48082	_{\$} 500.00	_{\$} 500.00
5. If over \$100.00 cumulative, please provide: Occupation OWNER Employer GO GREEN SALON Business Address 30130 HARPER AVE, ST CLAIR SHORES, MI 48082 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/20/2024 Name & Address FRED BARTOLOMEI 834 WESTCHESTER RD GROSSE POINTE PARK, MI 48230	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide: Occupation APA Employer MACOMB COUNTY Business Address 834 WESTCHESTER RD, GROSSE POINTE PARK, MI 48230 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/20/2024 ROBERT FISHMAN 599 BALLANTYNE RD GROSSE POINTE SHORES, MI 48236	\$ 200.00	_{\$} 350.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer RETIRED Business Address GROSSE POINTE SHORES, MI 48236 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/20/2024 Name & Address LISA BLAZEVSKI 31253 GAY ST ROSEVILLE, MI 48066	_{\$} 200.00	_{\$} 800.00
5. If over \$100.00 cumulative, please provide: Occupation ASSISTANT PROSECUTING ATTORNEY Employer MACOMB COUNTY Business Address 1 S MAIN ST, MT CLEMENS, MI 48043 Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	1,000.00 Enter this total on line 32 of Summary	

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line 3a of Summary Page.



CANDIDATE COMMITTEE

139858 1. Committee I.D. Number

2. Committee Name

CTE PETER J. LUCIDO FOR PROSECUTOR

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 all 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 07/21/2024 Name & Address: DAVID SAFAVIAN 1314 GATEWOOD DR ALEXANDRIA, VA 22307	_{\$} 200.00	_{\$} 1,700.00
5. If over \$100.00 cumulative, please provide: Occupation GENERAL COUNSEL Employer AMERICAN CONSERVATIVE UNION		
Business Address Type of Contribution: Direct Direc		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/21/2024 Name & Address JONATHAN A MYCEK P.O. BOX 216 DEARBORN, MI 48121	_{\$} 400.00	_{\$} 550.00
5. If over \$100.00 cumulative, please provide: Occupation ASSISTANT PROSECUTING ATTORNEY Employer MACOMB COUNTY		
Business Address 1 S MAIN ST, MT CLEMENS, MI 48043		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt Name & Address:		
	\$	\$
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name & Address	,	
	\$	\$
5. If over \$100.00 cumulative, please provide:	Oliale I Iana fan	. Na see a lite asimption
Occupation Employer	Click Here for	Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	600.00 168,925.00 Enter this total on	-

 $_{\text{Page}}\underline{68}_{\text{ of }}\underline{68}$

line 3a of Summary Page.



1. Committee I. D. Number 139858

2 Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

2. 0	ommittee name		
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name DAVID LEDUC		04/23/2024	\$ 300.00
Address	Purpose: Advertising-research "all done in house"	Date	
1 N MAIN ST			
MT CLEMENS, MI 48043			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
Name			
		Date	\$
Address	Purpose:	Date	
	·		
	Click H	ere for Memo I	temization Type
	Check box if this expenditure is payment of		
Cond Daises	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #3			
Name SMASH CREATIVE		04/30/2024	
OWN COLL OLLE VILLE	45)/557101110		\$ 10.00
Address	Purpose: ADVERTISING	Date	
7755 22 MILE RD			
SHELBY TWP, MI 48317			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4	datement		
Name FESTA ITALIANA		05/04/0004	
ILOIAIIANA		05/01/2024	\$ 1,000.00
Address	Purpose: ADVERTISING	Date	
6990 TOWN LN	Тирозс.		
DEARBORN HEIGHTS, MI 48127			
,	Check box if this expenditure is payment of		
	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name FORTY SIX 5			
TORTT SIX 3		05/01/2024	\$ 11,000.00
Address	Purpose: ADVERTISING	Date	11,000.00
555 PURITAN AVE			
BIRMINGHAM, MI 48009			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
	Subtot	al this page	12,310.00
			12,310.00
	Grand Total of all S		
	(Complete on last page	or Schedule)	



1. Committee I. D. Number 139858

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

	ommittee Hame		
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name ST MALACHY MEN'S CLUB		06/11/2024	\$ 300.00
Address	Purpose: ADVERTISING	Date	<u> </u>
14115 E 14 MILE RD	Fulpose		
STERLING HEIGHTS, MI 48312			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2	* *		
Name OFFICE EXPRESS		06/11/2024	• 4 E04 O4
5.1.101 L/11 11E00	ADVEDTICING	Date	\$ <u>1,584.21</u>
Address	Purpose: ADVERTISING		
1280 E BIG BEAVER RD			
TROY, MI 48083			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3			
Name ARENO		06/11/2024	
AUCLINO	ADVEDTICING		\$ 3,000.00
Address	Purpose: ADVERTISING	Date	
1260 E STRINGHAM AVE			
SALT LAKE CITY, UT 84106	Chook how if this over a different in a constant of		
Count Deises	LICheck box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #4			
Name			
		Date	\$
Address	Purpose:		
	Click F	lere for Memo I	temization Type
П	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name BAY-RAMA		06/17/2024	
	Purpose: ADVERISING	Date	\$ 300.00
Address PO BOX 25	Purpose: / W V E I I I I I I I I I I I I I I I I I I	Date	
NEW BALTIMORE, MI 48047			
,	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
	Subto	tal this page	5,184.21
			J, 107.21
	Grand Total of all S (Complete on last page		
	(Complete on last page	, s. sooudio)	



1. Committee I. D. Number 139858

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name MADISON'S PUB		06/28/2024	(400.00)
MADISONSTOD	Burnoso: MEETING FOR FUNDRAISER	Date	\$ <u>(100.00)</u>
Address 15 N WALNUT ST	Purpose: MEETING FOR FORBICAIGER		
MT CLEMENS, MI 48043	(Mem	o Itemization)	
-,	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
Name SPEEDWAY		07/06/2024	۰ (190 OO)
	Purpose: GAS AND BREAKFAST	Date	\$ <u>(180.00)</u>
Address	Purpose: GAS AND BREAKFAST		
57050 VAN DYKE AVE WASHINGTON, MI 48094	(Mem	o Itemization)	
WASI IING I OIN, IVII 40094	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3			
Name SAJO'S RESTAURANT		07/11/2024	¢ (45 00)
Address	Purpose: MEETING FOR FUNDRAISER	Date	\$ <u>(45.00)</u>
36470 MORAVIAN DR	Fulpose.		
CLINTON TWP, MI 48035	(Memo	o Itemization)	
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement statement		
Expenditure #4			
Name ANEDOT		07/20/2024	0.407.40
Address	Purpose: ANEDOT FEES	Date	\$ 3,497.40
Address 15985 CANAL RD	Purpose: ANLDOTTLLS		
CLINTON TWP, MI 48038			
,	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5			
Name PETER J LUCIDO		0E/20/0004	
	FOOD	05/30/2024	\$ 660.00
Address 6303 26 MILE RD	Purpose: FOOD	Date	
WASHINGTON, MI 48094		Itemization Bel	ow
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement	<u>.</u>	
	Subto	otal this page	4,157.40
	Grand Total of all	Schedules 1B	•
	(Complete on last page	e of Schedule)	



1. Committee I. D. Number 139858

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name SAJO'S RESTAURANT Address 36470 MORAVIAN DR CLINTON TWP, MI 48035	Purpose: MEETING AT RESTAURANT (Memo	05/15/2024 Date Ditemization)	\$ <u>(105.00)</u>
Fund Raiser	debt or obligation reported on previous statement		
Name THE PANTRY RESTAURANT Address 58884 VAN DYKE AVE	Purpose: MEETING AT RESTAURANT	05/18/2024 Date	\$ <u>(135.00)</u>
WASHINGTON, MI 48094	(Memo	Itemization)	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3 Name THE PANTRY RESTAURANT		05/25/2024	\$ (220.00)
Address 58884 VAN DYKE AVE WASHINGTON, MI 48094	Purpose: FOOD FOR MEETING (Memo Check box if this expenditure is payment of debt or obligation reported on previous	Date Itemization)	
Fund Raiser Expenditure #4	statement		
Name MEIJER		05/26/2024 Date	\$ <u>(200.00)</u>
Address 8501 26 MILE RD WASHINGTON, MI 48094	`	Itemization)	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name MACOMB COUNTY REPUBLICAN PARY Address 39099 GARFIELD RD CLINTON TWP, MI 48038	Purpose: ADVERTISING Check box if this expenditure is payment of	05/30/2024 Date	\$ <u>500.00</u>
Fund Raiser	debt or obligation reported on previous statement	· · · · · · · · · · · · · · · · · · ·	
	Subtor	tal this page	500.00
	Grand Total of all S (Complete on last page		



SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number

139858

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

CANDIDATE COMMITTEE 2. C	ommittee Name		
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name SMASH CREATIVE Address 7755 22 MILE RD	Purpose: ADVERTISING	07/05/2024 Date	\$ <u>55.58</u>
SHELBY TWP, MI 48317			
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name SMASH CREATIVE		07/05/2024	\$ 50.02
Address 7755 22 MILE RD SHELBY TWP, MI 48317	Purpose: ADVERTISING	Date	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name SMASH CREATIVE		07/08/2024	\$ 65.00
Address 7755 22 MILE RD	Purpose: ADVERTISING	Date	* <u>00.00</u>
SHELBY TWP, MI 48317 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4			
Name MEDIANEWS GROUP		07/09/2024	\$ 5,700.00
Address PO BOX 909 SAN JOSE, CA 95106	Purpose: ADVERTISING	Date	\$ 3,700.00
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name SMASH CREATIVE		07/10/2024	\$ 50.02
Address 7755 22 MILE RD SHELBY TWP, MI 48317	Purpose: ADVERTISING	Date	<u> </u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
	Subtot	al this page	5,920.62
Grand Total of all Schedules 1B (Complete on last page of Schedule)			<u>,</u>



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number 139858

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

Σ. Ο	ommittee Hame		
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Name SMASH CREATIVE Address 7755 22 MILE RD	Purpose: ADVERTISING	07/10/2024 Date	\$ <u>50.01</u>
SHELBY TWP, MI 48317	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Evanoditure #2	Statement		
Name SMASH CREATIVE	A DV/EDTICINO	07/10/2024 Date	\$ <u>50.02</u>
Address 7755 22 MILE RD SHELBY TWP, MI 48317	Purpose: ADVERTISING	Bate	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name SMASH CREATIVE	A DV/EDTIONIO	07/17/2024	\$ 50.02
Address 7755 22 MILE RD SHELBY TWP, MI 48317	Purpose: ADVERTISING	Date	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4			
Name SMASH CREATIVE	_	07/17/2024	\$ 51.85
Address 7755 22 MILE RD SHELBY TWP, MI 48317	Purpose: ADVERTISING	Date	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5 Name			
Address	Purpose:	Date	\$
Fund Raiser	Click I Check box if this expenditure is payment of debt or obligation reported on previous statement	Here for Memo I	temization Type
	Subto	tal this page	201.90
	Grand Total of all ((Complete on last page		195,688.10

Enter this total on line 8a of Summary Page



CANDIDATE COMMITTEE COVER PAGE

FILED 29 AUG 2024 AM 08:56

MACOMB COUNTY CLERK MT. CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate. 3. This Statement covers From: 07/22/2024 to 08/26/2024 1. Committee I.D. Number 4. Candidate Last Name M.I. PETER LUCIDO J 139858 4a. Office Sought Including District # or Community Served (If applicable) 2. Committee Name PROSECUTING ATTORNEY, MACOMB COUNTY CTE PETER J. LUCIDO FOR PROSECUTOR 4b. County of Residence MACOMB COUNTY 5. Committee's Mailing Address 6. Treasurer's Name & Residential Address 6303 26 MILE ROAD SUITE 203 JOSEPH LUCIDO WASHINGTON TWP. MI 48094 39999 GARFIELD ROAD CLINTON TOWNSHIP, MI 48038 Area Code and Phone (586) 206-3133 If the address in this box is different from the committee mailing address on the Statement of Organization, mail may Area Code & Phone (586) 286-8200 be sent to this address by the filing official. 7. Treasurer's Business Address 8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) 39999 GARFIELD ROAD DAVID BULTYNCK CLINTON TOWNSHIP, MI 48038 15985 CANAL ROAD CLINTON TOWNSHIP, MI 48038 Area Code and Phone (586) 286-8200 (586) 286-7300 Area Code and Phone 9e. Dissolution of Candidate Committee 9. TYPE OF STATEMENT Required ONLY if candidate 9a. Pre-Election OR 9b. Post-Election By checking this item I/We certify any outstanding debt is not on the ballot for the current year: by the committee to the candidate or his or her spouse is here Pre-Election or Post-Election Statement relates to: by discharged and forgiven, and no longer collectible from July Quarterly the committee. The committee has no oustanding assets, X Primary owes no lates fees or has any oustanding debt. October Quarterly General Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Convention Special Annual Statement (Effective date of dissolution Coverage Year School Amendment to Campaign Statement (Complete Item 9a, 9b , 9c or 9e to Caucus Note: The disposition of residual funds must be reported on indicate which Statement is being Schedule 1B and the Summary Page. amended.) Date of Election, Convention or Caucus 08/06/2024 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. Submitted electronically. Current Treasurer or signature on file 08/29/2024 Designated Record keeper Date Type or Print Name Signature Submitted electronically, 08/29/2024 signature on file Candidate Date Signature Type or Print Name

1. Committee I.D. Number 139858

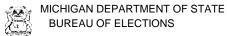
SUMMARY PAGE CANDIDATE COMMITTEE

CANDIDATE COMMITTEE		
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		Sumulative this closurer by the
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 80,175.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ 80,175.00	(18.) \$ 469,420.15
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ 0.00	(19.) \$ 0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ _80,175.00	(20.) \$ 469,420.15
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ _1,277.01	(21.) \$ 14,927.01
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ 0.00	(22.) \$ 0.00
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ 50,437.44	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ 0.00	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ 50,437.44	(23.) \$ 374,154.28
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.)\$ 0.00	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ 0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS	(10b.) \$	
(Add Line 10a + Line 10b)	(11.) \$ 0.00	(24.) \$ 0.00
DEBTS AND OBLIGATIONS 12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ 0.00	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ 0.00	
 13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period (Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15) 	BALANCE STATEMENT (13.) \$ 316,559.24 (14.) + \$ 80,175.00 (15.) = \$ 396,734.24 (16.) - \$ 50,437.44 (17.) \$ 346,296.80	*



CANDIDATE COMMITTEE 2. Committee Na

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 07/22/2024 Name & Address: PRINCE YOUSIF 30335 STEPHENSON HWY MADISON HEIGHTS, MI 48071	_{\$} 5,000.00	_{\$} 6,000.00
5. If over \$100.00 cumulative, please provide: Occupation FOUNDER Employer HOUSE OF DANK Business Address 30335 STEPHENSON HWY, MADISON HEIGHTS, MI 48071 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/22/2024 Name & Address FRANCESCO BRIGUGLIO 43340 BAYFIELD DR CLINTON TWP, MI 48038	_{\$} 200.00	_{\$} 350.00
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer CLARKSTON LEGAL Business Address 43640 BAYFIELD DR, CLINTON TWP, MI 48038 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/22/2024 PAUL J BUKOWSKI 44510 PINE DR STERLING HEIGHTS, MI 48313	§ 250.00	_{\$} 450.00
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer MACOMB COUNTY Business Address 1 S MAIN ST, MT CLEMENS, MI 48043 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/22/2024 Name & Address DENISE HART 1007 MALLOW ST COMMERCE TWP, MI 48390	_{\$} 200.00	_{\$} 900.00
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer SELF		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page	Enter this total on line 3a of Summary Page.	



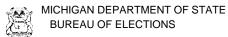
ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

139858 1. Committee I.D. Number _

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

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 all 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 07/22/2024 Name & Address: SCOTTT FARIDA 4378 RAMSGATE LN BLOOMFIELD HILLS, MI 48302	_{\$} 200.00	_{\$} 200.00
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer THE LAW OFFICES OF SCOTT LAWRENCE FARIDA, PLLC		
Business Address 40700 WOODWARD AVE, STE 305, BLOOMFIELD HILLS, MI 48304 Type of Contribution: Direct Loan from a person Fund Raiser	_	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/22/2024 Name & Address BRENDA SAVAGE 1715 NORTHUMBERLAND DR ROCHESTER HILLS, MI 48309	_{\$} 200.00	_{\$} 200.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/22/2024 Name & Address: KEVIN REESE 17841 EIDER DR CLINTON TWP, MI 48038	\$ 400.00	_{\$} 400.00
5. If over \$100.00 cumulative, please provide: Occupation CHEIF INVESTIGATOR Employer MACOMB COUNTY Business Address 1 S MAIN ST, MT CLEMENS, MI 48043 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/22/2024 Name & Address GIL ANDERSON 13714 BELLE CT STERLING HEIGHTS, MI 48312	_{\$} 400.00	_{\$} 400.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	1,200.00 Enter this total on line 3a of Summary	

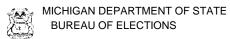
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ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

139858 1. Committee I.D. Number _

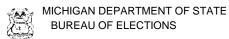
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/22/2024 Name & Address: DANIEL CADEZ 22001 BELL ROAD		
NEW BOSTON, MI 48164	_{\$} 200.00	_{\$} 1,700.00
5. If over \$100.00 cumulative, please provide:		
Occupation BAIL BONDS Employer BAIL BONDS SERVICES, INC		
Business Address 38530 S GROESBECK HWY, CLINTON TWP, MI 48036		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/22/2024		
Name & Address JACQUELINE GARTIN		
15896 TEA ROSE DR	£200.00	_{\$} 350.00
MACOMB, MI 48042	\$ <u></u>	\$ 223.23
5. If over \$100.00 cumulative, please provide:		
Occupation ASSISTANT PROSECUTOR Employer MACOMB COUNTY		
Business Address 1 S MAIN ST, MT CLEMENS, MI 48043		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/22/2024 BOB LITTLE		
14625 SHIRLEY AVE WARREN, MI 48089	\$ 1,000.00	_{\$} 2,000.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/22/2024 Name & Address		
JASON GRUNENWALD		
1061 HAMPTON RD	¢400.00	400.00
MT CLEMENS, MI 48043	<u> </u>	\$
5. If over \$100.00 cumulative, please provide:		
Occupation SHEET METAL Employer SHEET METAL LOCAL 80 PAC		
Business Address 17100 W 12 MILE RD, 2ND FLOOR, SOUTHFIELD, MI 48076		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	1,800.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on	- 1
Page 3 of 41	line 3a of Summary Page.	



CANDIDATE COMMITTEE

139858 1. Committee I.D. Number

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 all 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 07/22/2024 Name & Address: HUSSEIN M HUSSEIN 49910 JONATHAN CT NORTHVILLE, MI 48167	_{\$} 8,325.00	_{\$} 8,325.00
5. If over \$100.00 cumulative, please provide: Occupation PRESIDENT Employer METROTECH Business Address 15101 MICHIGAN AVE, DEARBORN, MI 48126 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/22/2024 Name & Address JENNIFER LAETHEM 1350 N CHANNEL DR HARSENS ISLAND, MI 48028 5. If over \$100.00 cumulative, please provide:	_{\$} 200.00	_{\$} 200.00
Occupation RETIRED Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/22/2024 Name & Address: GAIL PAMUKOV 1300 W ALTGELD ST APT 134N CHICAGO, IL 60614 5. If over \$100.00 cumulative, please provide:	\$200.00	§ 350.00
Occupation ATTORNEY Employer MACOMB COUNTY Business Address 1 S MAIN ST, MT CLEMENS, MI 48043 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/23/2024 Name & Address JOSEPH S LENTINE 5843 JULIANN CT WASHINGTON, MI 48094	§ 200.00	_{\$} 700.00
5. If over \$100.00 cumulative, please provide: Occupation SELF EMPLOYED Employer SELF Business Address 5843 JULIANN CT, WASHINGTON, MI 48094		
Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal	8,925.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 4 of 41	Enter this total on line 3a of Summary Page.	



