



CANDIDATE COMMITTEE COVER PAGE

• Committee ID	139858-0
• Committee Name	CTE PETER J LUCIDO FOR PROSECUTOR
• Coverage Period	01/01/2021 - 04/20/2021
• Candidate Name	CTE PETER J LUCIDO FOR PROSECUTOR
• Office/District Sought	District Courts (Population 250,000+)
• County of Residence	MACOMB
• Address Information	
• Committee Mailing	6303 26 MILE RD WASHINGTON TWP MI 48094
• Phone	(586) 206-3133
• Treasurer Name	Frank Coppola
• Treasurer Residential	54630 Carhagan Drive Macomb MI 48042
• Phone	586-295-9375
• Treasurer Business	Self employed
• Phone	
• Recordkeeper Name	
• Recordkeeper Mailing	
• Phone	
• Statement Type	Post-Election
• Relates To	General
• Election Date	//
• Dissolution Date (effective)	//
• Annual Statement Coverage Year	
• Treasurer/Recordkeeper Signed	• 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 Designated Record keeper:

(Type or Print) Name: Frank Coppola Signature: [Signature] Date: 4-22-21

Candidate:

(Type or Print) Name: Peter J. Lucido Signature: [Signature] Date: 4-22-21

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

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

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

6543- -Add

PAC Receipt?:	Date of Receipt: 03/09/2021	Amt: 250.00	Cumul: 250.00
Name: Thomas Vokal	Occupation: Endodontist	Employer: Macomb Endodontics	
Address: 5864 Murfield Drive		Business Address: 51817 Gratiot Avenue	
City: Oakland Township State: MI		City: Chesterfield State: MI	
Zip: 48306		Zip: 48051	

Type of Contribution: Direct

6552- -Add

PAC Receipt?:	Date of Receipt: 03/16/2021	Amt: 250.00	Cumul: 250.00
Name: Bradley Bagans	Occupation: CEO	Employer: SCS Engineering	
Address: 32032 28 Mile Road		Business Address: 23430 Hawthorne Blvd Suite 240	
City: Leonx Township State: MI		City: Torrance State: CA	
Zip: 48048		Zip: 90505	

Type of Contribution: Direct

6555- -Add

PAC Receipt?:	Date of Receipt: 03/16/2021	Amt: 250.00	Cumul: 250.00
Name: Paul Briliati	Occupation: Construction	Employer: SELF-EMPLOYED	
Address: 54358 Aurora Park		Business Address: SELF-EMPLOYED	
City: Shelby Township State: MI		City: Self Employed State: MI	
Zip: 48316		Zip: 00000	

Type of Contribution: Direct

6546- -Add

PAC Receipt?:	Date of Receipt: 03/19/2021	Amt: 25.00	Cumul: 25.00
Name: William House	Occupation:	Employer:	
Address: 5621 8th Avenue		Business Address:	
City: Grandville State: MI		City: State:	
Zip: 49418		Zip:	

Type of Contribution: Direct

Schedule Total	\$ 775.00
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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

6557- -Add**Date:** 01/26/2021**Amt:** 95.00

Name: US Bank
Address: 425 Walnut St
City: Cincinnati **State:** OH
Zip: 45202

Purpose: Email Marketing #295**Fund Raiser:**

**Payment on Debt/Obligation
reported on
previous statement:**

6558- -Add**Date:** 02/10/2021**Amt:** 72.08

Name: US Bank
Address: 425 Walnut St
City: Cincinnati **State:** OH
Zip: 45202

Purpose: Website, eMarketing #296**Fund Raiser:**

**Payment on Debt/Obligation
reported on
previous statement:**

6561- -Add**Date:** 03/12/2021**Amt:** 620.00

Name: The Italian Tribune
Address: 23 Mile and, Card Rd
City: Macomb **State:** MI
Zip: 48042

Purpose: Ads #298**Fund Raiser:**

**Payment on Debt/Obligation
reported on
previous statement:**

6560- -Add**Date:** 03/12/2021**Amt:** 19.72

Name: US Bank
Address: 425 Walnut St
City: Cincinnati **State:** OH
Zip: 45202

Purpose: Website, eMarketing #297**Fund Raiser:**

**Payment on Debt/Obligation
reported on
previous statement:**

6562- -Add**Date:** 03/16/2021**Amt:** 485.00

Name: Phillips Sign & Lighting Inc.
Address: 40920 Executive Drive
City: Harrison Twp. **State:** MI
Zip: 48045

Purpose: Removal of Sign/Banner #299**Fund Raiser:**

**Payment on Debt/Obligation
reported on
previous statement:**

Schedule Total**\$ 1,291.80**

DEBTS AND OBLIGATIONS (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
Original Amt of Debt: 50,000.00
Forgiven: 0.00
Endorsed Amt: 0.00

Payment
Date(s): Payment
Amt(s):

Endorser or Guarantor:

Owed By Committee (Outstanding):

\$ 50,000.00

Owed To Committee (Outstanding):

\$ 0.00



CANDIDATE COMMITTEE COVER PAGE

• Committee ID	139858-0		
• Committee Name	CTE PETER J LUCIDO FOR PROSECUTOR		
• Coverage Period	01/01/2021 - 07/20/2021		
• Candidate Name	PETER LUCIDO		
• 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		
• 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 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.

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Current Treasurer or Designated Record keeper:

(Type or Print) Name: Frank Coppola Signature: Frank Coppola Date: 7-23-21

Candidate:

(Type or Print) Name: Peter J Lucido Signature: Peter J Lucido Date: 7-23-21

CANDIDATE COMMITTEE COVER PAGE

• Committee ID	139858-0		
• Committee Name	CTE PETER J LUCIDO FOR PROSECUTOR		
• Coverage Period	01/01/2021 - 07/20/2021		
• Candidate Name	PETER LUCIDO		
• Office/District Sought	District Courts (Population 250,000+)		
• County of Residence	MACOMB		
• Address Information	6303 26 MILE ROAD		
• Committee Mailing	WASHINGTON TWP MI 48094		
• Phone	(586) 206-3133		
• Treasurer Name	Frank Coppola		
• Treasurer Residential	54620 Carnation Drive		
• Phone	Macomb MI 48042		
• Treasurer Business	SELF EMPLOYED		
• Phone	Clinton Twp MI 48038		
• 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 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: _____ Signature: _____ Date: _____

Candidate:

(Type or Print) Name: _____ Signature: _____ Date: _____

CANDIDATE COMMITTEE SUMMARY PAGE

• Committee ID 139858-0
• Committee Name CTE PETER J LUCIDO FOR PROSECUTOR
• Document Name July - Quarterly

RECEIPTS		This Period	Cumulative
3. Contributions			
a. Itemized Contributions	(3a.)	46,590.00	
b. Unitemized	(3b.)	0.00	
c. Subtotal of Contributions	(3c.)	46,590.00 (18.)	157,263.50
4. Other Receipts	(4.)	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
7. In-Kind Expenditures	(7.)	0.00 (22.)	0.00
EXPENDITURES			
8. Expenditures			
a. Itemized	(8a.)	5,548.34	
b. Itemized GOTV	(8b.)	0.00	
c. Unitemized (less than \$50.01 each)	(8c.)	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	
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.)		46,590.00
15. Subtotal	(15.)		91,043.58
16. Amount expended during reporting Period	(16.)		5,548.34
17. ENDING BALANCE	(17.)		85,495.24

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

• **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		Occupation: Endodontist	Employer: Macomb Endodontics
Address: 5684 Murfield Drive			Business Address: 51817 Gratiot Avenue
City: Oakland Township State: MI			City: Chesterfield State: MI
Zip: 48306			Zip: 48051

Type of Contribution: Direct

5105- -Add

PAC Receipt?:	Date of Receipt: 03/16/2021	Amt: 250.00	Cumul: 250.00
Name: Bradley Bagans		Occupation: CEO	Employer: SCS Engineering
Address: 32032 28 Mile Road			Business Address: 23430 Hawthorne Blvd. Suite 24
City: Leonx Township State: MI			City: Torrance State: CA
Zip: 48048			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		Occupation: Construction	Employer: SELF EMPLOYED
Address: 54358 Aurora Park			Business Address: SELF EMPLOYED
City: Shelby Township State: MI			City: Clinton Twp State: MI
Zip: 48316			Zip: 48038

Type of Contribution: Direct

5137- -Add

PAC Receipt?:	Date of Receipt: 04/26/2021	Amt: 500.00	Cumul: 500.00
Name: Christopher Litsair		Occupation: IT Engineer	Employer: Cub3dIT
Address: 54652 Aurora Park			Business Address: PO Box 462
City: Shelby Charter Twp State: MI			City: Washington Twp State: MI
Zip: 48316			Zip: 48094

Type of Contribution: Direct

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5190- -Add

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

Cumul: 1,000.00

Name: Mayer Morganroth **Occupation:** Attorney
Address: 344 N Old Woodward Ste
200
City: Birmingham **State:** MI
Zip: 48009

Employer: Morganroth & Moranroth,
PLLC
Business Address: 344 North Old
Woodward Ave 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 Hill
City: Rochester Hills **State:** MI
Zip: 48306

Employer: Aragona Properties
Business Address: 37020
Garfield STE T-1
City: Clinton Twp **State:** MI
Zip: 48036

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

Employer: LED Lighting Manufacturer
Business 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 **Occupation:** Private Detective
Address: 32059 Utica Road
City: Fraser **State:** MI
Zip: 48026

Employer: Eye Spy Detective Agency
Business Address: 32059 Utica Rd
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
Address: 2585 Pond Vallee
City: Oakland Twp **State:** MI
Zip: 48363

Employer: Mr. C's Car Wash
Business Address: 2585 Pond Vallee
City: Oakland Township **State:** MI
Zip: 48363

Type of Contribution: Fundraiser Contribution

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5183- -Add

PAC Receipt?:	Date of Receipt: 06/10/2021	Amt: 150.00	Cumul: 150.00
Name: Thomas Charboneau	Occupation: Attorney	Employer: SELF EMPLOYED	
Address: 1923 Hamman Drive		Business Address: SELF EMPLOYED	
City: Troy State: MI		City: Clinton Twp State: MI	
Zip: 48085		Zip: 48038	
Type of Contribution: Fundraiser Contribution			

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		Business Address: SELF EMPLOYED	
City: Macomb State: MI		City: Clinton Twp State: MI	
Zip: 48042		Zip: 48038	
Type of Contribution: Fundraiser Contribution			

5186- -Add

PAC Receipt?:	Date of Receipt: 06/10/2021	Amt: 150.00	Cumul: 150.00
Name: David Gorcyca	Occupation: Attorney	Employer: Giarmarco Mullins Horton	
Address: 6608 Tree Knoll Drive		Business Address: Tenth Floor	
City: Troy State: MI		Columbia Center 101 West Big Beaver	
Zip: 48098		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	Employer: Lorelli & Lorelli	
Address: 18805 Overlook Trail		Business Address: 7031 Orchard	
City: Northville State: MI		Lake Rd STE 302	
Zip: 48169		City: West Bloomfield State: MI	
		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	Occupation: Real Estate Agent	Employer: Lucido Real Estate	
Address: 651 N Oxford Rd.		Business Address: 19455 Mack Ave	
City: Grosse Pointe State: MI		City: Grosse Pte Woods State: MI	
Zip: 48236		Zip: 48236	
Type of Contribution: Fundraiser Contribution			

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

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: St. Clair Shores State: MI		City: Fraser State: MI	
Zip: 48080		Zip: 48026	
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	
Address: 700 N. Old Woodward Suite 300		Business Address: SELF EMPLOYED	
City: Birmingham State: MI		City: Clinton Twp State: MI	
Zip: 48009		Zip: 48038	
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	Employer: RETIRED	
Address: 38140 Cobble Creek Ct.		Business Address: RETIRED	
City: Sterling Heights State: MI		City: CLINTON TOWNSHIP State: MI	
Zip: 48312		Zip: 48038	
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	
Address: 13921 Basilisco Chase Drive		Business Address: SELF EMPLOYED	
City: Shelby Twp State: MI		City: Clinton Twp State: MI	
Zip: 48315		Zip: 48038	
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	Employer: RETIRED	
Address: PO Box 3		Business Address: RETIRED	
City: Romeo State: MI		City: CLINTON TOWNSHIP State: MI	
Zip: 48065		Zip: 48038	
Type of Contribution: Fundraiser Contribution			

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5176- -Add

PAC Receipt?:	Date of Receipt: 06/11/2021	Amt: 150.00	Cumul: 150.00
Name: Agostino Russo	Occupation: RETIRED	Employer: RETIRED	
Address: 19600 Westchester Dr.		Business Address: RETIRED	
City: Clinton Township	State: MI	City: CLINTON TOWNSHIP State: MI	
Zip: 48038		Zip: 48038	
Type of Contribution: Fundraiser Contribution			

5192- -Add

PAC Receipt?:	Date of Receipt: 06/11/2021	Amt: 250.00	Cumul: 250.00
Name: Giovanni Vitale	Occupation: President	Employer: TEMO	
Address: 47869 Harbor Dr.		Business Address: 20400 Hall Road	
City: Chesterfield	State: MI	City: Clinton Township State: MI	
Zip: 48047		Zip: 48038	
Type of Contribution: Fundraiser Contribution			

5189- -Add

PAC Receipt?:	Date of Receipt: 06/12/2021	Amt: 1,000.00	Cumul: 1,000.00
Name: Sherman Abdo	Occupation: Attorney	Employer: La Grasso, Abdo & Silveri	
Address: 55479 Cleveland		Business Address: 12900 Hall Road STE 403	
City: Shelby Township	State: MI	City: Sterling Heights State: MI	
Zip: 48313		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	Employer: American Auto Inc	
Address: 34285 Groesbeck Highway		Business Address: 34285 Groesbeck Highway	
City: Clinton Township	State: MI	City: Clinton Township State: MI	
Zip: 48035		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	Occupation: Owner	Employer: River Crest	
Address: 50834 Jefferson Avenue		Business Address: 900 W. Avon Road	
City: New Baltimore	State: MI	City: Rochester Hills State: MI	
Zip: 48047		Zip: 48307	
Type of Contribution: Fundraiser Contribution			

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5167- -Add

PAC Receipt?: **Date of Receipt:** 06/13/2021 **Amt:** 25.00 **Cumul:** 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: Fundraiser Contribution

5163- -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: Fundraiser Contribution

5205- -Add

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

Name: Paul Chirco **Occupation:** Attorney **Employer:** Chirco Title Agency
Address: 3045 Harrow Way **Business Address:** 26800 Harper
City: Shelby Township **State:** MI Avenue
Zip: 48316 **City:** St. Clair Shores **State:** MI
Zip: 48081

Type of Contribution: Fundraiser Contribution

5170- -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: Fundraiser Contribution

5159- -Add

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

Name: Diane DiPonio **Occupation:** Insurance Agent **Employer:** SELF EMPLOYED
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: Fundraiser Contribution

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5164- -Add

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

Name: Gregory Kelly **Occupation:**

Address: 52888 Mary Martin Drive

City: Chesterfield **State:** MI

Zip: 48051

Employer:

Business Address:

City: **State:**

Zip:

Type of Contribution: Fundraiser Contribution

5201- -Add

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

Name: Jennifer Klieman **Occupation:** Owner

Address: 13400 30 Mile Road

City: Washington **State:** MI

Zip: 48095

Employer: JWK 2 Romeo LLC

Business 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

Employer: Wm.Sullivan & Son Funeral

Business Address: 8459 Hall Rd

City: Utica **State:** MI

Zip: 48317

Type of Contribution: Fundraiser Contribution

5207- -Add

PAC Receipt?: **Date of Receipt:** 06/14/2021 **Amt:** 150.00 **Cumul:** 150.00

Name: Simone Mauro **Occupation:** Engineer

Address: 5841 Cusick Lake Dr.

City: Washington **State:** MI

Zip: 48095

Employer: Genna Mauro & Associates

Business Address: 28657 Hayes Road

City: Shelby Township **State:** MI

Zip: 48315

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

Address: 7626 Acorn Hill Court

City: West Bloomfield **State:** MI

Zip: 48323

Employer: SELF EMPLOYED

Business Address: SELF EMPLOYED

City: Clinton Twp **State:** MI

Zip: 48038

Type of Contribution: Fundraiser Contribution

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5209- -Add

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

Name: Raymond DeBates **Occupation:** **Employer:**
Address: 27500 Harper Avenue **Business Address:**
City: St. Clair Shores **State:** MI **City:** **State:**
Zip: 48081 **Zip:**

Type of Contribution: Fundraiser Contribution

5213- -Add

PAC Receipt?: **Date of Receipt:** 06/15/2021 **Amt:** 1,000.00 **Cumul:** 1,000.00

Name: James George **Occupation:** Owner **Employer:** Delta Management
Address: 19634 Westchester **Company**
City: Clinton Township **State:** MI **Business Address:** 45511 Market
Zip: 48038 **Street**
City: Shelby Township **State:** MI
Zip: 48315

Type of Contribution: Fundraiser Contribution

5160- -Add

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

Name: Julius Giarmarco **Occupation:** Attorney **Employer:** Giarmarco Mullins Horton
Address: 101 W Big Beaver **Business Address:** Tenth Floor
City: Troy **State:** MI **Columbia Center 101 West Big Beaver**
Zip: 48084 **Road**
City: Troy **State:** MI
Zip: 48084

Type of Contribution: Fundraiser Contribution

5161- -Add

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

Name: Adil Haradhvala **Occupation:** Attorney **Employer:** SELF EMPLOYED
Address: 86 Clinton Street **Business Address:** SELF EMPLOYED
City: Mt Clemens **State:** MI **City:** Clinton Twp **State:** MI
Zip: 48043 **Zip:** 48038

Type of Contribution: Fundraiser Contribution

5194- -Add

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

Name: Daniel Russell **Occupation:** President **Employer:** International Mkting
Address: 17680 Maisons Drive **Consult**
City: Clinton Twp **State:** MI **Business Address:** P.O. Box 84
Zip: 48038 **City:** Romeo **State:** MI
Zip: 48065

Type of Contribution: Fundraiser Contribution

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5198- -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	
City: Washington Twp	State: MI	Fort Room 1	
Zip: 48094		City: Detroit State: MI	
		Zip: 48209	

Type of Contribution: Fundraiser Contribution

5208- -Add

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

5309- -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: 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: Eastpointe	State: MI	City: Mt Clemens State: MI	
Zip: 48021		Zip: 48043	

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	
Address: 3202 Auburn Rd		Business Address: 3202 Auburn	
City: Shelby Twp	State: MI	Road	
Zip: 48317		City: Shelby Township State: MI	
		Zip: 48317	

Type of Contribution: Fundraiser Contribution

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5215- -Add

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

Cumul: 150.00

Name: Timothy Tomlinson **Occupation:** Attorney
Address: 22600 Hall Road \$205
City: Clinton Township **State:** MI
Zip: 48036

Employer: York, Dolan & Tomlinson
Business Address: 22600 Hall
Road Suite 205
City: Clinton Township **State:** MI
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 **Occupation:** Attorney
Address: 42550 Garfield Rd Ste 104A
City: Clinton Twp **State:** MI
Zip: 48038

Employer: SELF EMPLOYED
Business Address: SELF EMPLOYED
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 **Occupation:** Attorney
Address: 111 Linda Ln
City: Bloomfield Hills **State:** MI
Zip: 48304

Employer: Fakhoury Law Firm, PC
Business Address: 225 S. Main Floor
3
City: Royal Oak **State:** MI
Zip: 48067

Type of Contribution: Fundraiser Contribution

5218- -Add

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

Cumul: 150.00

Name: Ron Fenton **Occupation:** Psychologist
Address: 8344 Hall Road Suite 209
City: Utica **State:** MI
Zip: 48317

Employer: Dr. Ron Fenton &
Associates PC
Business Address: 8344 Hall
Road Suite 209
City: Utica **State:** MI
Zip: 48317

Type of Contribution: Fundraiser Contribution

5112- -Add

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

Cumul: 25.00

Name: William House **Occupation:**
Address: 5621 8th Avenue
City: Grandville **State:** MI
Zip: 49418

Employer:
Business Address:
City: **State:**
Zip:

Type of Contribution: Direct

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5145- -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 Clemens State: MI	
Zip: 48236		Zip: 48043	
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	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: Fundraiser 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	Employer: MJC Companies	
Address: 46600 Romeo Plank Rd Ste 5		Business Address: 46600 Romeo	
City: Macomb State: MI		Plank Suite 5	
Zip: 48044		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	Employer: Emington Bail Bonds	
Address: 2661 W. Utica		Business Address: 47517 Van Dyke	
City: Shelby Twp State: MI		City: Shelby Twp State: MI	
Zip: 48317		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	Employer: Gallo Companies	
Address: 6303 26 Mile Rd		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			

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5293- -Add

PAC Receipt?:	Date of Receipt: 06/21/2021	Amt: 250.00	Cumul: 250.00
Name: Marc Hart	Occupation: Attorney	Employer: SELF EMPLOYED	
Address: 1007 Mallow St.		Business Address: SELF EMPLOYED	
City: Wolverine Lake State: MI		City: Clinton Twp State: MI	
Zip: 48390		Zip: 48038	
Type of Contribution: Fundraiser Contribution			

5305- -Add

PAC Receipt?:	Date of Receipt: 06/21/2021	Amt: 150.00	Cumul: 150.00
Name: Kenneth Kempkens	Occupation: Director	Employer: Humane Society	
Address: 15991 Amore St		Business Address: 11350 22 Mile Road	
City: Clinton Twp State: MI		City: Utica State: MI	
Zip: 48038		Zip: 48317	
Type of Contribution: Fundraiser Contribution			

5308- -Add

PAC Receipt?:	Date of Receipt: 06/23/2021	Amt: 500.00	Cumul: 500.00
Name: Salvatore Munaco	Occupation: Retired	Employer: RETIRED	
Address: 2134 W. Gunn Road		Business Address: RETIRED	
City: Oakland Twp State: MI		City: CLINTON TOWNSHIP State: MI	
Zip: 48306		Zip: 48038	
Type of Contribution: Fundraiser Contribution			

5301- -Add

PAC Receipt?:	Date of Receipt: 06/23/2021	Amt: 250.00	Cumul: 250.00
Name: James Sawyer	Occupation: President	Employer: Macomb Community College	
Address: 45810 Private Shore Dr.		Business Address: 44575 Garfield Rd CCE-219	
City: Chesterfield State: MI		City: Clinton Township State: MI	
Zip: 48047		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	Occupation: Civil Engineer	Employer: Anderson Eckstein & Westrick	
Address: 49572 Compass Point Dr.		Business Address: 51301 Schoenherr Rd	
City: Chesterfield State: MI		City: Shelby Charter Twp State: MI	
Zip: 48047		Zip: 48315	
Type of Contribution: Fundraiser Contribution			

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5297- -Add

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

Cumul: 250.00

Name: Stephen Pangori **Occupation:** Civil Engineer
Address: 8106 Rosebud Ln
City: Clarkston **State:** MI
Zip: 48348

Employer: Anderson Eckstein &
Westrick
Business Address: 51301 Schoenherr
Rd
City: Shelby Charter Twp **State:** MI
Zip: 48315

Type of Contribution: Fundraiser Contribution

5146- -Add

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

Cumul: 250.00

Name: Vincenzo Vitale **Occupation:** Owner
Address: 55178 Van Dyke
City: Shelby Township **State:** MI
Zip: 48316

Employer: Vince & Joe's Gourmet
Market
Business Address: 55178 Van Dyke
Ave
City: Shelby Charter Twp **State:** MI
Zip: 48316

Type of Contribution: Fundraiser Contribution

5221- -Add

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

Cumul: 250.00

Name: Nicole Karmazin **Occupation:** RETIRED
Address: 38310 Saddle Lane
City: Clinton Twp **State:** MI
Zip: 48036

Employer: RETIRED
Business Address: RETIRED
City: CLINTON TOWNSHIP **State:** MI
Zip: 48038

Type of Contribution: Fundraiser Contribution

5294- -Add

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

Cumul: 1,000.00

Name: Michael Schodowski **Occupation:** President
Address: 29275 Stephenson Hwy
City: Madison Heights **State:** MI
Zip: 48071

Employer: Shelving Inc
Business Address: 29275
Stephenson Hwy
City: Madison Heights **State:** MI
Zip: 48071

Type of Contribution: Fundraiser Contribution

5282- -Add

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

Cumul: 250.00

Name: James L. Galen **Occupation:** Attorney
Address: 21321 Cass Ave
City: Clinton Twp **State:** MI
Zip: 48036

Employer: SELF EMPLOYED
Business Address: SELF EMPLOYED
City: Clinton Twp **State:** MI
Zip: 48038

Type of Contribution: Fundraiser Contribution

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5313- -Add

PAC Receipt?:	Date of Receipt: 06/28/2021	Amt: 150.00	Cumul: 150.00
Name: Julian Daman	Occupation: Attorney	Employer: Jajonie Daman PC	
Address: 30185 Helmandale Dr.		Business Address: 29201 Telegraph Road Suite 330	
City: Franklin State: MI		City: Southfield State: MI	
Zip: 48025		Zip: 48034	

Type of Contribution: Fundraiser Contribution

5286- -Add

PAC Receipt?:	Date of Receipt: 06/28/2021	Amt: 150.00	Cumul: 150.00
Name: Carl Munaco	Occupation: Developer/Builder	Employer: SELF EMPLOYED	
Address: 48635 Van Dyke Avenue		Business Address: SELF EMPLOYED	
City: Shelby Charter Twp State: MI		City: Clinton Twp State: MI	
Zip: 48317		Zip: 48038	

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	Employer: Washington Township	
Address: 61614 Cotswold Drive		Business Address: 57900 Van Dyke	
City: Washington State: MI		City: Washington Twp State: MI	
Zip: 48094		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	Employer: Macomb County	
Address: 2300 Paris Drive		Business Address: 1 S Main St.	
City: Troy State: MI		City: Mt Clemens State: MI	
Zip: 48083		Zip: 48043	

Type of Contribution: Fundraiser Contribution

5283- -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 Road	
City: Harrison Twp State: MI		City: Taylor State: MI	
Zip: 48045		Zip: 48180	

Type of Contribution: Fundraiser Contribution

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5228- -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 Court	
City: Shelby Charter Twp	State: MI	City: Clinton Township	
Zip: 48315		State: MI	
		Zip: 48035	

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.		Business Address: SELF EMPLOYED	
City: Clinton Township	State: MI	City: Clinton Twp	
Zip: 48038		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		Business Address: SELF EMPLOYED	
City: Grosse Pointe Woods	State: MI	City: Clinton Twp	
Zip: 48236		State: MI	
		Zip: 48038	

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	
City: Harrison Twp	State: MI	City: Warren	
Zip: 48045		State: MI	
		Zip: 48092	

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		Business Address: 24270 W. 7 Mile Road	
City: Detroit	State: MI	City: Detroit	
Zip: 48207		State: MI	
		Zip: 48219	

Type of Contribution: Fundraiser Contribution

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5235- -Add

PAC Receipt?:	Date of Receipt: 06/29/2021	Amt: 250.00	Cumul: 250.00
Name: Joseph Campbell	Occupation: Attorney	Employer: Justice Ctr Joseph Campbell	
Address: 49198 Monarch Drive		Business Address: 20902 Mack Avenue Suite 201	
City: Macomb State: MI		City: Grosse Pointe Woods State: MI	
Zip: 48044		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	Occupation: Attorney	Employer: Canu Torrice Law PLLC	
Address: 8772 Tournament Dr		Business Address: 32059 Utica Road	
City: Washington State: MI		City: Fraser State: MI	
Zip: 48094		Zip: 48026	

Type of Contribution: Fundraiser Contribution

5233- -Add

PAC Receipt?:	Date of Receipt: 06/29/2021	Amt: 150.00	Cumul: 150.00
Name: Sian Hengeveld	Occupation: Attorney	Employer: Macomb County	
Address: 971 Dressler Lane		Business Address: 1 S Main St.	
City: Rochester Hills State: MI		City: Mt Clemens State: MI	
Zip: 48307		Zip: 48043	

Type of Contribution: Fundraiser Contribution

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

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	
Address: 10 Webber Pl		Business Address: 19455 Mack Ave	
City: Grosse Pointe Shores	State: MI	City: Grosse Pte Woods State: MI	
Zip: 48236		Zip: 48236	
Type of Contribution: Fundraiser Contribution			

5273- -Add

PAC Receipt?:	Date of Receipt: 06/29/2021	Amt: 1,000.00	Cumul: 1,000.00
Name: Chris Peyer	Occupation: President	Employer: Dan's Excavating	
Address: 12955 23 Mile Road		Business Address: 12955 23 Mile Road	
City: Shelby Township	State: MI	City: Shelby Township State: MI	
Zip: 48315		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		Business Address: 29900 Lorraine Ave #300	
City: Washington	State: MI	City: Warren State: MI	
Zip: 48094		Zip: 48093	
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	
Address: 6152 Parliament		Business Address: 500 Griswold Street	
City: Washington	State: MI	City: Detroit State: MI	
Zip: 48095		Zip: 48226	
Type of Contribution: Fundraiser Contribution			

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5234- -Add

PAC Receipt?: **Date of Receipt:** 06/29/2021 **Amt:** 100.00 **Cumul:** 100.00

Name: David Scapini **Occupation:** **Employer:**
Address: 54400 Arrowhead **Business Address:**
City: Shelby Twp **State:** MI **City:** **State:**
Zip: 48315 **Zip:**

Type of Contribution: Fundraiser Contribution

5310- -Add

PAC Receipt?: **Date of Receipt:** 06/30/2021 **Amt:** 1,000.00 **Cumul:** 1,000.00

Name: Avis Choulagh **Occupation:** Attorney **Employer:** SELF EMPLOYED
Address: 48528 Isola Dr **Business Address:** SELF EMPLOYED
City: Shelby Twp **State:** MI **City:** Clinton Twp **State:** MI
Zip: 48315 **Zip:** 48038

Type of Contribution: Fundraiser Contribution

5325- -Add

PAC Receipt?: **Date of Receipt:** 06/30/2021 **Amt:** 1,000.00 **Cumul:** 1,000.00

Name: James Fowler **Occupation:** Consultant **Employer:** SELF EMPLOYED
Address: 42189 Lochmoor St. **Business Address:** SELF EMPLOYED
City: Clinton Twp. **State:** MI **City:** Clinton Twp **State:** MI
Zip: 48038 **Zip:** 48038

Type of Contribution: Fundraiser Contribution

5241- -Add

PAC Receipt?: **Date of Receipt:** 06/30/2021 **Amt:** 1,000.00 **Cumul:** 1,000.00

Name: Derrick George **Occupation:** Attorney **Employer:** George Law
Address: 444 S Washington **Business Address:** 444 S.
City: Royal Oak **State:** MI Washington Ave
Zip: 48067 **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 **Occupation:** Attorney **Employer:** SELF EMPLOYED
Address: 34120 Woodward **Business Address:** SELF EMPLOYED
City: Birmingham **State:** MI **City:** Clinton Twp **State:** MI
Zip: 48009 **Zip:** 48038

Type of Contribution: Fundraiser Contribution

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5326- -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			

5240- -Add

PAC Receipt?:	Date of Receipt: 06/30/2021	Amt: 250.00	Cumul: 250.00
Name: Brian Pannebecker	Occupation: RETIRED	Employer: 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:	
Type of Contribution: Direct			

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	
Type of Contribution: Fundraiser Contribution			

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	
Type of Contribution: Fundraiser Contribution			

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5324- -Add

PAC Receipt?: **Date of Receipt:** 07/02/2021 **Amt:** 50.00 **Cumul:** 50.00

Name: Marco Santia **Occupation:**
Address: 149 Pinecrest Ln
City: Waynesville **State:** NC
Zip: 28785

Employer:
Business Address:
City: **State:**
Zip:

Type of Contribution: Fundraiser Contribution

5249- -Add

PAC Receipt?: **Date of Receipt:** 07/02/2021 **Amt:** 500.00 **Cumul:** 500.00

Name: Jill Storrison **Occupation:** Administration
Address: 53393 Champlain Street
City: Macomb **State:** MI
Zip: 48042

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 **Occupation:** Retired
Address: 19637 Shorecrest
City: Clinton Twp **State:** MI
Zip: 48038

Employer: RETIRED
Business Address: RETIRED
City: CLINTON TOWNSHIP **State:** MI
Zip: 48038

Type of Contribution: Fundraiser Contribution

5280- -Add

PAC Receipt?: **Date of Receipt:** 07/04/2021 **Amt:** 250.00 **Cumul:** 250.00

Name: Michael Locricchio **Occupation:** CPA
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 **Occupation:** Attorney
Address: 22353 Morley Ave
City: Dearborn **State:** MI
Zip: 48124

Employer: Macomb County
Business Address: 1 S Main St.
City: Mt Clemens **State:** MI
Zip: 48043

Type of Contribution: Fundraiser Contribution

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5322- -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 Street	
City: Grosse Pointe Farms	State: MI	City: Mount Clemens State: MI	
Zip: 48236		Zip: 48043	

Type of Contribution: Fundraiser Contribution

5319- -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: Fundraiser Contribution

5256- -Add

PAC Receipt?:	Date of Receipt: 07/08/2021	Amt: 150.00	Cumul: 150.00
Name: Daniel Galli	Occupation: Engineer	Employer: TapeMaster	
Address: 54882 Sherwood Ln		Business Address: 900 Rochester Rd	
City: Shelby Twp	State: MI	City: Troy State: MI	
Zip: 48315		Zip: 48083	

Type of Contribution: Fundraiser Contribution

5253- -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 Jackson St	
City: Jackson	State: MI	City: Jackson State: MI	
Zip: 49201		Zip: 49201	

Type of Contribution: Fundraiser Contribution

5323- -Add

PAC Receipt?:	Date of Receipt: 07/08/2021	Amt: 1,000.00	Cumul: 1,000.00
Name: Anthony Lentine	Occupation: Insurance Agent	Employer: SELF EMPLOYED	
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: Fundraiser Contribution

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5338- -Add

PAC Receipt?:	Date of Receipt: 07/09/2021	Amt: 150.00	Cumul: 150.00
Name: Fadi Hanna	Occupation: Engineer	Employer: General Motors	
Address: 11693 Squiers Blvd		Business Address: 30001 Van Dyke Ave	
City: Utica State: MI		City: Warren State: MI	
Zip: 48315		Zip: 48093	

Type of Contribution: Fundraiser Contribution

5287- -Add

PAC Receipt?:	Date of Receipt: 07/09/2021	Amt: 150.00	Cumul: 150.00
Name: Joseph P Lucido Sr.	Occupation: Insurance Agent	Employer: Lucido Insurance	
Address: 58624 Cory Lake Dr		Business Address: 39999 Garfield	
City: Washington State: MI		City: Clinton Twp State: MI	
Zip: 48094		Zip: 48838	

Type of Contribution: Fundraiser Contribution

5339- -Add

PAC Receipt?:	Date of Receipt: 07/12/2021	Amt: 250.00	Cumul: 250.00
Name: Molly Zappitell	Occupation: Attorney	Employer: Macomb County	
Address: 39115 Lakeshore Drive		Business Address: 1 S Main St.	
City: Harrison Twp. State: MI		City: Mt Clemens State: MI	
Zip: 48045		Zip: 48043	

Type of Contribution: Fundraiser Contribution

5258- -Add

PAC Receipt?:	Date of Receipt: 07/13/2021	Amt: 250.00	Cumul: 250.00
Name: Martin Pavlick	Occupation: Insurance Agent	Employer: SELF EMPLOYED	
Address: 1189 Hathaway Rising		Business Address: SELF EMPLOYED	
City: Rochester Hills State: MI		City: Clinton Twp State: MI	
Zip: 48306		Zip: 48038	

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		Business Address: SELF EMPLOYED	
City: Shelby Twp State: MI		City: Clinton Twp State: MI	
Zip: 48315		Zip: 48038	

Type of Contribution: Fundraiser Contribution

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5335- -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 Clemens State: MI	
Zip: 48309		Zip: 48043	
Type of Contribution: Fundraiser Contribution			

5262- -Add

PAC Receipt?:	Date of Receipt: 07/15/2021	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: 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		Business Address: 43530 Elizabeth Rd	
City: Chesterfield	State: MI	City: Clinton Township State: MI	
Zip: 48051		Zip: 48036	
Type of Contribution: Fundraiser Contribution			

Schedule Total

\$ 46,590.00

DIRECT EXPENDITURES (1B) CANDIDATE COMMITTEE

• **Committee ID** 139858-0
• **Committee Name** CTE PETER J LUCIDO FOR PROSECUTOR
• **Document Name** July - Quarterly

5128- -Add

Date: 01/26/2021	Amt: 95.00	
Name: US Bank	Purpose: Email Marketing #295	Payment on Debt/Obligation reported on previous statement:
Address: 425 Walnut Street		
City: Cincinnati State: OH	Fund Raiser:	
Zip: 48202		

5130- -Add

Date: 02/10/2021	Amt: 72.08	
Name: US Bank	Purpose: Website, eMarketing #296	Payment on Debt/Obligation reported on previous statement:
Address: 425 Walnut Street		
City: Cincinnati State: OH	Fund Raiser:	
Zip: 48202		

5131- -Add

Date: 03/12/2021	Amt: 620.00	
Name: The Italian Tribune	Purpose: Ads #298	Payment on Debt/Obligation reported on previous statement:
Address: 23 Mile & card		
City: Macomb State: MI	Fund Raiser:	
Zip: 48042		

5133- -Add

Date: 03/12/2021	Amt: 19.72	
Name: US Bank	Purpose: Website, eMarketing #297	Payment on Debt/Obligation reported on previous statement:
Address: 425 Walnut Street		
City: Cincinnati State: OH	Fund Raiser:	
Zip: 48202		

5134- -Add

Date: 03/16/2021	Amt: 485.00	
Name: Philips Sign& Lighting	Purpose: Removal of Sign/Baner #299	Payment on Debt/Obligation reported on previous statement:
Address: 40920 Executive Drive		
City: Harrison Township State: MI	Fund Raiser:	
Zip: 48045		

DIRECT EXPENDITURES (1B) CANDIDATE COMMITTEE

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

Fund Raiser: X

**Payment on Debt/Obligation
reported on
previous statement:**

5149- -Add

Date: 06/16/2021

Amt: 72.68

Name: US Bank
Address: 425 Walnut Street
City: Cincinnati **State:** OH
Zip: 48202

Purpose: Website #301

Fund Raiser:

**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

Fund Raiser: X

**Payment on Debt/Obligation
reported on
previous statement:**

5152- -Add

Date: 06/18/2021

Amt: 18.73

Name: US Bank
Address: 425 Walnut Street
City: Cincinnati **State:** OH
Zip: 48202

Purpose: Evoice Subscription #303

Fund Raiser:

**Payment on Debt/Obligation
reported on
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

Fund Raiser:

**Payment on Debt/Obligation
reported on
previous statement:**

5222- -Add

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:**

DIRECT EXPENDITURES (1B) CANDIDATE COMMITTEE

5239- -Add

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:**

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:

**Payment on Debt/Obligation
reported on
previous statement:**

5252- -Add

Date: 07/04/2021

Amt: 30.60

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:**

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

Fund Raiser:

**Payment on Debt/Obligation
reported on
previous statement:**

DIRECT EXPENDITURES (1B) CANDIDATE COMMITTEE

5260- -Add

Date: 07/14/2021

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:**

5264- -Add

Date: 07/16/2021

Amt: 50.60

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:**

Schedule Total

\$ 5,548.34

DEBTS AND OBLIGATIONS (1E) CANDIDATE COMMITTEE

• **Committee ID** 139858-0
• **Committee Name** CTE PETER J LUCIDO FOR PROSECUTOR
• **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
Date(s):**

**Payment
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 WASHINGTON MI 48094	
• Committee Mailing	586-206-3133	
• Phone	FRANK COPPOLA	
• Treasurer Name	54620 CARNATION	
• Treasurer Residential	MACOMB MI 48042	
• Phone	586 295 9375	
• Treasurer Business	15985 CANAL	
• Phone	CLINTON TWP MI 48038	
• 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	PETER J. LUCIDO	• Date //

FILED
21 AUG 17 AM 11:26
MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

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 Coppola Signature: [Signature] Date: 8-17-21

Candidate:

(Type or Print) Name: PETER J LUCIDO Signature: [Signature] Date: 8-17-21

CANDIDATE COMMITTEE SUMMARY PAGE

• Committee ID		139858-0		
• Committee Name		CTE PETER J LUCIDO FOR PROSECUTOR		
• Document Name		Post-Election General		
RECEIPTS				
3. Contributions			This Period	Cumulative
a. Itemized Contributions	(3a.)	45,840.00		
b. Unitemized	(3b.)	0.00		
c. Subtotal of Contributions	(3c.)	45,840.00	(18.)	110,673.50
4. Other Receipts	(4.)	0.00	(19.)	0.00
5. Total Contributions and Other Receipts	(5.)	45,840.00	(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.)	4,256.54		
b. Itemized GOTV	(8b.)	0.00		
c. Unitemized (less than \$50.01 each)	(8c.)	0.00		
9. Total Expenditures	(9.)	4,256.54	(23.)	0.00
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.)			43,925.18
14. Amount received during reporting Period	(14.)			45,840.00
15. Subtotal	(15.)			89,765.18
16. Amount expended during reporting Period	(16.)			4,256.54
17. ENDING BALANCE	(17.)			85,508.64

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 Occupation: IT Engineer Employer: Cub3dIT
Address: 54652 Aurora Park Business Address: PO Box 462
City: Shelby Charter Twp State: MI City: Washington Twp State: MI
Zip: 48316 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 Occupation: Attorney Employer: Morganroth & Moranroth,
Address: 344 N Old Woodward Ste PLLC
200 Business Address: 344 North Old
City: Birmingham State: MI Woodward Ave Ste 200
Zip: 48009 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 Occupation: Executive Employer: Aragona Properties
Address: 3321 Vineyard Hill Business Address: 37020
City: Rochester Hills State: MI Garfield STE T-1
Zip: 48306 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 Occupation: Engineer Employer: LED Lighting Manufacturer
Address: 36535 Groesbeck Business Address: 36535 Groesbeck
City: Clinton Township State: MI City: Clinton Township State: MI
Zip: 48035 Zip: 48035
Type of Contribution: Direct

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5176- -Add

PAC Receipt?:	Date of Receipt: 06/09/2021	Amt: 150.00	Cumul: 150.00
Name: Michael Torrice	Occupation: Private Detective	Employer: Eye Spy Detective Agency	
Address: 32059 Utica Road		Business Address: 32059 Utica Rd	
City: Fraser State: MI		City: Fraser State: MI	
Zip: 48026		Zip: 48026	
Type of Contribution: Direct			

5206- -Add

PAC Receipt?:	Date of Receipt: 06/10/2021	Amt: 250.00	Cumul: 250.00
Name: Vito Catalfo	Occupation: Car Wash Operator	Employer: Mr. C's Car Wash	
Address: 2585 Pond Vallee		Business Address: 2585 Pond Vallee	
City: Oakland Twp State: MI		City: Oakland Township State: MI	
Zip: 48363		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	Occupation: Attorney	Employer: Sills Charboneau Barnett	
Address: 1923 Hamman Drive		Business Address: 1923 Hamman Drive	
City: Troy State: MI		City: Troy State: MI	
Zip: 48085		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	Occupation: CPA	Employer: SELF EMPLOYED	
Address: 54620 Carnation Drive		Business Address: SELF EMPLOYED	
City: Macomb State: MI		City: Clinton Twp State: MI	
Zip: 48042		Zip: 48038	
Type of Contribution: Direct			

5202- -Add

PAC Receipt?:	Date of Receipt: 06/10/2021	Amt: 150.00	Cumul: 150.00
Name: David Gorcyca	Occupation: Attorney	Employer: Giarmarco Mullins Horton	
Address: 6608 Tree Knoll Drive		Business Address: Tenth Floor	
City: Troy State: MI		City: Columbia Center 101 West Big Beaver Road	
Zip: 48098		City: Troy State: MI	
Zip: 48084			
Type of Contribution: Direct			

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5197- -Add

PAC Receipt?:	Date of Receipt: 06/10/2021	Amt: 250.00	Cumul: 250.00
Name: Vincent Lorelli	Occupation: Attorney	Employer: Lorelli & Lorelli	
Address: 18805 Overlook Trail		Business Address: 7031 Orchard	
City: Northville State: MI		Lake Rd STE 302	
Zip: 48169		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	Occupation: Real Estate Agent	Employer: SELF EMPLOYED	
Address: 651 N Oxford Rd.		Business Address: SELF EMPLOYED	
City: Grosse Pointe State: MI		City: Clinton Twp State: MI	
Zip: 48236		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	Occupation: Attorney	Employer: Canu Torrice Law PLLC	
Address: 22599 Lange		Business Address: 32059 Utica Road	
City: St. Clair Shores State: MI		City: Fraser State: MI	
Zip: 48080		Zip: 48026	

Type of Contribution: Direct

5193- -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	
Address: 700 N. Old Woodward Suite 300		Business Address: SELF EMPLOYED	
City: Birmingham State: MI		City: Clinton Twp State: MI	
Zip: 48009		Zip: 48038	

Type of Contribution: Direct

5201- -Add

PAC Receipt?:	Date of Receipt: 06/11/2021	Amt: 400.00	Cumul: 400.00
Name: Richard Habib	Occupation: Retired	Employer: RETIRED	
Address: 38140 Cobble Creek Ct.		Business Address: RETIRED	
City: Sterling Heights State: MI		City: CLINTON TOWNSHIP State: MI	
Zip: 48312		Zip: 48038	

Type of Contribution: Direct

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5203- -Add

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

Cumul: 500.00

Name: Ralph L. Maccarone Occupation: Attorney

Address: 13921 Basilisco Chase Drive

City: Shelby Twp State: MI

Zip: 48315

Employer: SELF EMPLOYED

Business Address: SELF EMPLOYED

City: Clinton Twp State: MI

Zip: 48038

Type of Contribution: Direct

5189- -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

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

Occupation: RETIRED

Address: 19600 Westchester Dr.