CANDIDATE COMMITTEE

139858 1. Committee I.D. Number

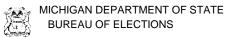
-	1	
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/23/2024 Name & Address: TONY LOCHIRCO		
277 CAMELOT WAY ROCHESTER, MI 48306	_{\$} 2,000.00	_{\$} 2,000.00
5. If over \$100.00 cumulative, please provide:	·	
Occupation BUSINES OWNER Employer SELF EMPLOYED		
Business Address 49480 VAN DYKE AVE, SHELBY TWP, MI 48317		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/23/2024 Name & Address		
PETER LUCIDO III		
16717 FAYS CT	_{\$} 200.00	_s 350.00
MACOMB, MI 48042		
5. If over \$100.00 cumulative, please provide:		
Occupation INSURANCE AGENT Employer SELF		
Business Address 16717 FAYS CT, MACOMB, MI 48042		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/23/2024 Name & Address:		
ELIAS MUAWAD 40700 WOODWARD AVE	_{\$} 400.00	£1,000.00
STE 305	<u> </u>	<u>\$ 1,000.00</u>
BLOOMFIELD HILLS, MI 48304 5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer SELF		
Business Address 7626 ACORN HILL CT, WEST BLOOMFIELD TOWNSHIP, MI 48323		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/23/2024 Name & Address		
JOSEPH S PERNICANO		
1890 KENMORE DR	,200.00	. 500.00
GROSSE POINTE WOODS, MI 48236	§ 200:00	\$
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer PERNICANO LAW PLLC		
Business Address 79 KERCHEVAL AVE, GROSSE POINTE FARMS, MI 48236		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	2,800.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on line 3a of Summary	- -
Page 5 of 41	Page.	



CANDIDATE COMMITTEE

139858 1. Committee I.D. Number _

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 all 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 07/23/2024 Name & Address: MARIA SILAMIANOS		
67587 HIDDEN OAK LN WASHINGTON, MI 48095	^{200.00}	[®] 350.00
	<u>\$ 200.00</u>	\$ 333.33
5. If over \$100.00 cumulative, please provide:		
Occupation CEO Employer CALLOBPEO		
Business Address P.O. BOX 18, WASHINGTON, MI 48094		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/23/2024 Name & Address		
TOM SOKOL		
20371 HALL RD	_{\$} 200.00	_s 200.00
MACOMB, MI 48044	\$ <u></u>	<u>\$ 200.00</u>
5. If over \$100.00 cumulative, please provide:		
Occupation AGENCY PRINCIPLE Employer SELF EMPLOYED		
Business Address 15945 CANAL RD, CLINTON TWP, MI 48038		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/23/2024 Name & Address: NED PICCININI 4655 LOCKWOOD DR	_{\$} 500.00	\$800.00
WASHINGTON, MI 48094	\$ 000.00	<u>\$ 000.00</u>
5. If over \$100.00 cumulative, please provide:		
Occupation CEO Employer MCM LEARNING INC		
Business Address 31791 SHERMAN AVE, MADISON HEIGHTS, MI 48071		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/23/2024		
VANCE R PATRICK		
30545 LONGCREST ST	_s 400.00	400.00
SOUTHFIELD, MI 48076	§ 400.00	_{\$_} 400.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer RETIRED		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	1,300.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on	_1
Page 6 of 41	line 3a of Summary Page.	



ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

139858 1. Committee I.D. Number

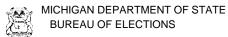
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/23/2024 Name & Address: DOMINIC TORRES 44517 S CAROLINA DR SHELBY TOWNSHIP, MI 48315	<u>\$ 200.00</u>	_{\$} 500.00
5. If over \$100.00 cumulative, please provide: Occupation REALTOR Employer KELLER WILLIAMS LAKESIDE Business Address 45609 VILLAGE BLVD, SHELBY TWP, MI 48315 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/23/2024 Name & Address STEPHANIE STAGER 54821 CABRILLO DR MACOMB, MI 48042	<u>\$</u> 200.00	\$ 500.00
5. If over \$100.00 cumulative, please provide: Occupation PROSECUTOR Employer MACOMB CIRCUIT COURT Business Address 1 S MAIN ST, MT CLEMENS, MI 48043 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/23/2024 Name & Address: KENNETH J LICARI 52799 S WEATHERVANE DR NEW BALTIMORE, MI 48047	_{\$} 200.00	_{\$} 650.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer RETIRED Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/23/2024 Name & Address DAN WALLER 209 NORTHSHORE DR ST CLAIR SHORES, MI 48080	_{\$} 200.00	_{\$} _350.00
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer SELF		
Business Address 100 MAPLE PARK BLVD, ST CLAIR SHORES, MI 48081 Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 7 of 41	Enter this total on line 3a of Summary Page.	-



CANDIDATE COMMITTEE

139858 1. Committee I.D. Number _

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 all 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 07/23/2024 Name & Address: EDWARD KLOBUCHER		
585 E SHEVLIN AVE	200.00	200 00
HAZEL PARK, MI 48030	<u>\$ 200.00</u>	_{\$} 200.00
5. If over \$100.00 cumulative, please provide:		
Occupation CITY MANAGER Employer CITY OF HAZEL PARK		
Business Address 111 E 9 MILE RD, HAZEL PARK, MI 48030		
Type of Contribution: Direct Loan from a person Fund Raiser	-	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/23/2024 Name & Address		
COLLEEN WORDEN		
20052 FAIRWAY DR	, 200.00	_s 200.00
GROSSE POINTE WOODS, MI 48236	\$ <u></u>	\$ 00100
5. If over \$100.00 cumulative, please provide:		
Occupation ASSISTANT PROSECUTOR Employer MACOMB COUNTY		
Business Address 20052 FAIRWAY DR, GROSSE POINTE WOODS, MI 48236		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/23/2024 Name & Address: JUSTIN POLLARD 39676 MEMORY LN HARRISON TWP, MI 48045	§ 200.00	_{\$} 650.00
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer MACOMB COUNTY		
Business Address 1 S MAIN ST, MT CLEMENS, MI 48043		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/23/2024		
Name & Address ———————————————————————————————————		
850 STEPHENSON HWY	°200.00	200.00
TROY, MI 48083	<u>\$</u> 200.00	\$_ 200.00
5. If over \$100.00 cumulative, please provide:		
Occupation CEO Employer MEA TV RADIO		
Business Address 850 STEPHENSON HWY, TROY, MI 48083		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	800.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on	_l
Page 8 of 41	line 3a of Summary Page.	



1. Committee I.D. Number ____139858

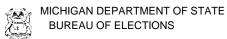
CANDIDATE COMMITTEE 2. Committee Na

CTE PETER J. LUCIDO FOR PROSECUTOR

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 all 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 07/23/2024 Name & Address: SAM LAGRASSO 540 E GUNN RD ROCHESTER, MI 48306	_{\$} 200.00	_{\$} 200.00
5. If over \$100.00 cumulative, please provide: Occupation SELF EMPLOYED Employer VENTURE MANAGEMENT Business Address 540 E GUNN RD, ROCHESTER, MI 48306 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/23/2024 Name & Address KYLE BASTION 53255 WHITBY WAY SHELBY TWP, MI 48316	_{\$} 400.00	_{\$} 700.00
5. If over \$100.00 cumulative, please provide: Occupation SOCIAL WORKER Employer MACOMB COUNTY COUNSELING GROUP Business Address 53255 WHITBY WAY, SHELBY TWP, MI 48316 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/23/2024 Name & Address: RYAN LESPERANCE 53560 JOE WOOD DR MACOMB, MI 48042	_{\$} 200.00	_{\$} 350.00
5. If over \$100.00 cumulative, please provide: Occupation MARKETING Employer SMASH CREATIVE Business Address 7755 22 MILE RD, SHELBY TWP, MI 48317 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/23/2024 Name & Address RICHARD CERVENAK 42870 LITTLE RD CLINTON TWP, MI 48036	_{\$} 200.00	_{\$} 350.00
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer SELF		
Business Address 42870 LITTLE RD, CLINTON TWP, MI 48036 Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	1,000.00 Enter this total on	

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Enter this total on line 3a of Summary Page.



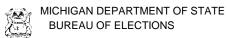
CANDIDATE COMMITTEE

139858 1. Committee I.D. Number _

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

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 all 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 07/23/2024 Name & Address: ROGER LONSWAY 41800 PRUNUM DR STERLING HEIGHTS, MI 48314	_{\$} 200.00	_{\$} 200.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer RETIRED		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/23/2024 Name & Address DAVID ENWYIA 52904 FOREST GROVE SHELBY TWP, MI 48315	\$ 1,000.00	_{\$} 1,000.00
5. If over \$100.00 cumulative, please provide: Occupation OWNER Employer HOUSE OF HUMMUS Business Address 14010 23 MILE RD, SHELBY TWP, MI 48315 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/23/2024 Name & Address: MICHAEL BOMMARITO 11342 COVERED BRIDGE LN BRUCE TOWNSHIP, MI 48065	§ 200.00	_{\$} 350.00
5. If over \$100.00 cumulative, please provide: Occupation BUILDING OFFIC Employer WASHINGTON TWP Business Address 57900 VAN DYKE AVE, WASHINGTON, MI 48094 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/23/2024 Name & Address TONYA GOETZ 1363 PEACHTREE DR TROY, MI 48083	_{\$} 400.00	_{\$} 700.00
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer MACOMB COUNTY PROSECUTOR'S OFFICE		
Business Address 1 S MAIN ST, MT CLEMENS, MI 48043 Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	1,800.00 Enter this total on line 3a of Summary	

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CANDIDATE COMMITTEE

1. Committee I.D. Number ____139858

2. Committee Name

CTE PETER J. LUCIDO FOR PROSECUTOR

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 all 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 07/23/2024 Name & Address: RALPH DEBUCCE JR 37177 BRETT DR NEW BALTIMORE, MI 48047 5. If over \$100.00 cumulative, please provide: Occupation GENERAL MANAGER Employer JIM RIEHL'S CADILLAC Business Address 18900 HALL RD, CLINTON TWP, MI 48038	_{\$} 400.00	_{\$} 400.00
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/23/2024 Name & Address JOHN MACKENZIE 49573 REGATTA ST NEW BALTIMORE, MI 48047	\$ 200.00	_{\$} 200.00
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer WARNER NORCROSS		
Business Address 12900 HALL RD, STERLING HEIGHTS, MI 48313		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/23/2024 Name & Address: DARRYL ONDERIK 53245 SAMS LN NEW BALTIMORE, MI 48047	_{\$} 400.00	_{\$} 1,150.00
5. If over \$100.00 cumulative, please provide: Occupation COMMUNITY RELATIONS Employer WUJEK - CALCATERRA Business Address 36900 SCHOENHERR RD, STERLING HEIGHTS, MI 48312 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/23/2024 Name & Address ANTHONY GUSMANO 55332 MACINTOSH CT SHELBY TWP, MI 48316	_{\$} 100.00	_{\$} 200.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer		
Type of Contribution: Direct Loan from a person Fund Raiser	4 400 00	1
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page	Enter this total on line 3a of Summary Page.	



1. Committee I.D. Number ____139858

CANDIDATE COMMITTEE 2. Committee Name

CTE PETER J. LUCIDO FOR PROSECUTOR

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 all 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 07/23/2024 Name & Address: DELDIN LAW PAC 18720 MACK STE 270 GROSSE POINTE, MI 48236 5. If over \$100.00 cumulative, please provide:	_{\$} 9,000.00	_{\$} 9,000.00
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/23/2024 Name & Address FRANK SLAIWA 37320 SUSAN ST STERLING HEIGHTS, MI 48310	_{\$} 1,000.00	_{\$_} 1,000.00
5. If over \$100.00 cumulative, please provide: Occupation MECHANIC Employer METROTECH AUTOMOTIVE Business Address 15101 MICHIGAN AVE, DEARBORN, MI 48126		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/23/2024 Name & Address: RUDAH SAGHIR 18467 FOX HOLLOW CT NORTHVILLE, MI 48168	\$ 5,000.00	_{\$} 5,000.00
5. If over \$100.00 cumulative, please provide: Occupation PRESIDENT Employer FAIRLANE CONSTRUCTION Business Address 26766 SIMONE ST, DEARBORN HEIGHTS, MI 48127 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/23/2024 Name & Address PAUL TYLENDA 18720 MACK AVE GROSSE POINTE, MI 48236	_{\$} 1,000.00	_{\$} 1,000.00
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY TYLENDA LAW		
Business Address 18720 MACK AVE, GROSSE POINTE, MI 48236 Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	16,000.00 Enter this total on	

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Enter this total on line 3a of Summary Page.



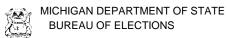
139858 1. Committee I.D. Number _

CANDIDATE COMMITTEE

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

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 all 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 07/23/2024 Name & Address: ANNIE HUSSEIN 49910 JONATHAN CT NORTHVILLE, MI 48167	_{\$} 500.00	_{\$} 500.00
5. If over \$100.00 cumulative, please provide: Occupation Director of Legal Affairs and compliance Employer WAYNE COUNTY EMPLOYEES RETIREMENT SYSTEM		
Business Address 28 W ADAMS AVE, # 1900, DETROIT, MI 48226		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/23/2024 Name & Address		
ANNIE HUSSEIN 49910 JONATHAN CT	_{\$} 500.00	, 1,000.00
NORTHVILLE, MI 48167	\$ 300.00	_{\$} 1,000.00
5. If over \$100.00 cumulative, please provide:		
Occupation WAYNE COUNTY EMPLOYEES RETIREMENT SYSTEM		
Business Address 28 W ADAMS AVE, # 1900, DETROIT, MI 48226		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/24/2024		
Name & Address: RAYMOND DEBUCK JR.		
67587 HIDDEN OAK LN	_{\$} 150.00	_{\$} 450.00
WASHINGTON, MI 48095		·
5. If over \$100.00 cumulative, please provide:		
Occupation OWNER DEBUCK CONSTRUCTION		
Business Address 6805 AUBURN RD, UTICA, MI 48317		
Type of Contribution: Direct Loan from a person Fund Raiser	•	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/24/2024 Name & Address		
JENNIFER KEE		
55837 NICKELBY S	[§] 150.00	[°] 450.00
SHELBY TWP, MI 48316	Ψ	⊅
5. If over \$100.00 cumulative, please provide:		
Occupation REALTOR Employer KEE REALTY LLC		
Business Address 55837 NICKELBY S, SHELBY TWP, MI 48316		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	1,300.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
12 /1	Enter this total on line 3a of Summary	

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CANDIDATE COMMITTEE

139858 1. Committee I.D. Number _

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 07/24/2024 Name & Address: JOHN HUNT		,
14841 MURTHUM AVE	00000	050.00
WARREN, MI 48088	_{\$} 200.00	_{\$} 350.00
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer MACOMB COUNTY		
Business Address 1 S MAIN ST, MT CLEMENS, MI 48043		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/24/2024 Name & Address		
RAYMOND CONTESTI		
39209 COLUMBIA ST	_{\$} 400.00	_{\$} 700.00
HARRISON TWP, MI 48045	\$ <u>+00.00</u>	<u>\$ 700.00</u>
5. If over \$100.00 cumulative, please provide:		
Occupation BUILDER Employer RONCELLI		
Business Address 6471 METRO PARKWAY, STERLING HEIGHTS, MI 48312		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/24/2024 Name & Address: JEFFREY MANDZIUK		
4254 CHRIS DR	_{\$} 200.00	_s 200.00
STERLING HEIGHTS, MI 48310	·	φ
5. If over \$100.00 cumulative, please provide:		
Occupation BUSINESS OWNER Employer SELF EMPLOYED		
Business Address 4254 CHRIS DR, STERLING HEIGHTS, MI 48310		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/24/2024		
JEFFREY P YAROCH		
35545 POUND RD	000.00	050.00
RICHMOND, MI 48062	_{\$} 200.00	_{\$} 350.00
5. If over \$100.00 cumulative, please provide:		
Occupation LEGISLATOR Employer STATE OF MICHIGHAN		
Business Address 201 TOWNSEND ST, LANSING, MI 48933		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	1,000.00	
Grand Total of All Schedules 1A	1,000.00	-
(Complete on last page of Schedule)	Faces	J
Page 14 of 41	Enter this total on line 3a of Summary Page.	



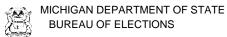
139858 1. Committee I.D. Number _

CANDIDATE COMMITTEE

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

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 all 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 07/24/2024 Name & Address: LOUIS J CIOTTI 1315 S MAIN ST ROYAL OAK, MI 48067	_{\$} 200.00	_{\$} 350.00
5. If over \$100.00 cumulative, please provide:		
Occupation REAL ESTATE Employer SELF		
Business Address 1315 S MAIN ST, ROYAL OAK, MI 48067		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/24/2024 Name & Address		
ATHIR AMMORI	4 000 00	0 = 00 00
248 E GUNN RD	_{\$} 1,000.00	_{\$} 2,500.00
ROCHESTER, MI 48306		
5. If over \$100.00 cumulative, please provide: Occupation OWNER Employer BB'S LIQUOR		
· -		
Business Address 13595 21 MILE RD, SHELBY TWP, MI 48315		
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/24/2024 Name & Address:		
RALPH MACCARONE	000 00	
13921 BASILISCO CHASE DR	_{\$} 200.00	_{\$} 500.00
SHELBY TWP, MI 48315		
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer SELF		
Business Address 13921 BASILISCO CHASE DR, SHELBY TWP, MI 48315 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/24/2024 Name & Address		
ROBERT BERG JR.		
39850 VAN DYKE AVE STERLING HEIGHTS, MI 48313	_{\$} 500.00	_{\$} 2,000.00
, and the second se		*
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer SELF EMPLOYED		
Business Address 39850 VAN DYKE AVE, STERLING HEIGHTS, MI 48313		
Type of Contribution: Direct Loan from a person Fund Raiser	T	
Page Subtotal	1,900.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
1E 11	Enter this total on line 3a of Summary	

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1. Committee I.D. Number _

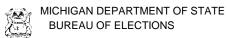
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CANDIDATE COMMITTEE

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/24/2024 Name & Address: FRANK DIPONIA 51173 SIMONE INDUSTRIAL DR SHELBY TWP, MI 48316 5. If over \$100.00 cumulative, please provide: Occupation BUSINESS OWNER Employer DIPONIO & MORELLI CONSTRUCTION	_{\$} 400.00	_{\$} 400.00
Business Address 51173 SIMONE INDUSTRIAL DR, SHELBY TWP, MI 48316 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/24/2024 Name & Address VITO K STROLIS 205 NORTH GRATIOT AVENUE MOUNT CLEMENS, MI 48043	_{\$} 200.00	§ 200.00
5. If over \$100.00 cumulative, please provide: Occupation BUSINESS OWNER Employer RUEHLES TOWING Business Address 205 NORTHBOUND GRATIOT AVE, MT CLEMENS, MI 48043 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/24/2024 Name & Address: MICHAEL R DEVAULT 7910 WALTERS RD LAINGSBURG, MI 48848	<u>\$</u> 400.00	_{\$} 650.00
5. If over \$100.00 cumulative, please provide: Occupation SUPERINTENDENT Employer MISD Business Address 44001 GARFIELD RD, CLINTON TWP, MI 48038 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/24/2024 Name & Address KEVIN M SCHNEIDER 11078 GUY CT WARREN, MI 48093	_{\$} 500.00	_{\$} _500.00
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer LAW OFFICES OF KEVIN SCHNEIDER Business Address 38550 GARFIELD RD, STE A, CLINTON TWP, MI 48038 Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	1,500.00 Enter this total on line 3a of Summary	

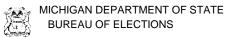
Page 10 of 41



CANDIDATE COMMITTEE

139858 1. Committee I.D. Number _

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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/24/2024 Name & Address: GORAN ANTOVSKI		
198 S MAIN ST	_s 200.00	_s 200.00
MT CLEMENS, MI 48043	<u>\$ 200.00</u>	<u>\$ 200.00</u>
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer MICHIGAN JUSTICE, PLLC		
Business Address 198 S MAIN ST, MT CLEMENS, MI 48043		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/24/2024 Name & Address		
BENEDETTO MARROCCO		
11421 HEATHERWOOD CT	, 200.00	_{\$} 500.00
SHELBY TWP, MI 48315	\$ <u></u>	\$ 000100
5. If over \$100.00 cumulative, please provide:		
Occupation OWNER Employer SELF EMPLOYED		
Business Address 11421 HEATHERWOOD CT, SHELBY TWP, MI 48315		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/24/2024 Name & Address: ANDREA C IRONS	_{\$} 200.00	200.00
15795 NEWPORT DR CLINTON TWP, MI 48038	<u>\$ 200.00</u>	_{\$} 200.00
5. If over \$100.00 cumulative, please provide:		
Occupation APA Employer MACOMB COUNTY		
Business Address 1 S MAIN ST, MT CLEMENS, MI 48043		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/24/2024		
Name & Address		
MATTHEW LOCRICCHIO 4638 GOODISON PL DR	000 00	000.00
ROCHESTER, MI 48306	_{\$} 200.00	_{\$} 200.00
5. If over \$100.00 cumulative, please provide:		
Occupation IT Employer COUNTER MEASURE INC		
Business Address 4638 GOODISON PL DR, ROCHESTER, MI 48306		
Type of Contribution: Direct Loan from a person V Fund Raiser		_
Page Subtotal	800.00	-
Grand Total of All Schedules 1A (Complete on last page of Schedule)		_
Page 17 of 41	Enter this total on line 3a of Summary Page.	



ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

139858 1. Committee I.D. Number _

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

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 all 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 07/24/2024 Name & Address: DAVID JAYE 25810 HICKORY BLVD BONITA SPRINGS, FL 34134	_{\$} 200.00	_{\$} 1,250.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/24/2024 Name & Address JEFFREY GALLOWAY 61462 BRADBURY RUN WASHINGTON, MI 48094	_{\$} 200.00	_{\$} 200.00
5. If over \$100.00 cumulative, please provide: Occupation BUSINESS OWNER Employer SELF EMPLOYED Business Address 61462 BRADBURY RUN, WASHINGTON, MI 48094 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/24/2024 Name & Address: SRMAD BATRIS 6306 SANTA ANITA DR SAGINAW, MI 48603	_{\$} 400.00	_{\$} 400.00
5. If over \$100.00 cumulative, please provide: Occupation BUSINESS OWNER Employer SELF EMPLOYED Business Address 6306 SANTA ANITA DR, SAGINAW, MI 48603 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/24/2024 Name & Address ALAN ACKERMAN 365 PINE RIDGE DR BLOOMFIELD HILLS, MI 48304	_{\$} 200.00	_{\$} 500.00
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer SELF EMPLOYED		
Business Address 988 S ADAMS RD, BIRMINGHAM, MI 48009 Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	1,000.00 Enter this total on line 3a of Summary	

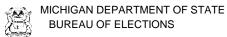
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line 3a of Summary Page.



139858 1. Committee I.D. Number _

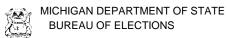
CANDIDATE COMMITTEE 2. Committee Name	PETER J. LUCIDO	O FOR PROSECUTOR
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all 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 07/24/2024 Name & Address: BRADLEY A WOLFBAUER 17625 E 10 MILE RD ROSEVILLE, MI 48066	_{\$} 400.00	_{\$} 400.00
5. If over \$100.00 cumulative, please provide: Occupation GENERAL CONSTRUCTION Employer UNIVERSAL CONSOLIDATED ENTERPRISES Business Address PO BOX 80850, Rochester, MI 48308 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/24/2024 Name & Address FRANK GIANNETTI 12357 FOREST GLEN LN SHELBY TWP, MI 48315	_{\$} 200.00	_{\$} 350.00
5. If over \$100.00 cumulative, please provide: Occupation CONTRACTOR Employer SELF Business Address 12357 FOREST GLEN LN, SHELBY TWP, MI 48315 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/24/2024 Name & Address: NICHOLAS J BACHAND 1566 FAIRHOLME RD GROSSE POINTE WOODS, MI 48236	\$200.00	_{\$} 2,900.00
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer SELF EMPLOYED Business Address 1566 FAIRHOLME RD, GROSSE POINTE WOODS, MI 48236 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/24/2024 Name & Address KATHLEEN ELLIOT 27442 CLARK CIR NEW BALTIMORE, MI 48051	_{\$} 200.00	_{\$_} 200.00
5. If over \$100.00 cumulative, please provide: Occupation TREASURER Employer CHESTERFIELD TOWNSHIP OFFICE Business Address 47275 SUGARBUSH RD, NEW BALTIMORE, MI 48047 Type of Contribution: Discuss Discuss From a page of Fund Raiser		
Type of Contribution:	1,000.00 Enter this total on line 3a of Summary Page.	-



ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

139858 1. Committee I.D. Number _

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 all 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 07/24/2024 Name & Address: FAHD ALHASSAN 6605 LAKE POINTE SHELBY TWP, MI 48317 5. If over \$100.00 cumulative, please provide:	\$ 200.00	_{\$} 350.00
Occupation ACCOUNTANT Employer SELF EMPLOYED		
Business Address 6605 LAKE POINTE, SHELBY TWP, MI 48317 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/24/2024 Name & Address		
JOHN J JENDZA 111 24742 CROCKER BLVD HARRISON TWP, MI 48045	<u>\$ 200.00</u>	<u>\$</u> 200.00
5. If over \$100.00 cumulative, please provide: TOP HAT IOHN		
Occupation BUSINESS OWNER Employer TOP HAT JOHN Business Address 24742 CROCKER BLVD, HARRISON TWP, MI 48045		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/24/2024 ORLANDO L BLANCO 4420 MARQUIS LN BLOOMFIELD HILLS, MI 48301	_{\$} 200.00	_{\$} 200.00
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer BLANCO WILCZYNSKI, PLLC Business Address 2095 E BIG BEAVER RD, STE 400, TROY, MI 48083 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/24/2024 Name & Address MATTHEW K CASEY 4996 CRYSTAL CREEK LN WASHINGTON, MI 48094	_{\$} 200.00	_{\$} 200.00
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer WARNER NORCROSS & JUDD LLP		
Business Address 40701 WOODWARD AVE, BLOOMFIELD HILLS, MI 48304		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	800.00	-
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	_
Page 20 of 41	line 3a of Summary Page.	

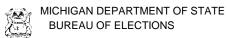


1. Committee I.D. Number _

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CANDIDATE COMMITTEE

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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/24/2024 Name & Address: JEFF ABRO 5541 SPRINGBROOK DR TROY, MI 48098 5. If over \$100.00 cumulative, please provide:	_{\$} 200.00	_{\$} 350.00
Occupation SELF EMPLOYED Employer SELF EMPLOYED		
Business Address 5541 SPRINGBROOK DR, TROY, MI 48098 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/24/2024		
PAUL BORG 4211 BRIAR DR SHELBY TWP, MI 48316	\$ 200.00	_{\$} 625.00
5. If over \$100.00 cumulative, please provide:		
Occupation MANAGEMENT Employer B & B MAINTENANCE SERVICES INC		
Business Address PO BOX 182337, Shelby Township, MI 48318		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/24/2024 KATHRYN NOFAR 2538 PORTOBELLO DR TROY, MI 48083	<u>\$400.00</u>	_{\$} 400.00
5. If over \$100.00 cumulative, please provide:		
Occupation CPA Employer DERDERIAN, KANN, SEYFERTH & SALUCCI		
Business Address 3001 W BIG BEAVER RD, TROY, MI 48084		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/24/2024 Name & Address ANTHONY SORENTINO 915 RIVER BEND DR ROCHESTER HILLS, MI 48307	_{\$} 200.00	_{\$} 350.00
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY PROSECUTORS OFFICE		
Business Address 1 N MAIN ST, MT CLEMENS, MI 48043		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	1,000.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
Page 21 of 41	Enter this total on line 3a of Summary Page.	



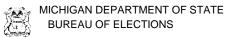
CANDIDATE COMMITTEE

139858 1. Committee I.D. Number _

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

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 all 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 07/24/2024 Name & Address: BRIAN SCHAF 23220 WESTBURY ST ST CLAIR SHORES, MI 48080	_s 1,000.00	_{\$} 2,250.00
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer SELF	ų	<u> </u>
Business Address 2 CROCKER BLVD, MT CLEMENS, MI 48043 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/24/2024 Name & Address BRAD HANTLER 3081 WOODCREEK WAY BLOOMFIELD HILLS, MI 48304	_{\$} 200.00	_{\$} 200.00
5. If over \$100.00 cumulative, please provide: Occupation BUSINESS OWNER Employer WOODCREEK ENTERPRISES Business Address 3081 WOODCREEK WAY, BLOOMFIELD HILLS, MI 48304 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/24/2024 Name & Address: ROBERT HUTH JR 19500 HALL RD CLINTON TWP, MI 48038	_{\$} 2,000.00	_{\$} 3,250.00
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY/PARTNER Employer KIRK HUTH LANGE & BADALAMENTI Business Address 19500 HALL RD, CLINTON TWP, MI 48038 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/24/2024 Name & Address CHRISTOPHER DARROW 44433 WHITE PINE CIR E NORTHVILLE, MI 48168	_{\$} 200.00	_{\$} 200.00
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer DARROW MUSTAFA PC		
Business Address 41860 SIX MILE RD, NORTHVILLE, MI 48168 Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	3,400.00 Enter this total on line 3a of Summary	

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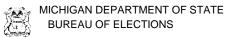
ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

139858 1. Committee I.D. Number _

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

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 all 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 07/24/2024 Name & Address: GIOVAN B MANNINO 8249 PINE CREEK CT SHELBY TWP, MI 48316	_{\$} 200.00	_{\$} 500.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/24/2024 Name & Address SHIRLEY SIEWEKE 5754 STONEY PL S SHELBY TOWNSHIP, MI 48316	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide: Occupation MANAGER Employer DA FRANCESCO Business Address 49521 VAN DYKE AVE, SHELBY TWP, MI 48317 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/24/2024 Name & Address: RANDALL T LEVASSEUR 1868 ROYAL BIRKDALE DR OXFORD, MI 48371	_{\$} 200.00	_{\$} 200.00
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer LE VASSEUR DYER & ASSOCIATES PC Business Address 3233 COOLIDGE HWY, BERKLEY, MI 48072 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/24/2024 Name & Address PAUL MILLER 2071 LEEWOOD DR SHELBY TWP, MI 48316	_{\$} 400.00	_{\$} 700.00
5. If over \$100.00 cumulative, please provide: Occupation OWNER Employer JETS PIZZA		
Business Address 13785 23 MILE RD, SHELBY TWP, MI 48315 Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	900.00 Enter this total on line 3a of Summary	

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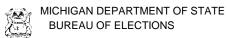
ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/24/2024 Name & Address: JAMES GALLOWAY 61624 BUNKER HILL DR WASHINGTON, MI 48094	_{\$} 250.00	_{\$} 250.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/24/2024 Name & Address MARK W STEPEK 384 W DRAHNER RD OXFORD, MI 48371	\$ 200.00	_{\$} 200.00
5. If over \$100.00 cumulative, please provide: Occupation PROSECUTOR Employer CENTERAL PROCESSING SERVICES Business Address 23800 W 10 MILE RD, SOUTHFIELD, MI 48033 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/24/2024 Name & Address: ALEX LUCIDO 10 WEBER PL GROSSE POINTE, MI 48236	\$250.00	_{\$} 250.00
5. If over \$100.00 cumulative, please provide: Occupation BORKER Employer LUCIDO REAL ESTATE Business Address 19455 MACK AVE, GROSSE POINTE WOODS, MI 48236 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/24/2024 Name & Address ELIZABETH A WADE 43438 WELLAND DR CLINTON TWP, MI 48038	_{\$} 200.00	_{\$} 500.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	900.00 Enter this total on line 3a of Summary	-

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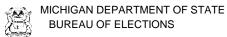
CANDIDATE COMMITTEE

139858 1. Committee I.D. Number _

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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/24/2024 Name & Address: DAVID P PICCININI 6101 WINDEMERE DR	200.00	400.00
SHELBY TWP, MI 48316	_{\$} 200.00	_{\$} 400.00
5. If over \$100.00 cumulative, please provide: Occupation OWNER Employer LIRA TITLE AGENCY		
Business Address 12900 HALL RD, STERLING HEIGHTS, MI 48313		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/24/2024 Name & Address		
RYLEY A AUSTYN		
7120 MUERDALE ST	_s 600.00	_s 600.00
WEST BLOOMFIELD TOWNSHIP, MI 48322	·	*
5. If over \$100.00 cumulative, please provide:		
Occupation ENTREPENEUR Employer SELF EMPLOYED		
Business Address 28250 NORTHLINE RD, West Bloomfield, MI 48322		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/24/2024		
Name & Address:		
61614 COTSWOLD DR	_{\$} 200.00	_{\$} 500.00
WASHINGTON, MI 48094	·	\$
5. If over \$100.00 cumulative, please provide:		
Occupation SUPERVISOR Employer WASHINGTON TWP		
Business Address 57900 VAN DYKE AVE, WASHINGTON, MI 48094		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/24/2024 Name & Address		
PATRICK SIMASKO		
319 NORTHBOUND GRATIOT AVE	_{\$} 200.00	, 700.00
MT CLEMENS, MI 48043	\$_00.00	\$ 700100
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer SIMASKO LAW OFFICES		
Business Address 319 NORTHBOUND GRATIOT AVE, MT CLEMENS, MI 48043		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	1,200.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on line 3a of Summary	-

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139858 1. Committee I.D. Number

CANDIDATE COMMITTEE

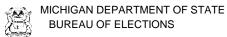
2. Committee Name

CTE PETER J. LUCIDO FOR PROSECUTOR

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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/24/2024 Name & Address: MAX FELLSMAN 14612 ALPENA DR STERLING HEIGHTS, MI 48313	_{\$} 200.00	_{\$} 500.00
5. If over \$100.00 cumulative, please provide: Occupation BUILDING MANAGER Employer CITY OF WARREN Business Address 5460 ARDEN AVE, WARREN, MI 48092 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/24/2024 Name & Address LOUIS A MICHAEL 61590 BRADBURY RUN WASHINGTON, MI 48094	\$ 200.00	_{\$} 1,200.00
5. If over \$100.00 cumulative, please provide: Occupation SELF EMPLOYED Employer SELF EMPLOYED Business Address 61590 BRADBURY RUN, WASHINGTON, MI 48094 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/24/2024 Name & Address: PASHKO UJKIC 38346 PHYLLIS CT STERLING HEIGHTS, MI 48312	_{\$} 500.00	\$ 800.00
5. If over \$100.00 cumulative, please provide: Occupation SELF EMPLOYED Employer SELF Business Address 38346 PHYLLIS CT, STERLING HEIGHTS, MI 48312 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/24/2024 Name & Address ANIELA BOSCA 38870 ELMITE ST HARRISON TWP, MI 48045	_{\$} 200.00	_{\$} 350.00
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer MACOMB COUNTY Business Address 13173 TOEPFER RD, WARREN, MI 48089 Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	1,100.00 Enter this total on	

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line 3a of Summary Page.



1. Committee I.D. Number _

139858

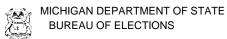
CANDIDATE COMMITTEE

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/24/2024 Name & Address: BETTER MACOMB PAC PO BOX 171 MOUNT CLEMENS, MI 48046	_{\$} 250.00	_{\$} 250.00
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 07/24/2024 Name & Address JOHN KENNEDY 3664 EDGEMONT DR TROY, MI 48084	\$ 200.00	_{\$} 350.00
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer SELF EMPLOYED Business Address 110 S MAIN ST, ROYAL OAK, MI 48067 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/24/2024 Name & Address: PAMELA BROWN 22097 BEECHWOOD AVE EASTPOINTE, MI 48021	_{\$} 200.00	_{\$} 350.00
5. If over \$100.00 cumulative, please provide: Occupation ASSISTANT PROSECUTOR Employer MACOMB COUNTY PROSECUTOR'S OFFICE Business Address 1 S MAIN ST, MT CLEMENS, MI 48043 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/24/2024 Name & Address PHILIP RUGGERI 55764 ST REGIS DR SHELBY TWP, MI 48315	_{\$} 400.00	_{\$} 900.00
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer SELF		
Business Address 43231 SCHOENHERR RD, STERLING HEIGHTS, MI 48313 Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	1,050.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	

Page 27 of 41

line 3a of Summary Page.

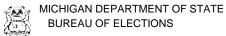


1. Committee I.D. Number _

139858

CANDIDATE COMMITTEE

BENJAMIN SCHOCK 23135 GOLF RUN LN MACOMB, MI 48042 5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer SSR LAW Business Address 45952 SCHOENHERR RD, SHELBY TWP, MI 48315 Type of Contribution: Direct Loan from a person V Fund Raiser Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/24/2024 MEGAN MCKEON 944 WHEATFIELD DR ORION TWP, MI 48362 5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer MACOMB COUNTY Business Address 1 S MAIN ST, FLOOR 3, MT CLEMENS, MI 48043 Type of Contribution: Direct Loan from a person V Fund Raiser 3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/24/2024 Name & Address STEVEN WORDEN 737 MICHIGAN ST EATON RAPIDS, MI 48827 5. If over \$100.00 cumulative, please provide: Occupation SALES Employer CURRENT ELECTIRC AND SOLAR Business Address 737 MICHIGAN ST, EATON RAPIDS, MI 48827 Type of Contribution: Direct Loan from a person V Fund Raiser ACCUPATION SALES Employer CURRENT ELECTIRC AND SOLAR Grand Total of All Schedules 1A (Complete on last page of Schedule) Finter this total on Enter this total on	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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #2 PAC Receipt? YES	Name & Address: FRANCIS ANTONUCCI 69945 FISHER RD BRUCE TWP, MI 48065 5. If over \$100.00 cumulative, please provide:	_{\$} 200.00	_{\$} 500.00
Name & Address BENJAMIN SCHOCK 23135 GOLF RUN LN MACOMB, MI 48042 5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer SSR LAW Business Address 45952 SCHOENHERR RD, SHELBY TWP, MI 48315 Type of Contribution: Direct Loan from a person Part Individual Part Indivi			
ATTORNEY Employer SSR LAW Business Address 45952 SCHOENHERR RD, SHELBY TWP, MI 48315 Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/24/2024 MEGAN MCKEON 944 WHEATFIELD DR ORION TWP, MI 48362 5. If over \$100.00 cumulative, please provide: Cocupation ATTORNEY Employer MACOMB COUNTY Business Address 1 S MAIN ST, FLOOR 3, MT CLEMENS, MI 48043 Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 07/24/2024 Name & Address STEVEN WORDEN 737 MICHIGAN ST EATON RAPIDS, MI 48827 5. If over \$100.00 cumulative, please provide: Cocupation SALES Employer CURRENT ELECTIRC AND SOLAR Business Address 737 MICHIGAN ST, EATON RAPIDS, MI 48827 Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal T50.00 Enter this total on Ente	Name & Address BENJAMIN SCHOCK 23135 GOLF RUN LN MACOMB, MI 48042	_{\$} 200.00	_{\$} 200.00
Business Address 45952 SCHOENHERR RD, SHELBY TWP, MI 48315 Type of Contribution: Direct			
Name & Address: MEGAN MCKEON 944 WHEATFIELD DR ORION TWP, MI 48362 5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer MACOMB COUNTY Business Address 1 S MAIN ST, FLOOR 3, MT CLEMENS, MI 48043 Type of Contribution: Direct Loan from a person V Fund Raiser 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/24/2024 Name & Address STEVEN WORDEN 737 MICHIGAN ST EATON RAPIDS, MI 48827 5. If over \$100.00 cumulative, please provide: Occupation SALES Employer CURRENT ELECTIRC AND SOLAR Business Address 737 MICHIGAN ST, EATON RAPIDS, MI 48827 Type of Contribution: Direct Loan from a person V Fund Raiser Page Subtotal (Complete on last page of Schedule) Finter this total on Enter this total on	Business Address 45952 SCHOENHERR RD, SHELBY TWP, MI 48315		
Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/24/2024 Name & Address STEVEN WORDEN 737 MICHIGAN ST EATON RAPIDS, MI 48827 5. If over \$100.00 cumulative, please provide: Occupation SALES Employer CURRENT ELECTIRC AND SOLAR Business Address 737 MICHIGAN ST, EATON RAPIDS, MI 48827 Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal (Complete on last page of Schedule) Enter this total on Enter this total on	Name & Address: MEGAN MCKEON 944 WHEATFIELD DR ORION TWP, MI 48362 5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer MACOMB COUNTY	_{\$} 150.00	§ 300.00
Name & Address STEVEN WORDEN 737 MICHIGAN ST EATON RAPIDS, MI 48827 5. If over \$100.00 cumulative, please provide: Occupation SALES Business Address 737 MICHIGAN ST, EATON RAPIDS, MI 48827 Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal (Complete on last page of Schedule) Enter this total on	Business Address 1 S MAIN ST, FLOOR 3, MT CLEMENS, MI 48043 Type of Contribution: Direct Loan from a person Fund Raiser		
Occupation SALES Employer CURRENT ELECTIRC AND SOLAR Business Address 737 MICHIGAN ST, EATON RAPIDS, MI 48827 Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal 750.00 Grand Total of All Schedules 1A (Complete on last page of Schedule) Enter this total on	3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/24/2024 Name & Address STEVEN WORDEN 737 MICHIGAN ST	_{\$} 200.00	_{\$} 200.00
Business Address 737 MICHIGAN ST, EATON RAPIDS, MI 48827 Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal 750.00 Grand Total of All Schedules 1A (Complete on last page of Schedule) Enter this total on			
Grand Total of All Schedules 1A (Complete on last page of Schedule) Enter this total on	Business Address 737 MICHIGAN ST, EATON RAPIDS, MI 48827		
(Complete on last page of Schedule) Enter this total on		750.00	
			J