City: Clinton Township State: MI

Zip: 48038

Employer: RETIRED

Business Address: RETIRED

City: CLINTON TOWNSHIP State: MI

Zip: 48038

Type of Contribution: Direct

5207- -Add

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

Cumul: 250.00

Name: Giovanni Vitale

Occupation: President

Address: 47869 Harbor Dr.

City: Chesterfield State: MI

Zip: 48047

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

Occupation: Attorney

Address: 55479 Cleveland

City: Shelby Township State: MI

Zip: 48313

Employer: La Grasso, Abdo & Silveri

Business Address: 12900 Hall

Road STE 403

City: Sterling Heights State: MI

Zip: 48313

Type of Contribution: Direct

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5183- -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: Direct

5194- -Add

PAC Receipt?: Date of Receipt: 06/12/2021 Amt: 250.00

Cumul: 250.00

Name: Anthony Tocco Occupation: Owner

Address: 50834 Jefferson Avenue

City: New Baltimore State: MI

Zip: 48047

Employer: River Crest

Business Address: 900 W. Avon

Road

City: Rochester Hills State: MI

Zip: 48307

Type of Contribution: Direct

5190- -Add

PAC Receipt?: Date of Receipt: 06/13/2021 Amt: 25.00

Cumul: 25.00

Name: Joseph Lempicki Occupation:

Address: 1281 Albany St

City: Ferndale State: MI

Zip: 48220

Employer:

Business Address:

City: State:

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

Address: 5601 Enterprise Court

City: Warren State: MI

Zip: 48092

Employer: SELF EMPLOYED

Business Address: SELF EMPLOYED

City: Clinton Twp State: MI

Zip: 48038

Type of Contribution: Direct

5214- -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: Direct

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

5184- -Add

PAC Receipt?: **Date of Receipt:** 06/14/2021 **Amt:** 250.00 **Cumul:** 250.00
Name: Diane DiPonio **Occupation:** Insurance Agent **Employer:** SELF EMPLOYED
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 **Occupation:** Owner **Employer:** JWK 2 Romeo LLC
Address: 13400 30 Mile Road **Business Address:** 13400 30 Mile Road
City: Washington **State:** MI **City:** Washington **State:** MI
Zip: 48095 **Zip:** 48095
Type of Contribution: Direct

5196- -Add

PAC Receipt?: **Date of Receipt:** 06/14/2021 **Amt:** 250.00 **Cumul:** 250.00
Name: Raymond Lope **Occupation:** Funeral Director **Employer:** Wm.Sullivan & Son Funeral
Address: 8459 Hall Road **Business Address:** 8459 Hall Rd
City: Utica **State:** MI **City:** Utica **State:** MI
Zip: 48317 **Zip:** 48317
Type of Contribution: Direct

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
Address: 5841 Cusick Lake Dr.
City: Washington State: MI
Zip: 48095

Employer: Genna Mauro & Associates
Business Address: 28657 Hayes
Road
City: Shelby Township State: MI
Zip: 48315

Type of Contribution: Direct

5178- -Add

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

Cumul: 1,000.00

Name: Elias Muawad Occupation: Attorney
Address: 7626 Acorn Hill Court
City: West Bloomfield State: MI
Zip: 48323

Employer: SELF EMPLOYED
Business Address: SELF EMPLOYED
City: Clinton Twp State: MI
Zip: 48038

Type of Contribution: Direct

5217- -Add

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

Cumul: 100.00

Name: Raymond DeBates Occupation:
Address: 27500 Harper Avenue
City: St. Clair Shores State: MI
Zip: 48081

Employer:
Business Address:
City: State:
Zip:

Type of Contribution: Direct

5218- -Add

PAC Receipt?: Date of Receipt: 06/15/2021 Amt: 1,000.00

Cumul: 1,000.00

Name: James George Occupation: Owner
Address: 19634 Westchester
City: Clinton Township State: MI
Zip: 48038

Employer: Delta Management
Company
Business Address: 45511 Market
Street
City: Shelby Township State: MI
Zip: 48315

Type of Contribution: Direct

5185- -Add

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

Cumul: 500.00

Name: Julius Giarmarco Occupation: Attorney
Address: 101 W Big Beaver
City: Troy State: MI
Zip: 48084

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

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5186- -Add

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

Cumul: 150.00

Name: Adil Haradhvala Occupation: Attorney
Address: 86 Clinton Street
City: Mt Clemens State: MI
Zip: 48043

Employer: SELF EMPLOYED
Business Address: SELF EMPLOYED
City: Clinton Twp State: MI
Zip: 48038

Type of Contribution: Direct

5208- -Add

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

Cumul: 250.00

Name: Daniel Russell Occupation: President
Address: 17680 Maisons Drive
City: Clinton Twp State: MI
Zip: 48038

Employer: International Mktng
Consult
Business Address: P.O. Box 84
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
Address: 7007 28 Mile Rd
City: Washington Twp State: MI
Zip: 48094

Employer: Rocky Produce Inc.
Business Address: 7201 W
Fort Room 1
City: Detroit State: MI
Zip: 48209

Type of Contribution: Direct

5216- -Add

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

Cumul: 150.00

Name: Roger VanPamel Occupation: Retired
Address: 12541 26 Mile Road
City: Washington State: MI
Zip: 48094

Employer: RETIRED
Business Address: RETIRED
City: CLINTON TOWNSHIP State: MI
Zip: 48038

Type of Contribution: Direct

5266- -Add

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

Cumul: 1,000.00

Name: Paul Manni Occupation: Manager
Address: 42778 Flis Drive
City: Sterling Heights State: MI
Zip: 48314

Employer: All Phones Wholesale
Business Address: 721 East 11 Mile
Road
City: Royal Oak State: MI
Zip: 48067

Type of Contribution: Direct

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 Clemens 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			

5220- -Add

PAC Receipt?:	Date of Receipt: 06/17/2021	Amt: 150.00	Cumul: 150.00
Name: Timothy Tomlinson	Occupation: Attorney	Employer: York, Dolan & Tomlinson	
Address: 22600 Hall Road #205		Business Address: 22600 Hall	
City: Clinton Township State: MI		Road Suite 205	
Zip: 48036		City: Clinton Township State: MI	
		Zip: 48036	
Type of Contribution: Direct			

5179- -Add

PAC Receipt?:	Date of Receipt: 06/18/2021	Amt: 1,000.00	Cumul: 1,000.00
Name: Cy Abdo	Occupation: Attorney	Employer: SELF EMPLOYED	
Address: 42550 Garfield Rd Ste 104A		Business Address: SELF EMPLOYED	
City: Clinton Twp State: MI		City: Clinton Twp State: MI	
Zip: 48038		Zip: 48038	
Type of Contribution: Direct			

5219- -Add

PAC Receipt?:	Date of Receipt: 06/18/2021	Amt: 500.00	Cumul: 500.00
Name: Walid Fakhoury	Occupation: Attorney	Employer: Fakhoury Law Firm, PC	
Address: 111 Linda Ln		Business Address: 225 S. Main Floor	
City: Bloomfield Hills State: MI		3	
Zip: 48304		City: Royal Oak State: MI	
		Zip: 48067	
Type of Contribution: Direct			

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

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 & Associates PC	
Address: 8344 Hall Road Suite 209		Business Address: 8344 Hall Road Suite 209	
City: Utica State: MI		City: Utica State: MI	
Zip: 48317		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 Clemens State: MI	
Zip: 48236		Zip: 48043	

Type of Contribution: Direct

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 Schoenherr #300	
City: Warren State: MI		City: Warren State: MI	
Zip: 48088		Zip: 48088	

Type of Contribution: Direct

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 5		Business Address: 46600 Romeo Plank Suite 5	
City: Macomb State: MI		City: Macomb State: MI	
Zip: 48044		Zip: 48044	

Type of Contribution: Direct

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5263- -Add

PAC Receipt?:	Date of Receipt: 06/21/2021	Amt: 150.00	Cumul: 150.00
Name: Joe Emington	Occupation: Bail Bondsmen		Employer: Emington Bail Bonds
Address: 2661 W. Utica			Business Address: 47517 Van Dyke
City: Shelby Twp State: MI			City: Shelby Twp State: MI
Zip: 48317			Zip: 48317
Type of Contribution: Direct			

5264- -Add

PAC Receipt?:	Date of Receipt: 06/21/2021	Amt: 500.00	Cumul: 500.00
Name: Tony Gallo	Occupation: Contractor		Employer: Gallo Companies
Address: 6303 26 Mile Rd			Business Address: 6303 26 Mile Rd Suite 200
City: Washington State: MI			City: Washington Twp State: MI
Zip: 48094			Zip: 48094
Type of Contribution: Direct			

5255- -Add

PAC Receipt?:	Date of Receipt: 06/21/2021	Amt: 250.00	Cumul: 250.00
Name: Marc Hart	Occupation: Attorney		Employer: SELF EMPLOYED
Address: 1007 Mallow St.			Business Address: SELF EMPLOYED
City: Wolverine Lake State: MI			City: Clinton Twp State: MI
Zip: 48390			Zip: 48038
Type of Contribution: Direct			

5262- -Add

PAC Receipt?:	Date of Receipt: 06/21/2021	Amt: 150.00	Cumul: 150.00
Name: Kenneth Kempkens	Occupation: Director		Employer: Humane Society
Address: 15991 Amore St			Business Address: 11350 22 Mile Road
City: Clinton Twp State: MI			City: Utica State: MI
Zip: 48038			Zip: 48317
Type of Contribution: Direct			

5265- -Add

PAC Receipt?:	Date of Receipt: 06/23/2021	Amt: 500.00	Cumul: 500.00
Name: Salvatore Munaco	Occupation: Retired		Employer: RETIRED
Address: 2134 W. Gunn Road			Business Address: RETIRED
City: Oakland Twp State: MI			City: CLINTON TOWNSHIP State: MI
Zip: 48306			Zip: 48038
Type of Contribution: Direct			

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5261- -Add

PAC Receipt?: Date of Receipt: 06/23/2021 Amt: 250.00

Cumul: 250.00

Name: James Sawyer Occupation: President
Address: 45810 Private Shore Dr.
City: Chesterfield State: MI
Zip: 48047

Employer: Macomb Community
College
Business Address: 44575 Garfield
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
Address: 49572 Compass Point Dr.
City: Chesterfield State: MI
Zip: 48047

Employer: Anderson Eckstein &
Westrick
Business Address: 51301 Schoenherr
Rd
City: Shelby Charter Twp State: MI
Zip: 48315

Type of Contribution: Direct

5259- -Add

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

Cumul: 250.00

Name: Stephen Pangori Occupation: Civil Engineer
Address: 8106 Rosebud Ln
City: Clarkston State: MI
Zip: 48348

Employer: Anderson Eckstein &
Westrick
Business Address: 51301 Schoenherr
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
Address: 55178 Van Dyke
City: Shelby Township State: MI
Zip: 48316

Employer: Vince & Joe's Gourmet
Market
Business Address: 55178 Van Dyke
Ave
City: Shelby Charter Twp State: MI
Zip: 48316

Type of Contribution: Direct

5222- -Add

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

Cumul: 250.00

Name: Nicole Karmazin Occupation: RETIRED
Address: 38310 Saddle Lane
City: Clinton Twp State: MI
Zip: 48036

Employer: RETIRED
Business Address: RETIRED
City: CLINTON TOWNSHIP State: MI
Zip: 48038

Type of Contribution: Direct

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

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 Stephenson Hwy	
City: Madison Heights State: MI		City: Madison Heights State: MI	
Zip: 48071		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	Occupation: Attorney	Employer: Jajonle Daman PC	
Address: 30185 Helmandale Dr.		Business Address: 29201 Telegraph Road Suite 330	
City: Franklin State: MI		City: Southfield State: MI	
Zip: 48025		Zip: 48034	

Type of Contribution: Direct

5251- -Add

PAC Receipt?:	Date of Receipt: 06/28/2021	Amt: 150.00	Cumul: 150.00
Name: Carl Munaco	Occupation: Developer/Builder	Employer: SELF EMPLOYED	
Address: 48635 Van Dyke Avenue		Business Address: SELF EMPLOYED	
City: Shelby Charter Twp State: MI		City: Clinton Twp State: MI	
Zip: 48317		Zip: 48038	

Type of Contribution: Direct

5223- -Add

PAC Receipt?:	Date of Receipt: 06/28/2021	Amt: 250.00	Cumul: 250.00
Name: Sam Previti	Occupation: Supervisor	Employer: Washington Township	
Address: 61614 Cotswold Drive		Business Address: 57900 Van Dyke	
City: Washington State: MI		City: Washington Twp State: MI	
Zip: 48094		Zip: 48094	

Type of Contribution: Direct

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5225- -Add

PAC Receipt?: **Date of Receipt:** 06/28/2021 **Amt:** 150.00 **Cumul:** 150.00
Name: Elizabeth Rittinger **Occupation:** Lawyer **Employer:** Macomb County
Address: 2300 Paris Drive **Business Address:** 1 S Main St.
City: Troy **State:** MI **City:** Mt Clemens **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 Road
City: Harrison Twp **State:** MI **City:** Taylor **State:** MI
Zip: 48045 **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 Court
City: Shelby Charter Twp **State:** MI **City:** Clinton Township **State:** MI
Zip: 48315 **Zip:** 48035
Type of Contribution: Direct

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

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

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			

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 Road	
City: Detroit State: MI		City: Detroit State: MI	
Zip: 48207		Zip: 48219	
Type of Contribution: Direct			

5230- -Add

PAC Receipt?:	Date of Receipt: 06/29/2021	Amt: 250.00	Cumul: 250.00
Name: Joseph Campbell	Occupation: Attorney	Employer: SELF EMPLOYED	
Address: 49198 Monarch Drive		Business Address: SELF EMPLOYED	
City: Macomb State: MI		City: Clinton Twp State: MI	
Zip: 48044		Zip: 48038	
Type of Contribution: Direct			

5377- -Add

PAC Receipt?:	Date of Receipt: 06/29/2021	Amt: 1,000.00	Cumul: 1,000.00
Name: Andrew Canu	Occupation: Attorney	Employer: Canu Torrice Law PLLC	
Address: 8772 Tournament Dr		Business Address: 32059 Utica Road	
City: Washington State: MI		City: Fraser State: MI	
Zip: 48094		Zip: 48026	
Type of Contribution: Direct			

5228- -Add

PAC Receipt?:	Date of Receipt: 06/29/2021	Amt: 150.00	Cumul: 150.00
Name: Sian Hengeveld	Occupation: Attorney	Employer: Macomb County	
Address: 971 Dressler Lane		Business Address: 1 S Main St.	
City: Rochester Hills State: MI		City: Mt Clemens State: MI	
Zip: 48307		Zip: 48043	
Type of Contribution: Direct			

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

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		Business Address: 19455 Mack Ave	
City: Grosse Pointe Shores State: MI		City: Grosse Pte Woods State: MI	
Zip: 48236		Zip: 48236	
Type of Contribution: Direct			

5243- -Add

PAC Receipt?:	Date of Receipt: 06/29/2021	Amt: 1,000.00	Cumul: 1,000.00
Name: Chris Peyer	Occupation: President	Employer: Dan's Excavating	
Address: 12955 23 Mile Road		Business Address: 12955 23 Mile Road	
City: Shelby Township State: MI		City: Shelby Township State: MI	
Zip: 48315		Zip: 48315	
Type of Contribution: Direct			

5253- -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		Business Address: 29900 Lorraine Ave #300	
City: Washington State: MI		City: Warren State: MI	
Zip: 48094		Zip: 48093	
Type of Contribution: Direct			

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5227- -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	
Address: 6152 Parliament		Business Address: 500 Griswold	
City: Washington State: MI		Street	
Zip: 48095		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	Occupation:	Employer:	
Address: 54400 Arrowhead		Business Address:	
City: Shelby Twp State: MI		City: State:	
Zip: 48315		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	Employer: Avis Choulagh MTIP PLLC	
Address: 48528 Isola Dr		Business Address: 32059 Utica Road	
City: Shelby Twp State: MI		City: Fraser State: MI	
Zip: 48315		Zip: 48026	

Type of Contribution: Direct

5371- -Add

PAC Receipt?:	Date of Receipt: 06/30/2021	Amt: 1,000.00	Cumul: 1,000.00
Name: James Fowler	Occupation: Consultant	Employer: SELF EMPLOYED	
Address: 42189 Lochmoor St.		Business Address: SELF EMPLOYED	
City: Clinton Twp. State: MI		City: Clinton Twp State: MI	
Zip: 48038		Zip: 48038	

Type of Contribution: Direct

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5233- -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

Employer: George Law
Business Address: 444 S.
Washington Ave
City: Royal Oak State: MI
Zip: 48067

Type of Contribution: Direct

5245- -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

Occupation: Attorney

Employer: SELF EMPLOYED
Business Address: SELF EMPLOYED
City: Clinton Twp State: MI
Zip: 48038

Type of Contribution: Direct

5372- -Add

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

Cumul: 150.00

Name: Onorio Moscone
Address: 55459 Ambassador Ct.
City: Shelby Twp State: MI
Zip: 48316

Occupation: President

Employer: Deercreek Construction
Business Address: 57125 Deercreek
City: Washington State: MI
Zip: 48094

Type of Contribution: Direct

5232- -Add

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

Cumul: 250.00

Name: Brian Pannebecker
Address: 25984 Maritime Cir S
City: Harrison Twp State: MI
Zip: 48045

Occupation: RETIRED

Employer: RETIRED
Business Address: RETIRED
City: CLINTON TOWNSHIP State: MI
Zip: 48038

Type of Contribution: Direct

5234- -Add

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

Cumul: 100.00

Name: Thomas Sokol
Address: 20331 Vine Drive
City: Macomb Twp State: MI
Zip: 48044

Occupation:

Employer:
Business Address:
City: State:
Zip:

Type of Contribution: Direct

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5235- -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

Type of Contribution: Direct

5237- -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

Type of Contribution: Direct

5370- -Add

PAC Receipt?: Date of Receipt: 07/02/2021 Amt: 50.00

Cumul: 50.00

Name: Marco Santia

Occupation:

Employer:

Address: 149 Pinecrest Ln

Business Address:

City: Waynesville State: NC

City: State:

Zip: 28785

Zip:

Type of Contribution: Direct

5236- -Add

PAC Receipt?: Date of Receipt: 07/02/2021 Amt: 500.00

Cumul: 500.00

Name: Jill Storrison

Occupation: Administration

Employer: Beaumont Health

Address: 53393 Champlain Street

Business Address: 3601 W 13 Mile

City: Macomb State: MI

Road

Zip: 48042

City: Royal Oak State: MI

Zip: 48073

Type of Contribution: Direct

5244- -Add

PAC Receipt?: Date of Receipt: 07/03/2021 Amt: 150.00

Cumul: 150.00

Name: Leo Borowsky

Occupation: Retired

Employer: RETIRED

Address: 19637 Shorecrest

Business Address: RETIRED

City: Clinton Twp State: MI

City: CLINTON TOWNSHIP State: MI

Zip: 48038

Zip: 48038

Type of Contribution: Direct

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5248- -Add

PAC Receipt?: Date of Receipt: 07/04/2021 Amt: 250.00

Cumul: 250.00

Name: Michael Locricchio Occupation: CPA
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: Direct

5367- -Add

PAC Receipt?: Date of Receipt: 07/06/2021 Amt: 250.00

Cumul: 250.00

Name: Phillip Jacques Occupation: Attorney
Address: 22353 Morley Ave
City: Dearborn State: MI
Zip: 48124

Employer: Macomb County
Business Address: 1 S Main St.
City: Mt Clemens State: MI
Zip: 48043

Type of Contribution: Direct

5368- -Add

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

Cumul: 200.00

Name: Chris Baratta Occupation: Attorney
Address: 31 Kerby Ct
City: Grosse Pointe Farms State: MI
Zip: 48236

Employer: Baratta & Baratta, P.C.
Business Address: 120 Market
Street
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
Address: 3505 Mountain Laurel Ct
City: Oakland Twp State: MI
Zip: 48363

Employer: Galbon Investments
Business Address: 42241 Garfield
City: Clinton Township State: MI
Zip: 48038

Type of Contribution: Direct

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

Employer: TapeMaster
Business Address: 900 Rochester Rd
City: Troy State: MI
Zip: 48083

Type of Contribution: Direct

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

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 Jackson St	
City: Jackson State: MI		City: Jackson State: MI	
Zip: 49201		Zip: 49201	

Type of Contribution: Direct

5369- -Add

PAC Receipt?:	Date of Receipt: 07/08/2021	Amt: 1,000.00	Cumul: 1,000.00
Name: Anthony Lentine	Occupation: Insurance Agent	Employer: SELF EMPLOYED	
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
Name: Fadi Hanna	Occupation: Engineer	Employer: General Motors	
Address: 11693 Squiers Blvd		Business Address: 30001 Van Dyke Ave	
City: Utica State: MI		City: Warren State: MI	
Zip: 48315		Zip: 48093	

Type of Contribution: Direct

5252- -Add

PAC Receipt?:	Date of Receipt: 07/09/2021	Amt: 150.00	Cumul: 150.00
Name: Joseph P Lucido Sr.	Occupation: Insurance Agent	Employer: Lucido Insurance	
Address: 58624 Cory Lake Dr		Business Address: 39999 Garfield	
City: Washington State: MI		City: Clinton Twp State: MI	
Zip: 48094		Zip: 48838	

Type of Contribution: Direct

5376- -Add

PAC Receipt?:	Date of Receipt: 07/12/2021	Amt: 250.00	Cumul: 250.00
Name: Molly Zappitell	Occupation: Attorney	Employer: Macomb County	
Address: 39115 Lakeshore Drive		Business Address: 1 S Main St.	
City: Harrison Twp. State: MI		City: Mt Clemens State: MI	
Zip: 48045		Zip: 48043	

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
Address: 1189 Hathaway Rising
City: Rochester Hills State: MI
Zip: 48306

Occupation: Insurance Agent

Employer: SELF EMPLOYED
Business Address: SELF EMPLOYED
City: Clinton Twp State: MI
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
Address: 14600 Breza Drive
City: Shelby Twp State: MI
Zip: 48315

Occupation: Consultant

Employer: SELF EMPLOYED
Business Address: SELF EMPLOYED
City: Clinton Twp State: MI
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
Address: 573 Live Oak Drive
City: Rochester Hills State: MI
Zip: 48309

Occupation: Attorney

Employer: Macomb County
Business Address: 1 S Main St.
City: Mt Clemens State: MI
Zip: 48043

Type of Contribution: Direct

5242- -Add

PAC Receipt?: Date of Receipt: 07/15/2021 Amt: 1,000.00

Cumul: 1,000.00

Name: Kimberly Capoferi
Address: 54249 Shady Lane
City: Shelby Township State: MI
Zip: 48315

Occupation: Registered Nurse

Employer: SELF EMPLOYED
Business Address: SELF EMPLOYED
City: Clinton Twp State: MI
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
Address: 29320 Debbie Drive
City: Chesterfield State: MI
Zip: 48051

Occupation: Bail Agent

Employer: Action Bail Bonds
Business Address: 43530 Elizabeth Rd
City: Clinton Township State: MI
Zip: 48036

Type of Contribution: Direct

Schedule Total

\$ 45,840.00

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.
Address: 16005 Sturgeon Street
City: Roseville **State:** MI
Zip: 48066

Purpose: Invite printing #302**Fund Raiser:**

**Payment on Debt/Obligation
reported on
previous statement:**

5379- -Add**Date:** 06/16/2021**Amt:** 72.68

Name: US Bank
Address: 425 Walnut Street
City: Cincinnati **State:** OH
Zip: 48202

Purpose: Website #301**Fund Raiser:**

**Payment on Debt/Obligation
reported on
previous statement:**

5389- -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**Fund Raiser:**

**Payment on Debt/Obligation
reported on
previous statement:**

5380- -Add**Date:** 06/18/2021**Amt:** 18.73

Name: US Bank
Address: 425 Walnut Street
City: Cincinnati **State:** OH
Zip: 48202

Purpose: Evolve Subscription #303**Fund Raiser:**

**Payment on Debt/Obligation
reported on
previous statement:**

5378- -Add**Date:** 06/25/2021**Amt:** 269.70

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:**

DIRECT EXPENDITURES (1B) CANDIDATE COMMITTEE

5382- -Add

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:

5383- -Add

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:

5384- -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:

Payment on Debt/Obligation
reported on
previous statement:

5385- -Add

Date: 07/04/2021

Amt: 30.60

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:

5390- -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:

5386- -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:

DIRECT EXPENDITURES (1B) CANDIDATE COMMITTEE**# 5391- -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**Fund Raiser:**

**Payment on Debt/Obligation
 reported on
 previous statement:**

5387- -Add**Date:** 07/14/2021**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:**

5388- -Add**Date:** 07/16/2021**Amt:** 50.60

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:**

Schedule Total**\$ 4,256.54**

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

City: SHELBY TWP State: MI

Zip: 48310

Date Debt Was Incurred: 04/10/2020

Original Amt of Debt: 50,000.00

Forgiven: 0.00

Endorsed Amt: 0.00

Payment

Date(s):

Payment

Amt(s):

Endorser or Guarantor:

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



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

future fundraiser

1. Committee I.D. Number

139858

2. Committee Name

CTE PETER J LUCIDO FOR PROSECUTOR

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held

07/29/21

4. Number of Individuals Attending
or Participating (whichever is
greater)

100+

5. Type of Fund Raising Activity

6. Address and Name (If any) of the
place where the activity was held.

**Palazzo Grande
54660 Van Dyke, Shelby
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 Contributions and All Expenditures Made For the Event)

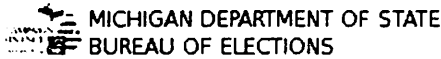
11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)

Contribution Split
(%)

Expenditure Split
(%)

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.



CANDIDATE COMMITTEE COVER PAGE

• Committee ID	139858-0		
• Committee Name	CTE PETER J LUCIDO FOR PROSECUTOR		
• Coverage Period	07/21/2021 - 10/20/2021		
• Candidate Name	CTE PETER J LUCIDO FOR PROSECUTOR		
• Office/District Sought	District Courts (Population 250,000+)		
• 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	//

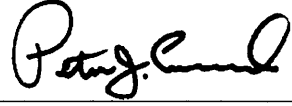
A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If 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 Coppola Signature:  Date: 10/22/2021

Candidate:

(Type or Print) Name: Peter J. Lucido Signature:  Date: 10/22/2021

CANDIDATE COMMITTEE SUMMARY PAGE

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

		This Period	Cumulative
RECEIPTS			
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)	(8c.)	0.00	
9. Total Expenditures	(9.)	68,139.07 (23.)	0.00
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.)	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

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

• **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 **Amt:** 250.00 **Cumul:** 250.00
Name: Nicholas Bachand **Occupation:** Attorney **Employer:** SELF EMPLOYED
Address: 1565 Fairholme Rd **Business Address:** SELF EMPLOYED
City: Grosse Pointe Woods **State:** MI **City:** Clinton Twp **State:** MI
Zip: 48236 **Zip:** 48038

Type of Contribution: Fundraiser Contribution

5481- -Add

PAC Receipt?: **Date of Receipt:** 07/21/2021 **Amt:** 250.00 **Cumul:** 250.00
Name: Don Brown **Occupation:** Commissioner **Employer:** Macomb County
Address: 6515 Old Coach Trail **Business Address:** 1 S Main St.
City: Washington **State:** MI **City:** Mt Clemens **State:** MI
Zip: 48094 **Zip:** 48043

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 **Occupation:** CEO **Employer:** MEDfarms
Address: 50858 Bredenburg Drive **Business Address:** 3891 North Euclid Ave
City: Macomb **State:** MI **City:** Bay City **State:** MI
Zip: 48044 **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 **Occupation:** Retired **Employer:** RETIRED
Address: 585 East Shevlin Ave **Business Address:** RETIRED
City: Hazel Park **State:** MI **City:** CLINTON TOWNSHIP **State:** MI
Zip: 48030 **Zip:** 48038

Type of Contribution: Fundraiser Contribution

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5478- -Add

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

Cumul: 250.00

Name: Michael Leach Occupation: Financial Advisor
Address: 5210 Vineyards Ct
City: Troy State: MI
Zip: 48098

Employer: STIFEL
Business Address: 28411
Northwester Highway
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
Address: 3000 Town Center #2440
City: Southfield State: MI
Zip: 48075

Employer: Barnes & Thornburg
Business Address: 3000 Town
Center Suite 2440
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
Address: 862 Hickory Tree Rd
City: Bristol State: TN
Zip: 37620

Employer: RETIRED
Business Address: RETIRED
City: CLINTON TOWNSHIP State: MI
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
Address: 19886 Westchester Dr.
City: Clinton Township State: MI
Zip: 48038

Employer: Machinery International
Business Address: 42471 Garfield
Road
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
Address: 29900 Harper Avenue Ste. E
City: St. Clair Shores State: MI
Zip: 48082

Employer: Hakim & Hakim PLLC
Business Address: 29900 Harper
Avenue Suite E
City: St. Clair Shores State: MI
Zip: 48082

Type of Contribution: Fundraiser Contribution

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5494- -Add

PAC Receipt?: Date of Receipt: 07/23/2021 Amt: 250.00

Cumul: 250.00

Name: Marian Dwaihy Briske Occupation: Assistant Prosecuting Attorney
Address: 19258 Eastborne
City: Harper Woods State: MI
Zip: 48225

Employer: Macomb County
Business Address: 1 S Main St.
City: Mt Clemens State: MI
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
Address: 150 W. 2nd Street Suite 250
City: Royal Oak State: MI
Zip: 48067

Employer: Fried Saperstein Sakwa PC
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 Occupation: General Manager
Address: 4893 Crystal Creek Lane
City: Washington State: MI
Zip: 48094

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 Occupation: Owner
Address: 8315 Hall Road
City: Utica State: MI
Zip: 48317

Employer: Buscemis
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 Amt: 75.00

Cumul: 75.00

Name: Antoninette Anderson Occupation:
Address: 13714 Belle Court
City: Sterling Heights State: MI
Zip: 48312

Employer:
Business Address:
City: State:
Zip:

Type of Contribution: Fundraiser Contribution

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5426- -Add

PAC Receipt?: **Date of Receipt:** 07/26/2021 **Amt:** 500.00 **Cumul:** 500.00
Name: Michael Bishoff **Occupation:** Owner **Employer:** Passport Pizza
Address: 46575 North Ave **Business Address:** 46575 North Ave
City: Macomb **State:** MI **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 **Occupation:** Investor **Employer:** SELF EMPLOYED
Address: 2600 Turtle Lake Dr **Business Address:** SELF EMPLOYED
City: Bloomfield Hills **State:** MI **City:** Clinton Twp **State:** MI
Zip: 48302 **Zip:** 48038
Type of Contribution: Fundraiser Contribution

5423- -Add

PAC Receipt?: **Date of Receipt:** 07/26/2021 **Amt:** 150.00 **Cumul:** 150.00
Name: Vincent Crispignani **Occupation:** Developer **Employer:** SELF EMPLOYED
Address: 529 Chase Lane **Business Address:** SELF EMPLOYED
City: Bloomfield Hills **State:** MI **City:** Clinton Twp **State:** MI
Zip: 48304 **Zip:** 48038
Type of Contribution: Fundraiser Contribution

5424- -Add

PAC Receipt?: **Date of Receipt:** 07/26/2021 **Amt:** 500.00 **Cumul:** 500.00
Name: Frank DiPonio **Occupation:** Owner **Employer:** DiPonio Contracting
Address: 51173 Simone Industrial **Business Address:** 51173 Simone
Drive Industrial
City: Shelby Township **State:** MI **City:** Shelby Township **State:** MI
Zip: 48316 **Zip:** 48316
Type of Contribution: Fundraiser Contribution

5500- -Add

PAC Receipt?: **Date of Receipt:** 07/26/2021 **Amt:** 150.00 **Cumul:** 150.00
Name: David Portuesi **Occupation:** Attorney **Employer:** Macomb County
Address: 62000 Kunstman **Business Address:** 1 S Main St.
City: Ray **State:** MI **City:** Mt Clemens **State:** MI
Zip: 48096 **Zip:** 48043
Type of Contribution: Fundraiser Contribution

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5429- -Add

PAC Receipt?: Date of Receipt: 07/26/2021 Amt: 150.00

Cumul: 150.00

Name: Alphonse Santino Occupation: Doctor
Address: 725 Lake Shore Rd
City: Grosse Pointe Shores State: MI
Zip: 48236

Employer: SELF EMPLOYED
Business Address: SELF EMPLOYED
City: Clinton Twp State: MI
Zip: 48038

Type of Contribution: Fundraiser Contribution

5428- -Add

PAC Receipt?: Date of Receipt: 07/26/2021 Amt: 250.00

Cumul: 250.00

Name: Jack Waller Occupation: Attorney
Address: 14721 Crofton Drive
City: Shelby Charter Twp State: MI
Zip: 48315

Employer: Linnel & Associates
Business Address: P.O. Box 180758
City: Utica State: MI
Zip: 48318

Type of Contribution: Fundraiser Contribution

5506- -Add

PAC Receipt?: Date of Receipt: 07/27/2021 Amt: 150.00

Cumul: 150.00

Name: Chris Aiello Occupation: Attorney
Address: 32411 Mound Road
City: Warren State: MI
Zip: 48092

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 Occupation: Director
Address: 7335 Heron way
City: Canton State: MI
Zip: 48187

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 Occupation: Building Maintenance
Address: 14612 Alpena Drive
City: Sterling Heights State: MI
Zip: 48313

Employer: City of Warren
Business Address: 5460 Arden
Avenue
City: Warren State: MI
Zip: 48092

Type of Contribution: Fundraiser Contribution

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5508- -Add

PAC Receipt?: Date of Receipt: 07/27/2021 Amt: 150.00

Cumul: 150.00

Name: Muhammad Siwani Occupation: Patent Attorney
Address: 47450 Wallingford
City: Canton State: MI
Zip: 48188

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 Occupation: Attorney
Address: 54821 Cabrillo Drive
City: Macomb State: MI
Zip: 48042

Employer: Macomb County
Business Address: 1 S Main St.
City: Mt Clemens 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 Occupation: Consultant
Address: 4144 Meridian Road
City: Okemos State: MI
Zip: 48864

Employer: SELF EMPLOYED
Business Address: SELF EMPLOYED
City: Clinton Twp State: MI
Zip: 48038

Type of Contribution: Fundraiser Contribution

5538- -Add

PAC Receipt?: Date of Receipt: 07/28/2021 Amt: 150.00

Cumul: 150.00

Name: Raymond Ahonen Occupation: Public Safety Liaison
Address: 18460 Ranier Drive
City: Macomb State: MI
Zip: 48042

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 Amt: 250.00

Cumul: 250.00

Name: John Biernat Occupation: Attorney
Address: 4254 Harvard
City: Detroit State: MI
Zip: 48224

Employer: Padilla Law Group
Business Address: 1821 W. Maple
City: Birmingham State: MI
Zip: 48009

Type of Contribution: Fundraiser Contribution

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

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
Address: 20220 Ronsdale Drive **Business Address:** 111 E 9 Mile Rd
City: Beverly Hills **State:** MI **City:** Hazel Park **State:** MI
Zip: 48025 **Zip:** 48030
Type of Contribution: Fundraiser Contribution

5520- -Add

PAC Receipt?: **Date of Receipt:** 07/28/2021 **Amt:** 250.00 **Cumul:** 250.00
Name: Vince Castellana **Occupation:** Builder **Employer:** SELF EMPLOYED
Address: 5777 Herrington Ct. **Business Address:** SELF EMPLOYED
City: Washington **State:** MI **City:** Clinton Twp **State:** MI
Zip: 48094 **Zip:** 48038
Type of Contribution: Fundraiser Contribution

5529- -Add

PAC Receipt?: X **Date of Receipt:** 07/28/2021 **Amt:** 1,000.00 **Cumul:** 1,000.00
Name: Defense PAC **Occupation:** **Employer:**
Address: 7650 Cooley Lake **Business Address:**
Road #906 **City:** **State:**
City: Waterford **State:** MI **Zip:**
Zip: 48327
Type of Contribution: Fundraiser Contribution

5522- -Add

PAC Receipt?: **Date of Receipt:** 07/28/2021 **Amt:** 1,000.00 **Cumul:** 1,000.00
Name: May Elias **Occupation:** Consultant **Employer:** SELF EMPLOYED
Address: 6674 Glenbrooke Drive **Business Address:** SELF EMPLOYED
City: Shelby Township **State:** MI **City:** Clinton Twp **State:** MI
Zip: 48316 **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 **Occupation:** Attorney **Employer:** Morganroth & Moranroth,
Address: 7203 Lindenmere **Business Address:** PLLC
Drive Suite 200 **Business Address:** 344 North Old
City: Bloomfield Hills **State:** MI **City:** Woodward Ave Ste 200
Zip: 48301 **City:** Birmingham **State:** MI
Zip: 48009
Type of Contribution: Fundraiser Contribution

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5517- -Add

PAC Receipt?: Date of Receipt: 07/28/2021 Amt: 150.00

Cumul: 150.00

Name: Sarah Hecker Occupation: Advisor
Address: 1315 Harvard Road
City: Grosse Pointe State: MI
Zip: 48230

Employer: Templar Baker Group
Business Address: 233 Pierce
City: Birmingham State: MI
Zip: 48009

Type of Contribution: Fundraiser Contribution

5537- -Add

PAC Receipt?: Date of Receipt: 07/28/2021 Amt: 150.00

Cumul: 150.00

Name: Robert Little Occupation: Retired
Address: 14625 Shirley Avenue
City: Warren State: MI
Zip: 48089

Employer: RETIRED
Business Address: RETIRED
City: CLINTON TOWNSHIP State: MI
Zip: 48038

Type of Contribution: Fundraiser Contribution

5536- -Add

PAC Receipt?: Date of Receipt: 07/28/2021 Amt: 200.00

Cumul: 200.00

Name: Scott Luedke Occupation: Attorney
Address: 17452 Contesti Drive
City: Clinton Township State: MI
Zip: 48035

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 Occupation: Attorney
Address: 45777 Glen Court
City: Macomb State: MI
Zip: 48044

Employer: SELF EMPLOYED
Business Address: SELF EMPLOYED
City: Clinton Twp State: MI
Zip: 48038

Type of Contribution: Fundraiser Contribution

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

Employer: Macomb County
Business Address: 1 S Main St.
City: Mt Clemens State: MI
Zip: 48043

Type of Contribution: Fundraiser Contribution

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

Employer: Macomb County
Business Address: 1 S Main St.
City: Mt Clemens State: MI
Zip: 48043

Type of Contribution: Fundraiser Contribution

5524- -Add

PAC Receipt?: Date of Receipt: 07/28/2021 Amt: 250.00

Cumul: 250.00

Name: Cheryl Steinhurst Occupation: Restaurateur
Address: 53720 Woodbridge Drive
City: Shelby Charter Twp State: MI
Zip: 48316

Employer: SELF EMPLOYED
Business Address: SELF EMPLOYED
City: Clinton Twp State: MI
Zip: 48038

Type of Contribution: Fundraiser Contribution

5514- -Add

PAC Receipt?: Date of Receipt: 07/28/2021 Amt: 1,000.00

Cumul: 1,000.00

Name: Ari Zarkin Occupation: General Manager
Address: 27925 Golf Pointe Blvd
City: Farmington Hills State: MI
Zip: 48331

Employer: Steven Lelli's Inn
Business Address: 27925 Golf Pointe Blvd
City: Farmington Hills State: MI
Zip: 48331

Type of Contribution: Fundraiser Contribution

5769- -Add

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

Cumul: 150.00

Name: Joshua Abbott Occupation: Attorney
Address: 409 Wesley Street
City: Rochester State: MI
Zip: 48307

Employer: Macomb County
Business Address: 1 S Main St.
City: Mt Clemens State: MI
Zip: 48043

Type of Contribution: Fundraiser Contribution

5739- -Add

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

Cumul: 150.00

Name: Lori Addella Occupation: Secretary
Address: 18033 Gaylord
City: Clinton Townshp State: MI
Zip: 48035

Employer: Macomb County
Business Address: 1 S Main St.
City: Mt Clemens State: MI
Zip: 48043

Type of Contribution: Fundraiser Contribution

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5794- -Add

PAC Receipt?: **Date of Receipt:** 07/29/2021 **Amt:** 100.00 **Cumul:** 100.00
Name: Fahd Al-Hassan **Occupation:** **Employer:**
Address: 5322 15 Mile Road **Business Address:**
City: Sterling Heights **State:** MI **City:** **State:**
Zip: 48310 **Zip:**
Type of Contribution: Fundraiser Contribution

5631- -Add

PAC Receipt?: **Date of Receipt:** 07/29/2021 **Amt:** 500.00 **Cumul:** 500.00
Name: Athir Ammori **Occupation:** Owner **Employer:** BB's Liquor
Address: 248 E. Gunn Road **Business Address:** 13595 21 Mile
City: Oakland Township **State:** MI Road
Zip: 48306 **City:** Shelby Township **State:** MI
Zip: 48315
Type of Contribution: Fundraiser Contribution

5757- -Add

PAC Receipt?: **Date of Receipt:** 07/29/2021 **Amt:** 150.00 **Cumul:** 150.00
Name: Anthony Aubrey **Occupation:** Manager **Employer:** Motor City Pawn
Address: 1853 Rochester Road **Business Address:** 22100 Van Dyke
City: Leonard **State:** MI Ave
Zip: 48367 **City:** Warren **State:** MI
Zip: 48089
Type of Contribution: Fundraiser Contribution

5632- -Add

PAC Receipt?: **Date of Receipt:** 07/29/2021 **Amt:** 500.00 **Cumul:** 500.00
Name: Patrick Bagley **Occupation:** Attorney **Employer:** Bagley & Langan P.L.L.C.
Address: 6557 Highland Rd **Business Address:** 6557 Highland
City: Waterford **State:** MI Road
Zip: 48327 **City:** Waterford **State:** MI
Zip: 48327
Type of Contribution: Fundraiser Contribution

5560- -Add

PAC Receipt?: **Date of Receipt:** 07/29/2021 **Amt:** 150.00 **Cumul:** 150.00
Name: Michael Balian **Occupation:** Attorney **Employer:** SELF EMPLOYED
Address: 863 Pinery Blvd **Business Address:** SELF EMPLOYED
City: Lake Orion **State:** MI **City:** Clinton Twp **State:** MI
Zip: 48362 **Zip:** 48038
Type of Contribution: Fundraiser Contribution

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5766- -Add

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

Cumul: 150.00

Name: Ralph Bianchi Occupation: Owner
Address: 16650 18 Mile Road
City: Clinton Township State: MI
Zip: 48038

Employer: Bianchi's Salons
Business Address: 16650 18 Mile Road
City: Clinton Township State: MI
Zip: 48038

Type of Contribution: Fundraiser Contribution

5797- -Add

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

Cumul: 100.00

Name: Dominic Bommarito Occupation:
Address: 30066 Prospect Street
City: Chesterfield State: MI
Zip: 48051

Employer:
Business Address:
City: State:
Zip:

Type of Contribution: Fundraiser Contribution

5633- -Add

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

Cumul: 500.00

Name: James Bowden Occupation: Attorney
Address: 43833 Columbia
City: Clinton Twp State: MI
Zip: 48038

Employer: Bowden Law
Business Address: 126 South Main
City: Mt Clemens State: MI
Zip: 48043

Type of Contribution: Fundraiser Contribution

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 Ave
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 Occupation: Retired
Address: 49680 Van Dyke Ave
City: Shelby Charter Twp State: MI
Zip: 48317

Employer: RETIRED
Business Address: RETIRED
City: CLINTON TOWNSHIP State: MI
Zip: 48038

Type of Contribution: Fundraiser Contribution

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
Address: 38602 Rougewood Drive **Business Address:** 1250 Stephenson Highway
City: Sterling Heights **State:** MI **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 **Occupation:** Attorney **Employer:** SELF EMPLOYED
Address: 48273 Milonas **Business Address:** SELF EMPLOYED
City: Shelby Township **State:** MI **City:** Clinton Twp **State:** MI
Zip: 48315 **Zip:** 48038

Type of Contribution: Fundraiser Contribution

5745- -Add

PAC Receipt?: **Date of Receipt:** 07/29/2021 **Amt:** 150.00 **Cumul:** 150.00
Name: Joseph Ciaramitaro **Occupation:** Attorney **Employer:** SELF EMPLOYED
Address: 42850 Garfield Suite 104 **Business Address:** SELF EMPLOYED
City: Clinton Township **State:** MI **City:** Clinton Twp **State:** MI
Zip: 48038 **Zip:** 48038

Type of Contribution: Fundraiser Contribution

5627- -Add

PAC Receipt?: **Date of Receipt:** 07/29/2021 **Amt:** 500.00 **Cumul:** 500.00
Name: Vincenzo Ciraulo **Occupation:** Retired **Employer:** RETIRED
Address: 7670 19 Mile Road **Business Address:** RETIRED
City: Sterling Heights **State:** MI **City:** CLINTON TOWNSHIP **State:** MI
Zip: 48314 **Zip:** 48038

Type of Contribution: Fundraiser Contribution

5773- -Add

PAC Receipt?: **Date of Receipt:** 07/29/2021 **Amt:** 150.00 **Cumul:** 150.00
Name: Vincent Collura **Occupation:** Attorney **Employer:** Macomb County
Address: 53578 Monica Wood Dr. **Business Address:** 1 S Main St.
City: Macomb **State:** MI **City:** Mt Clemens **State:** MI
Zip: 48042 **Zip:** 48043

Type of Contribution: Fundraiser Contribution

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5790- -Add

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

Cumul: 150.00

Name: Raymond Confer Occupation: Retired
Address: 12119 Forest Glen Ln
City: Utica State: MI
Zip: 48315

Employer: RETIRED
Business Address: RETIRED
City: CLINTON TOWNSHIP State: MI
Zip: 48038

Type of Contribution: Fundraiser Contribution

5771- -Add

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

Cumul: 150.00

Name: Daniel DeBruin Occupation: Attorney
Address: 763 Coachman Dr Apt 1
City: Troy State: MI
Zip: 48083

Employer: Macomb County
Business Address: 1 S Main St.
City: Mt Clemens State: MI
Zip: 48043

Type of Contribution: Fundraiser Contribution

5778- -Add

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

Cumul: 150.00

Name: Raymond DeBuck Occupation: Owner
Address: 67587 Hidden Oak Lane
City: Washington State: MI
Zip: 48095

Employer: DeBuck Construction, Inc
Business Address: 6741 Auburn
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 Occupation: Attorney
Address: 1340 Beaconsfield
City: Grosse Pointe Park State: MI
Zip: 48230

Employer: Macomb County
Business Address: 1 S Main St.
City: Mt Clemens 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
Address: 6108 Century Court
City: Shelby Township State: MI
Zip: 48316

Employer: SELF EMPLOYED
Business Address: SELF EMPLOYED
City: Clinton Twp State: MI
Zip: 48038

Type of Contribution: Fundraiser Contribution

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5777- -Add

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

Cumul: 150.00

Name: Jurij Fedorak Occupation: Attorney
Address: 43227 Winterfield Drive
City: Sterling Heights State: MI
Zip: 48314

Employer: Macomb County
Business Address: 1 S Main St.
City: Mt Clemems State: MI
Zip: 48043

Type of Contribution: Fundraiser Contribution

5558- -Add

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

Cumul: 150.00

Name: Steve Fox Occupation: Attorney
Address: 48436 Brittany Parc Dr
City: Macomb State: MI
Zip: 48044

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 Occupation: Sales
Address: 52893 Schafers Run Court
City: Chesterfield State: MI
Zip: 48051

Employer: JCPenney
Business Address: 14300 Lakeside
Circle
City: Sterling Heights State: MI
Zip: 48313

Type of Contribution: Fundraiser Contribution

5742- -Add

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

Cumul: 150.00

Name: Tonya Goetz Occupation: Attorney
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

Type of Contribution: Fundraiser Contribution

5784- -Add

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

Cumul: 150.00

Name: Richard Goich Occupation: Podiatrist
Address: 43932 Robinson Rdg
City: Clinton Twp State: MI
Zip: 48038

Employer: RETIRED
Business Address: RETIRED
City: CLINTON TOWNSHIP State: MI
Zip: 48038

Type of Contribution: Fundraiser Contribution

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5754- -Add

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

Cumul: 150.00

Name: John Gorniak Occupation: Attorney
Address: P.O. Box 180360
City: Utica State: MI
Zip: 48318

Employer: SELF EMPLOYED
Business Address: SELF EMPLOYED
City: Clinton Twp State: MI
Zip: 48038

Type of Contribution: Fundraiser Contribution

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
City: Grosse Pointe Farms State: MI
Zip: 48236

Employer: SELF EMPLOYED
Business Address: SELF EMPLOYED
City: Clinton Twp State: MI
Zip: 48038

Type of Contribution: Fundraiser Contribution

5614- -Add

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

Cumul: 1,000.00

Name: Roy Gruenburg Occupation: Attorney
Address: 25501 Van Dyle
City: Warren State: MI
Zip: 48091

Employer: SELF EMPLOYED
Business Address: SELF EMPLOYED
City: Clinton Twp State: MI
Zip: 48038

Type of Contribution: Fundraiser Contribution

5775- -Add

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

Cumul: 150.00

Name: Aaron Hall Occupation: Attorney
Address: 155 S. Main Street Unit 875
City: Mount Clemens State: MI
Zip: 48046

Employer: Macomb County
Business Address: 1 S Main St.
City: Mt Clemens State: MI
Zip: 48043

Type of Contribution: Fundraiser Contribution

5640- -Add

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

Cumul: 500.00

Name: Robert Huth Occupation: Attorney
Address: 19500 Hall Rd Ste 100
City: Clinton Twp State: MI
Zip: 48038

Employer: Kirk Huth Lange
Business Address: 19500 Hall
Road Suite 100
City: Clinton Township State: MI
Zip: 48038

Type of Contribution: Fundraiser Contribution

5644- -Add

Type of Contribution: Fundraiser Contribution

PAC Receipt?:	Date of Receipt: 07/29/2021	Amt: 250.00	Cumul: 250.00
Name: Andrea Jacklyn	Occupation: Retired	Employer: RETIRED	
Address: 969 Huntington Street		Business Address: RETIRED	
City: Mt. Clemens State: MI		City: CLINTON TOWNSHIP State: MI	
Zip: 48043		Zip: 48038	
Type of Contribution: Fundraiser Contribution			

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 Avenue	
City: Detroit State: MI		City: Detroit State: MI	
Zip: 48213		Zip: 48213	

Type of Contribution: Fundraiser Contribution

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5610- -Add

PAC Receipt?: **Date of Receipt:** 07/29/2021 **Amt:** 1,000.00 **Cumul:** 1,000.00
Name: Marvin Jamo **Occupation:** Owner **Employer:** House of Dank
Address: 54438 Roselawn Ct. **Business Address:** 3340 E 8 Mile
City: Shelby Township **State:** MI **City:** Detroit **State:** MI
Zip: 48318 **Zip:** 48234
Type of Contribution: Fundraiser Contribution

5636- -Add

PAC Receipt?: **Date of Receipt:** 07/29/2021 **Amt:** 500.00 **Cumul:** 500.00
Name: David Jaye **Occupation:** Retired **Employer:** RETIRED
Address: 25810 Hickory Blvd 3603 **Business Address:** RETIRED
City: Bonita Springs **State:** MI **City:** CLINTON TOWNSHIP **State:** MI
Zip: 34134 **Zip:** 48038
Type of Contribution: Fundraiser Contribution

5568- -Add

PAC Receipt?: **Date of Receipt:** 07/29/2021 **Amt:** 150.00 **Cumul:** 150.00
Name: David Joseph **Occupation:** Trustee **Employer:** Chesterfield Township
Address: 28637 Buckinghamshire Drive **Business Address:** 47275 Sugarbush road
City: New Baltimore **State:** MI **City:** New Baltimore **State:** MI
Zip: 48047 **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 **Occupation:** Owner **Employer:** BP Gas Station
Address: 3015 Alden Drive **Business Address:** 58955 Gratiot Avenue
City: Sterling Heights **State:** MI **City:** New Haven **State:** MI
Zip: 48310 **Zip:** 48048
Type of Contribution: Fundraiser Contribution

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5764- -Add

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

Cumul: 150.00

Name: Beth Kirshner Occupation: Attorney
Address: 7452 Indianwood Trail
City: West Bloomfield State: MI
Zip: 48322

Employer: Macomb County
Business Address: 1 S Main St.
City: Mt Clemens State: MI
Zip: 48043

Type of Contribution: Fundraiser Contribution

5760- -Add

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

Cumul: 150.00

Name: Jack Latour Occupation: Attorney
Address: 55761 Scheuer Road
City: Chesterfield State: MI
Zip: 48051

Employer: Macomb County
Business Address: 1 S Main St.
City: Mt Clemens State: MI
Zip: 48043

Type of Contribution: Fundraiser Contribution

5546- -Add

PAC Receipt?: Date of Receipt: 07/29/2021 Amt: 250.00

Cumul: 250.00

Name: Jerry Lennox Occupation: Construction
Address: 19194 Monte Vista Street
City: Detroit State: MI
Zip: 48221

Employer: Skip Your Salesman Inc.
Business Address: 905 W. Eleven
Mile
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 Occupation: Executive
Address: 53560 Joe Wood Drive
City: Macomb State: MI
Zip: 48042

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. Occupation: Sales
Address: 56276 Cannon Creek Rd
City: Shelby Twp State: MI
Zip: 48316

Employer: Lucido Insurance
Business Address: 39999 Garfield
City: Clinton Twp State: MI
Zip: 48838

Type of Contribution: Fundraiser Contribution

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5793- -Add

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

Name: Mark Makoski Occupation: Attorney
Address: 28479 Hoover Rd
City: Warren State: MI
Zip: 48093

Type of Contribution: Fundraiser Contribution

Cumul: 150.00

Employer: SELF EMPLOYED
Business Address: SELF EMPLOYED
City: Clinton Twp State: MI
Zip: 48038

5744- -Add

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

Name: Franco Mancini Occupation: Developer
Address: 2914 Dina Dr
City: Troy State: MI
Zip: 48085

Type of Contribution: Fundraiser Contribution

Cumul: 150.00

Employer: SELF EMPLOYED
Business Address: SELF EMPLOYED
City: Clinton Twp State: MI
Zip: 48038

5821- -Add

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

Name: Paul Manni Occupation: Manager
Address: 42778 Flis Drive
City: Sterling Heights State: MI
Zip: 48314

Type of Contribution: Fundraiser Contribution

Cumul: 2,000.00

Employer: All Phones Wholesale
Business Address: 721 East 11 Mile Road
City: Royal Oak State: MI
Zip: 48067

5573- -Add

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

Name: Frank Marino Occupation: Owner
Address: 45676 Van Dyke
City: Utica State: MI
Zip: 48317

Type of Contribution: Fundraiser Contribution

Cumul: 150.00

Employer: Macomb Restaurant Supply
Business Address: 45676 Van Dyke
City: Utica State: MI
Zip: 48317

5738- -Add

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

Name: Benedetto Marrocoo Occupation: Owner
Address: 11421 Heatherwood Ct
City: Shelby Twp State: MI
Zip: 48315

Type of Contribution: Fundraiser Contribution

Cumul: 150.00

Employer: Duro Construction
Business Address: 11421 Heatherwood Ct
City: Shelby Township State: MI
Zip: 48315

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5762- -Add

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

Cumul: 150.00

Name: Joseph McCarthy Occupation: Attorney
Address: 2041 S. Parker Street
City: Marine City State: MI
Zip: 48039

Employer: Macomb County
Business Address: 1 S Main St.
City: Mt Clemens 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 Occupation: Attorney
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 Occupation: Attorney
Address: 2174 Mayflower
City: Troy State: MI
Zip: 48085

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 Occupation: Insurance Agent
Address: 11716 Meadow Place
City: Washington Township State: MI
Zip: 48094

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 Occupation: Developer
Address: 6001 26 Mile Road
City: Washington Twp State: MI
Zip: 48094

Employer: SELF EMPLOYED
Business Address: SELF EMPLOYED
City: Clinton Twp State: MI
Zip: 48038

Type of Contribution: Fundraiser Contribution

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5556- -Add

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

Cumul: 150.00

Name: Darryl Onderik Occupation: Manager
Address: 53245 Sams Lane
City: Chesterfield State: MI
Zip: 48047

Employer: Wujek Calcaterra & Sons
Business Address: 36900
Schoenherr
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

Cumul: 1,000.00

Name: Mansour Oram Occupation: COO
Address: 3294 Wards Pointe Dr.
City: Orchard Lake State: MI
Zip: 48324

Employer: International Outdoor
Business Address: 28423 Orchard
Lake Road Suite 200
City: Farmington Hills State: MI
Zip: 48334

Type of Contribution: Fundraiser Contribution

5549- -Add

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

Cumul: 150.00

Name: Victoria Policicchio Occupation: Attorney
Address: 1 S Main Street
City: Mt. Clemens State: MI
Zip: 48043

Employer: Macomb County
Business Address: 1 S Main St.
City: Mt Clemems State: MI
Zip: 48043

Type of Contribution: Fundraiser Contribution

5559- -Add

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

Cumul: 500.00

Name: Ernest Robinette Occupation: Attorney
Address: 38600 Van Dyke Ave Ste
250E
City: Sterling Heights State: MI
Zip: 48312

Employer: SELF EMPLOYED
Business Address: SELF EMPLOYED
City: Clinton Twp State: MI
Zip: 48038

Type of Contribution: Fundraiser Contribution

5642- -Add

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

Cumul: 500.00

Name: Chase Robl Occupation: Attorney
Address: 1100 South Main Street
City: Mount Clemens State: MI
Zip: 48043

Employer: Femminineo Attorneys
PLLC
Business Address: 110 S Main St
City: Mt Clemens State: MI
Zip: 48043

Type of Contribution: Fundraiser Contribution

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5756- -Add

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

Cumul: 150.00

Name: Lawrence Rocca Occupation: County Treasurer
Address: 38299 Moravian Dr
City: Clinton Township State: MI
Zip: 48036

Employer: Macomb County
Business Address: 1 S Main St.
City: Mt Clemems State: MI
Zip: 48043

Type of Contribution: Fundraiser Contribution

5785- -Add

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

Cumul: 150.00

Name: Phil Rode Occupation: Owner
Address: 36097 Action St.
City: Clinton Township State: MI
Zip: 48035

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
Address: 6462 West Oaks Drive
City: West Bloomfield State: MI
Zip: 48324

Employer: Six-S Contracting
Business Address: 2210 Scott Lake
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
Address: 23220 Westbury St
City: St. Clair Shores State: MI
Zip: 48080

Employer: SELF EMPLOYED
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 Occupation: Attorney
Address: 172 Moross Street
City: Mount Clemens State: MI
Zip: 48043

Employer: Macomb County
Business Address: 1 S Main St.
City: Mt Clemems State: MI
Zip: 48043

Type of Contribution: Fundraiser Contribution

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5732- -Add

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

Cumul: 150.00

Name: Kymberly Shinneman Occupation: Attorney
Address: 8620 Goodale Avenue
City: Utica State: MI
Zip: 48317

Employer: Macomb County
Business Address: 1 S Main St.
City: Mt Clemens State: MI
Zip: 48043

Type of Contribution: Fundraiser Contribution

5788- -Add

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

Cumul: 150.00

Name: Patrick Sierwski Occupation: Attorney
Address: 22749 California
City: St. Clair Shores State: MI
Zip: 48080

Employer: Macomb County
Business Address: 1 S Main St.
City: Mt Clemens State: MI
Zip: 48043

Type of Contribution: Fundraiser Contribution

5628- -Add

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

Cumul: 500.00

Name: James Simasko Occupation: Attorney
Address: 319 N Gratiot Ave
City: Mount Clemens State: MI
Zip: 48043

Employer: Simasko Law
Business Address: 319 N Gratiot
City: Mt Clemens State: MI
Zip: 48043

Type of Contribution: Fundraiser Contribution

5741- -Add

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

Cumul: 150.00

Name: Robert Stevens Occupation: Attorney
Address: 21418 Raintree
City: Macomb State: MI
Zip: 48044

Employer: SELF EMPLOYED
Business Address: SELF EMPLOYED
City: Clinton Twp State: MI
Zip: 48038

Type of Contribution: Fundraiser Contribution

5734- -Add

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

Cumul: 150.00

Name: Jeremy Stradley Occupation: Owner
Address: 35715 Koenigh Street
City: New Baltimore State: MI
Zip: 48047

Employer: Electronic Monitoring Sys
Business Address: 331 E 9 Mile
Road
City: Hazel Park State: MI
Zip: 48030

Type of Contribution: Fundraiser Contribution

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5746- -Add

PAC Receipt?: **Date of Receipt:** 07/29/2021 **Amt:** 150.00 **Cumul:** 150.00
Name: Bryan Sunisloe **Occupation:** Attorney **Employer:** SELF EMPLOYED
Address: 282 Rivard Blvd. **Business Address:** SELF EMPLOYED
City: Grosse Pointe **State:** MI **City:** Clinton Twp **State:** MI
Zip: 48230 **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 **Occupation:** Doctor **Employer:** RETIRED
Address: 43868 Scoter Lane **Business Address:** RETIRED
City: Clinton Township **State:** MI **City:** CLINTON TOWNSHIP **State:** MI
Zip: 48038 **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 **Occupation:** Attorney **Employer:** Macomb County
Address: 12309 Volpe Drive **Business Address:** 1 S Main St.
City: Sterling Heights **State:** MI **City:** Mt Clemens **State:** MI
Zip: 48312 **Zip:** 48043
Type of Contribution: Fundraiser Contribution

5749- -Add

PAC Receipt?: **Date of Receipt:** 07/29/2021 **Amt:** 150.00 **Cumul:** 150.00
Name: Ronald Torres **Occupation:** Sales **Employer:** Gardner White
Address: 51929 Watkins Glen Dr **Business Address:** 45300 Hayes
City: Macomb **State:** MI Road
Zip: 48042 **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 **Occupation:** **Employer:**
Address: 11304 E. 14 Mile Road **Business Address:**
City: Warren **State:** MI **City:** **State:**
Zip: 48093 **Zip:**
Type of Contribution: Fundraiser Contribution

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5635- -Add

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

Cumul: 500.00

Name: James Zabkar Occupation: Retired
Address: 19365 River Valley Dr.
City: Macomb State: MI
Zip: 48044

Employer: RETIRED
Business Address: RETIRED
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
Address: 53111 Bayberry Drive
City: Macomb State: MI
Zip: 48042

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

Employer:
Business Address:
City: State:
Zip:

Type of Contribution: Fundraiser Contribution

5664- -Add

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

Cumul: 250.00

Name: Domenic Belcastro Occupation: Owner
Address: 54660 Van Dyke
City: Shelby Township State: MI
Zip: 48316

Employer: Palazzo Grande
Business Address: 54660 Van Dyke
City: Shelby Township State: MI
Zip: 48316

Type of Contribution: Fundraiser Contribution

5658- -Add

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

Cumul: 250.00

Name: Lisa Blazeovski Occupation: Attorney
Address: 31253 Gay Street
City: Roseville State: MI
Zip: 48066

Employer: Macomb County
Business Address: 1 S Main St.
City: Mt Clemens State: MI
Zip: 48043

Type of Contribution: Fundraiser Contribution

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5719- -Add

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

Cumul: 300.00

Name: Joseph Ciaramitaro Occupation: Attorney
Address: 42850 Garfield Suite 104
City: Clinton Township State: MI
Zip: 48038

Employer: SELF EMPLOYED
Business Address: SELF EMPLOYED
City: Clinton Twp State: MI
Zip: 48038

Type of Contribution: Fundraiser Contribution

5706- -Add

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

Cumul: 150.00

Name: Thomas Ciaramitaro Occupation: Attorney
Address: 42850 Garfield Road Suite
104
City: Clinton Township State: MI
Zip: 48038

Employer: SELF EMPLOYED
Business Address: SELF EMPLOYED
City: Clinton Twp State: MI
Zip: 48038

Type of Contribution: Fundraiser Contribution

5711- -Add

PAC Receipt?: Date of Receipt: 07/30/2021 Amt: 200.00

Cumul: 200.00

Name: Annette Corrado Occupation: Consultant
Address: 17124 Clinton River
Road Apt 4A
City: Clinton Township State: MI
Zip: 48038

Employer: SELF EMPLOYED
Business Address: SELF EMPLOYED
City: Clinton Twp State: MI
Zip: 48038

Type of Contribution: Fundraiser Contribution

5674- -Add

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

Cumul: 250.00

Name: Julianne Cusumano Occupation: Nurse
Address: 16188 Jenny Drive
City: Macomb State: MI
Zip: 48042

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
Address: 1 Lafayette Plaisance St Apt
1413
City: Detroit State: MI
Zip: 48207

Employer: SELF EMPLOYED
Business Address: SELF EMPLOYED
City: Clinton Twp State: MI
Zip: 48038

Type of Contribution: Fundraiser Contribution

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5721- -Add

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

Cumul: 150.00

Name: Daniel Demeester Occupation: Police Officer
Address: 9349 Meisner Road
City: Casco State: MI
Zip: 48064

Employer: Macomb Community College
Business Address: 44575 Garfield 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
Address: 7910 Walters Road
City: Laingsburg State: MI
Zip: 48848

Employer: MISD
Business Address: 44001 Garfield Road
City: Clinton Township State: MI
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 Occupation: Retired
Address: 4747 Anna
City: Warren State: MI
Zip: 48092

Employer: RETIRED
Business Address: RETIRED
City: CLINTON TOWNSHIP State: MI
Zip: 48038

Type of Contribution: Fundraiser Contribution

5660- -Add

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

Cumul: 250.00

Name: Jacqueline Gartin Occupation: Attorney
Address: 15896 Tea Rose
City: Macomb State: MI
Zip: 48042

Employer: Macomb County
Business Address: 1 S Main St.
City: Mt Clemens State: MI
Zip: 48043

Type of Contribution: Fundraiser Contribution

5683- -Add

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

Cumul: 250.00

Name: Pashko Gjurashaj Occupation: Consultant
Address: 55973 Red Cedar Ct
City: Shelby Twp State: MI
Zip: 48316

Employer: Ford Motor Company
Business Address: 39000 Mound Road
City: Sterling Heights State: MI
Zip: 48313

Type of Contribution: Fundraiser Contribution

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5709- -Add

PAC Receipt?: Date of Receipt: 07/30/2021 Amt: 200.00

Cumul: 200.00

Name: Lawrence Hurst Occupation: Owner
Address: 20383 Sunningdale Pk
City: Grosse Pointe Woods State: MI
Zip: 48236

Employer: Mr. Larry's Cafe
Business Address: 1800 Vernier
Road Suite 201
City: Harper Woods State: MI
Zip: 48225

Type of Contribution: Fundraiser Contribution

5713- -Add

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

Cumul: 150.00

Name: Matthew Hutnick Occupation: Cook
Address: 231 E. St Clair Street
City: Romeo State: MI
Zip: 48065

Employer: 4 Corners Diner
Business Address: 231 E St. Clair
Street
City: Romeo State: MI
Zip: 48065

Type of Contribution: Fundraiser Contribution

5681- -Add

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

Cumul: 250.00

Name: Andrea Irons Occupation: Attorney
Address: 15795 Newport Drive
City: Clinton Township State: MI
Zip: 48038

Employer: Macomb County
Business Address: 1 S Main St.
City: Mt Clemens State: MI
Zip: 48043

Type of Contribution: Fundraiser Contribution

5650- -Add

PAC Receipt?: Date of Receipt: 07/30/2021 Amt: 450.00

Cumul: 450.00

Name: Roula Renee Kapodistrias Occupation: Treasurer
Address: 4324 Fox Hill Drive
City: Sterling Heights State: MI
Zip: 48310

Employer: Belle River Golf CC
Business Address: 12564 Belle River
Road
City: Memphis State: MI
Zip: 48041

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
Address: 4 Hickory Hollow Ln
City: Bingham Farms State: MI
Zip: 48025

Employer: Caputo Brosnan PC
Business Address: 29199 Ryan Rd
City: Warren State: MI
Zip: 48092

Type of Contribution: Fundraiser Contribution

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5684- -Add

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

Cumul: 250.00

Name: Angelo Lanni Occupation: Owner
Address: 7040 Valley Grn
City: Washington State: MI
Zip: 48094

Employer: Florence Cement
Business Address: 51515 Corridor
City: Shelby Township State: MI
Zip: 48315

Type of Contribution: Fundraiser Contribution

5648- -Add

PAC Receipt?: Date of Receipt: 07/30/2021 Amt: 500.00

Cumul: 500.00

Name: Randy Lewis Occupation: Attorney
Address: 2000 Town Center Suite
2350
City: Southfield State: MI
Zip: 48075

Employer: Lewis & Dickson PLLC
Business Address: 2000 Town
Center Suite 2350
City: Southfield State: MI
Zip: 48075

Type of Contribution: Fundraiser Contribution

5677- -Add

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

Cumul: 250.00

Name: Ken Licari Occupation: Training Consultant
Address: 52799 N Weathervane
City: Chesterfield State: MI
Zip: 48047

Employer: US Dept of Defense
Business Address: 27800 Van Dyke
City: Warren State: MI
Zip: 48093

Type of Contribution: Fundraiser Contribution

5710- -Add

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

Cumul: 160.00

Name: Lawrence Lucido Occupation: Attorney
Address: 514 East Muir Avenue
City: Hazel Park State: MI
Zip: 48030

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 Amt: 250.00

Cumul: 250.00

Name: Mark Lulgjuraj Occupation: Owner
Address: 87 S. Deeplands Road
City: Grosse Pointe State: MI
Zip: 48236

Employer: Lulgjuraj Properties
Business Address: 87 S. Deeplands
City: Grosse Pointe State: MI
Zip: 48236

Type of Contribution: Fundraiser Contribution

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5653- -Add

PAC Receipt?: Date of Receipt: 07/30/2021 Amt: 400.00

Cumul: 400.00

Name: Manaf Madoun Occupation: Physician

Address: 52896 Sable Ct

City: Shelby Township State: MI

Zip: 48315

Employer: Hospitalist Physicians

Business Address: 52896 Sable Ct.

City: Shelby Twp State: MI

Zip: 48315

Type of Contribution: Fundraiser Contribution

5697- -Add

PAC Receipt?: Date of Receipt: 07/30/2021 Amt: 200.00

Cumul: 200.00

Name: Giovan Mannino

Occupation: Retired

Address: 8249 Pine Creek Dr

City: Shelby Twp State: MI

Zip: 48316

Employer: RETIRED

Business Address: RETIRED

City: CLINTON TOWNSHIP State: MI

Zip: 48038

Type of Contribution: Fundraiser Contribution

5666- -Add

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

Cumul: 250.00

Name: Kimberly Meltzer

Occupation: Clerk

Address: 18300 Tara Drive

City: Clinton Twp State: MI

Zip: 48036

Employer: Clinton Township Clerk

Business Address: 40700 Romeo Plank Rd

City: Clinton Twp State: MI

Zip: 48038

Type of Contribution: Fundraiser Contribution

5704- -Add

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

Cumul: 150.00

Name: Aurelio Milana

Occupation: Baker

Address: 47549 Angleine Court

City: Shelby Township State: MI

Zip: 48315

Employer: SELF EMPLOYED

Business Address: SELF EMPLOYED

City: Clinton Twp State: MI

Zip: 48038

Type of Contribution: Fundraiser Contribution

5702- -Add

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

Cumul: 150.00

Name: Mark Mileski

Occupation: Court Officer

Address: 52833 Winsome Lane

City: Chesterfield State: MI

Zip: 48051

Employer: Sterling Hgts Dodge

Business Address: 40111 Van Dyke

City: Sterling Hgts State: MI

Zip: 48313

Type of Contribution: Fundraiser Contribution

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5670- -Add

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

Cumul: 250.00

Name: Renzo Musante Occupation: Tile Contractor
Address: 48895 Fairchild Road
City: Macomb State: MI
Zip: 48042

Employer: Musante Tile
Business Address: 48895 Fairchild Road
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 Occupation: Owner
Address: 2538 Portobello Dr
City: Troy State: MI
Zip: 48083

Employer: PK Maintenance
Business Address: 2538 Portobello Drive
City: Troy State: MI
Zip: 48083

Type of Contribution: Fundraiser Contribution

5669- -Add

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

Cumul: 250.00

Name: Jon Novak Occupation: Consultant
Address: 22611 Oconner
City: Saint Clair Shores State: MI
Zip: 48080

Employer: Concordia Contracting
Business Address: 6336 Millett Ave
City: St. Heights State: MI
Zip: 48312

Type of Contribution: Fundraiser Contribution

5678- -Add

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

Cumul: 250.00

Name: Joyce Patouhas Occupation: Podiatrist
Address: 4455 Fox Hill Drive
City: Sterling Heights State: MI
Zip: 48310

Employer: Mission Podiatry
Business Address: 39090 Garfield Road #108
City: Clinton Township State: MI
Zip: 48038

Type of Contribution: Fundraiser Contribution

5687- -Add

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

Cumul: 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
Zip: 48313

Type of Contribution: Fundraiser Contribution

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

Employer: Nunzio Provenzano PC
Business Address: 23550 Harper Ave
City: St Clair Shores State: MI
Zip: 48080

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

Employer: Team Roe
Business 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

Employer: Proforma
Business Address: 8800 East Pleasant Valley Road
City: Cleveland State: OH
Zip: 44131

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

Employer: Macomb County
Business Address: 1 S Main St.
City: Mt Clemens State: MI
Zip: 48043

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

Employer: Macomb County
Business Address: 1 S Main St.
City: Mt Clemens State: MI
Zip: 48043

Type of Contribution: Fundraiser Contribution

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5694- -Add

PAC Receipt?: Date of Receipt: 07/30/2021 Amt: 200.00

Cumul: 200.00

Name: David Stephanoff Occupation: Consultant
Address: 42400 Garfield
City: Clinton Township State: MI
Zip: 48038

Employer: SELF EMPLOYED
Business Address: SELF EMPLOYED
City: Clinton Twp State: MI
Zip: 48038

Type of Contribution: Fundraiser Contribution

5715- -Add

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

Cumul: 150.00

Name: Eric Sterbis Occupation: Attorney
Address: 26051 Salem Road
City: Huntington Woods State: MI
Zip: 48070

Employer: Macomb County
Business Address: 1 S Main St.
City: Mt Clemens State: MI
Zip: 48043

Type of Contribution: Fundraiser Contribution

5728- -Add

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

Cumul: 150.00

Name: Michael Torres Occupation: Builder
Address: 5865 Jackelyn Ct
City: Washington State: MI
Zip: 48094

Employer: SELF EMPLOYED
Business Address: SELF EMPLOYED
City: Clinton Twp State: MI
Zip: 48038

Type of Contribution: Fundraiser Contribution

5730- -Add

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

Cumul: 150.00

Name: Peter Torrice Occupation: Podiatrist
Address: 22713 Lake Shore
City: St. Claire Shores State: MI
Zip: 48080

Employer: Peter Torrice & Assoc
Business Address: 20967 Kelly Road
City: Eastpointe State: MI
Zip: 48021

Type of Contribution: Fundraiser Contribution

5692- -Add

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

Cumul: 250.00

Name: Pashko Ujkic Occupation: Owner
Address: 38346 Phyllis Ct
City: Sterling Heights State: MI
Zip: 48312

Employer: Dodge Park Coney Island
Business Address: 35252 Dodge Park Rd.
City: Sterling Heights State: MI
Zip: 48312

Type of Contribution: Fundraiser Contribution

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5576- -Add

PAC Receipt?: **Date of Receipt:** 07/31/2021 **Amt:** 100.00 **Cumul:** 100.00
Name: Robert Donovic **Occupation:** **Employer:**
Address: 9881 Garvett Street **Business Address:**
City: Livonia **State:** MI **City:** **State:**
Zip: 48150 **Zip:**
Type of Contribution: Fundraiser Contribution

5443- -Add

PAC Receipt?: **Date of Receipt:** 08/03/2021 **Amt:** 150.00 **Cumul:** 150.00
Name: Joseph Burke **Occupation:** Owner **Employer:** Burke Mechanical Inc.
Address: 61267 Crown Point Drive **Business Address:** 12310 24 Mile
City: Washington **State:** MI Road
Zip: 48094 **City:** Shelby Township **State:** MI
Zip: 48315
Type of Contribution: Direct

5453- -Add

PAC Receipt?: **Date of Receipt:** 08/03/2021 **Amt:** 75.00 **Cumul:** 75.00
Name: Robert Costello **Occupation:** **Employer:**
Address: 2177 Burns **Business Address:**
City: Detroit **State:** MI **City:** **State:**
Zip: 48214 **Zip:**
Type of Contribution: Direct

5433- -Add

PAC Receipt?: **Date of Receipt:** 08/03/2021 **Amt:** 100.00 **Cumul:** 100.00
Name: Robert Ficano **Occupation:** **Employer:**
Address: 19321 Fitzgerald **Business Address:**
City: Livonia **State:** MI **City:** **State:**
Zip: 48152 **Zip:**
Type of Contribution: Direct

5438- -Add

PAC Receipt?: **Date of Receipt:** 08/03/2021 **Amt:** 150.00 **Cumul:** 150.00
Name: Steven Freers **Occupation:** Attorney **Employer:** Freers Freers & Freers
Address: 17757 E. 14 Mile Road **Business Address:** 17757 E. 14 Mile
City: Fraser **State:** MI Road
Zip: 48026 **City:** Fraser **State:** MI
Zip: 48026
Type of Contribution: Direct

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5441- -Add

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

Cumul: 150.00

Name: Joseph Kosmala Occupation: Attorney
Address: 93 S. Main Street
City: Mount Clemens State: MI
Zip: 48043

Employer: SELF EMPLOYED
Business Address: SELF EMPLOYED
City: Clinton Twp State: MI
Zip: 48038

Type of Contribution: Direct

5449- -Add

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

Cumul: 150.00

Name: Domenico Picano Occupation: Owner
Address: 44162 Astro Dr
City: Sterling Heights State: MI
Zip: 48314

Employer: Picano's Italian Grille
Business Address: 3775 Rochester Rd
City: Troy State: MI
Zip: 48083

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
Address: 39085 Moravian Dr
City: Clinton Twp State: MI
Zip: 48036

Employer: SELF EMPLOYED
Business Address: SELF EMPLOYED
City: Clinton Twp State: MI
Zip: 48038

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
Address: 31 Shorecrest Circle
City: Grosse Pointe Shores State: MI
Zip: 48236

Employer: JLM Management
Business Address: 31 Shorescrest Circle
City: Grosse Pointe Shores State: MI
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
Address: 5036 Starcreek Lane
City: Washington Township State: MI
Zip: 48094

Employer: Rancilio & Associates
Business Address: 15655 Eleven Mile Road
City: Roseville State: MI
Zip: 48066

Type of Contribution: Direct

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5457- -Add

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

Cumul: 300.00

Name: Maria Silamianos Occupation: Executive VP
Address: 56 Oxford Road
City: Grosse Pointe Shores State: MI
Zip: 48236

Employer: Trion Solutions, Inc.
Business Address: 888 W. Big Beaver
Road Suite 1000
City: Troy State: MI
Zip: 48084

Type of Contribution: Direct

5448- -Add

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

Cumul: 250.00

Name: Art Weiss Occupation: Attorney
Address: 30445 Northwest Hwy
City: Farmington Hills State: MI
Zip: 48334

Employer: SELF EMPLOYED
Business Address: SELF EMPLOYED
City: Clinton Twp State: MI
Zip: 48038

Type of Contribution: Direct

5454- -Add

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

Cumul: 125.00

Name: Daniel Rubino Occupation: President
Address: 44400 Van Dyke, #101
City: Sterling Heights State: MI
Zip: 48314

Employer: Berkshire Financial
Business Address: 44400 Van Dyke
City: Sterling Heights State: MI
Zip: 48314

Type of Contribution: Fundraiser Contribution

5462- -Add

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

Cumul: 250.00

Name: Clark Hill PAC Occupation:
Address: 500 Woodward Ave Ste 3500
City: Detroit State: MI
Zip: 48226

Employer:
Business Address:
City: State:
Zip:

Type of Contribution: Fundraiser Contribution

5468- -Add

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

Cumul: 1,000.00

Name: Quirino D'Alessandro Occupation: Director
Address: 28135 Groesbeck Highway
City: Roseville State: MI
Zip: 48066

Employer: Moon Roof Corp
Business Address: 28117 Groesbeck
Highway
City: Roseville State: MI
Zip: 48066

Type of Contribution: Fundraiser Contribution

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5463- -Add

PAC Receipt?: **Date of Receipt:** 08/16/2021 **Amt:** 150.00**Cumul:** 150.00**Name:** Randy Rodnick**Occupation:** Attorney**Employer:** Rodnick Unger & Piraino**Address:** 7938 Goshen Drive**Business Address:** 3280 E. Thirteen
Mile Road**City:** West Bloomfield **State:** MI**City:** Warren **State:** MI**Zip:** 48322**Zip:** 48092**Type of Contribution:** Fundraiser Contribution

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5469- -Add

PAC Receipt?:

Date of Receipt: 08/16/2021

Amt: 500.00

Cumul: 500.00

Name: Gary Roncelli

Occupation: Director

Employer: Roncelli Inc.