1. Committee I.D. Number _

139858

CANDIDATE COMMITTEE

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/24/2024 Name & Address: SHERA OSIER 54390 ASHLEY LAUREN DR MACOMB, MI 48042	_{\$} 200.00	_{\$} 200.00
5. If over \$100.00 cumulative, please provide: Occupation REAL ESTATE Employer SHERA OSIER INC. Business Address 54390 ASHLEY LAUREN DR, MACOMB, MI 48042		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/24/2024 Name & Address BILL ANDREOPOULOS 47424 HIDDEN MEADOWS DR MACOMB, MI 48044	\$ 400.00	_{\$} 400.00
5. If over \$100.00 cumulative, please provide: Occupation OWNER Employer STEAKHOUSE 22 Business Address 48900 VAN DYKE AVE, SHELBY TWP, MI 48317		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/24/2024 Name & Address: MARK BOONSTRA PO BOX 163 ALLEGAN, MI 49010	_{\$} 200.00	_{\$} 200.00
5. If over \$100.00 cumulative, please provide: Occupation CANDIDATE Employer JUDGE BOONSTRA FOR MICHIGAN Business Address PO BOX 163, Allegan, MI 49010 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/24/2024 Name & Address KATHY REINHOLD 19247 BLACK OAKS DR MACOMB, MI 48044	_{\$} 400.00	_{\$_} 700.00
5. If over \$100.00 cumulative, please provide:		
Occupation SALES Employer SELF		
Business Address 19247 BLACK OAKS DR, MACOMB, MI 48044 Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	1,200.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	

Page 29 of 41

line 3a of Summary Page.



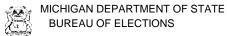
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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/24/2024 Name & Address: KUMAR PALEPU		
377 HILLCREST AVE GROSSE POINTE FARMS, MI 48236	_s 600.00	_{\$} 1,200.00
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer MACOMB COUNTY		
Business Address 1 S MAIN ST, MT CLEMENS, MI 48043		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/24/2024		
Name & Address CATHLEEN FRANCOIS		
11826 METEOR DR	, 200 00	_{\$} 200.00
STERLING HEIGHTS, MI 48313	\$ <u>200.00</u>	§ 200.00
5. If over \$100.00 cumulative, please provide:		
Occupation ACCOUNT EXECUTIVE Employer HOUR MEDIA		
Business Address NEW KING DR, TROY, MI 48098		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/24/2024		
Name & Address: ANDREW FINK		
106 W ALLEGAN ST	_{\$} 200.00	_{\$} 200.00
LANSING, MI 48933		Ψ
5. If over \$100.00 cumulative, please provide:		
Occupation STATE REPRESENTATIVE Employer STATE OF MICHIGAN		
Business Address 124 N CAPITOL AVE, LANSING, MI 48933 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/24/2024 Name & Address		
ROBERT A ROTONDO		
4149 BERKSHIRE DR	£200.00	° 350.00
STERLING HEIGHTS, MI 48314	\$	\$
5. If over \$100.00 cumulative, please provide:		
Occupation CONTRACTOR Employer CONCORDIA CONTRACTING LLC		
Business Address 6336 MILLETT AVE, STERLING HEIGHTS, MI 48312		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	1,200.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
(Complete on last page of Scriedule)	Enter this total on line 3a of Summary	-

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1. Committee I.D. Number _

139858

CANDIDATE COMMITTEE

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/24/2024 Name & Address: LATIF ORAM		
3294 WARDS POINT DR	F00 00	E00 00
WEST BLOOMFIELD TOWNSHIP, MI 48324	_{\$} 500.00	_{\$} 500.00
5. If over \$100.00 cumulative, please provide:		
Occupation CEO Employer VISION PROPERTIES		
Business Address 3294 WARDS POINT DR, WEST BLOOMFIELD TOWNSHIP, MI 48324		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/24/2024		
Name & Address MANSOUR ORAM		
28423 ORCHARD LAKE RD	.500.00	_{\$} 2,100.00
FARMINGTON HILLS, MI 48334	\$ <u>000.00</u>	<u>\$</u> 2,100.00
5. If over \$100.00 cumulative, please provide:		
Occupation COO Employer INTERNATIONAL OUTDOORS		
Business Address _ 28423 ORCHARD LAKE RD, FARMINGTON HILLS, MI 48334		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/24/2024		
Name & Address: JAMES BOWDEN		
43833 COLUMBIA DR	_s 500.00	£1,000.00
CLINTON TWP, MI 48038	\$ 000.00	\$ 1,000.00
5. If over \$100.00 cumulative, please provide:		
Occupation LAWYER Employer SELF		
Business Address 120 S MAIN ST, MT CLEMENS, MI 48043		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/24/2024		
Name & Address DUNYA KILANO		
43800 GARFIELD RD	200.00	200.00
CLINTON TWP, MI 48038	_{\$} 200.00	<u>\$ 200.00</u>
5. If over \$100.00 cumulative, please provide:		
Occupation DIRECTOR OF OPERATIONS Employer FACE ADDICTION NOW		
Business Address 43800 GARFIELD RD, CLINTON TWP, MI 48038		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	1,700.00	
Grand Total of All Schedules 1A		-[
(Complete on last page of Schedule)	Enter this total on	_l
	line 3a of Summary	

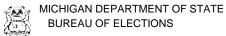
Page 31 of 41



CANDIDATE COMMITTEE

139858 1. Committee I.D. Number _

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 all 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 07/24/2024 Name & Address: MICHAEL MACHERZAK 7223 VENTURI DR WASHINGTON, MI 48094	_{\$} 200.00	_§ 200.00
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer SELF EMPLOYED		
Business Address 8300 HALL RD, UTICA, MI 48317 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/24/2024		
Name & Address MARK PEYSER 450 W 4TH ST	_{\$} 200.00	s 200.00
ROYAL OAK, MI 48067	Ψ	Ψ
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer HOWARD AND HOWARD		
Business Address 450 W 4TH ST, ROYAL OAK, MI 48067		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/24/2024 Name & Address: SALVATORE LEONE 61254 BURNINGWOOD DR WASHINGTON, MI 48094	_{\$} 200.00	_{\$} 1,200.00
5. If over \$100.00 cumulative, please provide:		
Occupation CABINET MAKER Employer SELF		
Business Address 48582 VAN DYKE AVE, WASHINGTON, MI 48094		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/24/2024 Name & Address VITALIANO TERRACCIANO 429 S MAIN ST ROCHESTER, MI 48307	_{\$} 200.00	_{\$} 200.00
5. If over \$100.00 cumulative, please provide:		
Occupation BUILDER Employer ARTEVA HOMES		
Business Address 429 S MAIN ST, ROCHESTER, MI 48307		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	800.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	
Page 32 of 41	line 3a of Summary Page.	



139858 1. Committee I.D. Number

CANDIDATE COMMITTEE

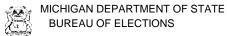
2. Committee Name

CTE PETER J. LUCIDO FOR PROSECUTOR

3. Cartribution # 1 PAC Receipt?	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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Business Address Type of Contribution: □ Direct □ Loan from a person ✔ Fund Raiser 3. Contribution #2 PAC Receipt? □ YES	Name & Address: THOMAS KUHN 1595 PEBBLE POINT DR TROY, MI 48085 5. If over \$100.00 cumulative, please provide:	_{\$} 200.00	_{\$} 600.00
Name & Address FRANK POMA 18187 CRISWOOD DR MACOMB, MI 48044 5. If over \$100.00 cumulative, please provide: Occupation RESTAURANT Employer SELF Business Address 18187 CRISWOOD DR, MACOMB, MI 48044 Type of Contribution: Direct Loan from a person V Fund Raiser 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/24/2024 EDDIE JAWAD 19040 21 MILE RD MACOMB, MI 48044 5. If over \$100.00 cumulative, please provide: Occupation OWNER Employer PIT STOP MOBILE Business Address 46820 NORTH AVE, MACOMB, MI 48042 Type of Contribution: Direct Loan from a person V Fund Raiser 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/24/2024 Name & Address 3. Contribution: Direct Loan from a person V Fund Raiser 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/24/2024 Name & Address Address 46820 NORTH AVE, MACOMB, MI 48042 Type of Contribution: Direct Loan from a person V Fund Raiser 3. Contribution # A PAC Receipt? SELF EMPLOYED 6655 MILLAR RD CLINTON TWP, MI 48036 5. If over \$100.00 cumulative, please provide: Occupation SALES Employer SELF EMPLOYED Business Address 16655 MILLAR RD, CLINTON TWP, MI 48036 Type of Contribution: Direct Loan from a person V Fund Raiser Page Subtotal 1,200.00	Business Address 1595 PEBBLE POINT DR, TROY, MI 48085		
Occupation RESTAURANT Employer SELF Business Address 18187 CRISWOOD DR, MACOMB, MI 48044 Type of Contribution: Direct Loan from a person V Fund Raiser 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/24/2024 SEDDIE JAWAD 19040 21 MILE RD MACOMB, MI 48044 5. If over \$100.00 cumulative, please provide: Occupation OWNER Employer PIT STOP MOBILE Business Address 46820 NORTH AVE, MACOMB, MI 48042 Type of Contribution: Direct Loan from a person V Fund Raiser 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/24/2024 A. JOSEPH GAROFALO 16655 MILLAR RD CLINTON TWP, MI 48036 5. If over \$100.00 cumulative, please provide: Occupation SALES Employer SELF EMPLOYED Business Address 16655 MILLAR RD, CLINTON TWP, MI 48036 Type of Contribution: Direct Loan from a person V Fund Raiser	3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/24/2024 Name & Address FRANK POMA 18187 CRISWOOD DR	_{\$} 400.00	_{\$} 400.00
Name & Address: EDDIE JAWAD 19040 21 MILE RD MACOMB, MI 48044 5. If over \$100.00 cumulative, please provide: Occupation OWNER	Occupation RESTAURANT Employer SELF Business Address 18187 CRISWOOD DR, MACOMB, MI 48044		
Occupation OWNER Business Address 46820 NORTH AVE, MACOMB, MI 48042 Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/24/2024 Name & Address A. JOSEPH GAROFALO 16655 MILLAR RD CLINTON TWP, MI 48036 5. If over \$100.00 cumulative, please provide: Occupation SALES Business Address 16655 MILLAR RD, CLINTON TWP, MI 48036 Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal 1,200.00	Name & Address: EDDIE JAWAD 19040 21 MILE RD	<u>\$400.00</u>	_{\$} 400.00
Name & Address A. JOSEPH GAROFALO 16655 MILLAR RD CLINTON TWP, MI 48036 5. If over \$100.00 cumulative, please provide: Occupation SALES Business Address 16655 MILLAR RD, CLINTON TWP, MI 48036 Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal 1,200.00	Occupation OWNER Employer PIT STOP MOBILE Business Address 46820 NORTH AVE, MACOMB, MI 48042		
Occupation SALES Employer SELF EMPLOYED Business Address 16655 MILLAR RD, CLINTON TWP, MI 48036 Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal 1,200.00	Name & Address A. JOSEPH GAROFALO 16655 MILLAR RD	_{\$} 200.00	_{\$_} 400.00
Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal 1,200.00	Occupation SALES Employer SELF EMPLOYED		
(Complete on last page of Schedule) Enter this total on	Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal Grand Total of All Schedules 1A	,	-

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line 3a of Summary Page.



CANDIDATE COMMITTEE

139858 1. Committee I.D. Number _

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

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 all 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 07/24/2024 Name & Address: ROGER CANZANO 2595 LAPEER RD AUBURN HILLS, MI 48326	_{\$} 200.00	_s 350.00
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer CANZO LAW	*	
Business Address 2595 LAPEER RD, AUBURN HILLS, MI 48326 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/24/2024 Name & Address MICHAEL DIMICHELE 53660 APPLEWOOD DR SHELBY TWP, MI 48315	§ 400.00	_{\$} 700.00
5. If over \$100.00 cumulative, please provide: Occupation INDEPENDENT MANUFACTUAR Employer SELF Business Address 53600 APPLEWOOD DR, SHELBY TWP, MI 48315 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/24/2024 Name & Address: ALY BAZZI 5880 WEST RD WASHINGTON, MI 48094	_{\$} 200.00	_{\$} 200.00
5. If over \$100.00 cumulative, please provide: Occupation CEO Employer BAZCO ENTERPRISES Business Address 30825 26 MILE RD, NEW HAVEN, MI 48048 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/24/2024 Name & Address REBECCA KELLEY 1206 HOFFMAN AVE ROYAL OAK, MI 48067	_{\$} 200.00	_{\$} 200.00
5. If over \$100.00 cumulative, please provide: Occupation APA Employer PETER LUCIDO		
Business Address 1 S MAIN ST, MT CLEMENS, MI 48043 Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	1,000.00 Enter this total on line 3a of Summary	

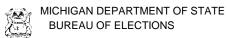
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CANDIDATE COMMITTEE

139858 1. Committee I.D. Number _

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 07/24/2024 Name & Address: SHAWN COPPINS 70 CLINTON ST MT CLEMENS, MI 48043 5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer COPPINS LAW GROUP, PLLC	_{\$} 200.00	_{\$} 200.00
Occupation ATTORNEY Employer COPPINS LAW GROUP, PLLC Business Address 44 ST STREET, MOUNT CLEMENS, MI 48043 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/24/2024 Name & Address ANTHONY MUNACO 2118 W GUNN RD ROCHESTER, MI 48306 5. If over \$100.00 cumulative, please provide:	\$ 400.00	_{\$} 400.00
Occupation RETIRED Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/24/2024 Name & Address: ANTHONY MUNACO 2118 W GUNN RD ROCHESTER, MI 48306	\$ 200.00	_{\$} 600.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/24/2024 Name & Address DAVID JOSEPH 28637 BUCKINGHAMSHIRE DR NEW BALTIMORE, MI 48047	_{\$} 200.00	_{\$} 200.00
5. If over \$100.00 cumulative, please provide:		
Occupation TRUSTEE Employer CHESTERFIELD TOWNSHIP		
Business Address 47275 SUGARBUSH RD, NEW BALTIMORE, MI 48047		
Type of Contribution: ☐ Direct ☐ Loan from a person ✔ Fund Raiser	14 000 00	1
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 35 of 41	Enter this total on line 3a of Summary Page.	



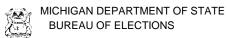
CANDIDATE COMMITTEE

139858 1. Committee I.D. Number _

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/24/2024 Name & Address: JAMES BISHAI 13430 DIEGEL DR	_{\$} 200.00	, 200.00
SHELBY TWP, MI 48315	<u>\$ 200.00</u>	<u>\$ 200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer SELF		
Business Address 7755 22 MILE RD, SHELBY TWP, MI 48317		
Type of Contribution: Direct Loan from a person Fund Raiser	_	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/24/2024 Name & Address		
ORAS ZUHAIR	0.000.00	0.000.00
3401 SANDY RIDGE DRIVE DORR, MI 49323	\$ 2,000.00	_{\$} 2,000.00
5. If over \$100.00 cumulative, please provide:		
Occupation OWNER Employer ORAS 2 INC		
Business Address OLD 13 MILE RD, WARREN, MI 48093		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/24/2024		
Name & Address: PHIL RODE		
36097 ACTON ST	_{\$} 50.00	_s 50.00
CLINTON TWP, MI 48035	·	φ
5. If over \$100.00 cumulative, please provide:		
Occupation BUSINESS OWNER Employer B P RODE ENTERPRISES LLC		
Business Address 36097 ACTON ST, CLINTON TWP, MI 48035		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/24/2024 Name & Address		
MARIO BERNARD		
25000 WOOD ST	_{\$} 100.00	° 100.00
ST CLAIR SHORES, MI 48080	\$	\$
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser	1	_
Page Subtotal	2,350.00	-
Grand Total of All Schedules 1A (Complete on last page of Schedule)		J
26 44	Enter this total on line 3a of Summary	

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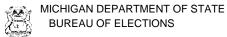
CANDIDATE COMMITTEE

139858 1. Committee I.D. Number _

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/25/2024 Name & Address: GASPAR RANDAZZO 6627 POND DR WASHINGTON, MI 48094	_{\$} 200.00	_{\$} 500.00
5. If over \$100.00 cumulative, please provide:		
Occupation HEATING AND COOLING Employer SELF		
Business Address 6627 POND DR, WASHINGTON, MI 48094		
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/25/2024 Name & Address		
DAVID FEMMININEO		
110 S MAIN ST	_s 1,000.00	_{\$} 2,300.00
MT CLEMENS, MI 48043	Ψ	Ψ
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer FEMMININEO ATTORNEYS PLLC		
Business Address 110 S MAIN ST, MT CLEMENS, MI 48043		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/26/2024		
Name & Address:		
BENJAMIN ALOIA 54439 WHITE SPRUCE LN	_{\$} 400.00	_{\$} 1,400.00
SHELBY TWP, MI 48315	\$ 100100	§ 1, 400.00
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer ALOIA LAW		
Business Address 48 S MAIN ST, STE 3, MT CLEMENS, MI 48043		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/26/2024		_
Name & Address ———————————————————————————————————		
52896 SABLE COURT	600 00	600.00
SHELBY TOWNSHIP, MI 48315	§600.00	_{\$} 600.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
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Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on line 3a of Summary	- 1
27 44	THE SA OF SUMMARY	

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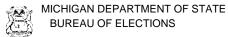
CANDIDATE COMMITTEE