Address: 69900 Hicks Road

Business Address: 6471 Metro

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

Business Address:

City: Richmond State: MI

City: State:

Zip: 48062

Zip:

Type of Contribution: Fundraiser Contribution

Schedule Total

\$ 59,695.00

DIRECT EXPENDITURES (1B) CANDIDATE COMMITTEE

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

5471- -Add**Date:** 07/21/2021**Amt:** 1,264.00

Name: GM Company Store
Address: 300 Renaissance Center
City: Detroit **State:** MI
Zip: 48243

Purpose: Custom Wrapped Mints
#306

Fund Raiser: X

**Payment on Debt/Obligation
reported on
previous statement:**

5473- -Add**Date:** 07/21/2021**Amt:** 409.88

Name: Party Paradise
Address: 39090 Van Dyke Ave
City: Sterling Heights **State:** MI
Zip: 48313

Purpose: Table #308**Fund Raiser:** X

**Payment on Debt/Obligation
reported on
previous statement:**

5581- -Add**Date:** 07/27/2021**Amt:** 1,000.00

Name: Paul Manni
Address: 42778 Flis Drive
City: Sterling Heights **State:** MI
Zip: 48314

Purpose: Contribution Reimbursement
#309

Fund Raiser: X

**Payment on Debt/Obligation
reported on
previous statement:**

5582- -Add**Date:** 07/29/2021**Amt:** 400.00

Name: Frank Krause
Address: 19995 Riverwoods Ct.
City: Macomb **State:** MI
Zip: 48044

Purpose: DJ Entertainment #310**Fund Raiser:** X

**Payment on Debt/Obligation
reported on
previous statement:**

5584- -Add**Date:** 07/29/2021**Amt:** 250.00

Name: Brad Shaw
Address: 1991 Crescent Lake Road
City: Waterford **State:** MI
Zip: 48327

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

Amt: 683.30

Name: Anedot Inc
Address: 1920 McKinney
City: Dallas State: TX
Zip: 75201

Purpose: Online Contribution Fees

Payment on Debt/Obligation
reported on
previous statement:

Fund Raiser: X

5602- -Add

Date: 08/02/2021

Amt: 50,000.00

Name: PETER J. LUCIDO
Address: 14601 BREEZA
City: SHELBY TWP State: MI
Zip: 48310

Purpose: Reimbursemen of Loan
#312

Payment on Debt/Obligation
reported on
previous statement: X

Fund Raiser:

5590- -Add

Date: 08/02/2021

Amt: 11,130.00

Name: Palazzo Grande
Address: 54660 Van Dyke
City: Shelby Township State: MI
Zip: 48316

Purpose: Event Fees #313

Payment on Debt/Obligation
reported on
previous statement:

Fund Raiser: X

5592- -Add

Date: 08/16/2021

Amt: 677.89

Name: US Bank
Address: 425 Walnut Street
City: Cincinnati State: OH
Zip: 48202

Purpose: Website, emarketing, eztext
#314

Payment on Debt/Obligation
reported on
previous statement:

Fund Raiser:

5801- -Add

Date: 08/24/2021

Amt: 150.00

Name: Macomb Cty Republican Prty
Address: P.O. Box 380962
City: Clinton Township State: MI
Zip: 48038

Purpose: Full Page Ad - #315

Payment on Debt/Obligation
reported on
previous statement:

Fund Raiser:

5593- -Add

Date: 08/31/2021

Amt: 200.00

Name: Romeo Lions Club
Address: 269 E. Washington Street
City: Romeo State: MI
Zip: 48065

Purpose: Banner Romeo Peach Fest
#316

Payment on Debt/Obligation
reported on
previous statement:

Fund Raiser:

DIRECT EXPENDITURES (1B) CANDIDATE COMMITTEE

5803- -Add

Date: 09/28/2021

Amt: 500.00

Name: Families Against Narcotics
Address: 18900 15 Mile Road
City: Clinton Township State: MI
Zip: 48035

Purpose: Fan Fall Fest Ad #317

Fund Raiser:

Payment on Debt/Obligation
reported on
previous statement:

5806- -Add

Date: 09/28/2021

Amt: 1,000.00

Name: Frank Coppola CPA PC
Address: 15985 Canal Road
City: Clinton Township State: MI
Zip: 48038

Purpose: Bookkeeping Services #320

Fund Raiser:

Payment on Debt/Obligation
reported on
previous statement:

5808- -Add

Date: 10/07/2021

Amt: 200.00

Name: Frank Coppola CPA PC
Address: 15985 Canal Road
City: Clinton Township State: MI
Zip: 48038

Purpose: Bookkeeping Services #321

Fund Raiser:

Payment on Debt/Obligation
reported on
previous statement:

5811- -Add

Date: 10/11/2021

Amt: 274.00

Name: G-Tek Professional Svcx
Address: 42888 Mound Roac
City: Sterling Heights State: MI
Zip: 48314

Purpose: Banners, Signs etc. #322

Fund Raiser:

Payment on Debt/Obligation
reported on
previous statement:

Schedule Total

\$ 68,139.07

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:** 50,000.00

**Outstanding Balance at close of
this period:** 0.00

Owed To:

PETER J. LUCIDO

Address: 14601 BREEZA

City: SHELBY TWP **State:** MI

Zip: 48310

Date Debt Was Incurred: 04/10/2020

Original Amt of Debt: 50,000.00

Forgiven: 0.00

Endorsed Amt: 0.00

Payment

Date(s):

08/02/2021

Payment

Amt(s):

50,000.00

Endorser or Guarantor:

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
• **Document Name** Post-Election General

5418- -Add

Date of event: 07/29/2021 **#Attending:** 100 **<=\$20:** 0.00 **>\$20:** 103860.00 **Other:** 0.00 **Total Cost of Event:** 15257.18

	Co-sponsors	Contrib%	Expend%
Event: Birthday Fundraiser			
Address1: Palazzo Grande			
Address2: 54660 Van Dyke			
City: Shelby Township State: MI			
Zip: 48316			
Private:			

MERIS Reports

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED 2022 FEB 15 PM 00
MICHIGAN DEPARTMENT OF STATE

CANDIDATE COMMITTEE COVER PAGE

• Committee ID	139858-0		
• Committee Name	CTE PETER J LUCIDO FOR PROSECUTOR		
• Coverage Period	10/21/2021 - 12/31/2021		
• Candidate Name	CTE PETER J LUCIDO FOR PROSECUTOR		
• Office/District Sought	Circuit Courts (Population 250,000+)		
• County of Residence			
• Address Information			
• Committee Mailing	6303 26 MILE RD WASHINGTON MI 48094		
• Phone			
• Treasurer Name	Frank Coppola CPA PC		
• Treasurer Residential	15985 Canal Road Clinton Township MI 48038		
• Phone			
• Treasurer Business			
• Phone			
• Recordkeeper Name	Frank Coppola CPA PC		
• Recordkeeper Mailing	15985 Canal Road Clinton Township MI 48038		
• Phone			
• Statement Type	Amended - Annual		
• Relates To			
• Election Date	//		
• Dissolution Date (effective)	//		
• Annual Statement Coverage Year	2021		
• Treasurer/Recordkeeper Signed	Frank Coppola CPA PC	• 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 Designated Record keeper:

(Type or Print) Name: Frank Coppola Signature: [Signature] Date: 2-15-2022

Candidate:

(Type or Print) Name: Peter J Lucido Signature: [Signature] Date: 2-15-2022

MERTS Reports

CANDIDATE COMMITTEE SUMMARY PAGE

• Committee ID	139858-0			
• Committee Name	CTE PETER J LUCIDO FOR PROSECUTOR			
• Document Name	Amended - Annual			
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 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.)	1,527.00		
b. Itemized GOTV	(8b.)	0.00		
c. Unitemized (less than \$50.01 each)	(8c.)	40.30		
9. Total Expenditures	(9.)	1,567.30	(23.)	0.00
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.)	0.00		
b. Owed to the Committee	(12b.)	0.00		
BALANCE STATEMENT				
13. Ending balance of last report filed		(13.)		77,064.57
14. Amount received during reporting Period		(14.)		959.70
15. Subtotal		(15.)		78,024.27
16. Amount expended during reporting Period		(16.)		1,567.30
17. ENDING BALANCE		(17.)		76,456.97

MERTS Reports

Page 3 of 5

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

• Committee ID	139858-0
• Committee Name	CTE PETER J LUCIDO FOR PROSECUTOR
• Document Name	Amended - Annual

5837- -No-Change

PAC Receipt#: Date of Receipt: 11/30/2021 Amt: 959.70

Cumul: 959.70

Name: John Polizzi

Occupation: Attorney

Employer: SELF EMPLOYED

Address: 51409 West End Drive

Business Address: SELF EMPLOYED

City: Shelby Township State: MI

City: Clinton Twp State: MI

Zip: 48315

Zip: 48038

Type of Contribution: Direct

Schedule Total	\$ 959.70
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MERTS Reports

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DIRECT EXPENDITURES (1B) CANDIDATE COMMITTEE

• Committee ID	139858-0
• Committee Name	CTE PETER J LUCIDO FOR PROSECUTOR
• Document Name	Amended - Annual

5828- -No-Change

Date: 10/21/2021

Amt: 115.00

Name: CDCC Banquet Booklet

Purpose: Full Page Ad #318

Payment on Debt/Obligation
reported on
previous statement:

Address: 38250 Lanse Creuse

City: Harrison Township State: MI

Fund Raiser:

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
reported on
previous statement:

Address: 44575 Garfield Road

City: Clinton Township State: MI

Fund Raiser:

Zip: 48038

5834- -No-Change

Date: 10/29/2021

Amt: 400.00

Name: Smash Creative

Purpose: Website Maintenance #323

Payment on Debt/Obligation
reported on
previous statement:

Address: 7755 22 Mile Road #182197

City: Shelby Township State: MI

Fund Raiser:

Zip: 48318

5835- -No-Change

Date: 11/05/2021

Amt: 210.00

Name: The Italian Tribune

Purpose: Ad #324

Payment on Debt/Obligation
reported on
previous statement:

Address: 23 Mile & card

City: Macomb State: MI

Fund Raiser:

Zip: 48042

5850- -No-Change

Date: 12/21/2021

Amt: 207.00

Name: Hortos Advertising

Purpose: Advertising

Payment on Debt/Obligation
reported on
previous statement:

Address: 6715 River Road

City: Cottrellville State: MI

Fund Raiser:

Zip: 48039

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

Purpose: Ads #325

Payment on Debt/Obligation

Address: 23 Mile & card

reported on

City: Macomb State: MI

Fund Raiser:

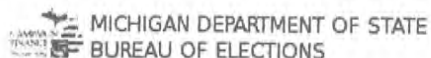
previous statement:

Zip: 48042

Schedule Total

\$ 1,527.00

FILED 2022 JUL 25 AM 11:36
MACOMB COUNTY CLERK



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	MACOMB
• Address Information	
• Committee Mailing	6303 26 MILE RD WASHINGTON MI 48094
• Phone	
• Treasurer Name	FRANK COPPOLA
• Treasurer Residential	57620 CARNATION MACOMB MI 48042
• Phone	586 295 9375
• Treasurer Business	15985 CANAL CLINTON TWP 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 • Date // 7-25-22
• Candidate Signed	PETER J. LUCIDO • Date // 7-25-22

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.

Current Treasurer or Designated Record keeper:

(Type or Print) Name: FRANK COPPOLA Signature: [Signature] Date: 7-25-22

Candidate:

(Type or Print) Name: PETER J LUCIDO Signature: [Signature] Date: 7-25-22

CANDIDATE COMMITTEE SUMMARY PAGE

• Committee ID 139858-0			
• Committee Name CTE PETER J LUCIDO FOR PROSECUTOR			
• Document Name Pre-Election General			
RECEIPTS			
		This Period	Cumulative
3. Contributions			
a. Itemized Contributions	(3a.)	90,240.00	
b. Unitemized	(3b.)	0.00	
c. Subtotal of Contributions	(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 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.)	9,996.64	
b. Itemized GOTV	(8b.)	0.00	
c. Unitemized (less than \$50.01 each)	(8c.)	0.00	
9. Total Expenditures	(9.)	9,996.64 (23.)	0.00
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.)	0.00	
b. Owed to the Committee	(12b.)	150.00	
BALANCE STATEMENT			
13. Ending balance of last report filed	(13.)		76,456.97
14. Amount received during reporting Period	(14.)		90,240.00
15. Subtotal	(15.)		166,696.97
16. Amount expended during reporting Period	(16.)		9,996.64
17. ENDING BALANCE	(17.)		156,700.33

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

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.		Business Address: SELF EMPLOYED	
City: Lake Orion State: MI		City: Clinton Twp State: MI	
Zip: 48362		Zip: 48038	

PAC Receipt#:	Date of Receipt: 04/25/2022	Amt: 150.00	Cumul: 150.00
Name: Michael Cherry	Occupation: Attorney	Employer: SELF EMPLOYED	
Address: 314 Moran Road		Business Address: SELF EMPLOYED	
City: Grosse Pointe Farms	State: MI	City: Clinton Twp	State: MI
Zip: 48236		Zip: 48038	

PAC Receipt#:	Date of Receipt: 04/25/2022	Amt: 300.00	Cumul: 300.00
Name: Carl Munaco	Occupation: DEVELOPER/BUILDER	Employer: CARL MUNACO	
Address: 48635 Van Dyke Ave		Business Address: 48635 VAN DYKE	
City: Shelby Township	State: MI	AVENUE	
Zip: 48315		City: SHELBY CHARTER	
		TOWNS State: MI	
		Zip: 48315	

PAC Receipt?:	Date of Receipt: 04/25/2022	Amt: 100.00	Cumul: 100.00
Name: Ernest Ruppenthal	Occupation:	Employer:	
Address: 14475 Knightsbridge Drive		Business Address:	
City: Shelby Township	State: MI	City:	State:
Zip: 48315		Zip:	

7/22/2022

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

6135- -Add

PAC Receipt?:	Date of Receipt: 04/25/2022	Amt: 750.00	Cumul: 750.00
Name: Matthew Scarcella	Occupation: General Manager	Employer: Tile and Stone Works	
Address: 68499 Romeo Plank Rd		Business Address: 12876 23 Mile Rd	
City: Ray Township State: MI		City: Shelby Township State: MI	
Zip: 48096		Zip: 48315	
Type of Contribution: Fundraiser Contribution			

5942- -Add

PAC Receipt?:	Date of Receipt: 04/26/2022	Amt: 300.00	Cumul: 300.00
Name: Rinaldo Acciavatti	Occupation: Construction	Employer: Pamar Enterprises	
Address: 6321 Gratiot		Business Address: 31604 Pamar Court	
City: St Clair State: MI		City: New Haven State: MI	
Zip: 48079		Zip: 48048	
Type of Contribution: Fundraiser Contribution			

5865- -Add

PAC Receipt?:	Date of Receipt: 04/26/2022	Amt: 300.00	Cumul: 300.00
Name: Ed Harris	Occupation: Realtor	Employer: ReMax First	
Address: 60 Crestwood Dr.		Business Address: 60 Crestwood Dr	
City: Grosse Pointe Shores State: MI		City: Grosse Pointe Shores State: MI	
Zip: 48236		Zip: 48236	
Type of Contribution: Fundraiser Contribution			

5936- -Add

PAC Receipt?:	Date of Receipt: 04/26/2022	Amt: 150.00	Cumul: 300.00
Name: Valerio Poliuto	Occupation: Sales	Employer: SELF EMPLOYED	
Address: 39085 Moravian Dr		Business Address: SELF EMPLOYED	
City: Clinton Twp State: MI		City: Clinton Twp State: MI	
Zip: 48036		Zip: 48038	
Type of Contribution: Fundraiser Contribution			

5940- -Add

PAC Receipt?:	Date of Receipt: 04/26/2022	Amt: 500.00	Cumul: 1,000.00
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: Fundraiser Contribution			

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5866- -Add

PAC Receipt?:	Date of Receipt: 04/27/2022	Amt: 1,500.00	Cumul: 4,500.00
Name: Ron Cantrell	Occupation: Engineer	Employer: LED Lighting Manufacturer	
Address: 36535 Groesbeck		Business Address: 36535 Groesbeck	
City: Clinton Township	State: MI	City: Clinton Township State: MI	
Zip: 48035		Zip: 48035	
Type of Contribution: Fundraiser Contribution			

5955- -Add

PAC Receipt?:	Date of Receipt: 04/27/2022	Amt: 300.00	Cumul: 800.00
Name: Julius Giarmarco	Occupation: Attorney	Employer: Giarmarco Mullins Horton	
Address: 101 W Big Beaver		Business Address: Tenth Floor	
City: Troy	State: MI	Columbia Center 101 West Big Beaver Road	
Zip: 48084		City: Troy State: MI	
		Zip: 48084	
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	Occupation: Attorney	Employer: Macomb County	
Address: 573 Live Oak Drive		Business Address: 1 S Main St.	
City: Rochester Hills	State: MI	City: Mt Clemens State: MI	
Zip: 48309		Zip: 48043	
Type of Contribution: Fundraiser Contribution			

5941- -Add

PAC Receipt?:	Date of Receipt: 04/27/2022	Amt: 150.00	Cumul: 300.00
Name: Simone Mauro	Occupation: Engineer	Employer: Genna Mauro & Associates	
Address: 5841 Cusick Lake Dr.		Business Address: 28657 Hayes Road	
City: Washington	State: MI	City: Shelby Township State: MI	
Zip: 48095		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	Occupation: President	Employer: Shelving Inc	
Address: 29275 Stephenson Hwy		Business Address: 29275 Stephenson Hwy	
City: Madison Heights	State: MI	City: Madison Heights State: MI	
Zip: 48071		Zip: 48071	
Type of Contribution: Fundraiser Contribution			

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

6146- -Add

PAC Receipt?:	Date of Receipt: 04/28/2022	Amt: 750.00	Cumul: 750.00
Name: Paul Borg	Occupation: Managment	Employer: SELF EMPLOYED	
Address: 4211 Briar		Business Address: SELF EMPLOYED	
City: Shelby Twp State: MI		City: Clinton Twp State: MI	
Zip: 48316		Zip: 48038	
Type of Contribution: Fundraiser Contribution			

5867- -Add

PAC Receipt?:	Date of Receipt: 04/28/2022	Amt: 150.00	Cumul: 150.00
Name: Greg Rohl	Occupation: Attorney	Employer: LAW OFFICES OF GREGORY J ROHL	
Address: 4051 Haggerty Road		Business Address: 4051 HAGGERTY ROAD	
City: West Bloomfield Twp State: MI		City: WEST BLOOMFIELD TWP State: MI	
Zip: 48323		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	Occupation: Attorney	Employer: SELF EMPLOYED	
Address: 23220 Westbury St		Business Address: SELF EMPLOYED	
City: St. Clair Shores State: MI		City: Clinton Twp State: MI	
Zip: 48080		Zip: 48038	
Type of Contribution: Fundraiser Contribution			

6141- -Add

PAC Receipt?:	Date of Receipt: 04/28/2022	Amt: 1,500.00	Cumul: 2,500.00
Name: Paul Shamo	Occupation: President	Employer: Taylor Ford	
Address: 38311 Huron Pointe		Business Address: 13500 Telegraph Road	
City: Harrison Twp State: MI		City: Taylor State: MI	
Zip: 48045		Zip: 48180	
Type of Contribution: Fundraiser Contribution			

6143- -Add

PAC Receipt?:	Date of Receipt: 04/29/2022	Amt: 50.00	Cumul: 50.00
Name: Stephen Osinski	Occupation:	Employer:	
Address: 26276 Imperial Ln		Business Address:	
City: Macomb State: MI		City: State:	
Zip: 48044		Zip:	
Type of Contribution: Fundraiser Contribution			

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

6142- -Add

PAC Receipt?: **Date of Receipt:** 04/30/2022 **Amt:** 50.00 **Cumul:** 50.00
Name: Leo Garry **Occupation:** **Employer:**
Address: 45815 Grant Ct **Business Address:**
City: Macomb **State:** MI **City:** **State:**
Zip: 48044 **Zip:**
Type of Contribution: Fundraiser Contribution

6147- -Add

PAC Receipt?: **Date of Receipt:** 05/01/2022 **Amt:** 150.00 **Cumul:** 300.00
Name: Agostino Russo **Occupation:** RETIRED **Employer:** RETIRED
Address: 19600 Westchester Dr. **Business Address:** RETIRED
City: Clinton Township **State:** MI **City:** CLINTON TOWNSHIP **State:** MI
Zip: 48038 **Zip:** 48038
Type of Contribution: Fundraiser Contribution

6132- -Add

PAC Receipt?: **Date of Receipt:** 05/02/2022 **Amt:** 1,500.00 **Cumul:** 2,500.00
Name: James George **Occupation:** Owner **Employer:** Delta Management
Address: 19634 Westchester **Company**
City: Clinton Township **State:** MI **Business Address:** 45511 Market
Zip: 48038 **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 **Employer:** MJC Companies
Address: 46600 Romeo Plank Rd Ste **Business Address:** 46600 Romeo
5 **Plank Suite 5**
City: Macomb **State:** MI **City:** Macomb **State:** MI
Zip: 48044 **Zip:** 48044
Type of Contribution: Fundraiser Contribution

5928- -Add

PAC Receipt?: **Date of Receipt:** 05/04/2022 **Amt:** 200.00 **Cumul:** 200.00
Name: Melinda Jetts **Occupation:** Housewife **Employer:** SELF EMPLOYED
Address: 1140 Autumnview Dr. **Business Address:** SELF EMPLOYED
City: Rochester **State:** MI **City:** Clinton Twp **State:** MI
Zip: 48307 **Zip:** 48038
Type of Contribution: Fundraiser Contribution

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5871- -Add

PAC Receipt?: **Date of Receipt:** 05/04/2022 **Amt:** 150.00 **Cumul:** 150.00
Name: Jennifer Linquist **Occupation:** Attorney **Employer:** Femminineo Attorneys
Address: 110 South Main Street **Business Address:** 110 S Main St
City: Mount Clemens **State:** MI **City:** Mt Clemens **State:** MI
Zip: 48043 **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 **Business Address:** 65 Macomb Pl Ste
City: Mt Clemens **State:** MI **City:** Mt. Clemens **State:** MI
Zip: 48043 **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
Address: 1100 South Main Street **Business Address:** 110 S Main St
City: Mount Clemens **State:** MI **City:** Mt Clemens **State:** MI
Zip: 48043 **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 **Occupation:** Attorney **Employer:** Femminineo Attorneys
Address: 110 South Main Street **Business Address:** 110 S Main St
City: Mount Clemens **State:** MI **City:** Mt Clemens **State:** MI
Zip: 48043 **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 **Employer:** RIC MAN Construction
Address: 37532 Hidden Valley Court **Business Address:** 38600 Van Dyke
City: Clinton Township **State:** MI **City:** Sterling Heights **State:** MI
Zip: 48036 **Zip:** 48312

Type of Contribution: Fundraiser Contribution

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5934- -Add

PAC Receipt?: **Date of Receipt:** 05/05/2022 **Amt:** 600.00 **Cumul:** 600.00
Name: Jack Russo **Occupation:** Management **Employer:** Rocky Produce Inc.
Address: 7201 W Fort St Room 2 **Business Address:** 7201 W
City: Detroit **State:** MI Fort Room 1
Zip: 48209 **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 **Occupation:** Food Retail **Employer:** Randazzo Fresh Market
Address: 37180 Willow Lane **Business Address:** 49800 Hayes Rd
City: Clinton Twp **State:** MI **City:** Macomb **State:** MI
Zip: 48036 **Zip:** 48044

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 **Occupation:** Real Estate **Employer:** SELF EMPLOYED
Address: 37020 Garfield STE T-1 **Business Address:** SELF EMPLOYED
City: Clinton Township **State:** MI **City:** Clinton Twp **State:** MI
Zip: 48036 **Zip:** 48038

Type of Contribution: Fundraiser Contribution

5938- -Add

PAC Receipt?: **Date of Receipt:** 05/09/2022 **Amt:** 150.00 **Cumul:** 300.00
Name: Adil Haradhvala **Occupation:** Attorney **Employer:** SELF EMPLOYED
Address: 86 Clinton Street **Business Address:** SELF EMPLOYED
City: Mt Clemens **State:** MI **City:** Clinton Twp **State:** MI
Zip: 48043 **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 **Occupation:** Attorney **Employer:** SELF EMPLOYED
Address: 4246 Van Dyke Ave 200 **Business Address:** SELF EMPLOYED
City: Sterling Heights **State:** MI **City:** Clinton Twp **State:** MI
Zip: 48312 **Zip:** 48038

Type of Contribution: Fundraiser Contribution

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5937- -Add

PAC Receipt?: **Date of Receipt:** 05/10/2022 **Amt:** 300.00 **Cumul:** 550.00
Name: Michael Locricchio **Occupation:** CPA **Employer:** Metzler Locricchio Serra & Co.
Address: 21124 Lilac Lane **Business Address:** 1800 W Big Beaver Rd #100
City: Clinton Township **State:** MI **City:** Troy **State:** MI
Zip: 48036 **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 **Employer:** Mannino's Bakery
Address: 21373 Raintree Drive **Business Address:** 4062 17 Mile Road
City: Macomb **State:** MI **City:** Sterling Heights **State:** MI
Zip: 48044 **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 **Occupation:** Owner **Employer:** Holsbeke Construction
Address: 68120 Omo Rd **Business Address:** 325 North Ave
City: Lenox **State:** MI **City:** Mt Clemens **State:** MI
Zip: 48050 **Zip:** 48043

Type of Contribution: Fundraiser Contribution

5927- -Add

PAC Receipt?: **Date of Receipt:** 05/11/2022 **Amt:** 600.00 **Cumul:** 1,100.00
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: Fundraiser Contribution

5925- -Add

PAC Receipt?: **Date of Receipt:** 05/11/2022 **Amt:** 200.00 **Cumul:** 450.00
Name: Gordon Wilson **Occupation:** Civil Engineer **Employer:** Anderson Eckstein & Westrick
Address: 49572 Compass Point Dr. **Business Address:** 51301 Schoenherr Rd
City: Chesterfield **State:** MI **City:** Shelby Charter Twp **State:** MI
Zip: 48047 **Zip:** 48315

Type of Contribution: Fundraiser Contribution

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5926- -Add

PAC Receipt?: **Date of Receipt:** 05/12/2022 **Amt:** 200.00 **Cumul:** 450.00
Name: Stephen Pangori **Occupation:** Civil Engineer **Employer:** Anderson Eckstein & Westrick
Address: 8106 Rosebud Ln **Business Address:** 51301 Schoenherr Rd
City: Clarkston **State:** MI **City:** Shelby Charter Twp **State:** MI
Zip: 48348 **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
Address: 51173 Simone Industrial Drive **Business Address:** 51173 Simone Industrial
City: Shelby Township **State:** MI **City:** Shelby Township **State:** MI
Zip: 48316 **Zip:** 48316

Type of Contribution: Fundraiser Contribution

5922- -Add

PAC Receipt?: **Date of Receipt:** 05/13/2022 **Amt:** 200.00 **Cumul:** 200.00
Name: Scott Lockwood **Occupation:** Civil Engineer **Employer:** Anderson, Eckstein & Westrick
Address: 950 Southdown Road **Business Address:** 950 Southdown
City: Bloomfield Hills **State:** MI **City:** Shelby Township **State:** MI
Zip: 48304 **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 **Occupation:** Restaurateur **Employer:** SELF EMPLOYED
Address: 53720 Woodbridge Drive **Business Address:** SELF EMPLOYED
City: Shelby Charter Twp **State:** MI **City:** Clinton Twp **State:** MI
Zip: 48316 **Zip:** 48038

Type of Contribution: Fundraiser Contribution

6057- -Add

PAC Receipt?: **Date of Receipt:** 05/15/2022 **Amt:** 300.00 **Cumul:** 300.00
Name: Eric Flinn **Occupation:** Attorney **Employer:** Macomb County
Address: 8054 Dryden Road **Business Address:** 1 S Main St.
City: Almont **State:** MI **City:** Mt Clemens **State:** MI
Zip: 48003 **Zip:** 48043

Type of Contribution: Fundraiser Contribution

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

6060- -Add

PAC Receipt?: **Date of Receipt:** 05/15/2022 **Amt:** 20.00 **Cumul:** 70.00
Name: Keith Rengert **Occupation:** **Employer:**
Address: 34080 Armada Ridge Road **Business Address:**
City: Richmond **State:** MI **City:** **State:**
Zip: 48062 **Zip:**
Type of Contribution: Fundraiser Contribution

5876- -Add

PAC Receipt?: **Date of Receipt:** 05/16/2022 **Amt:** 150.00 **Cumul:** 150.00
Name: Anthony Gusmano **Occupation:** Retired **Employer:** RETIRED
Address: 55332 Macintosh Court **Business Address:** RETIRED
City: ShelbyT Township **State:** MI **City:** CLINTON TOWNSHIP **State:** MI
Zip: 48316 **Zip:** 48038
Type of Contribution: Fundraiser Contribution

5877- -Add

PAC Receipt?: **Date of Receipt:** 05/16/2022 **Amt:** 150.00 **Cumul:** 300.00
Name: Anthony Gusmano **Occupation:** Retired **Employer:** RETIRED
Address: 55332 Macintosh Court **Business Address:** RETIRED
City: ShelbyT Township **State:** MI **City:** CLINTON TOWNSHIP **State:** MI
Zip: 48316 **Zip:** 48038
Type of Contribution: Fundraiser Contribution

5878- -Add

PAC Receipt?: **Date of Receipt:** 05/17/2022 **Amt:** 150.00 **Cumul:** 400.00
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: Fundraiser Contribution

5917- -Add

PAC Receipt?: **Date of Receipt:** 05/17/2022 **Amt:** 150.00 **Cumul:** 550.00
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: Fundraiser Contribution

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

6129- -Add

PAC Receipt?: **Date of Receipt:** 05/17/2022 **Amt:** 20.00 **Cumul:** 90.00
Name: Keith Rengert **Occupation:** **Employer:**
Address: 34080 Armada Ridge Road **Business Address:**
City: Richmond **State:** MI **City:** **State:**
Zip: 48062 **Zip:**
Type of Contribution: Fundraiser Contribution

5880- -Add

PAC Receipt?: **Date of Receipt:** 05/18/2022 **Amt:** 200.00 **Cumul:** 200.00
Name: John Elkhoury **Occupation:** Attorney **Employer:** John C. Elkhoury P.C.
Address: 26648 Van Dyke Avenue **Business Address:** 26648 Van Dyke
City: Center Line **State:** MI Ave
Zip: 48015 **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
Name: Salvatore Palombo **Occupation:** Attorney **Employer:** Sal Palombo and Assoc.
Address: 29400 Van Dyke Ave Suite P.C.
201 **Business Address:** 29400 Van Dyke
City: Warren **State:** MI Ave Suite 201
Zip: 48093 **City:** Warren **State:** MI
Zip: 48093
Type of Contribution: Fundraiser Contribution

5882- -Add

PAC Receipt?: **Date of Receipt:** 05/19/2022 **Amt:** 1,500.00 **Cumul:** 1,750.00
Name: Giovanni Vitale **Occupation:** President **Employer:** TEMO
Address: 47869 Harbor Dr. **Business Address:** 20400 Hall Road
City: Chesterfield **State:** MI **City:** Clinton Township **State:** MI
Zip: 48047 **Zip:** 48038
Type of Contribution: Fundraiser Contribution

5921- -Add

PAC Receipt?: **Date of Receipt:** 05/21/2022 **Amt:** 150.00 **Cumul:** 300.00
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 **City:** Utica **State:** MI
Zip: 48317 **Zip:** 48317
Type of Contribution: Fundraiser Contribution

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5883--Add

PAC Receipt?: **Date of Receipt:** 05/21/2022 **Amt:** 300.00 **Cumul:** 300.00
Name: Michelle Lundquist **Occupation:** Attorney **Employer:** Michelle Lundquist,
Address: 38600 Van Dyke Avenue **Business Address:** 38600 Van Dyke
City: Sterling Heights **State:** MI **City:** Sterling Heights **State:** MI
Zip: 48312 **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 **Business Address:** RETIRED
City: Bristol **State:** TN **City:** CLINTON TOWNSHIP **State:** MI
Zip: 37620 **Zip:** 48038

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 **Occupation:** President **Employer:** TEMO
Address: 47869 Harbor Dr. **Business Address:** 20400 Hall Road
City: Chesterfield **State:** MI **City:** Clinton Township **State:** MI
Zip: 48047 **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 **Occupation:** Owner **Employer:** Vince & Joe's Gourmet
Address: 55178 Van Dyke **Business Address:** 55178 Van Dyke
City: Shelby Township **State:** MI **City:** Shelby Charter Twp **State:** MI
Zip: 48316 **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 **Occupation:** OWNER **Employer:** Green Pharm
Address: 6915 Dakota Dr **Business Address:** 200 South Euclid
City: Troy **State:** MI **City:** Bay City **State:** MI
Zip: 48098 **Zip:** 48706

Type of Contribution: Fundraiser Contribution

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5892- -Add

PAC Receipt?: **Date of Receipt:** 05/25/2022 **Amt:** 300.00 **Cumul:** 450.00
Name: Sian Hengeveld **Occupation:** Attorney **Employer:** Macomb County
Address: 971 Dressler Lane **Business Address:** 1 S Main St.
City: Rochester Hills **State:** MI **City:** Mt Clemens **State:** MI
Zip: 48307 **Zip:** 48043
Type of Contribution: Fundraiser Contribution

6157- -Add

PAC Receipt?: **Date of Receipt:** 05/25/2022 **Amt:** 1,500.00 **Cumul:** 1,500.00
Name: Dominic Mocerì **Occupation:** Partner **Employer:** Mocerì Management Co.
Address: 3495 Mocerì Court **Business Address:** 3005 University Drive
City: Oakland Twp **State:** MI **City:** Auburn Hills **State:** MI
Zip: 48306 **Zip:** 48326
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 **Occupation:** President **Employer:** Harper Pawn Shop
Address: 14453 Harper Avenue **Business Address:** 14453 Harper Avenue
City: Detroit **State:** MI **City:** Detroit **State:** MI
Zip: 48213 **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 **Occupation:** Attorney **Employer:** Lucido & Manzella PC
Address: 18751 Wideon Drive **Business Address:** 39999 Garfield Road Suite C
City: Clinton Township **State:** MI **City:** Clinton Township **State:** MI
Zip: 48038 **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 **Occupation:** Director **Employer:** Macomb Community College
Address: 45810 Private shore **Business Address:** 44575 Garfield Rd CCE-219
City: Chesterfield **State:** MI **City:** Clinton Township **State:** MI
Zip: 48047 **Zip:** 48038
Type of Contribution: Fundraiser Contribution

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

6159- -Add

PAC Receipt?:	Date of Receipt: 05/27/2022	Amt: 100.00	Cumul: 350.00
Name: Vito Catalfio	Occupation: Car Wash Operator	Employer: Mr. C's Car Wash	
Address: 2585 Pond Vallee		Business Address: 2585 Pond Vallee	
City: Oakland Twp State: MI		City: Oakland Township State: MI	
Zip: 48363		Zip: 48363	
Type of Contribution: Fundraiser Contribution			

5896- -Add

PAC Receipt?:	Date of Receipt: 05/27/2022	Amt: 150.00	Cumul: 300.00
Name: Robert Little	Occupation: Retired	Employer: RETIRED	
Address: 14625 Shirley Avenue		Business Address: RETIRED	
City: Warren State: MI		City: CLINTON TOWNSHIP State: MI	
Zip: 48089		Zip: 48038	
Type of Contribution: Fundraiser Contribution			

5898- -Add

PAC Receipt?:	Date of Receipt: 05/27/2022	Amt: 150.00	Cumul: 450.00
Name: Robert Little	Occupation: Retired	Employer: RETIRED	
Address: 14625 Shirley Avenue		Business Address: RETIRED	
City: Warren State: MI		City: CLINTON TOWNSHIP State: MI	
Zip: 48089		Zip: 48038	
Type of Contribution: Fundraiser Contribution			

5899- -Add

PAC Receipt?:	Date of Receipt: 05/28/2022	Amt: 150.00	Cumul: 400.00
Name: Sam Previti	Occupation: Supervisor	Employer: Washington Township	
Address: 61614 Cotswold Drive		Business Address: 57900 Van Dyke	
City: Washington State: MI		City: Washington Twp State: MI	
Zip: 48094		Zip: 48094	
Type of Contribution: Fundraiser Contribution			

5900- -Add

PAC Receipt?:	Date of Receipt: 05/30/2022	Amt: 150.00	Cumul: 150.00
Name: Timothy Monicatti	Occupation: Retired	Employer: RETIRED	
Address: 49576 Nautical Dr.		Business Address: RETIRED	
City: Chesterfield State: MI		City: CLINTON TOWNSHIP State: MI	
Zip: 48047		Zip: 48038	
Type of Contribution: Fundraiser Contribution			

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

6158- -Add

PAC Receipt?:	Date of Receipt: 05/31/2022	Amt: 150.00	Cumul: 150.00
Name: Fausto Delellis	Occupation: Retired	Employer: RETIRED	
Address: 52675 Tuscany Grv		Business Address: RETIRED	
City: Shelby Twp State: MI		City: CLINTON TOWNSHIP State: MI	
Zip: 48315		Zip: 48038	
Type of Contribution: Fundraiser Contribution			

5902- -Add

PAC Receipt?:	Date of Receipt: 06/01/2022	Amt: 1,000.00	Cumul: 2,000.00
Name: Cy Abdo	Occupation: Attorney	Employer: SELF EMPLOYED	
Address: 42550 Garfield Rd Ste 104A		Business Address: SELF EMPLOYED	
City: Clinton Twp State: MI		City: Clinton Twp State: MI	
Zip: 48038		Zip: 48038	
Type of Contribution: Fundraiser Contribution			

5904- -Add

PAC Receipt?:	Date of Receipt: 06/01/2022	Amt: 150.00	Cumul: 150.00
Name: Don Dansbury	Occupation: Retired	Employer: RETIRED	
Address: 55524 Theo Drive		Business Address: RETIRED	
City: Shelby Township State: MI		City: CLINTON TOWNSHIP State: MI	
Zip: 48315		Zip: 48038	
Type of Contribution: Fundraiser Contribution			

6149- -Add

PAC Receipt?:	Date of Receipt: 06/01/2022	Amt: 500.00	Cumul: 1,000.00
Name: Alex Lucido	Occupation: Broker	Employer: Lucido Real Estate	
Address: 10 Webber Pl		Business Address: 19455 Mack Ave	
City: Grosse Pointe Shores State: MI		City: Grosse Pte Woods State: MI	
Zip: 48236		Zip: 48236	
Type of Contribution: Fundraiser Contribution			

6170- -Add

PAC Receipt?:	Date of Receipt: 06/02/2022	Amt: 5,000.00	Cumul: 5,000.00
Name: Vincent Thomas	Occupation: Real Estate Developer	Employer: SELF EMPLOYED	
Address: 363 Big Beaver Rd Suite 400		Business Address: SELF EMPLOYED	
City: Troy State: MI		City: Clinton Twp State: MI	
Zip: 48048		Zip: 48038	
Type of Contribution: Fundraiser Contribution			

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

6156- -Add

PAC Receipt?: **Date of Receipt:** 06/03/2022 **Amt:** 150.00 **Cumul:** 400.00
Name: Frank Coppola **Occupation:** CPA **Employer:** SELF EMPLOYED
Address: 54620 Carnation Drive **Business Address:** SELF EMPLOYED
City: Macomb **State:** MI **City:** Clinton Twp **State:** MI
Zip: 48042 **Zip:** 48038
Type of Contribution: Fundraiser Contribution

6155- -Add

PAC Receipt?: **Date of Receipt:** 06/04/2022 **Amt:** 150.00 **Cumul:** 300.00
Name: Leo Borowsky **Occupation:** Retired **Employer:** RETIRED
Address: 19637 Shorecrest **Business Address:** RETIRED
City: Clinton Twp **State:** MI **City:** CLINTON TOWNSHIP **State:** MI
Zip: 48038 **Zip:** 48038
Type of Contribution: Fundraiser Contribution

5907- -Add

PAC Receipt?: **Date of Receipt:** 06/06/2022 **Amt:** 150.00 **Cumul:** 400.00
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: Fundraiser Contribution

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5908- -Add

PAC Receipt?:	Date of Receipt: 06/06/2022	Amt: 150.00	Cumul: 550.00
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: Fundraiser Contribution			

5906- -Add

PAC Receipt?:	Date of Receipt: 06/06/2022	Amt: 150.00	Cumul: 150.00
Name: Craig Bush		Occupation: Private Equity	Employer: SELF EMPLOYED
Address: 3310 W Big Beaver Ste 127			Business Address: SELF EMPLOYED
City: Troy State: MI			City: Clinton Twp State: MI
Zip: 48084			Zip: 48038
Type of Contribution: Fundraiser Contribution			

6148- -Add

PAC Receipt?:	Date of Receipt: 06/07/2022	Amt: 150.00	Cumul: 400.00
Name: Raymond Lope		Occupation: Funeral Director	Employer: Wm.Sullivan & Son Funeral
Address: 8459 Hall Road			Business Address: 8459 Hall Rd
City: Utica State: MI			City: Utica State: MI
Zip: 48317			Zip: 48317
Type of Contribution: Direct			

5910- -Add

PAC Receipt?:	Date of Receipt: 06/08/2022	Amt: 150.00	Cumul: 150.00
Name: Glenn McIntosh		Occupation: Educator	Employer: Oakland University
Address: 53491 Addington Drive			Business Address: 53491 Addington Drive
City: Macomb State: MI			City: Macomb State: MI
Zip: 48042			Zip: 48042
Type of Contribution: Fundraiser Contribution			

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

6172- -Add

PAC Receipt?: **Date of Receipt:** 06/08/2022 **Amt:** 500.00 **Cumul:** 1,000.00
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: 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
Address: 300 E Long Lake Road Suite **Business Address:** 300 E. Long Lake
200 **Rd Ste** 200
City: Bloomfield Hills **State:** MI **City:** Bloomfield Hills **State:** MI
Zip: 48304 **Zip:** 48304
Type of Contribution: Fundraiser Contribution

5913- -Add

PAC Receipt?: **Date of Receipt:** 06/11/2022 **Amt:** 300.00 **Cumul:** 300.00
Name: TOM KALAS **Occupation:** Attorney **Employer:** Kalas Kadian PLC
Address: 15 Pine Gate Drive **Business Address:** 31350 Telegraph
City: Bloomfield Hills **State:** MI **Road**
Zip: 48304 **City:** Bingham Farms **State:** MI
Zip: 48025
Type of Contribution: Fundraiser Contribution

6163- -Add

PAC Receipt?: **Date of Receipt:** 06/11/2022 **Amt:** 300.00 **Cumul:** 300.00
Name: Larry Lulich **Occupation:** Sales **Employer:** SELF EMPLOYED
Address: 20701 Wolf Drive **Business Address:** SELF EMPLOYED
City: Macomb **State:** MI **City:** Clinton Twp **State:** MI
Zip: 48044 **Zip:** 48038
Type of Contribution: Fundraiser Contribution

5916- -Add

PAC Receipt?: **Date of Receipt:** 06/13/2022 **Amt:** 300.00 **Cumul:** 300.00
Name: Michael Ricciardello **Occupation:** Attorney **Employer:** Dematteis & Ricciardello
Address: 48639 Hayes Rd Suite A **Business Address:** 48639 Hayes
City: Shelby Twp **State:** MI **Rd. Ste. A**
Zip: 48315 **City:** Shelby Township **State:** MI
Zip: 48315
Type of Contribution: Fundraiser Contribution

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		Business Address: SELF EMPLOYED	
City: Farmington Hills State: MI		City: Clinton Twp State: MI	
Zip: 48331		Zip: 48038	
Type of Contribution: Fundraiser Contribution			

6167- -Add

PAC Receipt?:	Date of Receipt: 06/16/2022	Amt: 3,000.00	Cumul: 3,000.00
Name: Robert Schostak	Occupation: Business	Employer: Schostak Brothers	
Address: 17800 N Laurel Park Dr Suite 200C		Business Address: 17800 Laurel Park Dr North Suite 200C	
City: Livonia State: MI		City: Livonia State: MI	
Zip: 48512		Zip: 48152	
Type of Contribution: Fundraiser Contribution			

5958- -Add

PAC Receipt?:	Date of Receipt: 06/17/2022	Amt: 300.00	Cumul: 300.00
Name: Mark Laws	Occupation: Attorney	Employer: Macomb County	
Address: 3373 Park Meadow Dr		Business Address: 1 S Main St.	
City: Lake Orion State: MI		City: Mt Clemens State: MI	
Zip: 48362		Zip: 48043	
Type of Contribution: Fundraiser Contribution			

6067- -Add

PAC Receipt?:	Date of Receipt: 06/17/2022	Amt: 150.00	Cumul: 150.00
Name: Gail Pamukov	Occupation: Attorney	Employer: Macomb County	
Address: 1300 W Altgeld St Ap 134N		Business Address: 1 S Main St.	
City: Chicago State: IL		City: Mt Clemens State: MI	
Zip: 60614-2170		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	Occupation: Attorney	Employer: Macomb County	
Address: 62000 Kunstman		Business Address: 1 S Main St.	
City: Ray State: MI		City: Mt Clemens State: MI	
Zip: 48096		Zip: 48043	
Type of Contribution: Fundraiser Contribution			

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5963- -Add

PAC Receipt?: **Date of Receipt:** 06/18/2022 **Amt:** 150.00 **Cumul:** 400.00
Name: Marian Dwaihy Briske **Occupation:** Assistant Prosecuting Attorney
Address: 19258 Eastborne **Employer:** Macomb County
City: Harper Woods **State:** MI **Business Address:** 1 S Main St.
Zip: 48225 **City:** Mt Clemems **State:** MI
Zip: 48043
Type of Contribution: Fundraiser Contribution

5960- -Add

PAC Receipt?: **Date of Receipt:** 06/18/2022 **Amt:** 300.00 **Cumul:** 300.00
Name: Salvatore Manzella **Occupation:** Builder
Address: 50374 Cheltenham Dr **Employer:** Keystone Custom Homes
City: Macomb **State:** MI **Business Address:** 50374
Zip: 48044 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 **Occupation:** Attorney
Address: 29251 Broadmoor St **Employer:** Law Office of David C. Brunell
City: Livonia **State:** MI **Business Address:** 39111 Six Mile Road
Zip: 48154 **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 **Occupation:** Car Wash Operator
Address: 2585 Pond Vallee **Employer:** Mr. C's Car Wash
City: Oakland Twp **State:** MI **Business Address:** 2585 Pond Vallee
Zip: 48363 **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
Address: 1 Lafayette Plaisance Street **Employer:** SELF EMPLOYED
City: Detroit **State:** MI **Business Address:** SELF EMPLOYED
Zip: 48207 **City:** Clinton Twp **State:** MI
Zip: 48038
Type of Contribution: Fundraiser Contribution

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

6175- -Add

PAC Receipt?:	Date of Receipt: 06/20/2022	Amt: 5,000.00	Cumul: 5,500.00
Name: Tony Gallo	Occupation: Contractor	Employer: Gallo Companies	
Address: 6303 26 Mile Rd		Business Address: 6303 26 Mile Rd Suite 200	
City: Washington State: MI		City: Washington Twp State: MI	
Zip: 48094		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	Occupation: Funeral Director	Employer: Wm.Sullivan & Son Funeral	
Address: 8459 Hall Road		Business Address: 8459 Hall Rd	
City: Utica State: MI		City: Utica State: MI	
Zip: 48317		Zip: 48317	

Type of Contribution: Fundraiser Contribution

5968- -Add

PAC Receipt?:	Date of Receipt: 06/21/2022	Amt: 250.00	Cumul: 250.00
Name: Gregory Carnago	Occupation: Retired	Employer: RETIRED	
Address: 667 E Big Beaver		Business Address: RETIRED	
City: Troy State: MI		City: CLINTON TOWNSHIP State: MI	
Zip: 48083		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	Employer: RETIRED	
Address: 43179 West Kirkwood Drive		Business Address: RETIRED	
City: Clinton Township State: MI		City: CLINTON TOWNSHIP State: MI	
Zip: 48038		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		Business Address: RETIRED	
City: Bloomfield State: MI		City: CLINTON TOWNSHIP State: MI	
Zip: 48301		Zip: 48038	

Type of Contribution: Fundraiser Contribution

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

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. **Business Address:** SELF EMPLOYED
City: Clinton Township **State:** MI **City:** Clinton Twp **State:** MI
Zip: 48038 **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 **Occupation:** Attorney **Employer:** Macomb County
Address: 22191 Rhys Drive **Business Address:** 1 S Main St.
City: Macomb **State:** MI **City:** Mt Clemens **State:** MI
Zip: 48042 **Zip:** 48043

Type of Contribution: Fundraiser Contribution

6064- -Add

PAC Receipt?: **Date of Receipt:** 06/25/2022 **Amt:** 500.00 **Cumul:** 650.00
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: Fundraiser Contribution

5983- -Add

PAC Receipt?: **Date of Receipt:** 06/26/2022 **Amt:** 300.00 **Cumul:** 300.00
Name: Christopher Petrides **Occupation:** Retired **Employer:** RETIRED
Address: 16924 Courville Drive **Business Address:** RETIRED
City: Northville **State:** MI **City:** CLINTON TOWNSHIP **State:** MI
Zip: 48169 **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 **Occupation:** Retired **Employer:** RETIRED
Address: 464 Neff Road **Business Address:** RETIRED
City: Grosse Pointe **State:** MI **City:** CLINTON TOWNSHIP **State:** MI
Zip: 48230 **Zip:** 48038

Type of Contribution: Fundraiser Contribution

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5986- -Add

PAC Receipt?: **Date of Receipt:** 06/27/2022 **Amt:** 150.00 **Cumul:** 150.00
Name: David Safavian **Occupation:** General Counsel **Employer:** American Conservation Union
Address: 1314 Gatewood Drive
City: Alexandria **State:** VA **Business Address:** 1199 North Fairfax Street 500
Zip: 22307 **City:** Alexandria **State:** VA
Zip: 22314

Type of Contribution: Fundraiser Contribution

6080- -Add

PAC Receipt?: **Date of Receipt:** 06/27/2022 **Amt:** 150.00 **Cumul:** 150.00
Name: Rico Valente **Occupation:** Owner **Employer:** Reklein Plastics
Address: 3315 33 Mile Rd **Business Address:** 42130 Mound Road
City: Bruce Township **State:** MI **City:** Sterling Heights **State:** MI
Zip: 48065 **Zip:** 48314

Type of Contribution: Fundraiser Contribution

6086- -Add

PAC Receipt?: **Date of Receipt:** 06/28/2022 **Amt:** 500.00 **Cumul:** 500.00
Name: Benedetto DiPonio **Occupation:** Retired **Employer:** RETIRED
Address: 735 Mill Pointe Dr. **Business Address:** RETIRED
City: Milford **State:** MI **City:** CLINTON TOWNSHIP **State:** MI
Zip: 48381 **Zip:** 48038

Type of Contribution: Fundraiser Contribution

6061- -Add

PAC Receipt?: **Date of Receipt:** 06/28/2022 **Amt:** 1,500.00 **Cumul:** 1,500.00
Name: Robert Ihrie **Occupation:** Attorney **Employer:** Ihrie Obrien Law
Address: 24055 Jefferson Suite 2000 **Business Address:** 24055 Jefferson Avenue Suite 2000
City: St. Clair Shores **State:** MI **City:** St. Clair Shores **State:** MI
Zip: 48080 **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 **Occupation:** Attorney **Employer:** Nunzio Provenzano PC
Address: 15829 Kennedy Drive **Business Address:** 23550 Harper Ave
City: Macomb **State:** MI **City:** St Clair Shores **State:** MI
Zip: 48044 **Zip:** 48080

Type of Contribution: Fundraiser Contribution

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 **Business Address:** RETIRED
City: Harrison Twp **State:** MI **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 **Occupation:** Attorney **Employer:** Macomb County
Address: 1 S Main St **Business Address:** 1 S Main St.
City: Mt Clemens **State:** MI **City:** Mt Clemens **State:** MI
Zip: 48043 **Zip:** 48043
Type of Contribution: Fundraiser Contribution

6087- -Add

PAC Receipt?: **Date of Receipt:** 06/30/2022 **Amt:** 150.00 **Cumul:** 150.00
Name: Timothy Wegmeyer **Occupation:** Attorney **Employer:** SELF EMPLOYED
Address: 5780 Belleview **Business Address:** SELF EMPLOYED
City: East China **State:** MI **City:** Clinton Twp **State:** MI
Zip: 48054 **Zip:** 48038
Type of Contribution: Fundraiser Contribution

6078- -Add

PAC Receipt?: **Date of Receipt:** 07/01/2022 **Amt:** 1,500.00 **Cumul:** 2,000.00
Name: Ernest Robinette **Occupation:** Attorney **Employer:** Law Office of Ernest
Address: 38600 Van Dyke Ave Ste **Business Address:** 38600 Van Dyke
250E Ave
City: Sterling Heights **State:** MI **City:** Sterling Heights **State:** MI
Zip: 48312 **Zip:** 48312
Type of Contribution: Fundraiser Contribution

5991- -Add

PAC Receipt?: **Date of Receipt:** 07/03/2022 **Amt:** 150.00 **Cumul:** 150.00
Name: Juanita Hickmon **Occupation:** CEO **Employer:** My3Angels LLC
Address: 13305 Swan lane **Business Address:** 13305 Swan Lane
City: Shelby Township **State:** MI **City:** Shelby Township **State:** MI
Zip: 48315 **Zip:** 48315
Type of Contribution: Fundraiser Contribution

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

5998- -Add

PAC Receipt?:	Date of Receipt: 07/04/2022	Amt: 3,000.00	Cumul: 4,000.00
Name: Derrick George	Occupation: Attorney	Employer: George Law	
Address: 444 S Washington		Business Address: 444 S.	
City: Royal Oak State: MI		Washington Ave	
Zip: 48067		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	
Address: 4636 Rosewood Lane		Business Address: SELF EMPLOYED	
City: West Bloomfield Twp State: MI		City: Clinton Twp State: MI	
Zip: 48323		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	Occupation: Director	Employer: Conduent	
Address: 13113 Renaissance Dr		Business Address: 13133	
City: Shelby Township State: MI		Renaissance Dr.	
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	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: Fundraiser Contribution

6117- -Add

PAC Receipt?:	Date of Receipt: 07/04/2022	Amt: 250.00	Cumul: 250.00
Name: Rosann Palazzolo	Occupation: Office Manager	Employer: Metzler Locricchio Serra & Co.	
Address: 21252 Briar Rose Dr		Business Address: 1800 W Big	
City: Macomb State: MI		Beaver Rd #100	
Zip: 48044		City: Troy State: MI	
		Zip: 48084	

Type of Contribution: Fundraiser Contribution

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	Employer: RETIRED	
Address: 43179 West Kirkwood Drive		Business Address: RETIRED	
City: Clinton Township State: MI		City: CLINTON TOWNSHIP State: MI	
Zip: 48038		Zip: 48038	
Type of Contribution: Fundraiser Contribution			

6002- -Add

PAC Receipt?:	Date of Receipt: 07/05/2022	Amt: 1,500.00	Cumul: 3,000.00
Name: Tom Parker	Occupation: Retired	Employer: RETIRED	
Address: 356 North Clifton Road		Business Address: RETIRED	
City: Bloomfield State: MI		City: CLINTON TOWNSHIP State: MI	
Zip: 48301		Zip: 48038	
Type of Contribution: Fundraiser Contribution			

6001- -Add

PAC Receipt?:	Date of Receipt: 07/05/2022	Amt: 500.00	Cumul: 750.00
Name: Art Weiss	Occupation: Attorney	Employer: SELF EMPLOYED	
Address: 30445 Northwester Hwy		Business Address: SELF EMPLOYED	
City: Farmington Hills State: MI		City: Clinton Twp State: MI	
Zip: 48334		Zip: 48038	
Type of Contribution: Fundraiser Contribution			

6020- -Add

PAC Receipt?:	Date of Receipt: 07/06/2022	Amt: 300.00	Cumul: 550.00
Name: Nicholas Bachand	Occupation: Attorney	Employer: SELF EMPLOYED	
Address: 1565 Fairholme Rd		Business Address: SELF EMPLOYED	
City: Grosse Pointe Woods State: MI		City: Clinton Twp State: MI	
Zip: 48236		Zip: 48038	
Type of Contribution: Fundraiser Contribution			

6022- -Add

PAC Receipt?:	Date of Receipt: 07/06/2022	Amt: 300.00	Cumul: 550.00
Name: Marc Hart	Occupation: Attorney	Employer: SELF EMPLOYED	
Address: 1007 Mallow St.		Business Address: SELF EMPLOYED	
City: Wolverine Lake State: MI		City: Clinton Twp State: MI	
Zip: 48390		Zip: 48038	
Type of Contribution: Fundraiser Contribution			

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

6021- -Add

PAC Receipt?:	Date of Receipt: 07/06/2022	Amt: 900.00	Cumul: 1,750.00
Name: Vincenzo Vitale	Occupation: Owner	Employer: Vince & Joe's Gourmet Market	
Address: 55178 Van Dyke		Business Address: 55178 Van Dyke Ave	
City: Shelby Township	State: MI	City: Shelby Charter Twp	
Zip: 48316		State: MI	
		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	
Address: 38803 Bellingham		Business Address: 29199 Ryan Road	
City: Harrison Twp	State: MI	City: Warren	
Zip: 48045		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	Occupation: Attorney	Employer: Bagley & Langan P.L.L.C.	
Address: 6557 Highland Rd		Business Address: 6557 Highland Road	
City: Waterford	State: MI	City: Waterford	
Zip: 48327		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	Occupation: President	Employer: Puff	
Address: 221 North Main Street		Business Address: 221 North Main Street	
City: Royal Oak	State: MI	City: Royal Oak	
Zip: 48067		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	Occupation: Attorney	Employer: SELF EMPLOYED	
Address: 1007 Mallow St.		Business Address: SELF EMPLOYED	
City: Wolverine Lake	State: MI	City: Clinton Twp	
Zip: 48390		State: MI	
		Zip: 48038	

Type of Contribution: Fundraiser Contribution

6070- -Add

PAC Receipt#:	Date of Receipt: 07/07/2022	Amt: 500.00	Cumul: 750.00
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	

6029- -Add

PAC Receipt#:	Date of Receipt: 07/07/2022	Amt: 3,000.00	Cumul: 4,000.00
Name: Peter Torrice	Occupation: Attorney	Employer: Canu Torrice Law PLLC	
Address: 22599 Lange		Business Address: 32059 Utica Road	
City: St. Clair Shores	State: MI	City: Fraser	State: MI
Zip: 48080		Zip: 48026	

6030- -Add

PAC Receipt?:	Date of Receipt: 07/08/2022	Amt: 300.00	Cumul: 550.00
Name: Michael Leach	Occupation: Financial Advisor	Employer: STIFEL	
Address: 5210 Vineyards Ct		Business Address: 28411	
City: Troy State: MI		Northwestern Highway	
Zip: 48098		City: Southfield State: MI	
		Zip: 48034	

6079- -Add

PAC Receipt?:	Date of Receipt: 07/10/2022	Amt: 150.00	Cumul: 300.00
Name: Joshua Abbott	Occupation: Attorney	Employer: Macomb County	
Address: 409 Wesley Street		Business Address: 1 S Main St.	
City: Rochester State: MI		City: Mt Clemens State: MI	
Zip: 48307		Zip: 48043	

6031- -Add

PAC Receipt?:	Date of Receipt: 07/10/2022	Amt: 300.00	Cumul: 300.00
Name: Robert Kevin Janeway	Occupation: Financial Advisor	Employer: RWS Financial Group	
Address: 1111 North Old Woodward Ave Unit 13		Business Address: 1918 North Main Street	
City: Birmingham State: MI		City: Royal Oak State: MI	
Zip: 48009		Zip: 48073	

7/22/2022

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

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	
Address: 2017 Dell Rose Drive		Business Address: SELF EMPLOYED	
City: Bloomfield Township	State: MI	City: Clinton Twp State: MI	
Zip: 48302		Zip: 48038	
Type of Contribution: Fundraiser Contribution			

6085- -Add

PAC Receipt?:	Date of Receipt: 07/11/2022	Amt: 100.00	Cumul: 100.00
Name: Rosario Curcuru	Occupation:	Employer:	
Address: 54605 Queenbough Dr.		Business Address:	
City: Shelby Twp	State: MI	City: State:	
Zip: 48315		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	Occupation: Home Builder	Employer: Ferro Homes	
Address: 6303 26 Mile Rd #150		Business Address: 6303 26 Mile Rd #150	
City: Washington	State: MI	City: Washington State: MI	
Zip: 48094		Zip: 48094	
Type of Contribution: Fundraiser Contribution			

6041- -Add

PAC Receipt?:	Date of Receipt: 07/11/2022	Amt: 300.00	Cumul: 550.00
Name: Jerry Lennox	Occupation: Construction	Employer: Skip Your Salesman Inc.	
Address: 6271 PAYNE STREET		Business Address: 905 W. Eleven Mile	
City: OTTER LAKE	State: MI	City: Madison Height State: MI	
Zip: 48464		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	Occupation: Retired	Employer: RETIRED	
Address: 1957 Mapleridge Road		Business Address: RETIRED	
City: Rochester Hills	State: MI	City: CLINTON TOWNSHIP State: MI	
Zip: 48309		Zip: 48038	
Type of Contribution: Fundraiser Contribution			

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

6038- -Add

PAC Receipt?:	Date of Receipt: 07/11/2022	Amt: 150.00	Cumul: 150.00
Name: John Vermeulen	Occupation: Retired	Employer: RETIRED	
Address: 5514 Woodmire Drive		Business Address: RETIRED	
City: Shelby Twp State: MI		City: CLINTON TOWNSHIP State: MI	
Zip: 48316		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	Occupation:	Employer:	
Address: 6734 Cottonwood Knoll		Business Address:	
City: West Bloomfield State: MI		City: State:	
Zip: 48322		Zip:	
Type of Contribution: Fundraiser Contribution			

6045- -Add

PAC Receipt?:	Date of Receipt: 07/12/2022	Amt: 1,500.00	Cumul: 2,500.00
Name: Avis Choulagh	Occupation: Attorney	Employer: Avis Choulagh MTIP PLLC	
Address: 48528 Isola Dr		Business Address: 32059 Utica Road	
City: Shelby Twp State: MI		City: Fraser State: MI	
Zip: 48315		Zip: 48026	
Type of Contribution: Fundraiser Contribution			

6081- -Add

PAC Receipt?:	Date of Receipt: 07/12/2022	Amt: 150.00	Cumul: 300.00
Name: Vincent Crispignani	Occupation: Developer	Employer: SELF EMPLOYED	
Address: 37135 Woodpointe Dr.		Business Address: SELF EMPLOYED	
City: Clinton Township State: MI		City: Clinton Twp State: MI	
Zip: 48306		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	Occupation: Attorney	Employer: SELF EMPLOYED	
Address: 13921 Basilisco Chase Drive		Business Address: SELF EMPLOYED	
City: Shelby Twp State: MI		City: Clinton Twp State: MI	
Zip: 48315		Zip: 48038	
Type of Contribution: Fundraiser Contribution			

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	Occupation: President	Employer: Chaldean American Chamber	
Address: 30095 Northwestern Hwy Ste 101		Business Address: 30095 Northwestern Highway Suite 101	
City: Farmington Hills State: MI		City: Farmington Hills State: MI	
Zip: 48336		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	Occupation: Sales/Broker	Employer: Real Estate One	
Address: 14642 Stratford Ct		Business Address: 56228 Van Dyke Avenue	
City: Shelby Twp State: MI		City: Shelby Township State: MI	
Zip: 48315		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	Occupation: Owner	Employer: Viviano Flower Shop	
Address: 43494 Columbia Dr		Business Address: 32050 Harper Ave.	
City: Clinton Township State: MI		City: St. Clair Shores State: MI	
Zip: 48038		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	Occupation: Retired	Employer: RETIRED	
Address: 171 Magnolia Lakes		Business Address: RETIRED	
City: PSL State: FL		City: CLINTON TOWNSHIP State: MI	
Zip: 34986		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	Occupation: Real Estate Agent	Employer: SELF EMPLOYED	
Address: 8805 Russell St		Business Address: SELF EMPLOYED	
City: Shelby Township State: MI		City: Clinton Twp State: MI	
Zip: 48317		Zip: 48038	

Type of Contribution: Fundraiser Contribution

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

6050- -Add

PAC Receipt?:	Date of Receipt: 07/15/2022	Amt: 150.00	Cumul: 150.00
Name: Jim Timkia	Occupation: Founder	Employer: Timka Insurance	
Address: 39378 Aynesley Street		Business Address: 39378 Aynesley Street	
City: Clinton Township State: MI		City: Clinton Township State: MI	
Zip: 48038		Zip: 48038	

Type of Contribution: Fundraiser Contribution

6053- -Add

PAC Receipt?:	Date of Receipt: 07/18/2022	Amt: 150.00	Cumul: 300.00
Name: Frank Mamat	Occupation: Attorney	Employer: Barnes & Thornburg	
Address: 3000 Town Center #2440		Business Address: 3000 Town Center Suite 2440	
City: Southfield State: MI		City: Southfield State: MI	
Zip: 48075		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	Occupation: Attorney	Employer: Shaun Mansour	
Address: 45709 Rathmore Drive		Business Address: 38550 Garfield Road	
City: Macomb State: MI		City: Clinton Township State: MI	
Zip: 48044		Zip: 48038	

Type of Contribution: Fundraiser Contribution

6099- -Add

PAC Receipt?:	Date of Receipt: 07/20/2022	Amt: 150.00	Cumul: 150.00
Name: Fred Bartolomei	Occupation: APA	Employer: Macomb County	
Address: 834 Westchester Road		Business Address: 1 S Main St.	
City: Grosse Pointe State: MI		City: Mt Clemens State: MI	
Zip: 48230		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	Occupation: Attorney	Employer: Padilla Law Group	
Address: 4254 Harvard		Business Address: 1821 W. Maple	
City: Detroit State: MI		City: Birmingham State: MI	
Zip: 48224		Zip: 48009	

Type of Contribution: Fundraiser Contribution

CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

6114- -Add

PAC Receipt?:	Date of Receipt: 07/20/2022	Amt: 150.00	Cumul: 150.00
Name: BRIAN FOX	Occupation: Attorney	Employer: Macomb County	
Address: 1014 Audubon Road		Business Address: 1 S Main St.	
City: Grosse Pointe State: MI		City: Mt Clemens State: MI	
Zip: 48230		Zip: 48043	
Type of Contribution: Fundraiser Contribution			

6095- -Add

PAC Receipt?:	Date of Receipt: 07/20/2022	Amt: 150.00	Cumul: 150.00
Name: Nazek Gappy	Occupation: Attorney	Employer: Nazek a. Gappy PC	
Address: 1438 N. Crooks Road Suite A		Business Address: 1438 N Crooks Road	
City: Clawson State: MI		City: Clawson State: MI	
Zip: 48017		Zip: 48017	
Type of Contribution: Fundraiser Contribution			

6101- -Add

PAC Receipt?:	Date of Receipt: 07/20/2022	Amt: 150.00	Cumul: 400.00
Name: Jacqueline Gartin	Occupation: Attorney	Employer: Macomb County	
Address: 15896 Tea Rose		Business Address: 1 S Main St.	
City: Macomb State: MI		City: Mt Clemens State: MI	
Zip: 48042		Zip: 48043	
Type of Contribution: Fundraiser Contribution			

6104- -Add

PAC Receipt?:	Date of Receipt: 07/20/2022	Amt: 150.00	Cumul: 150.00
Name: Dan Waller	Occupation: Attorney	Employer: SELF EMPLOYED	
Address: 209 Northshore Drive		Business Address: SELF EMPLOYED	
City: St. Clair Shores State: MI		City: Clinton Twp State: MI	
Zip: 48080		Zip: 48038	
Type of Contribution: Fundraiser Contribution			

Schedule Total	\$ 90,240.00
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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**Amt:** 100.00

Name: St. Clair Shores
Address: 27600 Jefferson Circle Dr
City: St Clair Shores **State:** MI
Zip: 48082

Purpose: Memorial Day Parade #327**Fund Raiser:**

**Payment on Debt/Obligation
reported on
previous statement:**

5952- -Add

Date: 04/27/2022**Amt:** 4,985.71

Name: OEX Office Supplies
Address: 1280 E. Big Beaver Road
City: Troy **State:** MI
Zip: 48083

Purpose: Advertising #328**Fund Raiser:** X

**Payment on Debt/Obligation
reported on
previous statement:**

6017- -Add

Date: 04/30/2022**Amt:** 97.50

Name: Anedot Inc
Address: 1920 McKinney
City: Dallas **State:** TX
Zip: 75201

Purpose: Anedot Bank Fees**Fund Raiser:** X

**Payment on Debt/Obligation
reported on
previous statement:**

6018- -Add

Date: 05/31/2022**Amt:** 494.60

Name: Anedot Inc
Address: 1920 McKinney
City: Dallas **State:** TX
Zip: 75201

Purpose: Anedot Bank Fees**Fund Raiser:** X

**Payment on Debt/Obligation
reported on
previous statement:**

5945- -Add

Date: 06/15/2022**Amt:** 750.00

Name: Fiesta Italiana
Address: 6303 26 Mile Road Apt 203
City: Washington **State:** MI
Zip: 48094

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

Amt: 515.48

Name: Party Paradise
Address: 39090 Van Dyke Ave
City: Sterling Heights State: MI
Zip: 48313

Purpose: Tabel #330

Fund Raiser: X

Payment on Debt/Obligation
reported on
previous statement:

6055- -Add

Date: 06/30/2022

Amt: 280.30

Name: Anedot Inc
Address: 1920 McKinney
City: Dallas State: TX
Zip: 75201

Purpose: Anedot Bank Fees

Fund Raiser: X

Payment on Debt/Obligation
reported on
previous statement:

6091- -Add

Date: 07/19/2022

Amt: 1,783.95

Name: G-Tek Professional Svcx
Address: 42888 Mound Roac
City: Sterling Heights State: MI
Zip: 48314

Purpose: Advertising #331

Fund Raiser: X

Payment on Debt/Obligation
reported on
previous statement:

6106- -Add

Date: 07/19/2022

Amt: 150.00

Name: Marc Hart
Address: 1007 Mallow St.
City: Wolverine Lake State: MI
Zip: 48390

Purpose: Refund

Fund Raiser: X

Payment on Debt/Obligation
reported on
previous statement:

6107- -Add

Date: 07/20/2022

Amt: 839.10

Name: Anedot Inc
Address: 1920 McKinney
City: Dallas State: TX
Zip: 75201

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

Address: 1007 Mallow St.

City: Wolverine Lake State: MI

Zip: 48390

Date Debt Was Incurred: 07/19/2022

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

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MACOMB COUNTY CLERK

CANDIDATE COMMITTEE COVER PAGE

• Committee ID	139858-0	
• Committee Name	CTE PETER J LUCIDO FOR PROSECUTOR	
• Coverage Period	01/01/2022 - 07/20/2022	
• Candidate Name	PETER J. LUCIDO	
• Office/District Sought	District Courts (Population 250,000+)	
• 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		
• Treasurer Business	SELF EMPLOYED Clinton Twp MI 48038	
• Phone		
• Recordkeeper Name	Frank Coppola	
• Recordkeeper Mailing	54620 Carnation Drive Macomb MI 48042	
• Phone		
• Statement Type	Amended - Pre-Election	
• Relates To	General	
• Election Date	//	
• Dissolution Date (effective)	//	
• Annual Statement Coverage Year		
• Treasurer/Recordkeeper Signed	Frank Coppola	• Date 8-11-2022 //
• Candidate Signed	PETER J. LUCIDO	• Date 8-11-2022 //

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 Coppola Signature: [Signature] Date: 8-11-2022

Candidate:

(Type or Print) Name: Peter J. Lucido Signature: [Signature] Date: 8-11-2022

MERTS Reports

Page 2 of 2

FUND RAISERS (1F) CANDIDATE COMMITTEE

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

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

Event: Fund Raiser

Co-sponsors

Contrib%

Expend%

Address1: 2022 Birthday Celebration

Address2: 54660 Van Dyke

City: Shelby Township State: MI

Zip: 48317

Private:



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08 NOV 2022 PM 04:31

MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

**CANDIDATE COMMITTEE
COVER PAGE**

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 07/21/2022 to 10/20/2022

1. Committee I.D. Number

139858

2. Committee Name

CTE PETER J. LUCIDO FOR PROSECUTOR

4. Candidate Last Name First Name M.I.

LUCIDO PETER J

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

PROSECUTING ATTORNEY, MACOMB COUNTY

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

5. Committee's Mailing Address

**6303 26-MILE RD SUITE 203
WASHINGTON TWP, MI 48094**

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.

6. Treasurer's Name & Residential Address

**FRANK COPPOLA
54620 CARNATION
MACOMB, MI 48042**

Area Code & Phone (586) 295-375

7. Treasurer's Business Address

**54620 CARNATION
MACOMB, MI 48042**

Area Code and Phone (586) 295-375

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

**SUSANNE RODZOS
47134 MORNING DOVE
MACOMB, MI 48044**

Area Code and Phone (586) 228-5800

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

Date of Election, Convention or Caucus

Required ONLY if candidate is not on the ballot for the current year:

- ☐ July Quarterly
☒ October Quarterly

9c. ☐ Annual Statement (2022)
Coverage Year

9d. ☐ Amendment to Campaign Statement
(Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)

9e. Dissolution of Candidate Committee

☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or

Designated Record keeper _____ / _____

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

11/08/2022

Candidate _____ / _____

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

11/08/2022



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 139858

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

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



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/21/2022</u>	
Name & Address: LISA BLAZEVSKI 31253 GAY ST ROSEVILLE, MI 48066		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ASSISTANT PROSECUTING ATTORNEY</u> Employer <u>MACOMB COUNTY</u> Business Address <u>1 S MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/21/2022</u>	
Name & Address: RALPHE ARMSTRONG 1 LAFAYETTE PLAISANCE ST DETROIT, MI 48207		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MUSICIAN</u> Employer <u>DETROIT</u> Business Address <u>1 LAFAYETTE PLAISANCE ST, DETROIT, MI 48207</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/21/2022</u>	
Name & Address: BETH KIRSHNER 7451 INDIANWOOD TRAIL WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>MACOMB COUNTY</u> Business Address <u>1 S MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/21/2022</u>	
Name & Address: NANCY TISEO 16155 VISTA WOODS CT CLINTON TWP, MI 48038		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 900.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/21/2022</u> Name & Address: JEFF STONE 51635 JULIES DR NEW BALTIMORE, MI 48047		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ASSISTANT PROSECUTING ATTORNEY</u> Employer <u>MACOMB COUNTY</u> Business Address <u>1 S MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/21/2022</u> Name & Address: PATRICK SIERAWSKI 22749 CALIFORNIA ST ST CLAIR SHORES, MI 48080		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ASSISTANT PROSECUTING ATTORNEY</u> Employer <u>MACOMB COUNTY</u> Business Address <u>1 S MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/21/2022</u> Name & Address: JOSEPH A LUCIDO 39999 GARFIELD RD CLINTON TWP, MI 48038		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>INSURANCE AGENT</u> Employer <u>LUCIDO INSURANCE AGENCY</u> Business Address <u>39999 GARFIELD RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/21/2022</u> Name & Address: TODD FLOOD 10555 LINCOLN DR HUNTINGTON WOODS, MI 48070		\$ <u>1,500.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>FLOOD LAW</u> Business Address <u>155 W CONGRESS ST, DETROIT, MI 48226</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,250.00

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

CANDIDATE COMMITTEE

1. Committee I.D. Number 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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/21/2022</u>	
Name & Address: MARVIN DUDLEY 1960 STRAWBERRY CIR COMMERCE TWP, MI 48382		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SALES</u> Employer <u>TEK SYSTEMS</u> Business Address <u>3000 TOWN CENTER, SOUTHFIELD, MI 48075</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/22/2022</u>	
Name & Address: BOB KIRK 19500 HALL RD CLINTON TWP, MI 48038		\$ <u>750.00</u>	\$ <u>750.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY/PARTNER</u> Employer <u>KIRK HUTH LANGE & BADALAMENTI</u> Business Address <u>19500 HALL RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/22/2022</u>	
Name & Address: ANGELO GRILLO 50775 RICHARD W BLVD NEW BALTIMORE, MI 48051		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE</u> Employer <u>GRILLO</u> Business Address <u>50775 RICHARD W BLVD, NEW BALTIMORE, MI 48051</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/22/2022</u>	
Name & Address: RICHARD CERBENAK 42870 LITTLE RD CLINTON TWP, MI 48036		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>CERVENAK LAW</u> Business Address <u>24518 HARPER, ST CLAIR SHORES, MI 48080</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,300.00**

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

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/22/2022</u>	
Name & Address: LISA A COYLE 16128 OAKWOOD CT NORTHVILLE, MI 48168		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ASSISTANT PROSECUTOR</u> Employer <u>MACOMB COUNTY PROSECUTORS OFFICE</u> Business Address <u>1 S MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/22/2022</u>	
Name & Address: CHRISTOPHER J COYLE 16128 OAKWOOD CT NORTHVILLE, MI 48168		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAWYER</u> Employer <u>WAYNE COUNTY PROSECUTORS OFFICE</u> Business Address <u>1441 ST ANTOINE, DETROIT, MI 48226</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/22/2022</u>	
Name & Address: TIMOTHY TOMLINSON 22600 HALL RD CLINTON TWP, MI 48036		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>YORK, DOLAN & TOMLINSON, P.C.</u> Business Address <u>22600 HALL RD, CLINTON TWP, MI 48036</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/22/2022</u>	
Name & Address: ROBERT HUTH JR 19500 HALL RD CLINTON TWP, MI 48038		\$ <u>750.00</u>	\$ <u>750.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY/PARTNER</u> Employer <u>KIRK HUTH LANGE & BADALAMENTI</u> Business Address <u>19500 HALL RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,200.00**

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

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/22/2022</u>	
Name & Address: KUMAR PALEPU 377 HILLCREST AVE GROSSE POINTE FARMS, MI 48236		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>MACOMB COUNTY</u> Business Address <u>1 S MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/22/2022</u>	
Name & Address: KATHLEEN BEARD 31674 JOAN DRIVE NEW BALTIMORE, MI 48047		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>MACOMB COUNTY</u> Business Address <u>1 S MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/22/2022</u>	
Name & Address: DARRYL ONDERIK 53245 SAMS LN NEW BALTIMORE, MI 48047		\$ <u>450.00</u>	\$ <u>450.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COMMUNITY RELATIONS</u> Employer <u>CENTURY BANQUET CENTER</u> Business Address <u>33204 MAPLE LN DR, STERLING HEIGHTS, MI 48312</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/22/2022</u>	
Name & Address: COLLEEN O'CONNER WORDEN 20052 FAIRWAY DR GROSSE POINTE WOODS, MI 48236		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>MACOMB COUNTY</u> Business Address <u>1 S MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 1,350.00

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

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/23/2022</u> Name & Address: KENNETH J LICARI 52799 S WEATHERVANE DR NEW BALTIMORE, MI 48047		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TRAINING CONSULTANT</u> Employer <u>GOVERNMENT CONSULTANT SERVICES</u> Business Address <u>6501 E ELEVEN MILE RD, WARREN, MI 48397</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/23/2022</u> Name & Address: JOSEPH D MCCARTHY 2041 S PARKER ST MARINE CITY, MI 48039		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ASSISTANT PROSECUTOR</u> Employer <u>MACOMB COUNTY PROSECUTORS OFFICE</u> Business Address <u>1 S MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/24/2022</u> Name & Address: JENNIFER KEE 55837 NICKELBY S SHELBY TWP, MI 48316		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REALTOR</u> Employer <u>KEE REALTY LLC</u> Business Address <u>55837 NICKELBY S, SHELBY TWP, MI 48316</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/24/2022</u> Name & Address: JENNIFER KEE 55837 NICKELBY S SHELBY TWP, MI 48316		\$ <u>600.00</u>	\$ <u>600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REALTOR</u> Employer <u>KEE REALTY LLC</u> Business Address <u>55837 NICKELBY S, SHELBY TWP, MI 48316</u> 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
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2022</u>	
Name & Address: JOHN POLIZZI 47 CRANFORD LN GROSSE POINTE, MI 48230		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS TAX CONSULTING</u> Employer <u>RYAN LLC</u> Business Address <u>150 W JEFFERSON AVE, STE 1400, DETROIT, MI 48226</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2022</u>	
Name & Address: GIOELE STEFANI 45491 MEADOW SQUARE Macomb, MI 48044		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUILDER</u> Employer <u>SELF EMPLOYED</u> Business Address <u>45491 MEADOW SQUARE, MACOMB, MI 48044</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/25/2022</u>	
Name & Address: MIKE LEWELLAN 17407 ROCCO DR MACOMB, MI 48044		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SELF EMPLOYED</u> Business Address <u>17404 ROCCO DR, MACOMB, MI 48044</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/25/2022</u>	
Name & Address: PAUL MILLER 2071 LEEWOOD DR SHELBY TWP, MI 48316		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>JETS PIZZA</u> Business Address <u>2071 LEEWOOD DR, SHELBY TOWNSHIP, MI</u> 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
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/25/2022</u> Name & Address: KENNETH DECOCK 80575 HOLMES RD ARMADA, MI 48005		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>80575 HOLMES RD, ARMADA, MI 48005</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/25/2022</u> Name & Address: DONN FRESARD 27735 JEFFERSON AVE ST CLAIR SHORES, MI 48081		\$ <u>3,000.00</u>	\$ <u>3,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>MACOMB COUNTY</u> Business Address <u>1 S MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/25/2022</u> Name & Address: HEATHER ODGERS-FECTEAU 45777 GLEN CT MACOMB, MI 48044		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>45777 GLEN CT, MACOMB, MI 48044</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/25/2022</u> Name & Address: PAMEL SOSSI 500 GRISWOLD ST STE 2320 DETROIT, MI 48226		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>LAW OFFICES OF PANEL M. SOSSI, PLLC</u> Business Address <u>500 GRISWOLD ST, STE 2320, DETROIT, MI 48226</u> 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)

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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/25/2022</u>	
Name & Address: ANTHONY DEMATTEIS 48639 HAYES RD STE. A MACOMB, MI 48044		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>DEMATTEIS & RICCIARDELLO, PLLC</u> Business Address <u>48639 HAYES RD, MACOMB, MI 48044</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/25/2022</u>	
Name & Address: ANTHONY RUBINO 38880 SAHR CT CLINTON TWP, MI 48038		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SALES</u> Employer <u>PILOT MARKETING</u> Business Address <u>38880 SAHR CT, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/25/2022</u>	
Name & Address: VINCENT SORRENTINO 14113 HIBISCUS DR SHELBY TWP, MI 48315		\$ <u>1,500.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENTREPRENEUR/ REAL ESTATE DEVELOPER</u> Employer <u>SELF EMPLOYED</u> Business Address <u>14113 HIBISCUS DR, SHELBY TWP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/26/2022</u>	
Name & Address: LAGRASSO SALVATORE 53920 DOMINIQUE CT SHELBY TWP, MI 48315		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LANDSCAPING</u> Employer <u>VICTORY LANDSCAPING</u> Business Address <u>51879 SCHOENHERR RD, SHELBY TWP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,100.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/26/2022</u>	
Name & Address: SUNNY PALAJ 1381 VALLEYVIEW DR CLARKSTON, MI 48348		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>ALFOCCINO ITALIAN RESTAURANT</u> Business Address <u>2225 N OPDYKE RD, AUBURN HILLS, MI 48326</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/26/2022</u>	
Name & Address: DAVID JAYE 25810 HICKORY BLVD BONITA SPRINGS, FL 34134		\$ <u>600.00</u>	\$ <u>600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/26/2022</u>	
Name & Address: SALVATORE MUNACO 15995 STURGEON ST ROSEVILLE, MI 48066		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SELF EMPLOYED</u> Business Address <u>15995 STURGEON ST, ROSEVILLE, MI 48066</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/26/2022</u>	
Name & Address: JEREMY T STRADLEY 35715 KOENIG ST NEW BALTIMORE, MI 48047		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>ELECTORIC MONITERING SYSTEMS</u> Business Address <u>331 E 9 MILE RD, HAZEL PARK, MI 48030</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,400.00

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/26/2022</u>	
Name & Address: SHANE GIANINO 38340 TRILLIUM PL HARRISON TWP, MI 48045		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>PATHWAY STAFFING</u> Business Address <u>59 N WALNUT ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/26/2022</u>	
Name & Address: DANIEL GALLI 54882 SHERWOOD LN SHELBY TWP, MI 48315		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEERING MANAGER</u> Employer <u>TAPE MASTER</u> Business Address <u>54882 SHERWOOD LN, SHELBY TWP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/26/2022</u>	
Name & Address: MEGAN MCKEON 944 WHEATFIELD DR ORION TWP, MI 48362		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>MACOMB COUNTY</u> Business Address <u>1 S MAIN ST, FLOOR 3, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/26/2022</u>	
Name & Address: CORINNE CAROLLO 14600 BREZA DR SHELBY TWP, MI 48315		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SELF</u> Business Address <u>14600 BREZA DR, SHELBY TWP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 950.00

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 139858
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/26/2022</u>	
Name & Address: JEFF KANSIER 11150 30 MILE RD WASHINGTON, MI 48095		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>VICE PRESIDENT</u> Employer <u>LEGAL INDUSTRIES</u> Business Address <u>1925 TAYLOR RD, AUBURN HILLS, MI 48326</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/27/2022</u>	
Name & Address: LINDA DAVIS 39120 VENETIAN DR HARRISON TWP, MI 48045		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/27/2022</u>	
Name & Address: JURIJ D FEDORAC 43227 WINTERFIELD DR STERLING HEIGHTS, MI 48314		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNER</u> Employer <u>MACOMB COUNTY</u> Business Address <u>1 S MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/27/2022</u>	
Name & Address: MICHAEL F MACHERZAK 57067 COVINGTON DR WASHINGTON, MI 48094		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 1,650.00

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

CANDIDATE COMMITTEE

1. Committee I.D. Number 139858
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/27/2022</u> Name & Address: SCOTT GREENLEE 1634 PEPPERTREE LN LANSING, MI 48912		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer _____ Business Address <u>1634 PEPPERTREE LN, LANSING, MI 48912</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/27/2022</u> Name & Address: JOHN KAPOUSIS 4893 CRYSTAL CREEK LN WASHINGTON, MI 48094		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>GENERAL MANAGER</u> Employer <u>G & T AUTO PARTS</u> Business Address <u>54525 GRATIOT AVE, NEW BALTIMORE, MI 48051</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/27/2022</u> Name & Address: DAVID KNOTH 52945 CREEKSIDE DR NEW BALTIMORE, MI 48047		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer _____ Business Address <u>52945 CREEKSIDE DR, NEW BALTIMORE, MI 48047</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/27/2022</u> Name & Address: PAT MASCAR 12246 DEMING DR STERLING HEIGHTS, MI 48312		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,300.00

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 139858
2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/27/2022</u> Name & Address: QUIRINO DALESSANDRO 28117 GROESBECK HWY ROSEVILLE, MI 48066		\$ <u>4,500.00</u>	\$ <u>4,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>LANZO CONSTRUCTION</u> Business Address <u>28135 GROESBECK HWY, ROSEVILLE, MI 48066</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/27/2022</u> Name & Address: ANTHONY BENENATI 56037 ASHBROOKE DR E SHELBY TWP, MI 48316		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DOCTOR</u> Employer <u>OWNER</u> Business Address <u>46591 ROMEO PLANK RD, MACOMB, MI 48044</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/27/2022</u> Name & Address: GREGORY IACOBELLI 53639 CHRISTY DR NEW BALTIMORE, MI 48051		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>SELF EMPLOYED</u> Business Address <u>53639 CHRISTY DR, NEW BALTIMORE, MI 48051</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/27/2022</u> Name & Address: VATE TINAJ 2538 RIDGECREST DR SHELBY TWP, MI 48316		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>BESA LLC</u> Business Address <u>311 E GRAND RIVER AVE, DETROIT, MI 48226</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **5,500.00**

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

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/27/2022</u> Name & Address: SANDRA L HAROUTUNIAN 35139 BOBCEAN RD CLINTON TWP, MI 48035		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HOUSEWIFE</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/27/2022</u> Name & Address: HENRY FRENKEL 3062 MOON LAKE DR WEST BLOOMFIELD TOWNSHIP, MI 48323		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SELF</u> Business Address <u>3062 MOON LAKE DR, WEST BLOOMFIELD TOWNSHIP, MI 48323</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/27/2022</u> Name & Address: EDDIE DENHA 6915 LAKEMONT CIR WEST BLOOMFIELD TOWNSHIP, MI 48323		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS</u> Employer <u>SELF</u> Business Address <u>6915 LAKEMONT CIR, WEST BLOOMFIELD TOWNSHIP, MI 48323</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/27/2022</u> Name & Address: JOSEPH ARCORI 47507 MILONAS DR SHELBY TWP, MI 48315		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE</u> Employer <u>OWNER</u> Business Address <u>47507 MILONAS DR, SHELBY TWP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,140.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/27/2022</u> Name & Address: FRANK GIANNETTI 12357 FOREST GLEN LN SHELBY TWP, MI 48315		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONTRACTOR</u> Employer <u>SELF</u> Business Address <u>12357 FOREST GLEN LN, SHELBY TWP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/27/2022</u> Name & Address: LAWRENCE HURST 20383 SUNNINGDALE PARK GROSSE POINTE WOODS, MI 48236		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>MR. LARRY'S CAFE</u> Business Address <u>1800 VERNIER RD, GROSSE POINTE WOODS, MI 48236</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/27/2022</u> Name & Address: RYAN HATHAWAY 746 BALFOUR ST GROSSE POINTE PARK, MI 48230		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAWYER</u> Employer <u>GTS INC</u> Business Address <u>1501 SIXTH ST, DETROIT, MI 48226</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/27/2022</u> Name & Address: ATHIR AMMORI 248 E GUNN RD ROCHESTER, MI 48306		\$ <u>1,500.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>BB'S LIQUOR</u> Business Address <u>13595 21 MILE RD, SHELBY TWP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,850.00

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

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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139858
2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/27/2022</u> Name & Address: TIMOTHY MULLIGAN 17100 W 12 MILE RD SOUTHFIELD, MI 48076		\$ <u>600.00</u>	\$ <u>600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>SHEET METAL WORKSERS LOCAL 80</u> Business Address <u>17100 W 12 MILE RD, SOUTHFIELD, MI 48076</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/27/2022</u> Name & Address: MARK HAIDAR 302 W MAIN ST NORTHVILLE, MI 48167		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAWYER</u> Employer <u>SELF</u> Business Address <u>302 W MAIN ST, NORTHVILLE, MI 48167</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/27/2022</u> Name & Address: RAYMOND CONFER 12119 FOREST GLEN LN SHELBY TWP, MI 48315		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/27/2022</u> Name & Address: RAYMOND CONTESTI 39209 COLUMBIA ST HARRISON TWP, MI 48045		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUILDER</u> Employer <u>RONCELLI</u> Business Address <u>6471 METRO PARKWAY, STERLING HEIGHTS, MI 48312</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,650.00**

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

CANDIDATE COMMITTEE

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/27/2022</u> Name & Address: THOMAS WICKERSHAM 14863 TOWERING OAKS DR SHELBY TWP, MI 48315		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSTRUCTION</u> Employer <u>RONCELLI</u> Business Address <u>6471 METRO PARKWAY, STERLING HEIGHTS, MI 48312</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/27/2022</u> Name & Address: JACK ODDO 6001 26 MILE RD WASHINGTON, MI 48094		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE DEVELOPER</u> Employer <u>SELF</u> Business Address <u>6001 26 MILE RD, WASHINGTON, MI 48094</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/27/2022</u> Name & Address: GEORGE SACHASH 53528 APPLEWOOD DR SHELBY TWP, MI 48315		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/27/2022</u> Name & Address: FAHD ALHASSAN 6605 LAKE POINTE SHELBY TWP, MI 48317		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ACCOUNTANT</u> Employer <u>SELF EMPLOYED</u> Business Address <u>6605 LAKE POINTE, SHELBY TWP, MI 48317</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 750.00