139858 1. Committee I.D. Number _

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/26/2024 Name & Address: DAVID BERGAMO 1238 OAKWOOD CT ROCHESTER HILLS, MI 48307 5. If over \$100.00 cumulative, please provide:	§ 300.00	_{\$} 300.00
Occupation CEO Employer GLOBALE GROUP		
Business Address 7200 MILLER DRIVE, Warren, MI 48092		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/26/2024 Name & Address		
PROCOPIP DIMAGGIO 12995 CREEKVIEW DR E	\$200.00	_{\$} 200.00
SHELBY TWP, MI 48315		·
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/26/2024 Name & Address: FRANK MARINO 317 BAYWOOD LEONARD, MI 48367	\$200.00	<u>\$</u> 200.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/26/2024 Name & Address CESARE LEONE 54540 ANN DR MACOMB, MI 48042	_{\$} 400.00	_{\$} 400.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED 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)	Enter this total on line 3a of Summary	

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SCHEDULE 1A

1. Committee I.D. Number ____139858

I.D. Number _____

CANDIDATE COMMITTEE

2. Committee Name

CTE PETER J. LUCIDO FOR PROSECUTOR

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 all 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 07/28/2024 Name & Address: PETER FUCIARELLI 61334 WINDWOOD CT WASHINGTON, MI 48094 5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer RETIRED	_{\$} 200.00	_{\$} 500.00
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/30/2024 Name & Address HANI KASSAB 812 S MAIN ST ROYAL OAK, MI 48067	_{\$} 2,000.00	_{\$} 3,500.00
5. If over \$100.00 cumulative, please provide: Occupation REAL EASTATE INVESTOR _{Employer} JARS HOLDINGS LLC Business Address 803 W BIG BEAVER RD, TROY, MI 48084 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 08/23/2024 Name & Address: PALUSHAJ DONNY 3432 SUSSSEX ROCHESTER, MI 48306	<u>\$400.00</u>	_{\$} 400.00
5. If over \$100.00 cumulative, please provide: Occupation OWNER Employer DON CHRISTO'S CIGAR ROOM Business Address 51748 VAN DYKE AVE, SHELBY TWP, MI 48316 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 08/25/2024 Name & Address ALEXANDRA WOLF 17303 DOLORES ST LIVONIA, MI 48152	_{\$} 150.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer WAYNE COUNTY PROS OFFICE		
Business Address 1441 ST ANTOINE, DETROIT, MI 48226 Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	2,750.00	

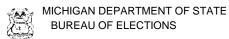
Page 39 of 41



CANDIDATE COMMITTEE

139858 1. Committee I.D. Number _

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 all 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 08/25/2024 Name & Address: ERTIS TEREZIU		
3769 CONE AVE ROCHESTER HILLS, MI 48309	_{\$} 150.00	° 150.00
5. If over \$100.00 cumulative, please provide:	Ψ	<u>v</u>
Occupation ATTORNEY Employer MORGAN & MORGAN		
Business Address 2000 TOWN CENTER, SOUTHFIELD, MI 48075		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/26/2024		
Name & Address BRIAN PANNEBECKER		
50681 HARBOUR VIEW DR N	_{\$} 150.00	_{\$} 150.00
NEW BALTIMORE, MI 48047	\$ <u></u>	\$ 100100
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 08/26/2024 Name & Address: GJOKA NIKOLLAJ 54286 BIRCHFIELD DR E SHELBY TWP, MI 48316	_{\$} 150.00	_{\$} _150.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 08/26/2024		_
Name & Address GJOKA NIKOLLAJ 54286 BIRCHFIELD DR E SHELBY TWP, MI 48316	_{\$} 150.00	_{\$} 300.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	600.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on	JI
Page 40 of 41	line 3a of Summary Page.	



1. Committee I.D. Number

139858

CANDIDATE COMMITTEE

2. Committee Name

CTE PETER J. LUCIDO FOR PROSECUTOR

3. Contribution # 1	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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Occupation ATTORNEY Employer DARROW MUSTAFA PC Business Address 41860 SIX MILE RD, NORTHVILLE, MI 48168 Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution 72 PAC Receipt? YES 4. Date of Receipt 08/26/2024 Name & Address NANCY TISEO 16155 VISTA WOODS CT CLINTON TWP, MI 48038 5. If over \$100.00 cumulative, please provide: Cocupation RETIRED Employer Employer Business Address: PAC Receipt? YES 4. Date of Receipt Fund Raiser 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Cocupation Employer Employer Business Address: PAC Receipt? YES 4. Date of Receipt Susiness Address YES YES YES YES YES YES YES YES YES	Name & Address: CHRISTOPHER DARRON 44433 WHITE PINE CIR E NORTHVILLE, MI 48168	_{\$} 150.00	_{\$} 350.00
Business Address 41860 SIX MILE RD, NORTHVILLE, MI 48168 Type of Contribution #2 1. Contribution #2 1. PAC Receipt? YES			
Type of Contribution: Pack Receipt? YES 4. Date of Receipt 08/26/2024 Name & Address S. If over \$100.00 cumulative, please provide: Occupation Pack Address Type of Contribution Pack Address Type of Contribution: Direct Loan from a person Fund Raiser S. If over \$100.00 cumulative, please provide: Occupation Pack Address S. If over \$100.00 cumulative, please provide: Occupation Pack Address Type of Contribution: Direct Loan from a person Fund Raiser S. If over \$100.00 cumulative, please provide: Occupation Pack Address S. If over \$100.00 cumulative, please provide: Occupation Pack Address S. If over \$100.00 cumulative, please provide: Occupation Pack Address Type of Contribution: Direct Loan from a person Fund Raiser S. If over \$100.00 cumulative, please provide: Occupation Pack Address Type of Contribution: Direct Loan from a person Fund Raiser S. If over \$100.00 cumulative, please provide: Occupation Pack Address Type of Contribution: Direct Loan from a person Fund Raiser S. If over \$100.00 cumulative, please provide: Occupation Pack Address Type of Contribution: Direct Loan from a person Fund Raiser S. If over \$100.00 cumulative, please provide: Occupation Pack Address Type of Contribution: Direct Loan from a person Fund Raiser Occupation Page Subtotal Address Type of Contribution: Direct Loan from a person Page Subtotal Address Type of Contribution: Direct Loan from a person Page Subtotal Address Type of Contribution: Direct Loan from a person Page Subtotal Address Page Subtotal Address Type of Contribution: Direct Loan from a person Page Subtotal Address			
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/26/2024 Name & Address Type of Contribution: Direct Loan from a person Fund Raiser 5. If over \$100.00 cumulative, please provide: Cocupation RETIRED Employer Susiness Address Type of Contribution: Direct Loan from a person Fund Raiser 5. If over \$100.00 cumulative, please provide: Cilick Here for Memo Itemization Cilick Here for Memo Itemization Employer Susiness Address Type of Contribution: Direct Loan from a person Fund Raiser 5. If over \$100.00 cumulative, please provide: Cilick Here for Memo Itemization Fund Raiser Cilick Here for Memo Itemization Fund Raiser Cilick Here for Memo Itemization			
Name & Address NANCY TISEO 16155 VISTA WOODS CT CLINTON TWP, MI 48038 5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer Business Address: Type of Contribution: PAC Receipt? YES 4. Date of Receipt Susiness Address: 5. If over \$100.00 cumulative, please provide: Cocupation Employer Susiness Address: 5. If over \$100.00 cumulative, please provide: Cocupation Face PAC Receipt? YES 4. Date of Receipt 3. Contribution # 4 Name & Address 5. If over \$100.00 cumulative, please provide: Cocupation PAC Receipt? YES 4. Date of Receipt Susiness Address Susiness Address Click Here for Memo Itemization Cocupation # 4 PAC Receipt? YES 4. Date of Receipt Susiness Address Click Here for Memo Itemization Cocupation # A PAC Receipt? PES 4. Date of Receipt Susiness Address Susiness Address Click Here for Memo Itemization Cocupation Pace Pace Subtotal Address Click Here for Memo Itemization			
16155 VISTA WOODS CT CLINTON TWP, MI 48038 5. If over \$100.00 cumulative, please provide: Occupation RETIRED	Name & Address		
S. If over \$100.00 cumulative, please provide: Occupation RETIRED		150.00	200.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED		\$ 150.00	_{\$} 300.00
Docupation RETIRED Employer	CLINTON TWP, WII 46036		
Business Address Type of Contribution: Direct			
Type of Contribution: Piret Loan from a person Fund Raiser 3. Contribution # 3 Name & Address: 5. If over \$100.00 cumulative, please provide: Cocupation Fund Raiser 5. If over \$100.00 cumulative, please provide: Cocupation PAC Receipt? YES	Occupation RETIRED Employer		
3. Contribution # 3 Name & Address: S	Business Address		
Name & Address: S	Type of Contribution:		
5. If over \$100.00 cumulative, please provide: Cccupation	,		
5. If over \$100.00 cumulative, please provide: Cccupation		\$	•
5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct		Ψ	\$
Occupation Employer	5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Business Address Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 4 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 (Complete on last page of Schedule) 80,175.00			
Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 4 Name & Address PAC Receipt? YES 4. Date of Receipt \$			
3. Contribution # 4 Name & Address S. If over \$100.00 cumulative, please provide: Occupation Employer Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal (Complete on last page of Schedule) PAC Receipt? \$ \$			
Occupation Employer Click Here for Memo Itemization Business Address Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal 300.00 Grand Total of All Schedules 1A (Complete on last page of Schedule) 80,175.00	3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt		
Occupation Employer Click Here for Memo Itemization Business Address Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal 300.00 Grand Total of All Schedules 1A (Complete on last page of Schedule) 80,175.00			
Occupation Employer Click Here for Memo Itemization Business Address Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal 300.00 Grand Total of All Schedules 1A (Complete on last page of Schedule) 80,175.00		\$	\$
Business Address Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal 300.00 Grand Total of All Schedules 1A (Complete on last page of Schedule) 80,175.00	5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal 300.00 Grand Total of All Schedules 1A (Complete on last page of Schedule) 80,175.00	Occupation Employer		
Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal 300.00 Grand Total of All Schedules 1A (Complete on last page of Schedule) 80,175.00	Business Address		
Grand Total of All Schedules 1A (Complete on last page of Schedule)			
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Page Subtotal	300.00	
(Complete on last page of Schedule)	Grand Total of All Schedules 1A		

Page 41 of 41

line 3a of Summary Page.



ITEMIZED IN-KIND CONTRIBUTIONS SCHEDULE 1-IK

1. Committee I. D. Number 139858

CONLEGEL I II	OTE DETED I II		OCECUTOR
CANDIDATE COMM	IITTEE 2. Committee Name CTE PETER J. LU	CIDO FOR PR	USECUTOR
3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box)5. Date of Receipt6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? Yes Name & Address: MARK DELDIN 703 UNIVERSITY PL STE 270 GROSSE POINTE, MI 48230 If over \$100.00 cumulative, please provide: Occupation: ATTORNEY Employer Name & Business Address: DELDIN LAW PLLC 18720 MACKAY ST, STE 270, GROSSE POINTE, MI 48230	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 AND BEVERAGES 5. Date Of Receipt: 07/23/2024 6. Vendor Name & Address:	1,277.01	^{\$} 2,777.01
Fund Raiser Contribution Contribution # 2 PAC Receipt? Yes 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	\$	S
If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	Description 5. Date Of Receipt: 6. Vendor Name & Address:	Click Here for Memo It	emization
Fund Raiser Contribution			
Contribution #3 PAC Receipt? Yes Name & Address:	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others	\$	
If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	Description Description Description Description Output Description Descriptio	Click Here for Memo It	temization
Fund Raiser Contribution			
	Page Subtot	1,277.01	2,777.01
	Grand Total of all Schedules 1-		

Enter this total on line 6 of Summary Page

Page 1 of 1



1. Committee I. D. Number 139858

2 Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

2. 0	ommittee name		
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name SMASH CREATIVE		07/22/2024	\$ 50.01
Address 7755 22 MILE RD SHELBY TWP, MI 48317	Purpose: ADVERTISING	Date	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name SMASH CREATIVE		07/22/2024	\$ 50.92
Address 7755 22 MILE RD SHELBY TWP, MI 48317	Purpose: ADVERTISING	Date	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name SMASH CREATIVE		07/22/2024	\$ 50.01
Address 7755 22 MILE RD	Purpose: ADVERTISING	Date	
SHELBY TWP, MI 48317	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #4			
Name FRANK KRAUSE		07/24/2024 Date	\$ 400.00
Address 19995 RIVERWOODS CT MACOMB, MI 48044	Purpose: DJ FOR FUNDRAISER	Dale	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name MR. VALET		07/24/2024	
Address 3735 EATON GATE LN	Purpose: VALET FOR FUNDRAISER	Date	\$ <u>600.00</u>
AUBURN HILLS, MI 48326 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
	Subto	tal this page	1,150.94
	Grand Total of all S (Complete on last page		



SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number

139858

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

2. 0	ommuee name		
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name ANEDOT		07/24/2024	0.00
ANEDOT			\$ 2.00
Address	Purpose: RETURN ANEDOT FEE	Date	
15985 CANAL RD			
CLINTON TWP, MI 48038			
,	Check box if this expenditure is payment of		
□	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #2			
Name SMASH CREATIVE		07/24/2024	
SIVIASITONLATIVL			\$ 50.00
Address	Purpose: ADVERTISING	Date	
7755 22 MILE RD	1 diposo		
SHELBY TWP, MI 48317			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3	Statement		
·			
Name SMASH CREATIVE		07/24/2024	° E 1 1 1
	ADVEDTICING	Date	\$ <u>54.14</u>
Address	Purpose: ADVERTISING	Date	
7755 22 MILE RD			
SHELBY TWP, MI 48317			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4	Statement		
·			
Name SMASH CREATIVE		07/24/2024	° EE 02
	ADVEDTICING	Date	\$ <u>55.03</u>
Address	Purpose: ADVERTISING		
7755 22 MILE RD			
SHELBY TWP, MI 48317			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Fund Raisei	statement		
Expenditure #5			
Name PALAZZO GRANDE		07/00/0004	
	ELINIDO ALGED LIALL	07/26/2024	\$ 30,000.00
Address	Purpose: FUNDRAISER HALL	Date	- 23,333.03
54660 VAN DYKE AVE			
SHELBY TWP, MI 48316			
	Check box if this expenditure is payment of		
✓ Fund Raiser	debt or obligation reported on previous statement		
		4al 4b:	00.101.1=
	Subto	tal this page	30,161.17
	Grand Total of all S	Schedules 1B	
	(Complete on last page		



1. Committee I. D. Number 139858

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

2. 0			
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name HOUR MEDIA Address 5750 NEW KING DR	Purpose: ADVERTISING	07/30/2024 Date	\$ 14,445.00
TROY, MI 48098 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2 Name PETER J LUCIDO Address	Purpose: PAYMENT FOR EXPENDENTURES	07/30/2024 Date	\$ <u>788.73</u>
6303 26 MILE RD WASHINGTON, MI 48094		Itemization Bel	low
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3 Name THE ENGINE HOUSE	FOOD FOD MEETING	07/22/2024	\$ <u>(27.55)</u>
Address 309 CASS AVE MT CLEMENS, MI 48043	Purpose: FOOD FOR MEETING (Memo	Date Itemization)	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4 Name VENTIMIGLIA		07/22/2024	\$ (35.18)
^{Address} 35179 DODGE PARK RD STERLING HEIGHTS, MI 48312	Purpose: FOOD FOR MEETING (Memo	Date Itemization)	<u>, , , , , , , , , , , , , , , , , , , </u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5 Name WILD BILL'S TOBACCO OF SHELB		07/22/2024	¢ (50 00)
Address 53193 HAYES RD SHELBY TWP, MI 48315	Purpose: DRINKS DURING MEETING (Memo	Date Itemization)	\$ <u>(50.00)</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	·	
	Subto	tal this page	15,233.73
	Grand Total of all S (Complete on last page		



1. Committee I. D. Number 139858

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

2. 0			
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name CITY OF STERLING HEIGHTS Address 40555 UTICA RD STERLING HEIGHTS, MI 48313 Fund Raiser	Purpose: SIGNS FOR ADVERTISING	Date Ditemization)	\$ <u>(30.00</u>)
	statement		
Name THE PANTRY RESTAURANT Address	Purpose: MEETING WITH FOOD	07/23/2024 Date	\$ <u>(190.00)</u>
58884 VAN DYKE AVE	(Memo	Itemization)	
WASHINGTON, MI 48094 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	,	
Expenditure #3			
Name PARTY CITY		07/24/2024	\$ <u>(106.00)</u>
Address 12220 HALL RD	Purpose: PARTY SUPPLIES	Date	
STERLING HEIGHTS, MI 48313	(Memo	Itemization)	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4			
Name THE PANTRY RESTAURANT		07/25/2024	\$ (100.00)
Address 58884 VAN DYKE AVE	Purpose: FOOD FOR MEETING	Date	· · · · · ·
WASHINGTON, MI 48094	(Memo	Itemization)	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name BITTER TOM'S DISTILLERY		07/28/2024	
Address 120 S BROADWAY ST	Purpose: MEETING AT RESTAURANT	Date	\$ <u>(250.00)</u>
ORION TWP, MI 48362	· · · · · · · · · · · · · · · · · · ·	Itemization)	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
	Subtot	tal this page	0.00
	Grand Total of all S	Schedules 1B	
	(Complete on last page		



SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number

139858

Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

2.0	ommittee Name		
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name AMERICAN POLISH CENTURY CLUB		07/31/2024	\$ 330.00
Address 33204 MAPLE LN DR	Purpose: DONATION FOR BBQ SMOKER	Date	
STERLING HEIGHTS, MI 48312			
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name SMASH CREATIVE		08/07/2024	\$ 65.00
Address	Purpose: ADVERTISING	Date	
7755 22 MILE RD	1 uipose		
SHELBY TWP, MI 48317			
STILLET TWF, WII 40317			
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name KIWANIS CLUB OF SHELBY GOLDEN K		08/09/2024	\$ 15 0.00
Address	Purpose: DONATION	Date	¥ 130.00
P.O. BOX 182317	Purpose:		
SHELBY TOWNSHIP, MI 48317			
CHEEDT TOWNSHIM , WILL 10017	Chack hav if this avpanditure is novment of		
П	LICheck box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #4			
Name MACOMB COUNTY BAR		08/13/2024	\$ 1,000.00
Address	Purpose: ADVERTISING	Date	- 1,000100
40 N MAIN ST	Fulpose.		
MT CLEMENS, MI 48043			
,	Check box if this expenditure is payment of		
	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name DETROIT BAR ASSOCIATION			
DETROIT BAIL ASSOCIATION	A DV (ED TIQUAG	08/13/2024	\$ 400.00
Address	Purpose: ADVERTISING	Date	+ 100.00
645 GRISWOLD ST			
DETROIT, MI 48226			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
	Subto	tal this page	1,945.00
			1,070.00
	Grand Total of all S		
	(Complete on last page	or Scriedule)	



1. Committee I. D. Number 139858

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

2. 0			
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Name LODGE FIGLI DELLA SICILIA Address 61614 COTSWOLD DR	Purpose: ADVERTISING	08/13/2024 Date	\$ 100.00
WASHINGTON, MI 48094 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2 Name G-TEK PROFESSIONAL SERVICES Address 42888 MOUND RD	Purpose: ADVERTISING	08/15/2024 Date	\$ <u>608.50</u>
STERLING HEIGHTS, MI 48314 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Name PETER J LUCIDO Address 6303 26 MILE RD	Purpose: REIMBURSEMENT OF CHECKS PAID	08/15/2024 Date	\$ <u>180.00</u>
WASHINGTON, MI 48094 Fund Raiser	Memo Check box if this expenditure is payment of debt or obligation reported on previous statement	Itemization Bel	ow
Expenditure #4 Name THE ENGINE HOUSE Address	Purpose: LUNCH AT OFFICE	08/06/2024 Date	\$ <u>(25.00)</u>
309 CASS AVE MT CLEMENS, MI 48043	(Memo	o Itemization)	
Fund Raiser	debt or obligation reported on previous statement		
Name ASPEN RESTAURANT & BAR Address	Purpose: LUNCH MEETING	08/13/2024 Date	\$ <u>(45.00)</u>
20333 HALL RD MACOMB, MI 48044	(Memo	o Itemization)	
L Turio (Calo)	Subto	tal this page	888.50
	Grand Total of all ((Complete on last page		300.00



SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number _

139858

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name HAPPY'S PIZZA		08/13/2024	\$ (65.00)
Address 140 N GRATIOT AVE	Purpose: LUNCH AT OFFICE	Date	
Mount Clemens, MI 48043	(Memo	Itemization)	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name HAPPY'S PIZZA		08/15/2024	\$ (45.00)
Address	Purpose: FOOD FOR OFFICE LUNCH	Date	
140 N GRATIOT AVE	· diposo.		
CLINTON TWP, MI	(Memo	Itemization)	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous		
Expenditure #3	statement		
Name ANEDOT		08/26/2024	\$ 1,058.10
Address 15985 CANAL RD	Purpose: ANEDOT FEES	Date	1,000110
CLINTON TWP, MI 48038			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4	Statement		
Name			
Address	Purpose:	Date	\$
	Click H	ere for Memo I	temization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5			
Name			
Address	Purpose:	Date	\$
	Click H	ere for Memo	temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
		al this page	1,058.10
	Grand Total of all S (Complete on last page		1,058.10 50,437.44



FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

139858 1. Committee I.D. Number

	- USE A SEPARATE	SHEET FOR EACH EVENT	-
. Date Event Was Held	Number of Individuals Atten or Participating (whichever is greater)	ding 5. Type of Fund Raising Activity	6. Address and Name (If any) of the place where the activity was held. PALAZZO GRANDE
07/24/2024	200	BIRTHDAY BANQUET - CONTINUED FROM PREVIOUS ST	54660 VAN DYKE AVE SHELBY TWP, MI 4831 Private Residence
Total Contributions	80,215.	00	
Other Receipts	0.00		
Gross Receipts (Add lines 7 a	and 8) 80,215.	00	
. Total Cost of Event otal Cost includes In-Kind Cor	40,000. ntributions and All Expend		
	int fund raiser and comple		
Co-Sponsor(s)	Contribu (%	ation Split 6)	Expenditure Split (%)
Co-Sponsor(s)			

- 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.