Grand Total of All Schedules 1A
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/27/2022</u>	
Name & Address: A. JOSEPH GAROFALO 16655 MILLAR RD CLINTON TWP, MI 48036		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SALES</u> Employer <u>SELF EMPLOYED</u> Business Address <u>16655 MILLAR RD, CLINTON TWP, MI 48036</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/27/2022</u>	
Name & Address: ANTHONY OROW 1251 ROCHESTER RD TROY, MI 48083		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>THE COLLISION GUYS</u> Business Address <u>1251 ROCHESTER RD, TROY, MI 48083</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/27/2022</u>	
Name & Address: ANTHONY SERVITO 172 MOROSS ST MT CLEMENS, MI 48043		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>MACOMB CIRCUIT COURT</u> Business Address <u>1 S MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/27/2022</u>	
Name & Address: STEPHEN SWETECH 43868 SCOTER LN CLINTON TWP, MI 48038		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,500.00**

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

CANDIDATE COMMITTEE

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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/27/2022</u>	
Name & Address: JASON ABRO 55205 HEARTHSIDE DR SHELBY TWP, MI 48316		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COMMANDER OF OPS</u> Employer <u>MACOMB SHERIFF</u> Business Address <u>43565 ELIZABETH ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/27/2022</u>	
Name & Address: ARMAND VELARDO 12382 FOREST GLEN LN SHELBY TWP, MI 48315		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/27/2022</u>	
Name & Address: RANDY LEWIS 2000 TOWN CENTER SOUTHFIELD, MI 48075		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF EMPLOYED</u> Business Address <u>2000 TOWN CENTER, SOUTHFIELD, MI 48075</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/27/2022</u>	
Name & Address: PIERRE NOFAR 2538 PORTOBELLO DR TROY, MI 48083		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>PK MAINTENCE</u> Business Address <u>2538 PORTOBELLO DR, TROY, MI 48083</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 1,050.00

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/27/2022</u>	
Name & Address: BENEDETTO MARROCCO 11421 HEATHERWOOD CT SHELBY TWP, MI 48315		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>DURO CONSTRUCTION</u> Business Address <u>PO BOX 41, WASHINGTON, MI 48094</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/27/2022</u>	
Name & Address: RAYMOND DEBUCK JR. 67587 HIDDEN OAK LN WASHINGTON, MI 48095		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>DEBUCK CONSTRUCTION</u> Business Address <u>6741 AUBURN RD, UTICA, MI 48317</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/27/2022</u>	
Name & Address: ELIZABTH FORLINI 17064 PENROD DR CLINTON TWP, MI 48035		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SELF</u> Business Address <u>17064 PENROD DR, CLINTON TWP, MI 48035</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/27/2022</u>	
Name & Address: JENNIFER KLIEMAN 13400 30 MILE RD WASHINGTON, MI 48095		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>JWK 2 ROMEO LLC</u> Business Address <u>13400 30 MILE RD, WASHINGTON, MI 48095</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 750.00

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

CANDIDATE COMMITTEE

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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/27/2022</u> Name & Address: JOE ORAM P.O. BOX 252755 WEST BLOOMFIELD, MI 48325		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SELF</u> Business Address <u>P.O. BOX 252755, WEST BLOOMFIELD, 48352</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/27/2022</u> Name & Address: SARAH P DASH 16632 E JEFFERSON GROSSE POINTE PARK, MI 48230		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>IHEARTMEDIA, INC</u> Business Address <u>100 N CENTER ST, ROYAL OAK, MI 48067</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/27/2022</u> Name & Address: LAURA MOODY 120 MAPLETON RD GROSSE POINTE FARMS, MI 48236		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HOUSEWIFE</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/27/2022</u> Name & Address: MANAF MADOUN 52896 SABLE CT SHELBY TWP, MI 48315		\$ <u>600.00</u>	\$ <u>600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PHYSICIAN</u> Employer <u>SELF</u> Business Address <u>52896 SABLE CT, SHELBY TWP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,700.00**

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

CANDIDATE COMMITTEE

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/27/2022</u> Name & Address: DANIEL D DEBRUIN 763 COACHMAN DR TROY, MI 48083		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ASSISTANT PROSECUTOR</u> Employer <u>MACOMB COUNTY</u> Business Address <u>1 S MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/27/2022</u> Name & Address: ROBERT A STEVENS 21418 RAIN TREE DR MACOMB, MI 48044		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF EMPLOYED</u> Business Address <u>21418 RAIN TREE DR, MACOMB, MI 48044</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/27/2022</u> Name & Address: MAX FELLSMAN 14612 ALPENA DR STERLING HEIGHTS, MI 48313		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUILDING MANAGER</u> Employer <u>CITY OF WARREN</u> Business Address <u>5460 ARDEN AVE, WARREN, MI 48092</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/27/2022</u> Name & Address: GIOVAN B MANNINO 8249 PINE CREEK CT SHELBY TWP, MI 48316		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 600.00

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

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/27/2022</u>	
Name & Address: LOUIS J CIOTTI 1315 S MAIN ST ROYAL OAK, MI 48067		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE</u> Employer <u>SELF</u> Business Address <u>1315 S MAIN ST, ROYAL OAK, MI 48067</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/27/2022</u>	
Name & Address: DILJA JUNCEVIC 52756 BLUE RIDGE DR SHELBY TWP, MI 48316		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SELF</u> Business Address <u>52756 BLUE RIDGE DR, SHELBY TWP, MI 48316</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/27/2022</u>	
Name & Address: STEPHANIE STAGER 54821 CABRILLO DR MACOMB, MI 48042		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROSECUTOR</u> Employer <u>MACOMB CIRCUIT COURT</u> Business Address <u>1 S MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/27/2022</u>	
Name & Address: VINCENZO CIRAULO POND DR CLINTON TWP, MI 48038		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 1,300.00

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

CANDIDATE COMMITTEE

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/27/2022</u>	
Name & Address: LARRY HART 3104 COUNTRY CLUB DR ST CLAIR SHORES, MI 48082		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/27/2022</u>	
Name & Address: DAVID P PICCININI 6101 WINDEMERE DR SHELBY TWP, MI 48316		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>LIRA TITLE AGENCY</u> Business Address <u>12900 HALL RD, STERLING HEIGHTS, MI 48313</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/27/2022</u>	
Name & Address: STEPHEN T RABAUT 16931 19 MILE RD CLINTON TWP, MI 48038		\$ <u>1,500.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>16931 19 MILE RD, Clinton Township, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/27/2022</u>	
Name & Address: ALPHONSE M SANTINO 725 LAKE SHORE RD GROSSE POINTE SHORES, MI 48236		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DOCTOR</u> Employer <u>SELF EMPLOYED</u> Business Address <u>725 LAKE SHORE RD, GROSSE POINTE, MI 48236</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,050.00

Grand Total of All Schedules 1A
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Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/27/2022</u> Name & Address: PAUL J TORRES 37230 WILLOW LN CLINTON TWP, MI 48036		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUILDER DEVELOPER</u> Employer <u>SELF</u> Business Address <u>37230 WILLOW LN, CLINTON TWP, MI 48036</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/27/2022</u> Name & Address: LAITH HANNA 1161 PEMBROKE DR BLOOMFIELD HILLS, MI 48304		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>MOTOR CITY PETROLEUM</u> Business Address <u>15275 HALL RD, MACOMB, MI 48044</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/27/2022</u> Name & Address: LISA VALERIO-NOWC 20761 MARVINDALE ST CLINTON TWP, MI 48035		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TEACHER</u> Employer <u>NATIONAL HERITAGE ACADEMIES</u> Business Address <u>353 CASS AVE, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/27/2022</u> Name & Address: ROBERT BERG JR. 39850 VAN DYKE AVE STERLING HEIGHTS, MI 48313		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF EMPLOYED</u> Business Address <u>39850 VAN DYKE AVE, STERLING HEIGHTS, MI 48313</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 1,250.00

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

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/27/2022</u> Name & Address: JAMES BOWDEN 43833 COLUMBIA DR CLINTON TWP, MI 48038		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAWYER</u> Employer <u>SELF</u> Business Address <u>120 S MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/27/2022</u> Name & Address: MARK AUBREY 6200 25 MILE RD SHELBY TWP, MI 48316		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>MOTOR CITY PAWN</u> Business Address <u>26510 GRATIOT AVE, ROSEVILLE, MI 48066</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/27/2022</u> Name & Address: ROBERT A ROTONDO 4149 BERKSHIRE DR STERLING HEIGHTS, MI 48314		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONTRACTOR</u> Employer <u>CONCORDIA CONTRACTING LLC</u> Business Address <u>6336 MILLETT AVE, STERLING HEIGHTS, MI 48312</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/27/2022</u> Name & Address: LOUIS ESPOSITO 33653 CLIPPER CT NEW BALTIMORE, MI 48047		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>SELF</u> Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,350.00**

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/27/2022</u>	
Name & Address: NANCY SINUTKO 47074 WILLINGHAM WAY SHELBY TWP, MI 48315		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF</u> Employer <u>SELF</u> Business Address <u>47074 WILLINGHAM WAY, SHELBY TWP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/27/2022</u>	
Name & Address: DARIUS DYNKOWSKI 19098 LIVERY CT CLINTON TWP, MI 48038		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>ABUTEEL</u> Business Address <u>150 W JEFFERSON AVE, DETROIT, MI 48226</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/27/2022</u>	
Name & Address: CHRISTOPHER HOLSBEKE 11 66340 OMO RD LENOX, MI 48050		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSTRUCTION</u> Employer <u>SELF</u> Business Address <u>231 N RIVER RD, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/27/2022</u>	
Name & Address: CHRISTINA MATTINEN 57927 EMERALD CT WASHINGTON, MI 48094		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROGRAM DIRECTOR</u> Employer <u>HENRY FORD HOSPITAL - MACOMB</u> Business Address <u>15855 19 MILE RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 1,100.00

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

CANDIDATE COMMITTEE

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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/27/2022</u>	
Name & Address: NORA FERLITO 37335 CASA BELLA CT CLINTON TWP, MI 48036		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE</u> Employer <u>SELF</u> Business Address <u>37335 CASA BELLA CT, CLINTON TWP, MI 48036</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/27/2022</u>	
Name & Address: JOSEPH S PERNICANO 1890 KENMORE DR GROSSE POINTE WOODS, MI 48236		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>PERNICANO LAW PLLC</u> Business Address <u>1890 KENMORE DR, GROSSE POINTE WOODS, MI 48236</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/27/2022</u>	
Name & Address: MICHELLE SMITH 11461 PEYTON DR STERLING HEIGHTS, MI 48312		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>APPRAISER</u> Employer <u>SELF</u> Business Address <u>11461 PEYTON DR, STERLING HEIGHTS, MI 48312</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/27/2022</u>	
Name & Address: LUCIA DI CICCIO 6108 CENTURY CT SHELBY TWP, MI 48316		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>HINMAN & DI CICCIO PLC</u> Business Address <u>7755 22 MILE RD, SHELBY TWP, MI 48317</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 700.00

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

1. Committee I.D. Number 139858
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/27/2022</u>	
Name & Address: LINDA B TORP 38870 RYAN CT HARRISON TWP, MI 48045		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/27/2022</u>	
Name & Address: ELIZABETH A WADE 43438 WELLAND DR CLINTON TWP, MI 48038		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/27/2022</u>	
Name & Address: THOMAS J CIARAMITARO 42850 GARFIELD RD CLINTON TWP, MI 48038		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF EMPLOYED</u> Business Address <u>42850 GARFIELD RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/27/2022</u>	
Name & Address: DOMENICO PICANO 44162 ASTRO DR STERLING HEIGHTS, MI 48314		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWENR</u> Employer <u>PICANO'S ITALIAN GRILLE</u> Business Address <u>3775 ROCHESTER RD, TROY, MI 48083</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 650.00

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

CANDIDATE COMMITTEE

1. Committee I.D. Number 139858
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/27/2022</u>	
Name & Address: GIULIO FATTORE 52415 COVINGTON LN NEW BALTIMORE, MI 48047		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>AVI FOOD SYSTEMS</u> Business Address <u>2590 ELM RD NE, WARREN, OH 44483</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/27/2022</u>	
Name & Address: PETER FUCIARELLI 61334 WINDWOOD CT WASHINGTON, MI 48094		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>SEALING ENGINEERING SOLUTIONS LLC</u> Business Address <u>15520 19 MILE RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/27/2022</u>	
Name & Address: HANI KASSAB 812 S MAIN ST ROYAL OAK, MI 48067		\$ <u>1,500.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE INVESTOR</u> Employer <u>JARS HOLDINGS LLC</u> Business Address <u>803 W BIG BEAVER RD, TROY, MI 48084</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/27/2022</u>	
Name & Address: AARON GEYER 1722 ROSZEL ST ROYAL OAK, MI 48067		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **3,650.00**

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

CANDIDATE COMMITTEE

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/27/2022</u> Name & Address: ARI ZARKIN 26478 BALLANTRAE CT FARMINGTON HILLS, MI 48331		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGER</u> Employer <u>LELLIS ON THE GREEN, LLC</u> Business Address <u>27925 GOLF POINTE BLVD, FARMINGTON HILLS, MI 48331</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/27/2022</u> Name & Address: PASHKO UJKIC 38346 PHYLLIS CT STERLING HEIGHTS, MI 48312		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SELF</u> Business Address <u>38346 PHYLLIS CT, STERLING HEIGHTS, MI 48312</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/27/2022</u> Name & Address: NOAH LENK 13808 TIMBERVIEW DR SHELBY TWP, MI 48315		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>APPRAISER</u> Employer <u>SELF EMPLOYED</u> Business Address <u>13808 TIMBERVIEW DR, SHELBY TWP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/27/2022</u> Name & Address: RAID HANNA 6514 S LINDEN RD FLINT, MI 48507		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>GROCERY</u> Business Address <u>6514 S LINDEN RD, FLINT, MI 48507</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 1,900.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/27/2022</u>	
Name & Address: ROGER CANZANO 2595 LAPEER RD AUBURN HILLS, MI 48326		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>CANZO LAW</u> Business Address <u>2595 LAPEER RD, AUBURN HILLS, MI 48326</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/27/2022</u>	
Name & Address: TORY WALSH 79720 NORTH KIDDER ROAD ROMEO, MI 48065		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETAIL</u> Employer <u>RETAIL</u> Business Address <u>79720 NORTH KIDDER ROAD, ROMEO, MI 48065</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/27/2022</u>	
Name & Address: ALVIN KONJA 7685 WINDGATE CIR WEST BLOOMFIELD TOWNSHIP, MI 48323		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SELF</u> Business Address <u>29580 NORTHWESTERN HWY, SOUTHFIELD, MI 48034</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/27/2022</u>	
Name & Address: ANTHONY NARDONE 54805 WOODCREEK BLVD SHELBY TWP, MI 48315		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>NARDONE LAW</u> Business Address <u>14 1ST ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 1,100.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/27/2022</u>	
Name & Address: MOHAMMED SALAMI 5883 JACKELYN CT WASHINGTON, MI 48094		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OUTSIDE SALES</u> Employer <u>CARTER LUMBER</u> Business Address <u>46401 ERB DR, MACOMB, MI 48042</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/27/2022</u>	
Name & Address: TED MCGREGOR 38419 WOOSTER STREET CLINTON TWP, MI 48036		\$ <u>750.00</u>	\$ <u>750.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SELF</u> Business Address <u>38419 WOOSTER STREET, CLINTON TWP, MI 48036</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/27/2022</u>	
Name & Address: DONNY PALUSHAJ 3432 SUSSEX DR ROCHESTER, MI 48306		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SELF</u> Business Address <u>3432 SUSSEX DR, ROCHESTER, MI 48306</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/27/2022</u>	
Name & Address: ROBERT OIRAINO 18 WOODWARD HEIGHTS PLEASANT RIDGE, MI 48069		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>RODNICK UNGER & PIRAINO PC</u> Business Address <u>3280 E THIRTEEN MILE RD, WARREN, MI 48092</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 1,500.00

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

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/27/2022</u> Name & Address: JEROME VAN NESTE 45455 FOX LN E SHELBY TWP, MI 48317		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SUPPLIER</u> Employer <u>GENERAL MOTORS</u> Business Address <u>45455 FOX LN E, SHELBY TWP, MI 48317</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/27/2022</u> Name & Address: ROBERT KATTULA 4306 BRIGHTWOOD DR TROY, MI 48085		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SELF</u> Business Address <u>4306 BRIGHTWOOD DR, TROY, MI 48085</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/27/2022</u> Name & Address: FRANK MARINO 45676 VAN DYKE AVE UTICA, MI 48317		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>MACOMB RESTAURANT SUPPLY</u> Business Address <u>45676 VAN DYKE AVE, UTICA, MI 48317</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/27/2022</u> Name & Address: TONYA GOETZ 1363 PEACHTREE DR TROY, MI 48083		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>MACOMB COUNTY PROSECUTOR'S OFFICE</u> Business Address <u>1 S MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 700.00

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

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/27/2022</u>	
Name & Address: JULIA ZALEWSKI 3975 TROWBRIDGE ST HAMTRAMCK, MI 48212		\$ <u>450.00</u>	\$ <u>450.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>STUDENT</u> Employer <u>SELF</u> Business Address <u>3975 TROWBRIDGE ST, HAMTRAMCK, MI 48212</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/27/2022</u>	
Name & Address: PAMELA BROWN 22097 BEECHWOOD AVE EASTPOINTE, MI 48021		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ASSISTANT PROSECUTOR</u> Employer <u>MACOMB COUNTY PROSECUTOR'S OFFICE</u> Business Address <u>1 S MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/27/2022</u>	
Name & Address: TED METRY 300 MAPLE PARK BLVD STE. 304 ST CLAIR SHORES, MI 48081		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>300 MAPLE PARK BLVD, STE. 304, ST CLAIR SHORES, MI 48081</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/27/2022</u>	
Name & Address: ERIC ESSHAKI 1914 WITHERBEE DR TROY, MI 48084		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>38500 WOODWARD AVE, BLOOMFIELD HILLS, MI 48304</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 1,250.00

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

CANDIDATE COMMITTEE

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

Page Subtotal 750.00

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

CANDIDATE COMMITTEE

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/27/2022</u> Name & Address: SAMANTHA MACKERETH 816 S CAMPBELL RD ROYAL OAK, MI 48067		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>INTERN</u> Employer <u>MACOMB COUNTY</u> Business Address <u>1 S MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/27/2022</u> Name & Address: RAYMOND AHONEN 18460 RANIER DR MACOMB, MI 48042		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PUBLIC SAFETY LIASON</u> Employer <u>BELFOR PROPERTY RESTORATION</u> Business Address <u>18460 RANIER DR, MACOMB, MI 48042</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/27/2022</u> Name & Address: PATRICK COLETTA 1153 DEVONSHIRE RD GROSSE POINTE PARK, MI 48230		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>MACOMB COUNTY</u> Business Address <u>1 S MAIN ST, FLOOR 4, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/27/2022</u> Name & Address: RICHARD NELSON 407 CLOVERLY RD GROSSE POINTE FARMS, MI 48236		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>MACOMB COUNTY</u> Business Address <u>1 S MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 600.00

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

CANDIDATE COMMITTEE

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/27/2022</u>	
Name & Address: NED PICCININI 4655 LOCKWOOD DR WASHINGTON, MI 48094		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>MCM LEARNING INC</u> Business Address <u>31791 SHERMAN AVE, MADISON HEIGHTS, MI 48071</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/27/2022</u>	
Name & Address: MICHAEL BALIAN 352 KIRKSWAY LN SUITE 350 ORION TWP, MI 48362		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>40950 WOODWARD AVE, STE 350, BLOOMFIELD HILLS, MI 48304</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/27/2022</u>	
Name & Address: FRANCES MURPHY 27735 JEFFERSON AVE ST CLAIR SHORES, MI 48081		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>FRAN MURPHY</u> Business Address <u>27735 JEFFERSON AVE, ST CLAIR SHORES, MI 48081</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/27/2022</u>	
Name & Address: MIKE ABRO 1374 TRACEKY DR ROCHESTER HILLS, MI 48306		\$ <u>450.00</u>	\$ <u>450.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>BUSCEMIS</u> Business Address <u>8315 HALL RD, UTICA, MI 48317</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 1,050.00

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

1. Committee I.D. Number 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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/27/2022</u> Name & Address: JOSEPH ZAGO 29438 JEFFERSON AVE ST CLAIR SHORES, MI 48081		\$ <u>1,500.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>THE CARPET GUYS, LLC</u> Business Address <u>977 14 MILE RD, TROY, MI 48083</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/27/2022</u> Name & Address: JOHN RAXE 500 WOODWARD AVE DETROIT, MI 48226		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>CLARK HILL PAC</u> Business Address <u>500 WOODWARD AVE, DETROIT, MI 48226</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/27/2022</u> Name & Address: CAROLE A MURRAY 42489 CLINTON PL DR CLINTON TWP, MI 48038		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF EMPLOYED</u> Business Address <u>42489 CLINTON PL DR, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/27/2022</u> Name & Address: ROBERT KAISER 777 CHICAGO RD STE 1 TROY, MI 48083		\$ <u>1,500.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>GALLAGHER-KAISER CORPORATION</u> Business Address <u>777 CHICAGO RD, TROY, MI 48083</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **3,450.00**

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

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/27/2022</u>	
Name & Address: DORAID B ELDER 1360 PORTER ST STE. 200 DEARBORN, MI 48124		\$ <u>1,500.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>ELDER BRINKMAN LAW P.C.</u> Business Address <u>1360 PORTER ST, DEARBORN, MI 48124</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/27/2022</u>	
Name & Address: TODD D SCMITZ 23083 SAXONY AVE EASTPOINTE, MI 48021		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>MACOMB COUNTY</u> Business Address <u>1 S MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/27/2022</u>	
Name & Address: MIKE CIARAMITARO 52462 CHESWICK CT SHELBY TWP, MI 48315		\$ <u>1,500.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PLUMBING CONTRACTOR</u> Employer <u>MR. ROOTER</u> Business Address <u>51162 MILANO DR, MACOMB, MI 48042</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/27/2022</u>	
Name & Address: DEAN C METRY 34740 SOUTHBOUND GRATIOT AVE CLINTON TWP, MI 48035		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>MACOMB COUNTY</u> Business Address <u>81 N MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 3,450.00

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

1. Committee I.D. Number 139858
2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/27/2022</u> Name & Address: RICHARD N GOICH 43932 ROBINSON RIDGE CLINTON TWP, MI 48038		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/27/2022</u> Name & Address: MARJORIE A WALLER PO BOX 180758 SHELBY TOWNSHIP, MI 48318		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HOUSEWIFE</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/27/2022</u> Name & Address: MARY BOMMARITO 11342 COVERED BRIDGE LN BRUCE TWP, MI 48065		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUILDING OFFICIAL</u> Employer <u>SELF EMPLOYED</u> Business Address <u>11342 COVERED BRIDGE LN, BRUCE TWP, MI 48065</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/27/2022</u> Name & Address: ONORIO MOSCONE 55459 AMBASSADOR CT SHELBY TWP, MI 48316		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>DEERCREEK CONSTRUCTION</u> Business Address <u>57125 DEER CREEK CT, WASHINGTON, MI 48094</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 600.00

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

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



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/28/2022</u>	
Name & Address: JAMES C THOMAS 49544 COMPASS POINT DR NEW BALTIMORE, MI 48047		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>30101 NORTHWESTERN HWY, FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/28/2022</u>	
Name & Address: STEVEN G FREERS 17757 14 MILE RD FRASER, MI 48026		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>17757 14 MILE RD, FRASER, MI 48026</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/29/2022</u>	
Name & Address: FRANCIS MCNELIS 75 N MAIN ST MT CLEMENS, MI 48043		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>MACOMB COUNTY</u> Business Address <u>75 N MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/29/2022</u>	
Name & Address: MAGGIE VARNEY 30130 HARPER ST CLAIR SHORES, MI 48082		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>GO GREEN SALON</u> Business Address <u>30130 HARPER, ST CLAIR SHORES, MI 48082</u> 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
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/01/2022</u>	
Name & Address: MARK D MILESKI 52833 WINSOME LN NEW BALTIMORE, MI 48051		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COURT OFFICER</u> Employer <u>STERLING HEIGHTS DODGE</u> Business Address <u>40111 VAN DYKE AVE, STERLING HEIGHTS, MI 48313</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/02/2022</u>	
Name & Address: MICHAEL E TORRES 5865 JACKELYN CT WASHINGTON, MI 48094		\$ <u>7,150.00</u>	\$ <u>7,150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRIVATE INVESTIGATOR</u> Employer <u>EYE SPY INVESTIGATIONS</u> Business Address <u>32059 UTICA RD, FRASER, MI 48026</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/02/2022</u>	
Name & Address: JAMES CHO 565 LONG LAKE PINE COURT, BLOOMFIELD TWP, MI 48302		\$ <u>7,150.00</u>	\$ <u>7,150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DOCTOR</u> Employer <u>SELF EMPLOYED</u> Business Address <u>43900 GARFIELD RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/02/2022</u>	
Name & Address: MICHAEL NOVARA 888 W BIG BEAVER RD TROY, MI 48084		\$ <u>7,000.00</u>	\$ <u>7,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>NOVARA TEIJA CATENNACCI PLLC</u> Business Address <u>888 W BIG BEAVER RD, TROY, MI 48084</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 21,450.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/02/2022</u> Name & Address: GARY NOVARA 888 W BIG BEAVER RD TROY, MI 48084		\$ <u>7,000.00</u>	\$ <u>7,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY/PARTNER</u> Employer <u>NOVARA TEIJA CATENNACCI PLLC</u> Business Address <u>888 W BIG BEAVER RD, SUITE 600, TROY, MI 48084</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/02/2022</u> Name & Address: PAUL O CATENACCI 888 W BIG BEAVER RD TROY, MI 48084		\$ <u>7,000.00</u>	\$ <u>7,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY/PARTNER</u> Employer <u>NOVARA TEIJA CATENNACCI PLLC</u> Business Address <u>888 W BIG BEAVER RD, SUITE 600, TROY, MI 48084</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/02/2022</u> Name & Address: JEFFREY M SANGSTER 34060 JEFFERSON AVE ST CLAIR SHORES, MI 48082		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>400 RENAISSANCE CENTER, DETROIT, MI 48243</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/03/2022</u> Name & Address: MELISSA PEHLIS 52101 MONACO DR MACOMB, MI 48042		\$ <u>7,150.00</u>	\$ <u>7,150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>PEHLIS PROPERTIES</u> Business Address <u>52101 MONACO DR, MACOMB, MI 48042</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **21,450.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/04/2022</u>	
Name & Address: ENRICO ROSSELLI 57303 SCENIC HOLLOW DR WASHINGTON, MI 48094		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>DENISE T BEAUPRE-ROSSELLI</u> Business Address <u>57303 SCENIC HOLLOW DR, WASHINGTON, MI 48094</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/09/2022</u>	
Name & Address: DAVID FEMMININEO 110 S MAIN ST MT CLEMENS, MI 48043		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>FEMMININEO ATTORNEYS PLLC</u> Business Address <u>110 S MAIN ST, MT CLEMENS, MI 48043</u> 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: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt _____	
Name & Address: _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **800.00**

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

114,790.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED EXPENDITURES
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 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 statement	07/26/2022 Date	\$ 400.00
Expenditure #2 Name BRAD SHAW Address ☒ Fund Raiser	Purpose: PHOTOGRAPHY ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/26/2022 Date	\$ 250.00
Expenditure #3 Name THE PALAZZO GRANDE Address 54660 VAN DYKE AVE SHELBY TWP, MI 48316 ☒ Fund Raiser	Purpose: PALAZZO GRANDE HALL ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/27/2022 Date	\$ 17,052.00
Expenditure #4 Name ANEDOT Address 15985 CANAL RD CLINTON TWP, MI 48038 ☐ Fund Raiser	Purpose: BANK FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Memo Itemization Below	07/31/2022 Date	\$ 747.40
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	\$ 400.00

Subtotal this page **18,849.40**
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **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 ROMEO LIONS CLUB Address 269 E WASHINGTON ST ROMEO, MI 48065 ☐ Fund Raiser	Purpose: <u>BANNER FOR ROMEO PEACH FESTIVAL</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/29/2022</u> Date	\$ <u>200.00</u>
Expenditure #2 Name BULTYNCK & CO. Address 15985 CANAL ROAD CLINTON TOWNSHIP, LM 48038 ☐ Fund Raiser	Purpose: <u>BOOK KEEPING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/01/2022</u> Date	\$ <u>1,200.00</u>
Expenditure #3 Name THE ITALIAN TRIBUNE Address PO BOX 380407 CLINTON TOWNSHIP, LM 48038 ☐ Fund Raiser	Purpose: <u>ADVERTISING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/17/2022</u> Date	\$ <u>210.00</u>
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type	_____ Date	\$ _____
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type	_____ Date	\$ _____

Subtotal this page **1,610.00**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **20,459.40**

Enter this total
on line 8a of
Summary Page



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **139858**
2. Committee Name **CTE PETER J. LUCIDO FOR PROSECUTOR**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 07/27/2022	4. Number of Individuals Attending or Participating (whichever is greater) 200	5. Type of Fund Raising Activity BIRTHDAY CELEBRATION	6. Address and Name (If any) of the place where the activity was held. THE PALAZZO GRANDE 54660 VAN DYKE AVE SHELBY TWP, MI 48316 ☐ Private Residence
---	--	---	---

7. Total Contributions **40,040.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **40,040.00**
10. Total Cost of Event **17,052.00**
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

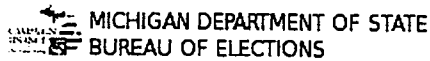
11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.

MERTS Reports

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	MACOMB
• Address Information	
• Committee Mailing	6303 26 MILE RD WASHINGTON MI 48094
• Phone	
• Treasurer Name	FRANK COPPOLA
• Treasurer Residential	57620 CARNATION MACOMB MI 48092
• Phone	586 295 9375
• Treasurer Business	15985 CANAL CLINTON TWP 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
• Candidate Signed	PETER J. LUCIDO
	Date // 11-29-22
	Date // 11-29-22

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.

Current Treasurer or Designated Record keeper:

(Type or Print) Name: FRANK COPPOLA Signature: [Signature] Date: 11-29-22

Candidate:

(Type or Print) Name: PETER J LUCIDO Signature: [Signature] Date: 11-29-22

CANDIDATE COMMITTEE SUMMARY PAGE

Committee ID	139858-0		
Committee Name	CTE PETER J LUCIDO FOR PROSECUTOR		
Document Name	Amended - Pre-Election General		
RECEIPTS			
3. Contributions		This Period	Cumulative
a. Itemized Contributions	(3a.)	90,240.00	
b. Unitemized	(3b.)	0.00	
c. Subtotal of Contributions	(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 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.)	9,996.64	
b. Itemized GOTV	(8b.)	0.00	
c. Unitemized (less than \$50.01 each)	(8c.)	0.00	
9. Total Expenditures	(9.)	9,996.64	(23.) 0.00
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.)	0.00	
b. Owed to the Committee	(12b.)	0.00	
BALANCE STATEMENT			
13. Ending balance of last report filed	(13.)		76,456.97
14. Amount received during reporting Period	(14.)		90,240.00
15. Subtotal	(15.)		166,696.97
16. Amount expended during reporting Period	(16.)		9,996.64
17. ENDING BALANCE	(17.)		156,700.33



FILED

26 JAN 2023 AM 10:28

MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

**CANDIDATE COMMITTEE
COVER PAGE**

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 10/21/2022 to 12/31/2022

1. Committee I.D. Number

139858

2. Committee Name

CTE PETER J. LUCIDO FOR PROSECUTOR

4. Candidate Last Name First Name M.I.

LUCIDO PETER J

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

PROSECUTING ATTORNEY, MACOMB COUNTY

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

5. Committee's Mailing Address

**6303 26-MILE RD SUITE 203
WASHINGTON TWP, MI 48094**

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.

6. Treasurer's Name & Residential Address

**FRANK COPPOLA
54620 CARNATION
MACOMB, MI 48042**

Area Code & Phone (586) 295-375

7. Treasurer's Business Address

**54620 CARNATION
MACOMB, MI 48042**

Area Code and Phone (586) 295-375

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

**SUSANNE RODZOS
47134 MORNING DOVE
MACOMB, MI 48044**

Area Code and Phone (586) 228-5800

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

Date of Election, Convention or Caucus

Required ONLY if candidate is not on the ballot for the current year:

- ☐ July Quarterly
☐ October Quarterly

9c. ☒ Annual Statement (2022)
Coverage Year

9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)

9e. Dissolution of Candidate Committee

☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or

Designated Record keeper _____ /

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

01/26/2023

Candidate _____ /

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

01/26/2023



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 139858

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

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



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/21/2022</u>	
Name & Address: MICHAEL DIMICHELE 53660 APPLEWOOD DR SHELBY TWP, MI 48315		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide:			
Occupation <u>INDEPENDENT MANUFACTURAR</u> Employer <u>SELF</u>			
Business Address <u>53600 APPLEWOOD DR, SHELBY TWP, MI 48315</u>			
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt _____	
Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide:			
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt _____	
Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide:			
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt _____	
Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide:			
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **300.00**

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

300.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED EXPENDITURES
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 MACOMB SYMPHONY ORCHESTRA Address P.O. BOX 381062 Clinton Township, MI 48038 ☐ Fund Raiser	Purpose: ADVERTISING DONATION ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/09/2022 Date	\$ 185.00
Expenditure #2 Name CALABRIA CLUB Address 38250 LANSE CREUSE ST HARRISON TWP, MI 48045 ☐ Fund Raiser	Purpose: AD ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/22/2022 Date	\$ 300.00
Expenditure #3 Name CDCC 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 statement	11/22/2022 Date	\$ 115.00
Expenditure #4 Name MACOMB COUNTY CLERK Address 32 MARKET ST MT CLEMENS, MI 48043 ☐ Fund Raiser	Purpose: LATE FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/22/2022 Date	\$ 250.00
Expenditure #5 Name SMASH CREATIVE Address 7755 22 MILE RD SHELBY TWP, MI 48317 ☐ Fund Raiser	Purpose: WEBSITE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	12/08/2022 Date	\$ 400.00

Subtotal this page **1,250.00**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **1,250.00**

Enter this total
on line 8a of
Summary Page



FILED

25 JUL 2023 PM 03:00

MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

**CANDIDATE COMMITTEE
COVER PAGE**

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 01/01/2023 to 07/20/2023

1. Committee I.D. Number

139858

2. Committee Name

CTE PETER J. LUCIDO FOR PROSECUTOR

4. Candidate Last Name First Name M.I.

LUCIDO PETER J

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

PROSECUTING ATTORNEY, MACOMB COUNTY

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

5. Committee's Mailing Address

**6303 26-MILE RD SUITE 203
WASHINGTON TWP, MI 48094**

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.

6. Treasurer's Name & Residential Address

**JOSEPH LUCIDO
39999 GARFIELD ROAD
CLINTON TOWNSHIP, MI 48038**

Area Code & Phone (586) 286-8200

7. Treasurer's Business Address

**39999 GARFIELD ROAD
CLINTON TOWNSHIP, MI 48038**

Area Code and Phone (586) 286-8200

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) 286-7300

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

Date of Election, Convention or Caucus

Required ONLY if candidate is not on the ballot for the current year:

- ☒ July Quarterly
☐ October Quarterly

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.)

9e. Dissolution of Candidate Committee

☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or

Designated Record keeper

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

07/25/2023

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

07/25/2023



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 139858

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

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



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>01/21/2023</u>	
Name & Address: JOHN ANGE 3031 ALDEN CT PORT HURON, MI 48060		\$ <u>10.15</u>	\$ <u>10.15</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE</u> Employer <u>SELF EMPLOYED</u> Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/11/2023</u>	
Name & Address: PETER TORRICE 22713 LAKESHORE DR ST CLAIR SHORES, MI 48080		\$ <u>4,500.00</u>	\$ <u>4,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>SELF</u> Business Address <u>22713 LAKESHORE DR, ST CLAIR SHORES, MI 48080</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/11/2023</u>	
Name & Address: CHRISTOPHER LABELLE 49746 GOULETTE POINTE DR NEW BALTIMORE, MI 48047		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>49746 GOULETTE POINTE DR, NEW BALTIMORE, MI 48047</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/11/2023</u>	
Name & Address: JACK WALLER 14721 CROFTON DR SHELBY TWP, MI 48315		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>VOC EDUCATION</u> Employer <u>NCI ASSOCIATES</u> Business Address <u>PO BOX 180758, SHELBY TOWNSHIP, MI 48318</u> 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)

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/11/2023</u> Name & Address: GREGORY CARNAGO 667 E BIG BEAVER RD STE 201 TROY, MI 48083 5. If over \$100.00 cumulative, please provide: Occupation <u>CPA</u> Employer <u>SELF</u> Business Address <u>667 E BIG BEAVER RD, STE 201, TROY, MI 48083</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>150.00</u>	\$ <u>150.00</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/11/2023</u> Name & Address: ROSANN PALAZZOLO 21252 BRIAR ROSE DR STE 100 MACOMB, MI 48044 5. If over \$100.00 cumulative, please provide: Occupation <u>OFFICE MANAGER</u> Employer <u>METZLER, LOCRICCHIO & SERRA</u> Business Address <u>1800 W BIG BEAVER RD, STE 100, TROY, MI 48084</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>250.00</u>	\$ <u>250.00</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/11/2023</u> Name & Address: MICHAEL TORRICE 32059 UTICA RD FRASER, MI 48026 5. If over \$100.00 cumulative, please provide: Occupation <u>PRIVATE INVESTAGOR</u> Employer <u>EYE SPY</u> Business Address <u>32059 UTICA RD, FRASER, MI 48026</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>300.00</u>	\$ <u>300.00</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/11/2023</u> Name & Address: MARIO KIEZI 2600 W BIG BEAVER RD STE 410 TROY, MI 48084 5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE</u> Employer <u>MKIEZI PROPERTIES</u> Business Address <u>2600 W BIG BEAVER RD, STE 410, TROY, MI 48084</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>1,500.00</u>	\$ <u>1,500.00</u>

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.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/12/2023</u> Name & Address: MICHAEL CHIRCO 6166 WOODBRIDGE DR WASHINGTON, MI 48094		\$ <u>1,500.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUILDER/DEVELOPER</u> Employer <u>MJC COMPANIES</u> Business Address <u>46600 ROMEO PLANK RD, STE 5, MACOMB, MI 48044</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/13/2023</u> Name & Address: RICHARD WADOWSKI 19552 QUARTZ CT MACOMB, MI 48044		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>19552 QUARTZ CT, MACOMB, MI 48044</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/13/2023</u> Name & Address: CHRISTOPHER URBAN 22191 RHYS DR MACOMB, MI 48042		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAWYER</u> Employer <u>MACOMB COUNTY</u> Business Address <u>1 S MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/14/2023</u> Name & Address: STEVEN A DRAKOS 213 FRANKLIN WRIGHT BLVD ORION TWP, MI 48362		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>LAW OFFICES OF STEVEN A DRAKOS</u> Business Address <u>334 S BROADWAY ST, ORION TWP, MI 48362</u> 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
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/14/2023</u> Name & Address: JULIUS GIARMARCO 101 W BIG BEAVER RD STE 1000 TROY, MI 48084		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>GIARMARCO, MULLINS & HORTON PC</u> Business Address <u>101 W BIG BEAVER RD, STE 1000, TROY, MI 48084</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/15/2023</u> Name & Address: TOM KALAS 15 PINE GATE DR BLOOMFIELD HILLS, MI 48304		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>KALAS KADIAN PLC</u> Business Address <u>43928 MOUND RD, STERLING HEIGHTS, MI 48314</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/15/2023</u> Name & Address: RONALD FENTON 3583 PORT COVE DR WATERFORD TWP, MI 48328		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PSYCHOLOGIST</u> Employer <u>DR. FENTON & ASSOCIATES, PC</u> Business Address <u>8334 HALL RD, UTICA, MI 48317</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/15/2023</u> Name & Address: VINCENT R LORELLI 47450 CHELTENHAM DR NOVI, MI 48374		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>7031 ORCHARD LAKE RD, WEST BLOOMFIELD TOWNSHIP, MI 48322</u> 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
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/15/2023</u>	
Name & Address: CARL MUNACO 14634 BREZA DR SHELBY TWP, MI 48315		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUILDER/DEVELOPER</u> Employer <u>SELF</u> Business Address <u>48635 VAN DYKE AVE, SHELBY TWP, MI 48317</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/16/2023</u>	
Name & Address: GIOVANNI MERCADANTE 39271 FERRIS ST CLINTON TWP, MI 48036		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>MOTORCITY HUBCAP AND WHEEL</u> Business Address <u>29800 GROESBECK HWY, ROSEVILLE, MI 48066</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/17/2023</u>	
Name & Address: WALID FAKHOURY 111 LINDA LN BLOOMFIELD HILLS, MI 48304		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>FAKHOURY LAW FIRM PC</u> Business Address <u>225 S MAIN ST, ROYAL OAK, MI 48067</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/17/2023</u>	
Name & Address: GIOVANNI VITALE 47860 HARBOR LN CLINTON TWP, MI 48038		\$ <u>600.00</u>	\$ <u>600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>TEMO SUNROOMS</u> Business Address <u>20400 HALL RD, CLINTON TWP, MI 48038</u> 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
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/17/2023</u>	
Name & Address: DOMINIC J MOCERI 3495 MOCERI COURT OAKLAND, MI 48306		\$ <u>4,500.00</u>	\$ <u>4,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PARTNER</u> Employer <u>MOCERI MANAGEMENT COMPANY</u> Business Address <u>3005 UNIVERSITY DR, AUBURN HILLS, MI 48326</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/17/2023</u>	
Name & Address: DAN DEMEESTER 9349 MEISNER RD CASCO, MI 48064		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>POLICE OFFICER</u> Employer <u>MACOMB COLLEGE</u> Business Address <u>14500 E 12 MILE RD, WARREN, MI 48088</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/17/2023</u>	
Name & Address: DAVID 4 KRAMER 42400 GRAND RIVER AVE STE 109 NOVI, MI 48375		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>42400 GRAND RIVER AVE, STE 109, NOVI, MI 48375</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/17/2023</u>	
Name & Address: JAMES SAWYER 45810 PRIVATE SHORE DR NEW BALTIMORE, MI 48047		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>MACOMB COMMUNITY COLLEGE</u> Business Address <u>45810 PRIVATE SHORE DR, NEW BALTIMORE, MI 48047</u> 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
line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/17/2023</u>	
Name & Address: LARRY CAMPBELL 6690 VERNMOR TROY, MI 48098		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE</u> Employer <u>CENTURY 21 CAMPBELL REALTY</u> Business Address <u>1186 E 12 MILE RD, MADISON HEIGHTS, MI 48071</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/18/2023</u>	
Name & Address: MARK J SNETHKAMP 26300 HARBOUR POINTE DR S HARRISON TWP, MI 48045		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SALES</u> Employer <u>SNETHKAMP AUTOMOTIVE FAMILY</u> Business Address <u>16322 WOODWARD AVE, HIGHLAND PARK, MI 48203</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/18/2023</u>	
Name & Address: ROBERT GAGLIANO 48391 HARBOR DRIVE NEW BALTIMORE, MI 48047		\$ <u>1,500.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>GENESIS AUTO GROUP</u> Business Address <u>23001 W INDUSTRIAL DR, ST CLAIR SHORES, MI 48080</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/18/2023</u>	
Name & Address: RON CANTRELL 21981 STURGEON RIVER DR MACOMB, MI 48042		\$ <u>1,500.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>GREEN FLAME TEQUILA</u> Business Address <u>36535 GROESBECK HWY, CLINTON TWP, MI 48035</u> 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)

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/20/2023</u>	
Name & Address: MICHAEL SCHODOWSKI 29275 STEPHENSON HWY MADISON HEIGHTS, MI 48071		\$ <u>1,500.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED BUILDER</u> Employer <u>SELF</u> Business Address <u>29275 STEPHENSON HWY, MADISON HEIGHTS, MI 48071</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/20/2023</u>	
Name & Address: CY M ABDO 17797 CANVASBACK DR CLINTON TWP, MI 48038		\$ <u>1,500.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>ABDO LAW FIRM</u> Business Address <u>42550 GARFIELD RD, STE 104A, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/20/2023</u>	
Name & Address: RINALDO G ACCIAVATTI 6321 GRATIOT AVE ST CLAIR, MI 48079		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSTRUCTION</u> Employer <u>PAMAR ENTERPRISES INC</u> Business Address <u>31604 PAMAR CT, NEW HAVEN, MI 48048</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/20/2023</u>	
Name & Address: CHRIS HOLSBEKE 68120 OMO RD NEW HAVEN, MI 48050		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSTRUCTION</u> Employer <u>HOLSBEKE CONSTRUCTION</u> Business Address <u>239 N RIVER RD, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 3,300.00

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

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/20/2023</u> Name & Address: CHRISTOPHER HOLSBEKE 11 66340 OMO RD LENOX, MI 48050		\$ <u>150.00</u>	\$ <u>650.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSTRUCTION</u> Employer <u>HOLSBEKE CONSTRUCTION</u> Business Address <u>239 N RIVER RD, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/20/2023</u> Name & Address: TONY GALLO 6303 26 MILE RD WASHINGTON, MI 48094		\$ <u>1,500.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONTRACTOR</u> Employer <u>GALLO COMPANIES</u> Business Address <u>6303 26 MILE RD, WASHINGTON, MI 48094</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/22/2023</u> Name & Address: ERIC G FLINN 8054 DRYDEN RD ALMONT, MI 48003		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address <u>8054 DRYDEN RD, ALMONT, MI 48003</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/23/2023</u> Name & Address: MELINDA JETTS 11975 SW TORCH LAKE DR RAPID CITY, MI 49676		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HOUSEWIFE</u> Employer <u>SELF</u> Business Address <u>11975 SW TORCH LAKE DR, RAPID CITY, MI 49676</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,450.00

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

CANDIDATE COMMITTEE

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/23/2023</u>	
Name & Address: ELIAS MUAWAD 7626 ACORN HILL CT WEST BLOOMFIELD TOWNSHIP, MI 48323		\$ <u>600.00</u>	\$ <u>600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>7626 ACORN HILL CT, WEST BLOOMFIELD TOWNSHIP, MI 48323</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/23/2023</u>	
Name & Address: KEITH RENGERT 34080 ARMADA RIDGE RD RICHMOND, MI 48062		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>SELF</u> Business Address <u>34080 ARMADA RIDGE RD, RICHMOND, MI 48062</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/24/2023</u>	
Name & Address: DONALD J DANSBURY THEO DR SHELBY TWP, MI 48315		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>SELF</u> Business Address <u>THEO DR, SHELBY TWP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/24/2023</u>	
Name & Address: SIMONE MAURO 5841 CUSICK LAKE DR WASHINGTON, MI 48095		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>SELF EMPLOYED</u> Business Address <u>48657 HAYES RD, SHELBY TWP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 925.00

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

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/24/2023</u>	
Name & Address: ROBERT RUFFOLO 17242 CARDIFF CT CLINTON TOWNSHIP, MI 48038		\$ <u>900.00</u>	\$ <u>900.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HVAC</u> Employer <u>TECH IV HEATING & COOLING</u> Business Address <u>46796 HAYES RD, MACOMB, MI 48044</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/24/2023</u>	
Name & Address: MARK CARDELLIO 21524 PALLISTER ST ST CLAIR SHORES, MI 48080		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>21524 PALLISTER ST, ST CLAIR SHORES, MI 48080</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/25/2023</u>	
Name & Address: ROBERT LANTZY 3845 PICCADILLY DR ROCHESTER HILLS, MI 48309		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>BUCKFIRE LAW FIRM</u> Business Address <u>3845 PICCADILLY DR, ROCHESTER HILLS, MI 48309</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/26/2023</u>	
Name & Address: SAL VIVIANO 4921 DEER CREEK CIR S WASHINGTON, MI 48094		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CAR DEALER</u> Employer <u>SELF</u> Business Address <u>40111 VAN DYKE AVE, STERLING HEIGHTS, MI 48313</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 1,350.00

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

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/26/2023</u>	
Name & Address: JAMES GEORGE 19634 WESTCHESTER DR CLINTON TWP, MI 48038		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>SELF</u> Business Address <u>19634 WESTCHESTER DR, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/27/2023</u>	
Name & Address: DAVID PORTUESI 62000 KUNSTMAN RD RAY, MI 48096		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ASSISTANT PROSECUTING ATTORNEY</u> Employer <u>COUNTY</u> Business Address <u>1 S MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/27/2023</u>	
Name & Address: PHILIP RUGGERI 55764 ST REGIS DR SHELBY TWP, MI 48315		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>43231 SCHOENHERR RD, STERLING HEIGHTS, MI 48313</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/27/2023</u>	
Name & Address: NICK RIZZO 65 MACOMB PL MT CLEMENS, MI 48043		\$ <u>450.00</u>	\$ <u>450.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUILDER/DEVELOPER</u> Employer <u>GTR COMPANIES</u> Business Address <u>65 MACOMB PL, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 1,250.00

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

CANDIDATE COMMITTEE

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/27/2023</u> Name & Address: LAUREN GRUBE 55415 BUCKTHORN DR SHELBY TWP, MI 48316		\$ <u>1,500.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE AGENT</u> Employer <u>EXP REALTY</u> Business Address <u>55415 BUCKTHORN DR, SHELBY TWP, MI 48316</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/27/2023</u> Name & Address: MAGGIE VARNEY 30130 HARPER ST CLAIR SHORES, MI 48082		\$ <u>150.00</u>	\$ <u>450.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>GO GREEN SALON</u> Business Address <u>30130 PLYMOUTH RD, LIVONIA, MI 48150</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/28/2023</u> Name & Address: MARCO A SANTIA 149 PINECREST LN WAYNESVILLE, NC 28785		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>SELF</u> Business Address <u>149 PINECREST LN, WAYNESVILLE, NC 28785</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/01/2023</u> Name & Address: SCHOSTAK FAMILY PAC CTE 514254 17800 N LAUREL PARK DR LIVONIA, MI 48152		\$ <u>1,500.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **3,200.00**

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

CANDIDATE COMMITTEE

1. Committee I.D. Number 139858
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/01/2023</u>	
Name & Address: CHRISTOPHER ALAYAN 3822 WINDING BROOK CIRCLE ROCHESTER, MI 48309		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>7200 E 10 MILE RD, CENTER LINE, MI 48015</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/02/2023</u>	
Name & Address: STEVEN MANCINI 41500 MOUND RD STERLING HEIGHTS, MI 48314		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGEMENT</u> Employer <u>RIC-MAN CONSTRUCTION</u> Business Address <u>41500 MOUND RD, STERLING HEIGHTS, MI 48314</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/02/2023</u>	
Name & Address: WILLIAM ADDELIA 18033 GAYLORD CT CLINTON TWP, MI 48035		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>SELF</u> Business Address <u>18033 GAYLORD CT, CLINTON TWP, MI 48035</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/02/2023</u>	
Name & Address: CURT HOOPER 32610 COLUMBUS DR WARREN, MI 48088		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SELF</u> Business Address <u>32610 COLUMBUS DR, WARREN, MI 48088</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 750.00

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

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1. Committee I.D. Number 139858
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/02/2023</u> Name & Address: GHASSAN BRIKHO 6915 DAKOTA DR TROY, MI 48098		\$ <u>1,500.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>GREEN PHARM</u> Business Address <u>200 S EUCLID AVE, BAY CITY, MI 48706</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/02/2023</u> Name & Address: DENISE HART 1007 MALLOW ST COMMERCE TWP, MI 48390		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>32398 WOODWARD AVE, ROYAL OAK, MI 48073</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/02/2023</u> Name & Address: DAVID GORCYCA 6608 TREE KNOLL DR TROY, MI 48098		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>6608 TREE KNOLL DR, TROY, MI 48098</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/02/2023</u> Name & Address: RAYMOND LOPE 8459 HALL RD UTICA, MI 48317		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FUNERAL DIRECTOR</u> Employer <u>SULLIVAN AND SONS FUNERAL HOME</u> Business Address <u>8459 HALL RD, UTICA, MI 48317</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **3,950.00**

Grand Total of All Schedules 1A
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Enter this total on
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/02/2023</u> Name & Address: DAVID SAFAVIAN 1314 GATEWOOD DR ALEXANDRIA, VA 22307		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>GENERAL COUNSEL</u> Employer <u>AMERICAN CONSERVATIVE UNION</u> Business Address <u>1199 N FAIRFAX ST, ALEXANDRIA, VA 22314</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/05/2023</u> Name & Address: FRANK COPPOLA 54620 CARNATION DR MACOMB, MI 48042		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CPA</u> Employer <u>FRANK COPPOLA CPA PC</u> Business Address <u>54620 CARNATION DR, MACOMB, MI 48042</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/05/2023</u> Name & Address: SCOTT P LOCKWOOD 950 SOUTHDOWN RD BLOOMFIELD HILLS, MI 48304		\$ <u>200.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CIVIL ENGINEER</u> Employer <u>ANDERSON ECKSTEIN & WESTRICK</u> Business Address <u>51301 SCHOENHERR RD, SHELBY TWP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/07/2023</u> Name & Address: VELERIO POLIUTO 39085 MORAVIAN DR CLINTON TWP, MI 48036		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>INSURANCE AGENT</u> Employer <u>FINANCIAL SECURITY GROUP</u> Business Address <u>39085 MORAVIAN DR, CLINTON TWP, MI 48036</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 1,500.00

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/08/2023</u>	
Name & Address: ADIL N HARADHVALA 86 CLINTON STREET MOUNT CLEMENS, MI 48043		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>86 CLINTON STREET, Mount Clemens, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/08/2023</u>	
Name & Address: HEATHER ODGERS-FECTEAU 45777 GLEN CT MACOMB, MI 48044		\$ <u>150.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>MACOMB COUNTY</u> Business Address <u>1 S MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/08/2023</u>	
Name & Address: JOHN BIERNAT 4254 HARVARD RD DETROIT, MI 48224		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>PADILLA LAW GROUP</u> Business Address <u>1821 W MAPLE RD, BIRMINGHAM, MI 48009</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/08/2023</u>	
Name & Address: JACQUELINE GARTIN 15896 TEA ROSE DR MACOMB, MI 48042		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ASSISTANT PROSECUTOR</u> Employer <u>MACOMB COUNTY</u> Business Address <u>1 S MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 600.00

Grand Total of All Schedules 1A
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/08/2023</u> Name & Address: SYLVESTER LUCIDO 57491 CIDER DR WASHINGTON, MI 48094		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>VENDO</u> Employer <u>RICHARD LUCIDO & SONS</u> Business Address <u>57491 CIDER DR, WASHINGTON, MI 48094</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/09/2023</u> Name & Address: CHERYL STEINHURST 17200 27 MILE RD RAY, MI 48096		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>17200 27 MILE RD, RAY, MI 48096</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/09/2023</u> Name & Address: ENZO CASTELLANA 5777 HERRINGTON CT WASHINGTON, MI 48094		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>5777 HERRINGTON CT, WASHINGTON, MI 48094</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/09/2023</u> Name & Address: JEFFERY COJOCAR 8113 WILSON DR SHELBY TWP, MI 48316		\$ <u>600.00</u>	\$ <u>600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>8113 WILSON DR, SHELBY TWP, MI 48316</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,500.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/09/2023</u>	
Name & Address: VITO CATALFIO 2585 POND VALLEE DR OAKLAND TWP, MI 48363		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>MR. C'S CARWASH</u> Business Address <u>2585 POND VALLEE DR, OAKLAND TWP, MI 48363</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/09/2023</u>	
Name & Address: LEO BOROWSKY 19637 SHORECREST DR CLINTON TWP, MI 48038		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DEPUTY SHERIFF</u> Employer <u>OAKLAND CO. SHERIFF'S DEPT</u> Business Address <u>1200 N TELEGRAPH, PONTIAC, MI 48341</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/09/2023</u>	
Name & Address: LAITH HANNA 15275 HALL RD MACOMB, MI 48044		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>LAKE SIDE AUTO INC</u> Business Address <u>15275 HALL RD, MACOMB, MI 48044</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/10/2023</u>	
Name & Address: THOMAS SPAGNUOLO 21373 RAINTREE DR MACOMB, MI 48044		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BAKER</u> Employer <u>MANINO'S BAKERY</u> Business Address <u>4062 17 MILE RD, STERLING HEIGHTS, MI 48310</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 700.00

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

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/11/2023</u>	
Name & Address: JIM FINDLAY 21455 MACKENZIE DR MACOMB, MI 48044		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SALES EXECUTIVE</u> Employer <u>SELF</u> Business Address <u>150 W JEFFERSON AVE, DETROIT, MI 48226</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/12/2023</u>	
Name & Address: BRIAN BOURBEAU 28716 ASHLAND AVE HARRISON TWP, MI 48045		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>BONE BOURBEAU LAW</u> Business Address <u>42452 HAYES RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/12/2023</u>	
Name & Address: ANTHONY SOAVE 3400 E LAFAYETTE ST DETROIT, MI 48207		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>SOAVE ENTERPRISES</u> Business Address <u>3400 E LAFAYETTE ST, DETROIT, MI 48207</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/13/2023</u>	
Name & Address: PAUL ILLICH 34285 GROESBECK HWY CLINTON TWP, MI 48035		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>AMERICAN AUTO INC</u> Business Address <u>34285 GROESBECK HWY, CLINTON TWP, MI 48035</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 1,800.00

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

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/14/2023</u>	
Name & Address: PAUL CHIRCO 3045 HARROW WAY SHELBY TWP, MI 48316		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>CHIRCO TITLE AGENCY</u> Business Address <u>26800 HARPER, ST CLAIR SHORES, MI 48081</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/15/2023</u>	
Name & Address: ANTHONY TOCCO 50834 JEFFERSON AVE NEW BALTIMORE, MI 48047		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>SELF</u> Business Address <u>50834 JEFFERSON AVE, NEW BALTIMORE, MI 48047</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/15/2023</u>	
Name & Address: NICOLE KARMAZIN 38310 SADDLE LN CLINTON TWP, MI 48036		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE INVESTOR</u> Employer <u>SELF</u> Business Address <u>38310 SADDLE LN, CLINTON TWP, MI 48036</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/15/2023</u>	
Name & Address: GORDON B WILSON 49572 COMPASS POINT DR NEW BALTIMORE, MI 48047		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CIVIL ENGINEER</u> Employer <u>ANDERSON ECKSTEIN & WESTRICK</u> Business Address <u>51301 SCHOENHERR RD, SHELBY TWP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 1,000.00

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

CANDIDATE COMMITTEE

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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/15/2023</u>	
Name & Address: GAIL PAMUKOV 1300 W ALTGELD ST APT 134N CHICAGO, IL 60614		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>MACOMB COUNTY</u> Business Address <u>1 S MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/16/2023</u>	
Name & Address: STEPHEN T RABAUT 16931 19 MILE RD CLINTON TWP, MI 48038		\$ <u>1,500.00</u>	\$ <u>3,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>16931 19 MILE RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/16/2023</u>	
Name & Address: STEPHEN V PANGORI 8016 ROSEBUD LANE CLARKSTON, MI 48348		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CIVIL ENGINEER</u> Employer <u>ANDERSON ECKSTEIN & WESTRICK</u> Business Address <u>51301 SCHOENHERR RD, SHELBY TWP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/17/2023</u>	
Name & Address: DENNIS KOCH 1209 MOHAWK AVE ROYAL OAK, MI 48067		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TEACHER</u> Employer <u>DE LA SALLE</u> Business Address <u>14600 COMMON RD, WARREN, MI 48088</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,150.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/17/2023</u>	
Name & Address: RALPH MACCARONE 13921 BASILISCO CHASE DR SHELBY TWP, MI 48315		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>13921 BASILISCO CHASE DR, SHELBY TWP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/17/2023</u>	
Name & Address: SCOTT RABAUT 32059 UTICA RD FRASER, MI 48026		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF EMPLOYED</u> Business Address <u>32059 UTICA RD, FRASER, MI 48026</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/18/2023</u>	
Name & Address: BRIAN SCHAF 23220 WESTBURY ST ST CLAIR SHORES, MI 48080		\$ <u>750.00</u>	\$ <u>750.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>23220 WESTBURY ST, ST CLAIR SHORES, MI 48080</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/19/2023</u>	
Name & Address: MICHAEL LOCICCHIO 21124 LILAC LANE CLINTON TOWNSHIP, MI 48036		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CPA</u> Employer <u>METZLER, LOCICCHIO & SERRA</u> Business Address <u>1800 W BIG BEAVER RD, STE 100, TROY, MI 48084</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,500.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/19/2023</u>	
Name & Address: JOHN ELKHOURY 26648 VAN DYKE AVE CENTER LINE, MI 48015		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>26648 VAN DYKE AVE, CENTER LINE, MI 48015</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/19/2023</u>	
Name & Address: CARRIE SEWARD 8368 28 MILE RD WASHINGTON, MI 48094		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>COUNTY OF MACOMB</u> Business Address <u>1 S MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/19/2023</u>	
Name & Address: JEFFREY M SANGSTER 34060 JEFFERSON AVE ST CLAIR SHORES, MI 48082		\$ <u>150.00</u>	\$ <u>450.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>34060 JEFFERSON AVE, ST CLAIR SHORES, MI 48082</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/20/2023</u>	
Name & Address: JOHN VANCE 52731 WESTCREEK DR MACOMB, MI 48042		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>52731 WESTCREEK DR, MACOMB, MI 48042</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 600.00

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

CANDIDATE COMMITTEE

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/23/2023</u> Name & Address: FRANK PALUZZI 399 FISHER RD GROSSE POINTE, MI 48230		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>MHB CUSTOM CONSTRUCTION</u> Business Address <u>399 FISHER RD, GROSSE POINTE, MI 48230</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/23/2023</u> Name & Address: JENNIFER KLIEMAN 13400 30 MILE RD WASHINGTON, MI 48095		\$ <u>300.00</u>	\$ <u>600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>JWK 2 ROMEO LLC</u> Business Address <u>13400 30 MILE RD, WASHINGTON, MI 48095</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/23/2023</u> Name & Address: ROY SCHNEPPER 17878 13 MILE RD ROSEVILLE, MI 48066		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>BUTLER COLLISION</u> Business Address <u>17878 13 MILE RD, ROSEVILLE, MI 48066</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/24/2023</u> Name & Address: SHERMAN ABDO 55479 CLEVELAND STE 403 SHELBY TWP, MI 48316		\$ <u>1,500.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>LA GRASSO, ABDO & SILVERI, PLLC</u> Business Address <u>12900 HALL RD, STERLING HEIGHTS, MI 48313</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,600.00

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

Page Subtotal 900.00

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

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/01/2023</u>	
Name & Address: CORINNE CAROLLO 14600 BREZA DR SHELBY TWP, MI 48315		\$ <u>500.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SELF</u> Business Address <u>15600 BREZA DR, SHELBY TWP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/01/2023</u>	
Name & Address: BRIAN KURTZ 2077 PARTRIDGE DR SHELBY TWP, MI 48317		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FINANCIAL ADV</u> Employer <u>AIP FINANCE SERVICES</u> Business Address <u>2041 E SQUARE LAKE RD, # 200, TROY, MI 48085</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/01/2023</u>	
Name & Address: MARIAN DWAIHY BRISKE 19258 EASTBORNE HARPER WOODS, MI 48225		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>APA</u> Employer <u>COUNTY OF MACOMB</u> Business Address <u>1 S MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/01/2023</u>	
Name & Address: DANIEL HAROLD 344 N OLD WOODWARD AVE BIRMINGHAM, MI 48009		\$ <u>1,500.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAWYER</u> Employer <u>MORGANROTH & MORANORTH PLLC</u> Business Address <u>344 N OLD WOODWARD AVE, BIRMINGHAM, MI 48009</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,450.00

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

CANDIDATE COMMITTEE

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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/01/2023</u> Name & Address: AVIS CHOULAGH 48528 ISOLA DR SHELBY TWP, MI 48315		\$ <u>1,500.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>AVIS CHOULAGH LAW, PLLC</u> Business Address <u>32059 UTICA RD, FRASER, MI 48026</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/01/2023</u> Name & Address: THOMAS JANKOWSKI 53 WEBBER PL GROSSE POINTE SHORES, MI 48236		\$ <u>160.00</u>	\$ <u>160.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE</u> Employer <u>SELF</u> Business Address <u>53 WEBBER PL, GROSSE POINTE SHORES, MI 48236</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/02/2023</u> Name & Address: MICHAEL LEACH 2862 VINEYARDS DR TROY, MI 48098		\$ <u>450.00</u>	\$ <u>450.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FINANCIAL ADVISOR</u> Employer <u>STIFEL</u> Business Address <u>28411 NORTHWESTERN HWY, SOUTHFIELD, MI 48034</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/03/2023</u> Name & Address: THOMAS R CHARBONEAU JR. 1923 HAMMAN DR TROY, MI 48085		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF EMPLOYED</u> Business Address <u>1923 HAMMAN DR, TROY, MI 48085</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,210.00

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

CANDIDATE COMMITTEE

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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 <u>06/04/2023</u>	
Name & Address: JAMES ROMZEK 19637 MADRONE DR MACOMB, MI 48042		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>WARNER NORCROSS</u> Business Address <u>45000 RIVER RIDGE DR, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/05/2023</u>	
Name & Address: SALVATORE RANDAZZO 37180 WILLOW LN CLINTON TWP, MI 48036		\$ <u>3,000.00</u>	\$ <u>3,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>RANDAZZO FRUIT MARKET</u> Business Address <u>49800 HAYES RD, MACOMB, MI 48044</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/06/2023</u>	
Name & Address: VINCENT CRISPIGNANI 529 CHASE LN BLOOMFIELD HILLS, MI 48304		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DEVELOPER</u> Employer <u>SELF EMPLOYED</u> Business Address <u>259 CHASE LN, BLOOMFIELD HILLS, MI 48304</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/06/2023</u>	
Name & Address: SALVATORE MUNACO 15995 STURGEON ST ROSEVILLE, MI 48066		\$ <u>500.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SELF EMPLOYED</u> Business Address <u>15995 STURGEON ST, ROSEVILLE, MI 48066</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 3,950.00

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

CANDIDATE COMMITTEE

1. Committee I.D. Number 139858
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/06/2023</u> Name & Address: FAUSTO DELELLIS 52675 TUSCANY GROVE SHELBY TWP, MI 48315		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>52675 TUSCANY GROVE, SHELBY TWP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/06/2023</u> Name & Address: DORIE VASQUEZ-NOLAN 49926 WILLOWOOD DR MACOMB, MI 48044		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>MACOMB COUNTY CHILD ADVOCACY CENTER</u> Business Address <u>131 MARKET ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/06/2023</u> Name & Address: THOMAS GORE 36423 EGAN ST CLINTON TWP, MI 48035		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>INSURANCE AGENT</u> Employer <u>THE GORE INSURANCE GROUP, INC</u> Business Address <u>36423 EGAN ST, CLINTON TWP, MI 48035</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/06/2023</u> Name & Address: RYAN JOHNSON 11737 HIAWATHA DR SHELBY TWP, MI 48315		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>11737 HIAWATHA DR, SHELBY TWP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 800.00

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

CANDIDATE COMMITTEE

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/06/2023</u>	
Name & Address: KUMAR PALEPU 377 HILLCREST AVE GROSSE POINTE FARMS, MI 48236		\$ <u>300.00</u>	\$ <u>600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>MACOMB COUNTY</u> Business Address <u>1 S MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/06/2023</u>	
Name & Address: STEPHEN G OSINSKI 1281 ALBANY ST FERNDAL, MI 48220		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NURSE</u> Employer <u>BEAUMONT HOSPITAL</u> Business Address <u>44201 DEQUINDRE RD, TROY, MI 48085</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/07/2023</u>	
Name & Address: TODD SCHMITZ 23083 SAXONY AVE EASTPOINTE, MI 48021		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ASSISTANT PROSECUTING ATTORNEY</u> Employer <u>MACOMB COUNTY</u> Business Address <u>1 S MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/07/2023</u>	
Name & Address: BEN DIPONIO 735 MILL POINTE DR MILFORD TWP, MI 48381		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>735 MILL POINTE DR, MILFORD TWP, MI 48381</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 1,000.00

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

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/07/2023</u>	
Name & Address: JACK J RUSSO 7201 W FORT ST ROOM 2 DETROIT, MI 48209		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGEMENT</u> Employer <u>ROCKY PRODUCE INC</u> Business Address <u>7201 W FORT ST, ROOM 2, DETROIT, MI 48209</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/07/2023</u>	
Name & Address: RONALD RUSSO 7007 28 MILE RD WASHINGTON, MI 48094		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR</u> Employer <u>ROCKY PRODUCE INC</u> Business Address <u>7201 W FORT ST, ROOM 1, DETROIT, MI 48209</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/07/2023</u>	
Name & Address: ANNETTE MANZELLA 36390 GLOUCESTER DR CLINTON TWP, MI 48035		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BOOKKEEPER</u> Employer <u>SELF EMPLOYED</u> Business Address <u>36390 GLOUCESTER DR, CLINTON TWP, MI 48035</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/08/2023</u>	
Name & Address: FRANK MAMAT 900 WILSHIRE DR TROY, MI 48084		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>DINSMORE & SHOHL</u> Business Address <u>900 WILSHIRE DR, TROY, MI 48084</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 1,650.00

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

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/08/2023</u>	
Name & Address: MICHAEL RICCIARDELLO 4527 OLIVIA AVE ROYAL OAK, MI 48073		\$ <u>600.00</u>	\$ <u>600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>MACOMB COUNTY</u> Business Address <u>1 S MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/10/2023</u>	
Name & Address: ALEXANDRA BADALAMENTI 36390 GLOUCESTER DR CLINTON TWP, MI 48035		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROCESS SERVER</u> Employer <u>METRO PROCESS CENTER</u> Business Address <u>PO BOX 981, MOUNT CLEMENS, MI 48046</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/11/2023</u>	
Name & Address: LISA BLAZEVSKE 31253 GAY ST ROSEVILLE, MI 48066		\$ <u>300.00</u>	\$ <u>600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ASSISTANT PROSECUTING ATTORNEY</u> Employer <u>MACOMB COUNTY</u> Business Address <u>1 S MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/11/2023</u>	
Name & Address: BOB LITTLE 15652 SHIRLEY AVE WARREN, MI 48089		\$ <u>1,500.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>15652 SHIRLEY AVE, WARREN, MI 48089</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,900.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/12/2023</u> Name & Address: VITO G PALAZZOLO 66851 DOROTHY TRL WASHINGTON, MI 48095		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONTROLLER</u> Employer <u>MESSINA TRUCKING</u> Business Address <u>6386 AUBURN RD, SHELBY TWP, MI 48317</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/13/2023</u> Name & Address: JAMES R RYAN 3041 HUNTER RD BRIGHTON, MI 48114		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LOBBYIST</u> Employer <u>LANSING</u> Business Address <u>600 WALNUT ST, LANSING, MI 48933</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/13/2023</u> Name & Address: ROSE MANZELLA 36390 GLOUCESTER DR CLINTON TWP, MI 48035		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HOUSEWIFE</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/13/2023</u> Name & Address: NICOLAS MANZELLA 36390 GLOUCESTER DR CLINTON TWP, MI 48035		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROCESS SERVER</u> Employer <u>METRO PROCESS CENTER</u> Business Address <u>P.O. BOX 981, MOUNT CLEMENS, MI 48046</u> 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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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

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2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/13/2023</u>	
Name & Address: DIANN O'CONNER 13836 STRATHMORE DR SHELBY TWP, MI 48315		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>SELF</u> Business Address <u>13836 STRATHMORE DR, SHELBY TWP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/14/2023</u>	
Name & Address: FRANK DIGIORGIO 72709 CAMPGROUND ROAD ROMEO, MI 48065		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TREASURER</u> Employer <u>TOWNSHIP OF BRUCE</u> Business Address <u>72709 CAMPGROUND RD, ROMEO, MI 48065</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/15/2023</u>	
Name & Address: VINCENZO CIRAULO 53425 PONDVIEW DR SHELBY TWP, MI 48315		\$ <u>500.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>53425 PONDVIEW DR, SHELBY TWP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/15/2023</u>	
Name & Address: SALVATORE LEONE PO BOX 792 Washington, MI 48094		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CABINET MAKER</u> Employer <u>SELF</u> Business Address <u>PO BOX 792, WASHINGTON, MI 48094</u> 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)

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/15/2023</u> Name & Address: SAM MANZELLA 36390 GLOUCESTER DR CLINTON TWP, MI 48035		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/16/2023</u> Name & Address: JULIE CUCCO 464 NEFF RD GROSSE POINTE, MI 48230		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>464 NEFF RD, GROSSE POINTE, MI 48230</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/16/2023</u> Name & Address: DOMINIC TORRES 44517 S CAROLINA DR SHELBY TOWNSHIP, MI 48315		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REALTOR</u> Employer <u>KELLER WILLIAMS LAKESIDE</u> Business Address <u>45609 VILLAGE BLVD, SHELBY TWP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/19/2023</u> Name & Address: EDWARD AMYOT 69020 MAIN ST RICHMOND, MI 48062		\$ <u>325.00</u>	\$ <u>325.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>SELF EMPLOYED</u> Business Address <u>69020 MAIN ST, RICHMOND, MI 48062</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,425.00**

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

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/19/2023</u>	
Name & Address: SIAN HENGVELD 971 DRESSLER LN ROCHESTER HILLS, MI 48307		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>MACOMB COUNTY</u> Business Address <u>1 S MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/20/2023</u>	
Name & Address: PAUL BORG 4211 BRIAR DR SHELBY TWP, MI 48316		\$ <u>425.00</u>	\$ <u>425.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGEMENT</u> Employer <u>B & B MAINTENANCE SERVICES INC</u> Business Address <u>PO BOX 182337, Shelby Township, MI 48318</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/20/2023</u>	
Name & Address: ROBERT FISHMAN 599 BALLANTYNE RD GROSSE POINTE SHORES, MI 48236		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>599 BALLANTYNE RD, GROSSE POINTE SHORES, MI 48236</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/20/2023</u>	
Name & Address: MIKE CIARAMITARO 52462 CHESWICK CT SHELBY TWP, MI 48315		\$ <u>500.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>MR. ROOTER</u> Business Address <u>51162 MILANO DR, MACOMB, MI 48042</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 1,375.00

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

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/21/2023</u> Name & Address: RAYMOND AHONEN 18460 RANIER DR MACOMB, MI 48042		\$ <u>150.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PUBLIC SAFETY LIASON</u> Employer <u>BELFOR PROPERTY RESTORATION</u> Business Address <u>18460 RAINIER DR, MACOMB, MI 48042</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/21/2023</u> Name & Address: CHRISTOPHER PETRIDES 16924 COURVILLE DR TOWNSHIP OF NORTHVILLE, MI 48168		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>APA</u> Employer <u>MACOMB COUNTY</u> Business Address <u>16924 COURVILLE DR, TOWNSHIP OF NORTHVILLE, MI 48168</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/22/2023</u> Name & Address: ROBERT GAGLIANO 48390 HARBOR DRIVE NEW BALTIMORE, MI 48047		\$ <u>1,500.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>GENESIS AUTO GROUP</u> Business Address <u>23001 E INDUSTRIAL DR, ST CLAIR SHORES, MI 48080</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/23/2023</u> Name & Address: MARIO EVANGELISTA 69263 LAKE POINT CT ROMEO, MI 48065		\$ <u>150.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUILDER/OWNER</u> Employer <u>CASSINO BUILDING & DEVELOPMENT</u> Business Address <u>42732 VAN DYKE AVE, STERLING HEIGHTS, MI 48314</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 1,950.00

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

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/24/2023</u>	
Name & Address: MIKE WRATHELL 34190 TUDOR CT STERLING HEIGHTS, MI 48312		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>34190 TUDOR CT, STERLING HEIGHTS, MI 48312</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/26/2023</u>	
Name & Address: JOSEPH ZAGO 29438 JEFFERSON AVE ST CLAIR SHORES, MI 48081		\$ <u>8,325.00</u>	\$ <u>9,825.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>THE CARPET GUYS, LLC</u> Business Address <u>977 14 MILE RD, TROY, MI 48083</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/26/2023</u>	
Name & Address: STEPHEN LUCIDO 43129 W KIRKWOOD DR CLINTON TWP, MI 48038		\$ <u>700.00</u>	\$ <u>700.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>RICHARD LUCIDO & SONS</u> Business Address <u>16244 MILLAR RD, CLINTON TWP, MI 48036</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/27/2023</u>	
Name & Address: BETH KIRSHNER 7451 INDIANWOOD TRAIL WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <u>150.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>MACOMB COUNTY</u> Business Address <u>1 S MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 9,325.00

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

CANDIDATE COMMITTEE

1. Committee I.D. Number 139858
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/27/2023</u> Name & Address: SEBATHIAN PREVITI 61614 COTSWOLD DR WASHINGTON, MI 48094		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SUPERVISOR</u> Employer <u>WASHINGTON TWP</u> Business Address <u>57900 VAN DYKE AVE, WASHINGTON, MI 48094</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/28/2023</u> Name & Address: DANIEL GALI 54882 SHERWOOD LN SHELBY TWP, MI 48315		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEERING MANAGER</u> Employer <u>TAPEMASTER</u> Business Address <u>900 ROCHESTER ROAD, SHELBY TOWNSHIP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/28/2023</u> Name & Address: VINCENZO VITALE 55178 VAN DYKE AVE SHELBY TWP, MI 48316		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWN</u> Employer <u>VINCE AND JOE'S FRUIT MARKET</u> Business Address <u>55178 VAN DYKE AVE, SHELBY TWP, MI 48316</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/28/2023</u> Name & Address: VINCE MANZELLA 39999 GARFIELD RD CLINTON TWP, MI 48038		\$ <u>1,500.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>LUCIDO & MANZELLA PC</u> Business Address <u>39999 GARFIELD RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,250.00

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

CANDIDATE COMMITTEE

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/30/2023</u> Name & Address: CHRISTOPHER SCHORNAK 35602 HERMITAGE CT NEW BALTIMORE, MI 48047		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGER</u> Employer <u>DEBT SOLUTIONS NETWORK</u> Business Address <u>35602 HERMITAGE CT, NEW BALTIMORE, MI 48047</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/30/2023</u> Name & Address: ERDA GJONBALAJ 16150 CLARKSON DR # 15 FRASER, MI 48026		\$ <u>1,500.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>SELF EMPLOYED</u> Business Address <u>16150 CLARKSON DR, # 15, FRASER, MI 48026</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/30/2023</u> Name & Address: DORIE VASQUEZ-NOLAN 49926 WILLOWOOD DR MACOMB, MI 48044		\$ <u>150.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>MACOMB COUNTY CHILD ADVOCACY CENTER</u> Business Address <u>49926 WILLOWOOD DR, MACOMB, MI 48044</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/30/2023</u> Name & Address: DOMENICO PICANO 44162 ASTRO DR STERLING HEIGHTS, MI 48314		\$ <u>150.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWENR</u> Employer <u>PICANO'S ITALIAN GRILLE</u> Business Address <u>3775 ROCHESTER RD, TROY, MI 48083</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 1,950.00

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

CANDIDATE COMMITTEE

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

Page Subtotal 750.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/05/2023</u> Name & Address: CHRISTOPHER P AIELLO 49432 COMPASS POINT DR NEW BALTIMORE, MI 48047		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>AIELLO AND ASSOCIATES</u> Business Address <u>32411 MOUND RD, WARREN, MI 48092</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/06/2023</u> Name & Address: DINA DANIELS 5540 BRIDGEWOOD DR STERLING HEIGHTS, MI 48310		\$ <u>1,500.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>PMS DIVERSIFIED CONSTRUCTION</u> Business Address <u>5540 BRIDGEWOOD DR, STERLING HEIGHTS, MI 48310</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/06/2023</u> Name & Address: DIANE DIPONIO 29251 CREEK BEND DR FARMINGTON HILLS, MI 48331		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/06/2023</u> Name & Address: DAVID C BRUNELL 29251 BROADMOOR ST LIVONIA, MI 48154		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF EMPLOYED</u> Business Address <u>29251 BROADMOOR ST, LIVONIA, MI 48154</u> 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
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/06/2023</u> Name & Address: JAMIE MOLDENHAUER 28785 BARKMAN ST ROSEVILLE, MI 48066		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/07/2023</u> Name & Address: KENNETH DECOCK 80575 HOLMES RD ARMADA, MI 48005		\$ <u>150.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>80575 HOLMES RD, ARMADA, MI 48005</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/07/2023</u> Name & Address: JEFFREY BONANNI 3505 MOUNTAIN LAUREL CT OAKLAND TWP, MI 48363		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>GALBON INVESTMENTS</u> Business Address <u>42241 GARFIELD RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/08/2023</u> Name & Address: OAKLAND COUNTY REPUBLICAN PARTY 42611 WOODWARD AVE BLOOMFIELD HILLS, MI 48304		\$ <u>1,500.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,450.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/08/2023</u> Name & Address: JEFFERY VOLLMAR 11695 RIDGE DR SHELBY TWP, MI 48315		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MAINTENANCE</u> Employer <u>COMFORT CARE</u> Business Address <u>51831 VAN DYKE AVE, SHELBY TWP, MI 48316</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/08/2023</u> Name & Address: NATALIE VOLLMAR 11695 RIDGE DR SHELBY TWP, MI 48315		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ACCOUNTANT</u> Employer <u>METZLER, LOCRICCHIO & SERRA</u> Business Address <u>1800 W BIG BEAVER RD, TROY, MI 48084</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/08/2023</u> Name & Address: KALEB MOLDENHAUER 28785 BARKMAN ST ROSEVILLE, MI 48066		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROCESS SERVER</u> Employer <u>METRO PROCESS CENTER</u> Business Address <u>P.O.BOX 981, MOUNT CLEMENS, MI 48046</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/09/2023</u> Name & Address: ROBERT D HINMAN 49625 LAKEBRIDGE DR SHELBY TWP, MI 48315		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>ESTATE PLANNING LEGAL SERVICES PC</u> Business Address <u>2564 MAPLE LN DR, TROY, MI 48084</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 1,550.00

Grand Total of All Schedules 1A
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Enter this total on
line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/10/2023</u>	
Name & Address: VINC CUSMANO 171 MAGNOLIA LAKES PORT ST. LUCIE, FL 34986		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>171 MAGNOLIA LAKES, PORT ST LUCIE, 34986</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/10/2023</u>	
Name & Address: AMERICAN CONSERVATIVE UNION PAC 1331 H ST NW STE 500 WASHINGTON, DC 20005		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/10/2023</u>	
Name & Address: JONATHAN AGVAL 30 HARBOR HILL RD GROSSE POINTE FARMS, MI 48236		\$ <u>750.00</u>	\$ <u>750.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR</u> Employer <u>HOUSE ARREST SERVICES</u> Business Address <u>HOOVER RD, Warren, MI 48093</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/10/2023</u>	
Name & Address: JAMES J SULLIVAN 18720 MACK AVE STE 200 GROSSE POINTE, MI 48236		\$ <u>1,500.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF EMPLOYED</u> Business Address <u>18720 MACK AVE, GROSSE POINTE, MI 48236</u> 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)

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

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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 <u>07/11/2023</u>	
Name & Address: ROBERT LULGJURAJ 1517 HAMMAN DR TROY, MI 48085		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROSECUTOR</u> Employer <u>WAYNE COUNTY PROS OFFICE</u> Business Address <u>1441 ST ANTOINE, DETROIT, MI 48226</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/11/2023</u>	
Name & Address: MICHAEL WARREN 30358 GEORGETOWN DR BEVERLY HILLS, MI 48025		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>JUDGE</u> Employer <u>OAKLAND COUNTY</u> Business Address <u>1200 N TELEGRAPH, PONTIAC, MI 48341</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/11/2023</u>	
Name & Address: JACOB SAHLANEY 25052 S MAGDALENA ST HARRISON TWP, MI 48045		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FIREFIGHTER</u> Employer <u>HARRISON TWP FIRE DEPARTMENT</u> Business Address <u>25052 S MAGDALENA ST, HARRISON TWP, MI 48045</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/12/2023</u>	
Name & Address: PATRICK BAGLEY 6557 HIGHLAND RD WATERFORD TWP, MI 48327		\$ <u>1,500.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>BAGLEY & LANGAN PLLC</u> Business Address <u>6557 HIGHLAND RD, WATERFORD TWP, MI 48327</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,250.00

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/12/2023</u> Name & Address: MIKE ABRO 1374 TRACEKY DR ROCHESTER HILLS, MI 48306		\$ <u>300.00</u>	\$ <u>750.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>SELF EMPLOYED</u> Business Address <u>1374 TRACEKY DR, ROCHESTER HILLS, MI 48306</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/12/2023</u> Name & Address: CASSIDY HAVILAND 16750 CHARLESTON ST ROSEVILLE, MI 48066		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COURT OFFICER</u> Employer <u>METRO PROCESS CENTER</u> Business Address <u>P.O. BOX 981, MOUNT CLEMENS, MI 48046</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/13/2023</u> Name & Address: ROBERT KAISER 815 ELLAIR PL GROSSE POINTE PARK, MI 48230		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>GALLAGHER-KAISER CORP</u> Business Address <u>777 CHICAGO RD, TROY, MI 48083</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/14/2023</u> Name & Address: DANIEL ALTON 7045 24 MILE RD SHELBY TWP, MI 48316		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>7045 24 MILE RD, SHELBY TWP, MI 48316</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 1,750.00

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

CANDIDATE COMMITTEE

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

Page Subtotal **1,150.00**

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

CANDIDATE COMMITTEE

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

Page Subtotal 1,900.00

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

CANDIDATE COMMITTEE

1. Committee I.D. Number 139858
2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/18/2023</u>	
Name & Address: ROBERT LULGJURAJ 1517 HAMMAN DR TROY, MI 48085		\$ <u>150.00</u>	\$ <u>450.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROSECUTOR</u> Employer <u>WAYNE COUNTY PROS OFFICE</u> Business Address <u>1441 ST ANTOINE, DETROIT, MI 48226</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/18/2023</u>	
Name & Address: BRADLEY SEWICK 1109 LAKE PARK DR BIRMINGHAM, MI 48009		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PSYCHOLOGIST</u> Employer <u>SPECTRUM REHABILITATION CENTERS</u> Business Address <u>26555 EVERGREEN RD, SOUTHFIELD, MI 48076</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/18/2023</u>	
Name & Address: PETER TORRICE 22713 LAKESHORE DR ST CLAIR SHORES, MI 48080		\$ <u>450.00</u>	\$ <u>4,950.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/18/2023</u>	
Name & Address: JAMES BIVENS 29054 ALINE DR WARREN, MI 48093		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR</u> Employer <u>SELF EMPLOYED</u> Business Address <u>29054 ALINE DR, WARREN, MI 48093</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 1,200.00

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

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/19/2023</u>	
Name & Address: ANTHONY GUSMANO 55332 MACINTOSH CT SHELBY TWP, MI 48316		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/19/2023</u>	
Name & Address: NICHOLAS BACHAND 1566 FAIRHOLME RD GROSSE POINTE WOODS, MI 48236		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>ATTORNEY</u> Business Address <u>2411 VINEWOOD ST, STE 435, DETROIT, MI 48216</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/19/2023</u>	
Name & Address: PAUL CASSIDY 51150 WASHINGTON ST NEW BALTIMORE, MI 48047		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>51150 WASHINGTON ST, NEW BALTIMORE, MI 48047</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/19/2023</u>	
Name & Address: MARK AUBREY 6200 25 MILE RD SHELBY TWP, MI 48316		\$ <u>1,500.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>MOTOR CITY PAWN</u> Business Address <u>6200 25 MILE RD, SHELBY TWP, MI 48316</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,050.00