	1	4	
Page	ı	of I	



CANDIDATE COMMITTEE COVER PAGE

FILED 08 FEB 2025 PM 02:20

MACOMB COUNTY CLERK MT. CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate. 3. This Statement covers From: 07/21/2022 to 10/20/2022 1. Committee I.D. Number 4. Candidate Last Name First Name M.I. PETER LUCIDO J 139858 4a. Office Sought Including District # or Community Served (If applicable) 2. Committee Name PROSECUTING ATTORNEY, MACOMB COUNTY CTE PETER J. LUCIDO FOR PROSECUTOR 4b. County of Residence MACOMB COUNTY 5. Committee's Mailing Address 6. Treasurer's Name & Residential Address 6303 26 MILE ROAD SUITE 203 JOSEPH LUCIDO WASHINGTON TWP. MI 48094 39999 GARFIELD ROAD CLINTON TOWNSHIP, MI 48038 Area Code and Phone (586) 206-3133 If the address in this box is different from the committee mailing address on the Statement of Organization, mail may Area Code & Phone (586) 286-8200 be sent to this address by the filing official. 7. Treasurer's Business Address 8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) 39999 GARFIELD ROAD DAVID BULTYNCK CLINTON TOWNSHIP, MI 48038 15985 CANAL ROAD CLINTON TOWNSHIP, MI 48038 Area Code and Phone (586) 286-8200 (586) 286-7300 Area Code and Phone 9e. Dissolution of Candidate Committee 9. TYPE OF STATEMENT Required ONLY if candidate 9a. Pre-Election OR 9b. Post-Election By checking this item I/We certify any outstanding debt is not on the ballot for the current year: by the committee to the candidate or his or her spouse is here Pre-Election or Post-Election Statement relates to: by discharged and forgiven, and no longer collectible from July Quarterly the committee. The committee has no oustanding assets, Primary owes no lates fees or has any oustanding debt. X October Quarterly General Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Convention Special Annual Statement (2022) Effective date of dissolution Coverage Year School 9d. Amendment to Campaign Statement (Complete Item 9a, 9b , 9c or 9e to Caucus Note: The disposition of residual funds must be reported on indicate which Statement is being Schedule 1B and the Summary Page. amended.) Date of Election, Convention or Caucus 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. Submitted electronically. Current Treasurer or signature on file 02/08/2025 Designated Record keeper Date Type or Print Name Signature Submitted electronically, 02/08/2025 signature on file Candidate Date

Signature

Type or Print Name

SUMMARY PAGE CANDIDATE COMMITTEE

CANDIDATE COMMITTEE		
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		,,,,,
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 114,790.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ 114,790.00	(18.) \$ 225,463.50
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ 710.11	(19.) \$ 710.11
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ _115,500.11	(20.) \$ 226,173.61
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ 0.00	(21.) \$ 0.00
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ 0.00	(22.) \$ 0.00
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ 20,459.40	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ 0.00	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ 0.00	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ 20,459.40	(23.) \$ 20,459.40
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$ 0.00	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ 0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)		
DEBTS AND OBLIGATIONS	(11.) \$ 0.00	(24.) \$ 0.00
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ 0.00	
	BALANCE STATEMENT	1
13. Ending Balance of last report filed	(13.) \$ 156,700.33	
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.) + \$ 115,500.11	
(Line 5, Total Contributions & Other Receipts)	(15.) = \$_272,200.44	
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period		
(Add lines 9 and 11)	(16.) - \$ 20,459.40	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ 251,741.04	



ITEMIZED OTHER RECEIPTS SCHEDULE 1A-1

CANDIDATE COMMITTEE

1. Committee I.D. Number 139858

3 Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

3. Name & Address From Whom Receiv		5. Type of Receipt 6. Amount
Receipt #1	Date of Receipt 10/20/2022	Loan from a Lending Institution
Name & Address: COMERICA BANK	10/20/2022	Interest
15301 HALL RD MACOMB, MI 48044		Refund \Rebate
	Fund Raiser	Other (Specify) BANK ADJUSTMENT
Receipt #2 Name & Address:	Date of Receipt	Loan from a Lending Institution
Traine a Address.		Interest \$
		Refund \Rebate Click for Memo Itemization Type
	Fund Raiser	Other (Specify)
Receipt #3 Name & Address:	Date of Receipt	Loan from a Lending Institution
		Interest \$
		Refund \Rebate Click for Memo Itemization Type
	Fund Raiser	Other (Specify)
Receipt #4 Name & Address:	Date of Receipt	Loan from a Lending Institution
		Refund \Rebate Click for Memo Itemization Type
	Fund Raiser	Other (Specify)
Receipt #5 Name & Address:	Date of Receipt	Loan from a Lending Institution
Traine a riadiceor		Interest \$
		Refund \Rebate Click for Memo Itemization Type
	Fund Raiser	Other (Specify)
Receipt #6 Name & Address:	Date of Receipt	Loan from a Lending Institution
		Interest \$
		Refund \Rebate Click for Memo Itemization Type
	Fund Raiser	Other (Specify)
Receipt #7 Name & Address:	Date of Receipt	Loan from a Lending Institution
		Interest
		Refund \Rebate Click for Memo Itemization Type
	Fund Raiser	Other (Specify)
		Page Subtotal 710.11
		Grand Total of All Schedules 1A -1 (Complete on last page of Schedule) 710.11

Enter this total on line 4 of Summary Page

Page 1 of 1



CANDIDATE COMMITTEE COVER PAGE

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MACOMB COUNTY CLERK MT. CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and ca	signed by andidate.	3. This Statement covers From	10/21/2022 to	12/31/2022
1. Committee I.D. Number		Candidate Last Name	First Name	M.I.
139858		LUCIDO	PETER	J
		4a. Office Sought Including Dis	trict # or Community Served	(If applicable)
2. Committee Name		PROSECUTING ATTOR	RNEY, MACOMB COU	NTY
CTE PETER J. LUCIDO FOR PROSI	ECUTOR	4b. County of Residence MA	COMB COUNTY	
5. Committee's Mailing Address		6. Treasurer's Name & Reside	ntial Address	
6303 26 MILE ROAD SUITE 203 WASHINGTON TWP, MI 48094		JOSEPH LUCIDO 39999 GARFIELD R CLINTON TOWNSH		
Area Code and Phone (586) 206-3133 If the address in this box is different from the comm mailing address on the Statement of Organization, robe sent to this address by the filing official.		Area Code & Phone (586) 2	286-8200	
7. Treasurer's Business Address		Designated Record keeper's Designated Record keeper)	s Name and Mailing Address	s (If the committee has a
39999 GARFIELD ROAD CLINTON TOWNSHIP, MI 48038		DAVID BULTYNCK 15985 CANAL ROAI CLINTON TOWNSH		
Area Code and Phone (586) 286-8200		Area Code and Phone (586	6) 286-7300	
9. TYPE OF STATEMENT			9e. Dissolution of Candid	date Committee
9a. Pre-Election OR 9b. Post-Election Pre-Election or Post-Election Statement relates to:		NLY if candidate ballot for the	by the committee to the car	/We certify any outstanding debt ndidate or his or her spouse is here , and no longer collectible from
Primary	July Quart			ttee has no oustanding assets,
General Convention	October C	quarterly	Further, if the dissolution ca considered a request for the	nnot be granted, that this be
Special	9c. X Annua	al Statement (<u>2022</u>)	·	, 0
School		Coverage Year	Effective date of	dissolution
Caucus	(Comp	dment to Campaign Statement lete Item 9a, 9b , 9c or 9e to e which Statement is being led.)	Note: The disposition of res Schedule 1B and the Sumr	sidual funds must be reported on nary Page.
Date of Election, Convention or Caucus				
10. Verification: I\We certify that all reasonable diligmy\our knowledge and belief the contents are true,			ent and attached schedules	(if any) and to the best of
Current Treasurer or			Submitted electronically, signature on file	00/00/000
Designated Record keeper Type or Print Name		/ Signature	————— Date	02/08/2025
Type of Fillit Name		Signature		
Candidate		1	Submitted electronically, signature on file Date	02/08/2025

Signature

Type or Print Name

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>300.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	000.00
c. Subtotal of "Contributions"	(3c.) \$ 300.00	(18.) \$ 300.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ 0.00	(19.) \$ 0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ _300.00	(20.) \$ 300.00
IN-KIND CONTRIBUTIONS & EXPENDITURES	0.00	
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ 0.00	(21.) \$ 0.00
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ 0.00	(22.) \$ 0.00
EXPENDITURES		
8. Expenditures	4.050.00	
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ 1,250.00	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ 0.00	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ 0.00	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ 1,250.00	(23.) \$ 1,250.00
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$ 0.00	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.)\$ 0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ 0.00	(24.) \$ 0.00
DEBTS AND OBLIGATIONS	(11.) \$ 0.00	(24.) \$
12. Debts and Obligations	(12a.) \$_0.00	
a. Owed by the Committee (Schedule 1E)	(12a.) \$	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
	BALANCE STATEMENT (13.) \$ 251,741.04	
 Ending Balance of last report filed (Enter zero if no previous reports have been filed.) 	· , · ·	
 Amount received during reporting period (Line 5, Total Contributions & Other Receipts) 	$(14.) + $\frac{300.00}{(15.) = $_252,041.04}$	
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period		
(Add lines 9 and 11) 17. ENDING BALANCE	(16.) - \$ 1,250.00	
(Subtract line 16 from line 15)	(17.) \$ 250,791.04	*



CANDIDATE COMMITTEE COVER PAGE

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MACOMB COUNTY CLERK MT. CLEMENS, MICHIGAN

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Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate. 3. This Statement covers From: 01/01/2023 to 07/20/2023 1. Committee I.D. Number 4. Candidate Last Name M.I. PETER LUCIDO J 139858 4a. Office Sought Including District # or Community Served (If applicable) 2. Committee Name PROSECUTING ATTORNEY, MACOMB COUNTY CTE PETER J. LUCIDO FOR PROSECUTOR 4b. County of Residence MACOMB COUNTY 5. Committee's Mailing Address 6. Treasurer's Name & Residential Address 6303 26 MILE ROAD SUITE 203 JOSEPH LUCIDO WASHINGTON TWP. MI 48094 39999 GARFIELD ROAD CLINTON TOWNSHIP, MI 48038 Area Code and Phone (586) 206-3133 If the address in this box is different from the committee mailing address on the Statement of Organization, mail may Area Code & Phone (586) 286-8200 be sent to this address by the filing official. 7. Treasurer's Business Address 8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) 39999 GARFIELD ROAD DAVID BULTYNCK CLINTON TOWNSHIP, MI 48038 15985 CANAL ROAD CLINTON TOWNSHIP, MI 48038 Area Code and Phone (586) 286-8200 (586) 286-7300 Area Code and Phone 9e. Dissolution of Candidate Committee 9. TYPE OF STATEMENT Required ONLY if candidate 9a. Pre-Election OR 9b. Post-Election By checking this item I/We certify any outstanding debt is not on the ballot for the current year: by the committee to the candidate or his or her spouse is here Pre-Election or Post-Election Statement relates to: by discharged and forgiven, and no longer collectible from X July Quarterly the committee. The committee has no oustanding assets, Primary owes no lates fees or has any oustanding debt. October Quarterly General Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Convention Special Annual Statement (2023) Effective date of dissolution Coverage Year School 9d. Amendment to Campaign Statement (Complete Item 9a, 9b , 9c or 9e to Caucus Note: The disposition of residual funds must be reported on indicate which Statement is being Schedule 1B and the Summary Page. amended.) Date of Election, Convention or Caucus 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. Submitted electronically. Current Treasurer or signature on file 02/09/2025 Designated Record keeper Date Type or Print Name Signature Submitted electronically, 02/09/2025 signature on file Candidate Date Signature Type or Print Name

SUMMARY PAGE CANDIDATE COMMITTEE

CANDIDATE COMMITTEE		
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		, , , , , , , , , , , , , , , , , , , ,
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 117,920.15	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	_{(3c.) \$} 117,920.15	(18.) \$ 118,220.15
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ 0.00	(19.) \$ 0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ 117,920.15	(20.) \$ 118,220.15
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ 0.00	(21.) \$ 0.00
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ 0.00	(22.) \$ 0.00
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ 21,113.30	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ 0.00	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ 0.00	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ 21,113.30	(23.) \$ 22,363.30
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$ 0.00	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ 0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)		
DEBTS AND OBLIGATIONS	(11.) \$ 0.00	(24.) \$ 0.00
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ 0.00	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ 0.00	
	BALANCE STATEMENT	
13. Ending Balance of last report filed	(13.) \$ 250,791.04	
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.) + \$ <u>117,920.15</u>	
(Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14	(15.) = \$_368,711.19	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ 21,113.30	
17. ÈNDING BALANCÉ	247 507 00	
(Subtract line 16 from line 15)	(17.) \$ 347,597.89 *	



CANDIDATE COMMITTEE

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MACOMB COUNTY CLERK

09 FEB 2025 PM 03:08

FOR OFFICIAL USE ONLY

M.I.

J

MT. CLEMENS, MICHIGAN **COVER PAGE** Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate. 3. This Statement covers From: 07/21/2023 to 10/20/2023 1. Committee I.D. Number First Name 4. Candidate Last Name PETER LUCIDO 139858 4a. Office Sought Including District # or Community Served (If applicable) 2. Committee Name PROSECUTING ATTORNEY, MACOMB COUNTY CTE PETER J. LUCIDO FOR PROSECUTOR 4b. County of Residence MACOMB COUNTY 5. Committee's Mailing Address 6. Treasurer's Name & Residential Address 6303 26 MILE ROAD SUITE 203 JOSEPH LUCIDO

Area Code and Phone (586) 206-3133 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.

CLINTON TOWNSHIP, MI 48038

Area Code & Phone (586) 286-8200

39999 GARFIELD ROAD

39999 GARFIELD ROAD CLINTON TOWNSHIP, MI 48038

7. Treasurer's Business Address

WASHINGTON TWP, MI 48094

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

DAVID BULTYNCK 15985 CANAL ROAD CLINTON TOWNSHIP, MI 48038

Area Code and Phone (586) 286-8200		Area Code and Phone	(586) 286-7300
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	is not on the current year: July Quarte October Q 9c. Annua 9d. Ameno (Comp)	erly uarterly al Statement (2023) Coverage Yea dment to Campaign Stater lete Item 9a, 9b , 9c or 9e e which Statement is bein	nent eto
Date of Election, Convention or Caucus			
10. Verification: I\We certify that all reasonable diligemy\our knowledge and belief the contents are true, a			tatement and attached schedules (if any) and to the best of

Submitted electronically, Current Treasurer or signature on file 02/09/2025 Designated Record keeper

 Date Type or Print Name Signature

Submitted electronically, 02/09/2025 signature on file Candidate Date

Signature

Type or Print Name

SUMMARY PAGE CANDIDATE COMMITTEE

CANDIDATE COMMINITEE		<u> </u>
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions	404 000 00	
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 101,600.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ 101,600.00	(18.) \$ 219,820.15
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _0.00	(19.) \$ 0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ _101,600.00	(20.) \$ 219,820.15
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>3,450.00</u>	(21.) \$ 3,450.00
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ 0.00	(22.) \$ 0.00
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ 42,164.14	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ 0.00	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ 0.00	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ 42,164.14	(23.) \$ 64,527.44
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$ 0.00	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ 0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(10.) \$ 0.00	(24.) \$ 0.00
DEBTS AND OBLIGATIONS	(11.) \$	(24.) \$
12. Debts and Obligationsa. Owed by the Committee (Schedule 1E)	(12a.) \$ 0.00	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ 0.00	
 13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period (Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15) 	(13.) \$ 347,597.89 (14.) + \$ 101,600.00 (15.) = \$ 449,197.89 (16.) - \$ 42,164.14 (17.) \$ 407,033.75	*



1. Committee I. D. Number 139858

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name RICHMOND OOOD OLD DAYS FESTIVAL Address PO BOX 271 RICHMOND, MI 48062 Fund Raiser	Purpose: ADVERTISING Check box if this expenditure is payment of debt or obligation reported on previous statement	08/16/2023 Date	\$ <u>200.00</u>
Expenditure #2 Name ROMEO LIONS CLUB Address 269 E WASHINGTON ST ROMEO, MI 48065	Purpose: BANNER FOR PEACH FESTIVAL, ADVERISING	08/16/2023 Date	\$ <u>200.00</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3 Name OFFICE EXPRESS Address 1280 E BIG BEAVER RD	Purpose: TICKETS	08/30/2023 Date	\$ <u>169.60</u>
TROY, MI 48083 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4 Name ITALIAN TRIBUNE Address 21852 23 MILE RD MACOMB, MI 48042	Purpose: 3 ADS	09/19/2023 Date	\$ 0.00
✓ Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5 Name MICHIGAN COLUMBUS CELEBRATION COMMITTEE Address 38250 LANSE CREUSE ST HARRISON TWP, MI 48045 Fund Raiser	Purpose: FULL PAGE COLOR AD Check box if this expenditure is payment of debt or obligation reported on previous	09/19/2023 Date	\$ <u>115.00</u>
Fullu Kaisei	Subto	tal this page	684.60
	Grand Total of all S (Complete on last page		



CANDIDATE COMMITTEE COVER PAGE

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MACOMB COUNTY CLERK MT. CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

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: 10/21/2023 to 12/31/2023 1. Committee I.D. Number 4. Candidate Last Name First Name M.I. PETER LUCIDO J 139858 4a. Office Sought Including District # or Community Served (If applicable) 2. Committee Name PROSECUTING ATTORNEY, MACOMB COUNTY CTE PETER J. LUCIDO FOR PROSECUTOR 4b. County of Residence MACOMB COUNTY 5. Committee's Mailing Address 6. Treasurer's Name & Residential Address 6303 26 MILE ROAD SUITE 203 JOSEPH LUCIDO WASHINGTON TWP. MI 48094 39999 GARFIELD ROAD CLINTON TOWNSHIP, MI 48038 Area Code and Phone (586) 206-3133 If the address in this box is different from the committee mailing address on the Statement of Organization, mail may Area Code & Phone (586) 286-8200 be sent to this address by the filing official. 7. Treasurer's Business Address 8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) 39999 GARFIELD ROAD DAVID BULTYNCK CLINTON TOWNSHIP, MI 48038 15985 CANAL ROAD CLINTON TOWNSHIP, MI 48038 Area Code and Phone (586) 286-8200 (586) 286-7300 Area Code and Phone 9e. Dissolution of Candidate Committee 9. TYPE OF STATEMENT Required ONLY if candidate 9a. Pre-Election OR 9b. Post-Election By checking this item I/We certify any outstanding debt is not on the ballot for the current year: by the committee to the candidate or his or her spouse is here Pre-Election or Post-Election Statement relates to: by discharged and forgiven, and no longer collectible from July Quarterly the committee. The committee has no oustanding assets, Primary owes no lates fees or has any oustanding debt. October Quarterly General Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Convention Special $9c. | \times |$ Annual Statement (2023) Effective date of dissolution Coverage Year School 9d. Amendment to Campaign Statement (Complete Item 9a, 9b , 9c or 9e to Caucus Note: The disposition of residual funds must be reported on indicate which Statement is being Schedule 1B and the Summary Page. amended.) Date of Election, Convention or Caucus 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. Submitted electronically. Current Treasurer or signature on file 02/09/2025 Designated Record keeper Date Type or Print Name Signature Submitted electronically, 02/09/2025 signature on file Candidate Date Signature

Type or Print Name

SUMMARY PAGE CANDIDATE COMMITTEE

CANDIDATE COMMINITIES		
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions	E00.00	
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 500.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ 500.00	(18.) \$ 220,320.15
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ 0.00	(19.) \$ 0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ _500.00	(20.) \$ 220,320.15
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ 0.00	(21.) \$ 3,450.00
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ 0.00	(22.) \$ 0.00
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	_{(8a.) \$} 62,881.30	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ 0.00	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ 0.00	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ 62,881.30	(23.) \$ 127,408.74
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$ 0.00	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ 0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(10.) \$ 0.00	(24.) \$ 0.00
DEBTS AND OBLIGATIONS	(11.) \$	(24.) \$
12. Debts and Obligationsa. Owed by the Committee (Schedule 1E)	(12a.) \$ 0.00	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ 0.00	
 13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period (Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15) 	(13.) \$ 407,033.75 (14.) + \$ 500.00 (15.) = \$ 407,533.75 (16.) - \$ 62,881.30 (17.) \$ 344,652.45	*



CANDIDATE COMMITTEE COVER PAGE

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MACOMB COUNTY CLERK MT. CLEMENS, MICHIGAN

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Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and o	d signed by andidate.	3. This Statement covers From	01/01/2024 to 0	07/21/2024		
1. Committee I.D. Number		Candidate Last Name	First Name	M.I.		
139858		LUCIDO	PETER	J		
		4a. Office Sought Including Dis	strict # or Community Served	(If applicable)		
2. Committee Name		PROSECUTING ATTOR	RNEY, MACOMB COUI	NTY		
CTE PETER J. LUCIDO FOR PROSECUTOR		4b. County of Residence MA	COMB COUNTY			
5. Committee's Mailing Address		6. Treasurer's Name & Reside	ential Address			
6303 26 MILE ROAD SUITE 203	,	JOSEPH LUCIDO				
WASHINGTON TWP, MI 48094		39999 GARFIELD R CLINTON TOWNSH				
Area Code and Phone (586) 206-3133						
If the address in this box is different from the commailing address on the Statement of Organization, be sent to this address by the filing official.		Area Code & Phone (586)	286-8200			
7. Treasurer's Business Address		Designated Record keeper Designated Record keeper)	's Name and Mailing Address	(If the committee has a		
39999 GARFIELD ROAD		DAVID BULTYNCK				
CLINTON TOWNSHIP, MI 48038		15985 CANAL ROA	D			
		CLINTON TOWNSH				
			,			
Area Code and Phone (586) 286-8200		(58	6) 286-7300			
		Area Code and Phone (136)	9e. Dissolution of Candid	ate Committee		
9. TYPE OF STATEMENT		NLY if candidate				
9a. X Pre-Election OR 9b. Post-Election	is not on the current year:	ballot for the		We certify any outstanding debt didate or his or her spouse is here		
Pre-Election or Post-Election Statement relates to:			by discharged and forgiven,	and no longer collectible from		
X Primary	July Quart	erly	the committee. The commit owes no lates fees or has a	tee has no oustanding assets,		
General	October C	Quarterly		,		
			Further, if the dissolution car considered a request for the			
Convention			considered a request for the	responding walver.		
Special	9c. Annua	al Statement ()	Effective date of d	issolution		
School	l <u> </u>	Coverage Year	Encouve date of a			
Caucus	(Comp	dment to Campaign Statement lete Item 9a, 9b , 9c or 9e to e which Statement is being		idual funds must be reported on		
	amend	led.)	Schedule 1B and the Summ	ary Page.		
Date of Election, Convention or Caucus						
08/06/2024						
33,33,232						
10. Verification: I/We certify that all reasonable dilig my/our knowledge and belief the contents are true,				f any) and to the best of		
Current Treasurer or		1	Submitted electronically, signature on file	02/09/2025		
Designated Record keeper Type or Print Name		Signature	——— Date	<u> </u>		
·		-	Submitted electronically,	001001000		
Candidate		1	signature on file Date	02/09/2025		
Type or Print Name	e	Signature				

SUMMARY PAGE CANDIDATE COMMITTEE

Cumulative this calculative states Cumulative this calculative states	II
b. Unitemized (less than \$20.01 each - no Schedule) c. Subtotal of "Contributions" 4. Other Receipts (Schedule 1A -1, Column 6) 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4) IN-KIND CONTRIBUTIONS & EXPENDITURES 6. In-Kind Contributions (Schedule 1B-IK, Column 7) 7. In-Kind Expenditures (Schedule 1B-IK, Column 6) 6. EXPENDITURES 8. Expenditures a. Itemized (Schedule 1B, Column 6) b. Itemized Get-Out-the-Vote (Schedule 1B-G) c. Unitemized (less than \$50.01 each - no Schedule) 9. TOTAL EXPENSE DISBURSEMENTS (Officeholders Only) 10. Disbursements a. Itemized (Ises than \$50.01 each - no Schedule) b. Unitemized (Ises than \$50.01 each - no Schedule) 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b) DEBTS AND OBLIGATIONS 12. Debts and Obligations a. Owed by the Committee (Schedule 1E) b. Owed to the Committee (Schedule 1E) (3b.) \$ 0.00 (18.) \$ 168,925.00 (19.) \$ 0.00 (20.) \$ 389,245	ection cycle
c. Subtotal of "Contributions" 4. Other Receipts (Schedule 1A -1, Column 6) 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4) IN-KIND CONTRIBUTIONS & EXPENDITURES 6. In-Kind Contributions (Schedule 1-IK, Column 7) 7. In-Kind Expenditures (Schedule 1B-IK, Column 6) b. Itemized (Schedule 1B, Column 6) c. Unitemized (less than \$50.01 each - no Schedule) 9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c) INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only) 10. Disbursements a. Itemized (Schedule 1C, Column 6) b. Unitemized (less than \$50.01 each - no Schedule) 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b) DEETS AND OBLIGATIONS 12. Debts and Obligations a. Owed by the Committee (Schedule 1E) b. Owed to the Committee (Schedule 1E) (12a.) \$ 0.00 (18.) \$ 0.00 (19.) \$ 0.00 (21.) \$ 13,650. (22.) \$ 0.00 (21.) \$ 13,650. (22.) \$ 0.00 (22.) \$ 0.00 (22.) \$ 0.00 (22.) \$ 0.00 (22.) \$ 0.00 (23.) \$ 317,396	
4. Other Receipts (Schedule 1A -1, Column 6) 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4) IN-KIND CONTRIBUTIONS & EXPENDITURES 6. In-Kind Contributions (Schedule 1-IK, Column 7) 7. In-Kind Expenditures (Schedule 1B-IK, Column 6) EXPENDITURES 8. Expenditures a. Itemized (Schedule 1B, Column 6) b. Itemized Get-Out-the-Vote (Schedule 1B-G) c. Unitemized (less than \$50.01 each - no Schedule) 9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c) INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only) 10. Disbursements a. Itemized (Schedule 1C, Column 6) b. Unitemized (less than \$50.01 each - no Schedule) 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b) DEBTS AND OBLIGATIONS 12. Debts and Obligations a. Owed by the Committee (Schedule 1E) b. Owed to the Committee (Schedule 1E) (12a.) \$ 0.00 (19.) \$ 0.00 (21.) \$ 13,650. (21.) \$ 13,650. (22.) \$ 0.00 (22.) \$ 0.00 (22.) \$ 0.00 (22.) \$ 0.00 (23.) \$ 317,396	
S. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4) (20.) \$ 389,245	.15
IN-KIND CONTRIBUTIONS & EXPENDITURES	
6. In-Kind Contributions (Schedule 1-IK, Column 7) 7. In-Kind Expenditures (Schedule 1B-IK, Column 6) EXPENDITURES 8. Expenditures a. Itemized (Schedule 1B, Column 6) b. Itemized Get-Out-the-Vote (Schedule 1B-G) c. Unitemized (Iess than \$50.01 each - no Schedule) 9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c) INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only) 10. Disbursements a. Itemized (Schedule 1C, Column 6) b. Unitemized (Iess than \$50.01 each - no Schedule) 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b) DEBTS AND OBLIGATIONS 12. Debts and Obligations a. Owed by the Committee (Schedule 1E) (12a.) \$ 0.00 (21.) \$ 13,650. (22.) \$ 0.00 (22.) \$ 0.00 (23.) \$ 317,396	.15
7. In-Kind Expenditures (Schedule 1B-IK, Column 6) EXPENDITURES 8. Expenditures a. Itemized (Schedule 1B, Column 6) b. Itemized Get-Out-the-Vote (Schedule 1B-G) c. Unitemized (less than \$50.01 each - no Schedule) 9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c) INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only) 10. Disbursements a. Itemized (Schedule 1C, Column 6) b. Unitemized (less than \$50.01 each - no Schedule) 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b) DEBTS AND OBLIGATIONS 12. Debts and Obligations a. Owed by the Committee (Schedule 1E) b. Owed to the Committee (Schedule 1E) (12a.) \$ 0.00 (22.) \$ 0.00 (23.) \$ 317,396	
EXPENDITURES 8. Expenditures a. Itemized (Schedule 1B, Column 6) b. Itemized Get-Out-the-Vote (Schedule 1B-G) c. Unitemized (less than \$50.01 each - no Schedule) 9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c) INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only) 10. Disbursements a. Itemized (Schedule 1C, Column 6) b. Unitemized (less than \$50.01 each - no Schedule) 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b) DEBTS AND OBLIGATIONS 12. Debts and Obligations a. Owed by the Committee (Schedule 1E) (12a.) \$ 0.00 (24.) \$ 0.00	00
8. Expenditures a. Itemized (Schedule 1B, Column 6) b. Itemized Get-Out-the-Vote (Schedule 1B-G) c. Unitemized (less than \$50.01 each - no Schedule) 9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c) INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only) 10. Disbursements a. Itemized (Schedule 1C, Column 6) b. Unitemized (less than \$50.01 each - no Schedule) 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b) DEBTS AND OBLIGATIONS 12. Debts and Obligations a. Owed by the Committee (Schedule 1E) b. Owed to the Committee (Schedule 1E) (8a.) \$ 189,988.10 (9.) \$ 189,988.10 (10a.) \$ 0.00 (10a.) \$ 0.00 (10a.) \$ 0.00 (10b.) \$ 0.00 (24.) \$ 0.00	
a. Itemized (Schedule 1B, Column 6) b. Itemized Get-Out-the-Vote (Schedule 1B-G) c. Unitemized (less than \$50.01 each - no Schedule) 9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c) INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only) 10. Disbursements a. Itemized (Schedule 1C, Column 6) b. Unitemized (less than \$50.01 each - no Schedule) 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b) DEBTS AND OBLIGATIONS 12. Debts and Obligations a. Owed by the Committee (Schedule 1E) b. Owed to the Committee (Schedule 1E) 189,988.10 (9.) \$ 189,988.10 (10a.) \$ 0.00 (10b.) \$ 0.00 (11a.) \$ 0.00 (24.) \$ 0.00	
b. Itemized Get-Out-the-Vote (Schedule 1B-G) c. Unitemized (less than \$50.01 each - no Schedule) 9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c) INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only) 10. Disbursements a. Itemized (Schedule 1C, Column 6) b. Unitemized (less than \$50.01 each - no Schedule) 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b) DEBTS AND OBLIGATIONS 12. Debts and Obligations a. Owed by the Committee (Schedule 1E) b. Owed to the Committee (Schedule 1E) 18b.) \$ 0.00 (23.) \$ 0.00 (24.) \$ 0.00 (24.) \$ 0.00	
c. Unitemized (less than \$50.01 each - no Schedule) 9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c) INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only) 10. Disbursements a. Itemized (Schedule 1C, Column 6) b. Unitemized (less than \$50.01 each - no Schedule) 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b) DEBTS AND OBLIGATIONS 12. Debts and Obligations a. Owed by the Committee (Schedule 1E) b. Owed to the Committee (Schedule 1E) (10a.) \$ 0.00 (10b.) \$ 0.00 (11.) \$ 0.00 (24.) \$ 0.00	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c) INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only) 10. Disbursements a. Itemized (Schedule 1C, Column 6) b. Unitemized (less than \$50.01 each - no Schedule) 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b) DEBTS AND OBLIGATIONS 12. Debts and Obligations a. Owed by the Committee (Schedule 1E) b. Owed to the Committee (Schedule 1E) (10a.) \$ 0.00 (10b.) \$ 0.00 (24.) \$ 0.00	
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only) 10. Disbursements a. Itemized (Schedule 1C, Column 6) b. Unitemized (less than \$50.01 each - no Schedule) 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b) DEBTS AND OBLIGATIONS 12. Debts and Obligations a. Owed by the Committee (Schedule 1E) b. Owed to the Committee (Schedule 1E) (10a.) \$ 0.00 (10a.) \$ 0.00 (11.) \$ 0.00 (24.) \$ 0.00	
(Officeholders Only) 10. Disbursements a. Itemized (Schedule 1C, Column 6) b. Unitemized (less than \$50.01 each - no Schedule) 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b) DEBTS AND OBLIGATIONS 12. Debts and Obligations a. Owed by the Committee (Schedule 1E) b. Owed to the Committee (Schedule 1E) (10a.) \$ 0.00 (10b.) \$ 0.00 (24.) \$ 0.00	84
a. Itemized (Schedule 1C, Column 6) b. Unitemized (less than \$50.01 each - no Schedule) 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b) DEBTS AND OBLIGATIONS 12. Debts and Obligations a. Owed by the Committee (Schedule 1E) b. Owed to the Committee (Schedule 1E) (10a.) \$ 0.00 (10b.) \$ 0.00 (24.) \$ 0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b) DEBTS AND OBLIGATIONS 12. Debts and Obligations a. Owed by the Committee (Schedule 1E) b. Owed to the Committee (Schedule 1E) (10b.) \$ 0.00 (24.) \$ 0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b) DEBTS AND OBLIGATIONS 12. Debts and Obligations a. Owed by the Committee (Schedule 1E) b. Owed to the Committee (Schedule 1E) (12a.) \$ 0.00 (24.) \$ 0.00	
b. Owed to the Committee (Schedule 1E) b. Owed to the Committee (Schedule 1E) (12a.) \$ 0.00	
a. Owed by the Committee (Schedule 1E) b. Owed to the Committee (Schedule 1E) (12a.) \$ 0.00	
b. Owed to the Committee (Schedule 1E) (12b.) \$	
(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT	
13. Ending Balance of last report filed (13.) \$ 344,652.45 (Enter zero if no previous reports have been filed.)	
14. Amount received during reporting period (14.) + \$ 168,925.00	
(Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14 (15.) = \$_513,577.45	
16. Amount expended during reporting period (Add lines 9 and 11) (16.) - \$ 189,988.10	
17. ENDING BALANCE	
(Subtract line 16 from line 15) (17.) \$ <u>323,389.35</u> *	



1. Committee I. D. Number 139858

2 Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

2. 0	ommittee name		
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name DAVID LEDUC		04/23/2024	\$ 300.00
Address	Purpose: Advertising-research "all done in house"	Date	
1 N MAIN ST			
MT CLEMENS, MI 48043			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
Name			
		Date	\$
Address	Purpose:	Date	
	·		
	Click H	ere for Memo I	temization Type
	Check box if this expenditure is payment of		
Cond Daises	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #3			
Name SMASH CREATIVE		04/30/2024	
OWN COLL OLLE VILLE	45)/557101110		\$ 10.00
Address	Purpose: ADVERTISING	Date	
7755 22 MILE RD			
SHELBY TWP, MI 48317			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4	datement		
Name FESTA ITALIANA		05/04/0004	
ILOIAIIANA		05/01/2024	\$ 1,000.00
Address	Purpose: ADVERTISING	Date	
6990 TOWN LN	Тирозс.		
DEARBORN HEIGHTS, MI 48127			
,	Check box if this expenditure is payment of		
	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name FORTY SIX 5			
TORTT SIX 3		05/01/2024	\$ 11,000.00
Address	Purpose: ADVERTISING	Date	11,000.00
555 PURITAN AVE			
BIRMINGHAM, MI 48009			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
	Subtot	al this page	12,310.00
			12,310.00
	Grand Total of all S		
	(Complete on last page	or Schedule)	



1. Committee I. D. Number 139858

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name			
			\$
Address	Purpose:	Date	
	Olista I	I	(
	CIICK F	Here for Memo	Itemization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
	statement		
Expenditure #2			
Name BAY-RAMA		06/17/2024	200.00
	ADVEDIGINIO	Date	\$ <u>300.00</u>
Address	Purpose: ADVERISING	Date	
PO BOX 25			
NEW BALTIMORE, MI 48047			
- ,	Check box if this expenditure is payment of		
□	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #3			
Name SMASH CREATIVE		00/00/0004	
SIVIASITOREATIVE		06/20/2024	\$ 50.03
Address	Purpose: ADVERTISING	Date	
7755 22 MILE RD			
SHELBY TWP, MI 48317			
,	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
learned .	statement		
Expenditure #4			
Name SMASH CREATIVE		06/20/2024	
61111 (611 611 E) (11 V E			\$ 50.02
Address	Purpose: ADVERTISING	Date	
7755 22 MILE RD			
SHELBY TWP, MI 48317			
,	Check box if this expenditure is payment of		
	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name SMASH CREATIVE		06/20/2024	¢ 60 05
Address	Purpose: ADVERTISING	Date	\$ <u>68.85</u>
7755 22 MILE RD			
SHELBY TWP, MI 48317			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
		(-1.05.5	100.55
	Subto	tal this page	468.90
	Grand Total of all S	Schedules 1B	
	(Complete on last page		



1. Committee I. D. Number 139858

2 Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

3. Name and address of person or vendor to whom paid 4. Purpose (Required Information) 5. Date 6. Amount Name SMASH CREATIVE	
Name ON 4 A OLL ODE A TIVE	
Name SMASH CREATIVE	
	1 0
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<u> </u>
Address Purpose: ADVENTIONS	
7755 22 MILE RD	
SHELBY TWP, MI 48317	
Check box if this expenditure is payment of	
Fund Raiser debt or obligation reported on previous	
Expenditure #2 statement	
Name CTE MICHELLE NARD 06/21/2024 \$ 100.	$\cap \cap$
TICKET DUDCHASE Date	
Address Purpose: TICKET PURCHASE Date	
PO BOX 5315	
WARREN, MI 48090	
Check box if this expenditure is payment of	
Eurod Raiser debt or obligation reported on previous	
Statement	
Expenditure #3	
Name	
\$	
Address Purpose: Date	
Click Here for Memo Itemization T	/pe
Check box if this expenditure is payment of	
Fund Raiser debt or obligation reported on previous statement	
Expenditure #4	
Name HONIGMAN 07/05/2024	7 50
Address Purpose: MATTER #547789 \$ 11,38	.30
Address Purpose: WATTER #547789	
222 N WASHINGTON SQUARE	
STE 400	
LANSING, MI 48933 Check box if this expenditure is payment of	
Fund Raiser debt or obligation reported on previous statement	
- Sutoment	
Expenditure #5	
Name MOBILE BILLBOARD MICHIGAN 07/05/2024	
Address ADVERTISING Date \$ 1,500	0.00
40600 ANN ARBOR RD EAST	
STE 200	
PLYMOUTH, MI 48170 Check box if this expenditure is payment of debt or obligation reported on proving	
debt or obligation reported on previous	
Fund Raiser statement	
Subtotal this page 13,03	7.50
Grand Total of all Schedules 1B (Complete on last page of Schedule)	



CANDIDATE COMMITTEE COVER PAGE

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MACOMB COUNTY CLERK MT. CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate. 3. This Statement covers From: 07/22/2024 to 08/26/2024 1. Committee I.D. Number 4. Candidate Last Name M.I. PETER LUCIDO J 139858 4a. Office Sought Including District # or Community Served (If applicable) 2. Committee Name PROSECUTING ATTORNEY, MACOMB COUNTY CTE PETER J. LUCIDO FOR PROSECUTOR 4b. County of Residence MACOMB COUNTY 5. Committee's Mailing Address 6. Treasurer's Name & Residential Address 6303 26 MILE ROAD SUITE 203 JOSEPH LUCIDO WASHINGTON TWP. MI 48094 39999 GARFIELD ROAD CLINTON TOWNSHIP, MI 48038 Area Code and Phone (586) 206-3133 If the address in this box is different from the committee mailing address on the Statement of Organization, mail may Area Code & Phone (586) 286-8200 be sent to this address by the filing official. 7. Treasurer's Business Address 8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) 39999 GARFIELD ROAD DAVID BULTYNCK CLINTON TOWNSHIP, MI 48038 15985 CANAL ROAD CLINTON TOWNSHIP, MI 48038 Area Code and Phone (586) 286-8200 (586) 286-7300 Area Code and Phone 9e. Dissolution of Candidate Committee 9. TYPE OF STATEMENT Required ONLY if candidate 9a. Pre-Election OR 9b. Post-Election By checking this item I/We certify any outstanding debt is not on the ballot for the current year: by the committee to the candidate or his or her spouse is here Pre-Election or Post-Election Statement relates to: by discharged and forgiven, and no longer collectible from July Quarterly the committee. The committee has no oustanding assets, X Primary owes no lates fees or has any oustanding debt. October Quarterly General Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Convention Special Annual Statement (Effective date of dissolution Coverage Year School 9d. Amendment to Campaign Statement (Complete Item 9a, 9b , 9c or 9e to Caucus Note: The disposition of residual funds must be reported on indicate which Statement is being Schedule 1B and the Summary Page. amended.) Date of Election, Convention or Caucus 08/06/2024 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. Submitted electronically. Current Treasurer or signature on file 02/09/2025 Designated Record keeper Date Type or Print Name Signature Submitted electronically, 02/09/2025 signature on file Candidate Date Signature

Type or Print Name

SUMMARY PAGE CANDIDATE COMMITTEE

Column I This Period	Column II Cumulative this election cycle
	Cumulative tills election cycle
(3a.) \$ 80,175.00	
(3b.) \$NOT APPLICABLE	
(3c.) \$ 80,175.00	(18.) \$ 469,420.15
(4.) \$ 0.00	(19.) \$ 0.00
(5.) \$ _80,175.00	(20.) \$ 469,420.15
	(21.) \$ 14,927.01
(7.) \$ 0.00	(22.) \$ 0.00
(8a.) \$ 50,437.44	
(8b.) \$ <u>0.00</u>	
(8c.) \$ 0.00	
(9.) \$ _50,437.44	(23.) \$ 367,834.28
(10a.)\$ 0.00	
(19) 0 00	
0.00	0.00
(11.) \$	(24.) \$ 0.00
0.00	
(12a.) \$ <u>0.00</u>	
(12b.) \$ 0.00	
BALANCE STATEMENT (13.) \$ 323,589.35 (14.) + \$ 80,175.00 (15.) = \$ 403,764.35 (16.) - \$ 50,437.44 (17.) \$ 353,326.91 *	
	(3a.) \$ 80,175.00 (3b.) \$ NOT APPLICABLE (3c.) \$ 80,175.00 (4.) \$ 0.00 (5.) \$ 80,175.00 (6.) \$ 1,277.01 (7.) \$ 0.00 (8a.) \$ 50,437.44 (8b.) \$ 0.00 (9.) \$ 50,437.44 (10a.) \$ 0.00 (110b.) \$ 0.00 (12a.) \$ 0.00 (12b.) \$ 0.00 (12b.) \$ 0.00 (13b.) \$ 0.00 (15.) \$ 80,175.00 (16.) \$ 80,175.00 (16.) \$ 50,437.44



CANDIDATE COMMITTEE COVER PAGE

FILED 10 FEB 2025 AM 08:55

MACOMB COUNTY CLERK MT. CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and ca	signed by andidate.	3. This Statement covers From	11 08/27/2024 to	10/20/2024
1. Committee I.D. Number		Candidate Last Name	First Name	M.I.
139858		LUCIDO	PETER	J
2. Committee Name		4a. Office Sought Including Dis	· ·	
		PROSECUTING ATTOR	RNEY, MACOMB COU	NTY
CTE PETER J. LUCIDO FOR PROSE	ECUTOR	4b. County of Residence MA	COMB COUNTY	
5. Committee's Mailing Address		6. Treasurer's Name & Reside	ntial Address	_
6303 26 MILE ROAD SUITE 203 WASHINGTON TWP, MI 48094		JOSEPH LUCIDO 39999 GARFIELD R CLINTON TOWNSH		
Area Code and Phone (586) 206-3133 If the address in this box is different from the commi mailing address on the Statement of Organization, resent to this address by the filing official.		Area Code & Phone (586)	286-8200	
7. Treasurer's Business Address		Designated Record keeper' Designated Record keeper)	s Name and Mailing Address	(If the committee has a
39999 GARFIELD ROAD CLINTON TOWNSHIP, MI 48038		DAVID BULTYNCK 15985 CANAL ROA CLINTON TOWNSH		
Area Code and Phone (586) 286-8200		Area Code and Phone (58)	6) 286-7300	
9. TYPE OF STATEMENT			9e. Dissolution of Candid	date Committee
9a. X Pre-Election OR 9b. Post-Election		NLY if candidate ballot for the	— ,	/We certify any outstanding debt
Pre-Election or Post-Election Statement relates to:	July Quart	erly	by discharged and forgiven the committee. The commi	, and no longer collectible from ittee has no oustanding assets,
∐Primary	October C)uarterly	owes no lates fees or has a	iny oustanding debt.
X General —		durtony		annot be granted, that this be
Convention			considered a request for the	Reporting waiver.
Special School	9c. Annua	al Statement () Coverage Year	Effective date of	dissolution
Caucus	9d. XAmeno (Comp indicat ameno	dment to Campaign Statement lete Item 9a, 9b , 9c or 9e to e which Statement is being led.)	Note: The disposition of res	sidual funds must be reported on mary Page.
Date of Election, Convention or Caucus				
11/05/2024				
10. Verification: I\We certify that all reasonable dilige my\our knowledge and belief the contents are true, a	ence was used accurate and co	in the preparation of this statem omplete.	ent and attached schedules	(if any) and to the best of
Current Treasurer or		•	Submitted electronically,	
Designated Record keeper Type or Print Name		/ Signature	signature on file Date	02/10/2025
Type of Fillit Name		Signature	Submitted electronically,	02/10/2025
Candidate		/ Signature	signature on file Date	02/10/2025

SUMMARY PAGE CANDIDATE COMMITTEE

CANDIDATE COMMITTEE		
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions	00.450.04	
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 68,150.01	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ 68,150.01	(18.) \$ 537,570.16
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _0.00	(19.) \$ 0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ _68,150.01	(20.) \$ 537,570.16
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ 1,500.00	(21.) \$ 16,427.01
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ 0.00	(22.) \$ 0.00
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ 326,496.11	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ 0.00	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ 0.00	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ 326,496.11	(23.) \$ 694,330.39
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$ 0.00	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ 0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS	(10b.) \$	
(Add Line 10a + Line 10b)	(11.) \$ 0.00	(24.) \$ 0.00
DEBTS AND OBLIGATIONS 12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ 0.00	
	BALANCE STATEMENT	1
13. Ending Balance of last report filed	(13.) \$ 353,326.91	
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.) + \$ 68,150.01	
(Line 5, Total Contributions & Other Receipts)	(15.) = \$_421,476.92	
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period		
(Add lines 9 and 11) 17. ENDING BALANCE	(16.) - \$ 326,496.11	
(Subtract line 16 from line 15)	(17.) \$ 94,980.81 *	



CANDIDATE COMMITTEE COVER PAGE

FILED 10 FEB 2025 AM 09:04

MACOMB COUNTY CLERK MT. CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and ca	signed by andidate.	3. This Statement covers From	10/21/2024 to 1	1/25/2024
1. Committee I.D. Number		4. Candidate Last Name	First Name	M.I.
139858		LUCIDO	PETER	J
2. Committee Name		4a. Office Sought Including Dis	• ,	
	FOLITOR	PROSECUTING ATTOR	RNEY, MACOMB COUN	ITY
CTE PETER J. LUCIDO FOR PROSI	ECUTOR	4b. County of Residence MA	COMB COUNTY	
5. Committee's Mailing Address		6. Treasurer's Name & Reside	ntial Address	
6303 26 MILE ROAD SUITE 203		JOSEPH LUCIDO		
WASHINGTON TWP, MI 48094		39999 GARFIELD ROAD		
,		CLINTON TOWNSH		
Area Code and Phone (586) 206-3133				
If the address in this box is different from the comm mailing address on the Statement of Organization, I		(500)	000 0000	
be sent to this address by the filing official.		Area Code & Phone (586)		
7. Treasurer's Business Address		8. Designated Record keeper' Designated Record keeper)	s Name and Mailing Address	If the committee has a
39999 GARFIELD ROAD		DAVID BULTYNCK		
CLINTON TOWNSHIP, MI 48038		15985 CANAL ROA	D	
		CLINTON TOWNSH		
			,	
Area Code and Phone (586) 286-8200		Area Code and Phone (58)	6) 286-7300	
9. TYPE OF STATEMENT			9e. Dissolution of Candida	ite Committee
9a. Pre-Election OR 9b. Post-Election	is not on the	NLY if candidate ballot for the		We certify any outstanding debt
Pre-Election or Post-Election Statement relates to:	current year	:		lidate or his or her spouse is here and no longer collectible from
Primary	July Quar	terly	the committee. The committ owes no lates fees or has an	ee has no oustanding assets, y oustanding debt.
∑ General	October C	Quarterly	Frontler of the discolution com-	
Convention			Further, if the dissolution can considered a request for the	
Special	9c.	al Statement ()		
School		Coverage Year	Effective date of di	ssolution
Caucus	9d X Amen	dment to Campaign Statement plete Item 9a, 9b , 9c or 9e to		
Caucus	indicat	e which Statement is being		dual funds must be reported on
	amend	ded.)	Schedule 1B and the Summa	ary Page.
Date of Election, Convention or Caucus				
11/05/2024				
	ence was used	in the preparation of this statem	ent and attached schedules (if	any) and to the hest of
my\our knowledge and belief the contents are true,	accurate and c	omplete.	on and allaoned soliedules (II	any, and to the best of
Current Treasurer or		1	Submitted electronically, signature on file	02/10/2025
Designated Record keeper Type or Print Name		Signature	Date	
			Submitted electronically,	02/10/2025
CandidateType or Print Name		/ Signature	signature on file Date	02/10/2025
LVDG OF Drint Nama		Signature		

SUMMARY PAGE CANDIDATE COMMITTEE

CANDIDATE COMMITTEE		
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		,,
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 3,250.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ 3,250.00	(18.) \$ 540,820.16
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _0.00	(19.) \$ 0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ 3,250.00	(20.) \$ 540,820.16
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ 0.00	(21.) \$ 16,427.01
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ 0.00	(22.) \$ 0.00
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ 96,980.03	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ _0.00	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ 0.00	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ _96,980.03	(23.) \$ 791,310.42
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$ 0.00	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ 0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS	(10b.) \$	
(Add Line 10a + Line 10b)	(11.) \$ 0.00	(24.) \$ 0.00
DEBTS AND OBLIGATIONS 12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ 0.00	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ 0.00	
	BALANCE STATEMENT	<u>I</u>
13. Ending Balance of last report filed	(13.) \$_94,980.81	
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.) + \$ 3,250.00	
(Line 5, Total Contributions & Other Receipts)	(15.) = \$_98,230.81	
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period		
(Add lines 9 and 11) 17. ENDING BALANCE	(16.) - \$ 96,980.03	
(Subtract line 16 from line 15)	(17.) \$ <u>1,250.78</u>	•

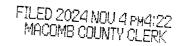


MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

www.Michigan.gov/sos

LATE CONTRIBUTION REPORT

1. Your Committee ID#: 139858	
2. Your Committee Name: CTE PETER J. LUCIDO FOR PROSECUTOR	<u></u>
3. Date Late Contribution(s) Received: 07/29/2024 (Only one Date per Sheet)	
 Late Contribution Reports are required when a Candidate committee receives a single contribution or a cumulative contribution from the same contribution of the candidate committee required and the 3rd day before the candidate is participating. See Appendix G of the Campaign Finance Manual. A committee other than a candidate committee (PAC, Ballot Question or Political Party) receives a contribution or a cumulative contribution from the same contributor of \$2,500.00 or more after the clast campaign statement required and the 3rd day before an election. See Appendix G of the Campaign Contributions are anything of monetary value including contributions of money; in-kind and loans to the contribution Reports are not waived by the Reporting Waiver. Late Contribution Reports that are filed late result in the committee receiving a late filing fee. The maximum per report. Paper filers may file the report by any written means (including fax) within 48 hour of receipt of the contributing Official. Electronic Filers on the state level must file all Late Contribution Report electronically. The Late Contribution must also be reported on the next Campaign Statement owed by the committee. 	e an election where single closing date of the ign Finance Manua amittee. In fee is \$2,000.00
4. Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial and if the contributor is an individual, the Occupation, Employer and Business address of the contributor.	5. Cumulative Amount during LCR Period.
Contributor Name and Address: Athir Ammori 248 E Gunn Rd Rochester, MI 48306 (If Individual. also provide:) Occupation Owner Employer / Business Address BB's Liquor/ 13595 21 Mile Rd. Shelby Twp. MI 48315	\$2500
Contributor Name and Address: Brian Schaf 23220 Westbury St. St. Clair Shores, MI 48080 (If Individual, also provide:) Occupation Attorney Employer / Business Address Self Employes/ 2 Crocker Blvd Mount Clemens, MI 48043	\$1000
Contributor Name and Address: Jeffrey Mandziuk 4254 Chris Dr. Sterling Hts, MI 48310 (If Individual, also provide:) Occupation Business Owner Employer / Business Address Self Employed/ 4254 Chris Dr. Sterling Hts, MI 48310	\$700- 200
Contributor Name and Address: Ryley Austyn 7120 Muerdale St. West Bloomfield Twp., MI 48322 (If Individual, also provide:) Occupation Entrepeneur Employer / Business Address Self Employed/ 28250 Northline Rd. West Bloomfield, MI 48322 West Bloomfield, MI 48322	\$600



MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

www.Michigan.gov/sos

LATE CONTRIBUTION REPORT

1. Your Committee ID#: 139858	
2. Your Committee Name: CTE PETER J LUCIDO FOR PROSECU	TOR
3. Date Late Contribution(s) Received: 11/04/24	(Only one Date per Sheet)

- Late Contribution Reports are required when a
 - Candidate committee receives a single contribution or a cumulative contribution from the same contributor of \$500.00 or more after the closing date of the last campaign statement required and the 3rd day before an election where the candidate is participating. See Appendix G of the Campaign Finance Manual.
 - O A committee other than a candidate committee (PAC, Ballot Question or Political Party) receives a single contribution or a cumulative contribution from the same contributor of \$2,500.00 or more after the closing date of the last campaign statement required and the 3rd day before an election. See <u>Appendix G</u> of the Campaign Finance Manual
- Contributions are anything of monetary value including contributions of money, in-kind and loans to the committee.
- Late Contribution Reports are not waived by the Reporting Waiver.
- Late Contribution Reports that are filed late result in the committee receiving a late filing fee. The maximum fee is \$2,000.00 per report.
- Paper filers may file the report by any written means (including fax) within 48 hour of receipt of the contribution with your Filing Official.
- Electronic Filers on the state level must file all Late Contribution Report <u>electronically</u>.

• The Late Contribution must also be reported on the next Campaign Statement owed by the committee.

4. Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial and if the contributor is an individual, the Occupation, Employer and Business address of the contributor.	5. Cumulative Amount during LCR Period.
Contributor Name and Address: Doriad Elder 1360 Porter St 200 Dearborn, MI 48124	\$500.00
(If Individual, also provide:) Occupation Attorney Employer / Business Address Self Employed 1360 Porter St 200, Dearborn, MI 48124	
Contributor Name and Address:	
(If Individual, also provide:) Occupation Employer / Business Address	
Contributor Name and Address:	
(If Individual, also provide:) Occupation Employer / Business Address	
Contributor Name and Address:	
(If Individual, also provide:) Occupation Employer / Business Address	



MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

www.Michigan.gov/sos

LATE CONTRIBUTION REPORT

1.	Your Committee ID#: 139858	_	
	Your Committee Name: CTE for Peter J. Lucido for Prosecutor		
	Date Late Contribution(s) Received: 10/29/24	_(Only one Date per Sheet)	
	 Late Contribution Reports are required when a Candidate committee receives a single contribution or \$500.00 or more after the closing date of the last camp the candidate is participating. See <u>Appendix G</u> of the contribution or a cumulative contribution from the same last campaign statement required and the 3rd day before. Contributions are anything of monetary value including contribute Late Contribution Reports are not waived by the Reporting Waited Contribution Reports that are filed late result in the commit per report. Paper filers may file the report by any written means (including Filing Official. Electronic Filers on the state level must file all Late Contribution. The Late Contribution must also be reported on the next Campaignee. 	raign statement required and the 3 rd day before Campaign Finance Manual. Ballot Question or Political Party) receives a ne contributor of \$2,500.00 or more after the e an election. See <u>Appendix G</u> of the Campa utions of money, in-kind and loans to the contiver. Ittee receiving a late filing fee. The maximum fax) within 48 hour of receipt of the contribution Report <u>electronically</u> .	e an election where single closing date of the ign Finance Manual amittee.
	Enter contributor's name and address. If contribution is from an indinitial and if the contributor is an individual, the Occupation, Employer	vidual, enter last name, first name, middle	5. Cumulative Amount during LCR Period.
	Contributor Name and Address: Gerrow Mason 510 Stratford Rd 5t. Clair MI 48079 If Individual, also provide:) Occupation Attorney Employer / Business Address	ployed	\$1,000.00
L	510 Stratford Rd, St Clair MI 48079		
	Contributor Name and Address: If Individual, also provide:) Occupation Employer / Business Address		
F	Contributor Name and Address:		
	If Individual, also provide:) Occupation Employer / Business Address		
	Contributor Name and Address:		

Occupation _____ Employer / Business Address _____

(If Individual, also provide:)