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

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/19/2023</u>	
Name & Address: MICHAEL BALIAN 352 KIRKSWAY LN ORION TWP, MI 48362		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF EMPLOYED</u> Business Address <u>100 W BIG BEAVER RD, STE 333, TROY, MI 48084</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/19/2023</u>	
Name & Address: LEONARD RANCILO 15655 E ELEVEN MILE RD ROSEVILLE, MI 48066		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>RAMCILIO & ASSOCIATES</u> Business Address <u>15655 E ELEVEN MILE RD, ROSEVILLE, MI 48066</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/19/2023</u>	
Name & Address: ANGELO JADAN 1971 RAVENHILL DR STERLING HEIGHTS, MI 48314		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/19/2023</u>	
Name & Address: JOSEPH KOSMALA 2 CROCKER BLVD MT CLEMENS, MI 48043		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF EMPLOYED</u> Business Address <u>2 CROCKER BLVD, MT CLEMENS, MI 48043</u> 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)

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line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/19/2023</u>	
Name & Address: JOSEPH S PERNICANO 1890 KENMORE DR GROSSE POINTE WOODS, MI 48236		\$ <u>150.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>PERNICANO LAW PLLC</u> Business Address <u>79 KERCHEVAL AVE, GROSSE POINTE FARMS, MI 48236</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/19/2023</u>	
Name & Address: VINCENT SORRENTINO 14113 HIBISCUS DR SHELBY TWP, MI 48315		\$ <u>1,500.00</u>	\$ <u>3,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENTREPRENEUR/ REAL ESTATE DEVELOPER</u> Employer <u>SELF EMPLOYED</u> Business Address <u>14113 HIBISCUS DR, SHELBY TWP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/19/2023</u>	
Name & Address: LLOYD BROWN 4688 FAWN HILL CT ROCHESTER, MI 48306		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>WALTONEN</u> Business Address <u>31330 MOUND RD, WARREN, MI 48092</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/19/2023</u>	
Name & Address: BRIAN PENNEBECKER 25984 MARITIME CIR S HARRISON TWP, MI 48045		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,100.00

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



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/19/2023</u>	
Name & Address: CHRISTINA MATTINEN 57927 EMERALD CT WASHINGTON, MI 48094		\$ <u>150.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROGRAM DIRECTOR</u> Employer <u>HENRY FORD HOSPITAL - MACOMB</u> Business Address <u>15855 19 MILE RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/19/2023</u>	
Name & Address: JUSTIN POLLARD 39676 MEMORY LN HARRISON TWP, MI 48045		\$ <u>300.00</u>	\$ <u>450.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>MACOMB COUNTY</u> Business Address <u>1 S MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/19/2023</u>	
Name & Address: JOE ORAM 4585 ARLINE DR WEST BLOOMFIELD TOWNSHIP, MI 48323		\$ <u>1,500.00</u>	\$ <u>1,800.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SELF</u> Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2023</u>	
Name & Address: DANIEL CADEZ 22001 BELL ROAD NEW BOSTON, MI 48164		\$ <u>1,500.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BAIL BONDS</u> Employer <u>BAIL BONDS SERVICES, INC</u> Business Address <u>38530 S GROESBECK HWY, CLINTON TWP, MI 48036</u> 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)

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2023</u>	
Name & Address: LLOYD BROWN 4688 FAWN HILL CT ROCHESTER, MI 48306		\$ <u>150.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide:			
Occupation <u>PRESIDENT</u> Employer <u>WALTONEN</u>			
Business Address <u>31330 MOUND RD, WARREN, MI 48092</u>			
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2023</u>	
Name & Address: JIM JOHNSON 25284 ST CHRISTOPHER ST HARRISON TWP, MI 48045		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide:			
Occupation <u>OWNER</u> Employer <u>PRINTING BY JOHNSON</u>			
Business Address <u>21222 CASS AVE, CLINTON TWP, MI 48036</u>			
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:			
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt _____	
Name & Address: _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide:			
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **450.00**

Grand Total of All Schedules 1A
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117,920.15

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ITEMIZED EXPENDITURES
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 BULTYNCK & CO. Address 15985 CANAL ROAD CLINTON TOWNSHIP, LM 48038 ☐ Fund Raiser	Purpose: SERVICES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	02/06/2023 Date	\$ 950.00
Expenditure #2 Name DE LA SALLE Address 14600 COMMON RD WARREN, MI 48088 ☒ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	02/16/2023 Date	\$ 3,500.00
Expenditure #3 Name IACS COUNCIL OF PRESIDENTS Address 45865 MEADOWS CIR E MACOMB, MI 48044 ☒ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/27/2023 Date	\$ 400.00
Expenditure #4 Name PARTY PARADISE Address 39090 VAN DYKE AVE STERLING HEIGHTS, MI 48313 ☒ Fund Raiser	Purpose: BALLOONS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/01/2023 Date	\$ 515.48
Expenditure #5 Name HOURL MEDIA Address 5750 NEW KING DR TROY, MI 48098 ☒ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/18/2023 Date	\$ 985.00

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6,350.48

Grand Total of all Schedules 1B
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ITEMIZED EXPENDITURES
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 OFFICE EXPRESS Address 1280 E BIG BEAVER RD TROY, MI 48083 ☐ Fund Raiser	Purpose: OFFICE EXPENSE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/18/2023 Date	\$ 2,413.12
Expenditure #2 Name DETROIT BAR ASSOCIATION Address 2 WOODWARD AVE DETROIT, MI 48226 ☒ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/18/2023 Date	\$ 1,000.00
Expenditure #3 Name CITY OF ST CLAIR SHORES Address 27600 JEFFERSON AVE ST CLAIR SHORES, MI 48081 ☒ Fund Raiser	Purpose: PARADE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/25/2023 Date	\$ 100.00
Expenditure #4 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	04/25/2023 Date	\$ 400.00
Expenditure #5 Name NOI FOUNDATION Address 44600 ENTERPRISE DR CLINTON TWP, MI 48038 ☒ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/27/2023 Date	\$ 250.00

Subtotal this page

4,163.12

Grand Total of all Schedules 1B
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ITEMIZED EXPENDITURES
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 FESTA ITALIANA Address 6990 TOWN LN DEARBORN HEIGHTS, MI 48127 ☐ Fund Raiser	Purpose: SPONSORSHIP ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/28/2023 Date	\$ 1,000.00
Expenditure #2 Name THE ITALIAN TRIBUNE Address PO BOX 380407 CLINTON TOWNSHIP, LM 48038 ☒ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/28/2023 Date	\$ 840.00
Expenditure #3 Name AMERICAN POLISH CENTER CLUB Address 33204 MAPLE LN DR STERLING HEIGHTS, MI 48312 ☒ Fund Raiser	Purpose: SPONSORSHIP ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/17/2023 Date	\$ 1,000.00
Expenditure #4 Name POLISH DAY PARADE COMMITTEE Address 11558 VENTURA DR WARREN, MI 48093 ☒ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/17/2023 Date	\$ 300.00
Expenditure #5 Name MACOMB COUNTY REPUBLICAN PARY Address 39099 GARFIELD RD CLINTON TWP, MI 48038 ☐ Fund Raiser	Purpose: TICKETS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/17/2023 Date	\$ 160.00

Subtotal this page **3,300.00**

Grand Total of all Schedules 1B
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ITEMIZED EXPENDITURES
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 FOP Address 33845 24 MILE RD NEW BALTIMORE, MI 48047 ☐ Fund Raiser	Purpose: GOLF OUTING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/17/2023 Date	\$ 100.00
Expenditure #2 Name US BANK Address PO BOX 790408 ST LOUIS, MO 63179 ☐ Fund Raiser	Purpose: <u>CC PAYMENT - E VOICE, CONSTANT CONTACT, EZ</u> Memo Itemization Below ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/17/2023 Date	\$ 1,174.78
Expenditure #3 Name CONTANT CONTACT Address 1601 TRAPELO RD WALTHAM, MA 02451 ☐ Fund Raiser	Purpose: ADVERTISING (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/13/2023 Date	\$ (462.00)
Expenditure #4 Name EZ TEXTING Address PO BOX 1973 SANTA MONICA, CA 9046 ☐ Fund Raiser	Purpose: ADVERTISING (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/26/2023 Date	\$ (25.00)
Expenditure #5 Name EZ TEXTING Address PO BOX 1973 SANTA MONICA, CA 9046 ☐ Fund Raiser	Purpose: ADVERTISING (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/26/2023 Date	\$ (348.00)

Subtotal this page **1,274.78**
Grand Total of all Schedules 1B
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ITEMIZED EXPENDITURES
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 EZ TEXTING Address PO BOX 1973 SANTA MONICA, CA 9046 ☐ Fund Raiser	Purpose: ADVERTISING (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/27/2023 Date	\$ (320.00)
Expenditure #2 Name E VOICE Address 700 W 7TH ST, 5TH FLOOR LAS ANGELES, CA 90017 ☐ Fund Raiser	Purpose: ADVERTISING (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/01/2023 Date	\$ (19.78)
Expenditure #3 Name HARLAND CLARKE Address 200 RIVERSIDE INDUSTRIAL PKWY PORTLAND, ME 04103 ☐ Fund Raiser	Purpose: ORDERED NEW CHECKS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/24/2023 Date	\$ 30.61
Expenditure #4 Name ISABELLA LEDUC Address CUMBERLAND DR Rochester, MI 48307 ☐ Fund Raiser	Purpose: BOOK KEEPING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/05/2023 Date	\$ 300.00
Expenditure #5 Name COMERICA BANK Address 15301 HALL RD MACOMB, MI 48044 ☐ Fund Raiser	Purpose: BANK FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/13/2023 Date	\$ 60.12

Subtotal this page

390.73

Grand Total of all Schedules 1B
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ITEMIZED EXPENDITURES
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 CONCOURS D'AGOSTINI Address 11200 WALNUT LN STERLING HEIGHTS, MI 48313 ☒ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/20/2023 Date	\$ 400.00
Expenditure #2 Name JOSEPH ZAGO Address 29438 JEFFERSON AVE ST CLAIR SHORES, MI 48081 ☐ Fund Raiser	Purpose: ANEDOTE PARTIAL REFUND ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/01/2023 Date	\$ 1,500.00
Expenditure #3 Name US BANK Address PO BOX 790408 ST LOUIS, MO 63179 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Memo Itemization Below	07/14/2023 Date	\$ 886.88
Expenditure #4 Name EZ TEXTING Address PO BOX 1973 SANTA MONICA, CA 9046 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement (Memo Itemization)	06/07/2023 Date	\$ (360.00)
Expenditure #5 Name EZ TEXTING Address PO BOX 1973 SANTA MONICA, CA 9046 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement (Memo Itemization)	06/20/2023 Date	\$ (25.00)

Subtotal this page **2,786.88**

Grand Total of all Schedules 1B
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ITEMIZED EXPENDITURES
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 COBO CENTER WASHINGTON DETROIT Address 1 WASHINGTON BLVD DETROIT, MI 48226 ☐ Fund Raiser	Purpose: PARKING FOR NAACP EVENT (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/25/2023 Date	\$ (20.00)
Expenditure #2 Name HUNTINGTON PLACE CONC DETROIT Address 1 WASHINGTON BLVD DETROIT, MI 48226 ☐ Fund Raiser	Purpose: EVENT NAACP (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/26/2023 Date	\$ (62.10)
Expenditure #3 Name EZ TEXTING Address PO BOX 1973 SANTA MONICA, CA 9046 ☐ Fund Raiser	Purpose: ADVERTISING (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/01/2023 Date	\$ (400.00)
Expenditure #4 Name E VOICE Address 700 W 7TH ST, 5TH FLOOR LAS ANGELES, CA 90017 ☐ Fund Raiser	Purpose: ADVERTISING (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/01/2023 Date	\$ (19.78)
Expenditure #5 Name ANEDOT Address 15985 CANAL RD CLINTON TWP, MI 48038 ☐ Fund Raiser	Purpose: ANEDOT FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/20/2023 Date	\$ 2,847.31

Subtotal this page **2,847.31**

Grand Total of all Schedules 1B
(Complete on last page of Schedule) **21,113.30**

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**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **139858**
2. Committee Name **CTE PETER J. LUCIDO FOR PROSECUTOR**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 07/26/2023	4. Number of Individuals Attending or Participating (whichever is greater) 200	5. Type of Fund Raising Activity FUTURE FUNDRAISER	6. Address and Name (If any) of the place where the activity was held. PALAZZO GRANDE 54660 VAN DYKE AVE ☐ SHELBY TWP, MI 48316 Private Residence
---	--	--	--

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 **100.00**
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.



FILED

04 AUG 2023 AM 08:54

MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

**CANDIDATE COMMITTEE
COVER PAGE**

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 01/01/2023 to 07/20/2023

1. Committee I.D. Number

139858

2. Committee Name

CTE PETER J. LUCIDO FOR PROSECUTOR

4. Candidate Last Name First Name M.I.

LUCIDO PETER J

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

PROSECUTING ATTORNEY, MACOMB COUNTY

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

5. Committee's Mailing Address

**6303 26-MILE RD SUITE 203
WASHINGTON TWP, MI 48094**

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.

6. Treasurer's Name & Residential Address

**JOSEPH LUCIDO
39999 GARFIELD ROAD
CLINTON TOWNSHIP, MI 48038**

Area Code & Phone (586) 286-8200

7. Treasurer's Business Address

**39999 GARFIELD ROAD
CLINTON TOWNSHIP, MI 48038**

Area Code and Phone (586) 286-8200

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) 286-7300

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

Date of Election, Convention or Caucus

Required ONLY if candidate is not on the ballot for the current year:

- ☒ July Quarterly
☐ October Quarterly

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.)

9e. Dissolution of Candidate Committee

☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no lates fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or

Designated Record keeper

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

08/04/2023

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

08/04/2023



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/23/2023</u>	
Name & Address: ELIAS MUAWAD 7626 ACORN HILL CT WEST BLOOMFIELD TOWNSHIP, MI 48323		\$ <u>600.00</u>	\$ <u>600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>7626 ACORN HILL CT, WEST BLOOMFIELD TOWNSHIP, MI 48323</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/23/2023</u>	
Name & Address: KEITH RENGERT 34080 ARMADA RIDGE RD RICHMOND, MI 48062		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>SELF</u> Business Address <u>34080 ARMADA RIDGE RD, RICHMOND, MI 48062</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/24/2023</u>	
Name & Address: DONALD J DANSBURY 55524 THEO DR SHELBY TWP, MI 48315		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>SELF</u> Business Address <u>55524 THEO DR, SHELBY TWP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/24/2023</u>	
Name & Address: SIMONE MAURO 5841 CUSICK LAKE DR WASHINGTON, MI 48095		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>SELF EMPLOYED</u> Business Address <u>48657 HAYES RD, SHELBY TWP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 925.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/27/2023</u>	
Name & Address: LAUREN GRUBE 55415 BUCKTHORN DR SHELBY TWP, MI 48316		\$ <u>1,500.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE AGENT</u> Employer <u>EXP REALTY</u> Business Address <u>55415 BUCKTHORN DR, SHELBY TWP, MI 48316</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/27/2023</u>	
Name & Address: MAGGIE VARNEY 30130 HARPER ST CLAIR SHORES, MI 48082		\$ <u>150.00</u>	\$ <u>450.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>GO GREEN SALON</u> Business Address <u>30130 PLYMOUTH RD, LIVONIA, MI 48150</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/28/2023</u>	
Name & Address: MARCO A SANTIA 149 PINECREST LN WAYNESVILLE, NC 28785		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>SELF</u> Business Address <u>149 PINECREST LN, WAYNESVILLE, NC 28785</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☒ YES	4. Date of Receipt <u>05/01/2023</u>	
Name & Address: SCHOSTAK FAMILY PAC CTE 514254 17800 N LAUREL PARK DR LIVONIA, MI 48152		\$ <u>1,500.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **3,200.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/06/2023</u> Name & Address: JAMIE MOLDENHAUER 28785 BARKMAN ST ROSEVILLE, MI 48066		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/07/2023</u> Name & Address: KENNETH DECOCK 80575 HOLMES RD ARMADA, MI 48005		\$ <u>150.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>80575 HOLMES RD, ARMADA, MI 48005</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/07/2023</u> Name & Address: JEFFREY BONANNI 3505 MOUNTAIN LAUREL CT OAKLAND TWP, MI 48363		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>GALBON INVESTMENTS</u> Business Address <u>42241 GARFIELD RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☒ YES 4. Date of Receipt <u>07/08/2023</u> Name & Address: OAKLAND COUNTY REPUBLICAN PARTY 42611 WOODWARD AVE BLOOMFIELD HILLS, MI 48304		\$ <u>1,500.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,450.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/10/2023</u>	
Name & Address: VINC CUSMANO 171 MAGNOLIA LAKES PORT ST. LUCIE, FL 34986		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>171 MAGNOLIA LAKES, PORT ST LUCIE, 34986</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☒ YES	4. Date of Receipt <u>07/10/2023</u>	
Name & Address: AMERICAN CONSERVATIVE UNION PAC 1331 H ST NW STE 500 WASHINGTON, DC 20005		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/10/2023</u>	
Name & Address: JONATHAN AGVAL 30 HARBOR HILL RD GROSSE POINTE FARMS, MI 48236		\$ <u>750.00</u>	\$ <u>750.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR</u> Employer <u>HOUSE ARREST SERVICES</u> Business Address <u>HOOVER RD, Warren, MI 48093</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/10/2023</u>	
Name & Address: JAMES J SULLIVAN 18720 MACK AVE STE 200 GROSSE POINTE, MI 48236		\$ <u>1,500.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF EMPLOYED</u> Business Address <u>18720 MACK AVE, GROSSE POINTE, MI 48236</u> 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)

Enter this total on
line 3a of Summary
Page.



ITEMIZED EXPENDITURES
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 BULTYNCK & CO. Address 15985 CANAL ROAD CLINTON TOWNSHIP, MI 48038 ☐ Fund Raiser	Purpose: TAXES AND BOOK KEEPING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	02/06/2023 Date	\$ 950.00
Expenditure #2 Name DE LA SALLE Address 14600 COMMON RD WARREN, MI 48088 ☒ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	02/16/2023 Date	\$ 3,500.00
Expenditure #3 Name IACS COUNCIL OF PRESIDENTS Address 45865 MEADOWS CIR E MACOMB, MI 48044 ☒ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/27/2023 Date	\$ 400.00
Expenditure #4 Name PARTY PARADISE Address 39090 VAN DYKE AVE STERLING HEIGHTS, MI 48313 ☒ Fund Raiser	Purpose: BALLOONS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/01/2023 Date	\$ 515.48
Expenditure #5 Name HOURL MEDIA Address 5750 NEW KING DR TROY, MI 48098 ☒ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/18/2023 Date	\$ 985.00

Subtotal this page **6,350.48**

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **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 OFFICE EXPRESS Address 1280 E BIG BEAVER RD TROY, MI 48083 ☒ Fund Raiser	Purpose: OFFICE EXPENSE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/18/2023 Date	\$ 2,413.12
Expenditure #2 Name DETROIT BAR ASSOCIATION Address 2 WOODWARD AVE DETROIT, MI 48226 ☒ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/18/2023 Date	\$ 1,000.00
Expenditure #3 Name CITY OF ST CLAIR SHORES Address 27600 JEFFERSON AVE ST CLAIR SHORES, MI 48081 ☒ Fund Raiser	Purpose: PARADE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/25/2023 Date	\$ 100.00
Expenditure #4 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	04/25/2023 Date	\$ 400.00
Expenditure #5 Name NOI FOUNDATION Address 44600 ENTERPRISE DR CLINTON TWP, MI 48038 ☒ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/27/2023 Date	\$ 250.00

Subtotal this page

4,163.12

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **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 CONCOURS D'AGOSTINI Address 11200 WALNUT LN STERLING HEIGHTS, MI 48313 ☒ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/20/2023 Date	\$ 400.00
Expenditure #2 Name JOSEPH ZAGO Address 29438 JEFFERSON AVE ST CLAIR SHORES, MI 48081 ☐ Fund Raiser	Purpose: ANEDOTE PARTIAL REFUND ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/01/2023 Date	\$ 1,500.00
Expenditure #3 Name US BANK Address PO BOX 790408 ST LOUIS, MO 63179 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Memo Itemization Below	07/14/2023 Date	\$ 886.88
Expenditure #4 Name CONSTANT CONTACT Address 1601 TRAPELO RD WALTHAM, MA 02451 ☒ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement (Memo Itemization)	04/13/2023 Date	\$ (462.00)
Expenditure #5 Name EZ TEXTING Address PO BOX 1973 SANTA MONICA, CA 9046 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement (Memo Itemization)	04/26/2023 Date	\$ (25.00)

Subtotal this page **2,786.88**

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

Enter this total
on line 8a of
Summary Page



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **139858**
2. Committee Name **CTE PETER J. LUCIDO FOR PROSECUTOR**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 07/26/2023	4. Number of Individuals Attending or Participating (whichever is greater) 200	5. Type of Fund Raising Activity CONTINUING FUNDRAISER	6. Address and Name (If any) of the place where the activity was held. PALAZZO GRANDE 54660 VAN DYKE AVE ☐ SHELBY TWP, MI 48316 Private Residence
---	--	---	---

7. Total Contributions **117,920.15**
8. Other Receipts **5,375.16**
9. Gross Receipts (Add lines 7 and 8) **123,295.31**
10. Total Cost of Event **1.00**
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.



FILED

09 NOV 2023 AM 08:12

MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

**CANDIDATE COMMITTEE
COVER PAGE**

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 07/21/2023 to 10/20/2023

1. Committee I.D. Number

139858

2. Committee Name

CTE PETER J. LUCIDO FOR PROSECUTOR

4. Candidate Last Name

LUCIDO

First Name

PETER

M.I.

J

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

PROSECUTING ATTORNEY, MACOMB COUNTY

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

5. Committee's Mailing Address

**6303 26-MILE RD SUITE 203
WASHINGTON TWP, MI 48094**

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.

6. Treasurer's Name & Residential Address

**JOSEPH LUCIDO
39999 GARFIELD ROAD
CLINTON TOWNSHIP, MI 48038**

Area Code & Phone (586) 286-8200

7. Treasurer's Business Address

**39999 GARFIELD ROAD
CLINTON TOWNSHIP, MI 48038**

Area Code and Phone (586) 286-8200

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) 286-7300

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

Date of Election, Convention or Caucus

Required ONLY if candidate is not on the ballot for the current year:

- ☐ July Quarterly
☒ October Quarterly

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.)

9e. Dissolution of Candidate Committee

☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no lates fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or

Designated Record keeper

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

11/09/2023

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

11/09/2023



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 139858

CANDIDATE COMMITTEE

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? ☐ Yes Name & Address: 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	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 <u>REFRESHMENTS FOR EVENT</u> 5. Date Of Receipt: <u>08/15/2023</u> 6. Vendor Name & Address:	\$ <u>1,150.00</u>	\$ <u>1,650.00</u>
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 ☒ 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 <u>REFRESHMENTS</u> 5. Date Of Receipt: <u>08/15/2023</u> 6. Vendor Name & Address:	\$ <u>1,150.00</u>	\$ <u>1,150.00</u>
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 <u>REFRESHMENTS</u> 5. Date Of Receipt: <u>08/15/2023</u> 6. Vendor Name & Address:	\$ <u>1,150.00</u>	\$ <u>1,150.00</u>

Page Subtotal **3,450.00** **3,950.00**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) **3,450.00**

Enter this total
on line 6 of Summary
Page



ITEMIZED EXPENDITURES
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 STEWARDS OF BRUCE TOWNSHIP CEMETERIES Address 13947 34 MILE RD BRUCE TOWNSHIP, MI 48065 ☐ Fund Raiser	Purpose: <u>HOLE SPONSOR</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/28/2023</u> Date	\$ <u>150.00</u>
Expenditure #2 Name PETER J LUCIDO Address 14601 BREZA DR SHELBY TWP, MI 48315 ☒ Fund Raiser	Purpose: <u>REPAYMENT OF PARTY SUPPLIES AND MEETINGS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/03/2023</u> Date	\$ <u>915.64</u> Memo Itemization Below
Expenditure #3 Name LOUIS CHOP HOUSE Address 50355 GRATIOT AVE NEW BALTIMORE, MI 48051 ☒ Fund Raiser	Purpose: <u>MEETING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/21/2023</u> Date	\$ <u>(150.00)</u> (Memo Itemization)
Expenditure #4 Name TIM HORTONS Address 12265 23 MILE RD SHELBY TWP, MI 48315 ☒ Fund Raiser	Purpose: <u>MEETING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/21/2023</u> Date	\$ <u>(19.99)</u> (Memo Itemization)
Expenditure #5 Name DA FRANCESCO'S RESTORANTE & BAR Address 49521 VAN DYKE AVE SHELBY TWP, MI 48317 ☒ Fund Raiser	Purpose: <u>MEETING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/21/2023</u> Date	\$ <u>(340.00)</u> (Memo Itemization)

Subtotal this page

1,065.64

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **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 LA SAJ LEBANESE BISTRO Address 13776 SOUTHCove DR STERLING HEIGHTS, MI 48313 ☒ Fund Raiser	Purpose: MEETING (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/21/2023 Date	\$ (65.00)
Expenditure #2 Name HAPPY'S PIZZA Address 140 GRATIOT AVE MT CLEMENS, MI 48043 ☒ Fund Raiser	Purpose: PIZZA FOR MEETING FOR FUNDRAISER (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/21/2023 Date	\$ (85.00)
Expenditure #3 Name WALGREENS Address 13664 23 MILE RD SHELBY TWP, MI 48315 ☒ Fund Raiser	Purpose: PHOTOS (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/31/2023 Date	\$ (55.65)
Expenditure #4 Name LUCIANO'S Address 39091 GARFIELD RD CLINTON TWP, MI 48038 ☒ Fund Raiser	Purpose: GIFT CARDS FOR HELPERS (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/01/2023 Date	\$ (200.00)
Expenditure #5 Name COMERICA BANK Address 15301 HALL RD MACOMB, MI 48044 ☐ Fund Raiser	Purpose: BANK FEES (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/11/2023 Date	\$ 13.00

Subtotal this page

13.00

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

Enter this total
on line 8a of
Summary Page



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05 FEB 2024 AM 09:23

MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

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**CANDIDATE COMMITTEE
COVER PAGE**

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 10/21/2023 to 12/31/2023

1. Committee I.D. Number

139858

2. Committee Name

CTE PETER J. LUCIDO FOR PROSECUTOR

4. Candidate Last Name

LUCIDO

First Name

PETER

M.I.

J

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

PROSECUTING ATTORNEY, MACOMB COUNTY

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

5. Committee's Mailing Address

**6303 26 MILE ROAD SUITE 203
WASHINGTON TWP, MI 48094**

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.

6. Treasurer's Name & Residential Address

**JOSEPH LUCIDO
39999 GARFIELD ROAD
CLINTON TOWNSHIP, MI 48038**

Area Code & Phone (586) 286-8200

7. Treasurer's Business Address

**39999 GARFIELD ROAD
CLINTON TOWNSHIP, MI 48038**

Area Code and Phone (586) 286-8200

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) 286-7300

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

Date of Election, Convention or Caucus

Required ONLY if candidate is not on the ballot for the current year:

- ☐ July Quarterly
☐ October Quarterly

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.)

9e. Dissolution of Candidate Committee

☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no lates fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or

Designated Record keeper

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

02/05/2024

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

02/05/2024



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>11/07/2023</u>	
Name & Address: PALJUSA VIKTOR 121 FERN DRIVE LEONARD, MI 48367		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SELF</u> Business Address <u>121 FERN DR, LEONARD, MI 48367</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt _____	
Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt _____	
Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt _____	
Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **500.00**

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

500.00

Enter this total on
line 3a of Summary
Page.



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04 APR 2024 PM 02:44

MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

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**CANDIDATE COMMITTEE
COVER PAGE**

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 07/21/2023 to 10/20/2023

1. Committee I.D. Number

139858

2. Committee Name

CTE PETER J. LUCIDO FOR PROSECUTOR

4. Candidate Last Name First Name M.I.

LUCIDO PETER J

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

PROSECUTING ATTORNEY, MACOMB COUNTY

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

5. Committee's Mailing Address

**6303 26 MILE ROAD SUITE 203
WASHINGTON TWP, MI 48094**

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.

6. Treasurer's Name & Residential Address

**JOSEPH LUCIDO
39999 GARFIELD ROAD
CLINTON TOWNSHIP, MI 48038**

Area Code & Phone (586) 286-8200

7. Treasurer's Business Address

**39999 GARFIELD ROAD
CLINTON TOWNSHIP, MI 48038**

Area Code and Phone (586) 286-8200

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) 286-7300

9. TYPE OF STATEMENT

9a. ☐ Pre-Election OR 9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

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☐ General
☐ Convention
☐ Special
☐ School
☐ Caucus

Date of Election, Convention or Caucus

Required ONLY if candidate is not on the ballot for the current year:

- ☐ July Quarterly
☒ October Quarterly

9c. ☐ Annual Statement (2023)
Coverage Year

9d. ☒ Amendment to Campaign Statement
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9e. Dissolution of Candidate Committee

☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no lates fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or

Designated Record keeper _____ /

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

04/04/2024

Candidate _____ /

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

04/04/2024



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/25/2023</u>	
Name & Address: RICHARD NELSON 407 CLOVERLY RD GROSSE POINTE FARMS, MI 48236		\$ <u>150.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>MACOMB COUNTY</u> Business Address <u>1 S MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/25/2023</u>	
Name & Address: ROBERT ADCOCK 16784 LYONHURST CIR NORTHVILLE, MI 48168		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CHAIRMAN</u> Employer <u>ANGELO LAFRATE CONSTRUCTION</u> Business Address <u>26300 SHERWOOD AVE, WARREN, MI 48091</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/26/2023</u>	
Name & Address: ORAS YONO 40832 RYAN RD STERLING HEIGHTS, MI 48310		\$ <u>2,500.00</u>	\$ <u>2,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>DREAM MARKET</u> Business Address <u>40832 RYAN RD, STERLING HEIGHTS, MI 48310</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/26/2023</u>	
Name & Address: ANGELO DALESSANDRO 13046 RUBY DR SHELBY TWP, MI 48315		\$ <u>3,000.00</u>	\$ <u>7,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>AQD CONSULTANTS</u> Business Address <u>28165 GROESBECK HWY, ROSEVILLE, MI 48066</u> 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
Page.



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
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 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. - 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. Contributor Name and Address: Oras Zuhair 3401 Sandy Ridge Drive Dorr, MI 49323 (If Individual, also provide:) _____ Occupation <u>Business Owner</u> Employer / Business Address <u>Oras 2 inc/ Old 13 mile road, Warren MI 48097</u>	5. Cumulative Amount during LCR Period. \$2000
Contributor Name and Address: David Enwyia 3401 Sandy Ridge Dr Shelby Twp, MI 48315 (If Individual, also provide:) _____ Occupation <u>Owner</u> Employer / Business Address <u>House of Hummus/ 14010 23 Mile Road, Shelby Twp MI 48315</u>	\$1000
Contributor Name and Address: Robert Little 14625 Shirley Ave Warren, MI 48089 (If Individual, also provide:) _____ Occupation <u>Retired</u> Employer / Business Address _____	\$1000
Contributor Name and Address: Michelle Madoun 52896 Sable Court Shelby Twp., MI 48315 (If Individual, also provide:) _____ Occupation <u>Retired</u> Employer / Business Address _____	\$600



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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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. Contributor Name and Address: Kumar Palepu 377 Hillcrest Avenue, Grosse Pointe Farms (If Individual, also provide:) Occupation <u>Attorney</u> Employer / Business Address <u>Macomb County/ 1 S Main Street Mount Clements MI 48043</u>	5. Cumulative Amount during LCR Period. \$600	
Contributor Name and Address: James Bowden 43833 Columbia Dr. Clinton Twp, MI 48038 (If Individual, also provide:) Occupation <u>Attorney</u> Employer / Business Address <u>Bowden Law/ 126 S Main Street Mount Clemens, MI 48043</u>	\$500	
Contributor Name and Address: Mansour Oram 280 Northlawn Blvd Birmingham, MI 48009 (If Individual, also provide:) Occupation <u>COO</u> Employer / Business Address <u>Inner City Contracting/ 28433 Orchard Lk Rd Farmington MI 48334</u>	\$500	
Contributor Name and Address: Latif Oram 3294 Wards Pointe Orchard LK, MI 48323 (If Individual, also provide:) Occupation <u>CEO</u> Employer / Business Address <u>Vision Properties/ 3294 Wards Pointe, Orchard LK, MI 483232</u>	\$500	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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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)

- 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 <u>Appendix G</u> of the Campaign Finance Manual. - 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. Contributor Name and Address: Ned Piccinini 4655 Lockwood Dr. Washington, MI 48094 (If Individual, also provide:) Occupation <u>Retired</u> Employer / Business Address _____	5. Cumulative Amount during LCR Period. \$500
Contributor Name and Address: Prince K Yousif 30335 Stephenson Hwy Madison Hts, MI 48071 (If Individual, also provide:) Occupation <u>Founder</u> Employer / Business Address <u>House of Dank/ 30335 Stephenson Hwy, Madison Hts, MI 48071</u>	\$5000
Contributor Name and Address: Robert Huth Jr. 19500 Hall Rd Clinton Twp., MI 48038 (If Individual, also provide:) Occupation <u>Attorney/ Partner</u> Employer / Business Address <u>Kirk Huth Lange & Badalamenti 19500 Hall Rd Clinton Twp. MI 48038</u>	\$2000
Contributor Name and Address: Tony Lochirco 277 Camelot Way Rochester, MI 48306 (If Individual, also provide:) Occupation <u>Business Owner</u> Employer / Business Address <u>Self Employed/ 49480 Van Dyke Ave Shelby Twp., MI 48317</u>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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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. Contributor Name and Address: Athir Ammori 248 E Gunn Rd Rochester, MI 48306 (If Individual, also provide:) Occupation <u>Owner</u> Employer / Business Address <u>BB's Liquor/ 13595 21 Mile Rd. Shelby Twp. MI 48315</u>	5. Cumulative Amount during LCR Period. \$2500
Contributor Name and Address: Brian Schaf 23220 Westbury St. St. Clair Shores, MI 48080 (If Individual, also provide:) Occupation <u>Attorney</u> Employer / Business Address <u>Self Employes/ 2 Crocker Blvd Mount Clemens, MI 48043</u>	\$1000
Contributor Name and Address: Jeffrey Mandziuk 4254 Chris Dr. Sterling Hts, MI 48310 (If Individual, also provide:) Occupation <u>Business Owner</u> Employer / Business Address <u>Self Employed/ 4254 Chris Dr. Sterling Hts, MI 48310</u>	\$700
Contributor Name and Address: Ryley Austyn 7120 Muerdale St. West Bloomfield Twp., MI 48322 (If Individual, also provide:) Occupation <u>Entrepreneur</u> Employer / Business Address <u>Self Employed/ 28250 Northline Rd. West Bloomfield, MI 48322</u>	\$600



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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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. Contributor Name and Address: Robert Berg 39850 Van Dyke Ave Sterling Hts, MI 48313 (If Individual, also provide:) Occupation <u>Attorney</u> Employer / Business Address <u>Self Employed/ 39850 Van Dyke Ave Sterling Hts, MI 48313</u>	5. Cumulative Amount during LCR Period. \$500
Contributor Name and Address: Kevin Schneider 11078 Guy Ct Warren, MI 48093 (If Individual, also provide:) Occupation <u>Attorney</u> Employer / Business Address <u>Law Offices of Kevin Schnieder 38550 Garfield Rd Ste A Clinton Twp., MI 48038</u>	\$500
Contributor Name and Address: Pashko Ujkic 38346 Phyllis Ct. Sterling Hts, MI 48312 (If Individual, also provide:) Occupation <u>Self Employed</u> Employer / Business Address <u>Self/ 38346 Phyllis Ct. Sterling Hts, MI 48312</u>	\$500
Contributor Name and Address: (If Individual, also provide:) Occupation _____ Employer / Business Address _____	



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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: Oras Zuhair 3401 Sandy Ridge Drive Dorr, MI 49323 (If Individual, also provide:) Occupation <u>Business Owner</u> Employer / Business Address <u>Oras 2 inc/ Old 13 mile road, Warren MI 48097</u>	5. Cumulative Amount during LCR Period. \$2000
Contributor Name and Address: David Enwyia 3401 Sandy Ridge Dr Shelby Twp, MI 48315 (If Individual, also provide:) Occupation <u>Owner</u> Employer / Business Address <u>House of Hummus/ 14010 23 Mile Road, Shelby Twp MI 48315</u>	\$1000
Contributor Name and Address: Robert Little 14625 Shirley Ave Warren, MI 48089 (If Individual, also provide:) Occupation <u>Retired</u> Employer / Business Address _____	\$1000
Contributor Name and Address: Michelle Madoun 52896 Sable Court Shelby Twp., MI 48315 (If Individual, also provide:) Occupation <u>Retired</u> Employer / Business Address _____	\$600



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Contributor Name and Address: Kumar Palepu 377 Hillcrest Avenue, Grosse Pointe Farms (If Individual, also provide:) Occupation <u>Attorney</u> Employer / Business Address <u>Macomb County/ 1 S Main Street Mount Clements MI 48043</u>	\$600
Contributor Name and Address: James Bowden 43833 Columbia Dr. Clinton Twp, MI 48038 (If Individual, also provide:) Occupation <u>Attorney</u> Employer / Business Address <u>Bowden Law/ 126 S Main Street Mount Clemens, MI 48043</u>	\$500
Contributor Name and Address: Mansour Oram 280 Northlawn Blvd Birmingham, MI 48009 (If Individual, also provide:) Occupation <u>COO</u> Employer / Business Address <u>Inner City Contracting/ 28433 Orchard Lk Rd Farmington MI 48334</u>	\$500
Contributor Name and Address: Latif Oram 3294 Wards Pointe Orchard LK, MI 48323 (If Individual, also provide:) Occupation <u>CEO</u> Employer / Business Address <u>Vision Properties/ 3294 Wards Pointe, Orchard LK, MI 48323</u>	\$500



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Contributor Name and Address: Ned Piccinini 4655 Lockwood Dr. Washington, MI 48094 (If Individual, also provide:) Occupation <u>Retired</u> Employer / Business Address _____	\$500
Contributor Name and Address: Prince K Yousif 30335 Stephenson Hwy Madison Hts, MI 48071 (If Individual, also provide:) Occupation <u>Founder</u> Employer / Business Address <u>House of Dank/ 30335 Stephenson Hwy, Madison Hts, MI 48071</u>	\$5000
Contributor Name and Address: Robert Huth Jr. 19500 Hall Rd Clinton Twp., MI 48038 (If Individual, also provide:) Occupation <u>Attorney/ Partner</u> Employer / Business Address <u>Kirk Huth Lange & Badalamenti 19500 Hall Rd Clinton Twp. MI 48038</u>	\$2000
Contributor Name and Address: Tony Lochirco 277 Camelot Way Rochester, MI 48306 (If Individual, also provide:) Occupation <u>Business Owner</u> Employer / Business Address <u>Self Employed/ 49480 Van Dyke Ave Shelby Twp., MI 48317</u>	\$2000



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Contributor Name and Address: Athir Ammori 248 E Gunn Rd Rochester, MI 48306 (If Individual, also provide:) Occupation <u>Owner</u> Employer / Business Address <u>BB's Liquor/ 13595 21 Mile Rd. Shelby Twp. MI 48315</u>	\$2500
Contributor Name and Address: Brian Schaf 23220 Westbury St. St. Clair Shores, MI 48080 (If Individual, also provide:) Occupation <u>Attorney</u> Employer / Business Address <u>Self Employes/ 2 Crocker Blvd Mount Clemens, MI 48043</u>	\$1000
Contributor Name and Address: Jeffrey Mandziuk 4254 Chris Dr. Sterling Hts, MI 48310 (If Individual, also provide:) Occupation <u>Business Owner</u> Employer / Business Address <u>Self Employed/ 4254 Chris Dr. Sterling Hts, MI 48310</u>	\$700
Contributor Name and Address: Ryley Austyn 7120 Muerdale St. West Bloomfield Twp., MI 48322 (If Individual, also provide:) Occupation <u>Entrepreneur</u> Employer / Business Address <u>Self Employed/ 28250 Northline Rd. West Bloomfield, MI 48322</u>	\$600



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Contributor Name and Address: Kevin Schneider 11078 Guy Ct Warren, MI 48093 (If Individual, also provide:) Occupation <u>Attorney</u> Employer / Business Address <u>Law Offices of Kevin Schnieder 38550 Garfield Rd Ste A Clinton Twp., MI 48038</u>	\$500
Contributor Name and Address: Pashko Ujkic 38346 Phyllis Ct. Sterling Hts, MI 48312 (If Individual, also provide:) Occupation <u>Self Employed</u> Employer / Business Address <u>Self/ 38346 Phyllis Ct. Sterling Hts, MI 48312</u>	\$500
Contributor Name and Address: (If Individual, also provide:) Occupation _____ Employer / Business Address _____	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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LATE CONTRIBUTION REPORT

1. Your Committee ID#: 139858
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3. Date Late Contribution(s) Received: 08/04/2024 (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. Contributor Name and Address: Frank Slaiwa 37320 Suan Sterling Hts, MI 48310 (If Individual, also provide:) Occupation <u>Mechanic</u> Employer / Business Address <u>Metrotech Automotive/ 15101 Michigan Ave</u> <u>Dearborn, MI 48126</u>	5. Cumulative Amount during LCR Period. \$1,000.00
Contributor Name and Address: Rudah Sghir 18467 Fox Hollow Ct Northville, MI 48168 (If Individual, also provide:) Occupation <u>President of Co.</u> Employer / Business Address <u>Fairlain Construction/</u> <u>26766 Simone, Dearborn Hts, MI 48127</u>	\$5,000.00
Contributor Name and Address: Hussein M Hussein 49910 Jonathan Ct Northville, MI 48167 (If Individual, also provide:) Occupation <u>President of Co.</u> Employer / Business Address <u>Metrotech Automotive/ 15101 Michigan Ave</u> <u>Dearborn, MI 48126</u>	\$8,325.00
Contributor Name and Address: Annie Hussein 49910 Jonathan Ct Northville, MI 48167 (If Individual, also provide:) Occupation <u>Director of Legal At</u> Employer / Business Address <u>Wayne County Employees Retirement/</u> <u>28 W Adams Ave # 1900, Detroit MI 48226</u>	\$1,000.00

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Contributor Name and Address: Hani Kassab Jr 803 W Big Beaver Ste 202 Troy, MI 48084 (If Individual, also provide:) Occupation <u>Business Owner</u> Employer / Business Address <u>JARS/ 803 W Big Beaver Ste 202</u> <u>Troy, MI 48048</u>	\$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 _____		
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Contributor Name and Address: Paul Tylanda 18720 Mack Ave Ste. 210 Grosse Pointe, MI 48236 (If Individual, also provide:) Occupation <u>Attorney</u> Employer / Business Address <u>Tylanda Law PLLC/</u> <u>18720 Mach Ste 270, Grosse Pointe, MI 48236</u>	\$1,000.00
Contributor Name and Address: Deldin PAC 18720 Mack Ave Ste. 210 Grosse Pointe, MI 48236 (If Individual, also provide:) Occupation <u>PAC</u> Employer / Business Address <u>PAC/</u> <u>18720 Mach Ste 270, Grosse Pointe, MI 48236</u>	\$9,000.00
Contributor Name and Address: Mark Deldin 70 University TL Grosse Pointe Farms, MI 48236 (If Individual, also provide:) Occupation <u>Attorney</u> Employer / Business Address <u>Deldin Law, PLLC</u> <u>18720 Mach Ste 270, Grosse Pointe, MI 48236 - in kind contribution for food and drink</u>	\$1,277.01
Contributor Name and Address: David Femminineo 110 South Main Street Mount Clemens, MI 48043 (If Individual, also provide:) Occupation <u>Attorney</u> Employer / Business Address <u>Femminineo Attorneys PLLC/</u> <u>110 South Main Street, Mount Clemens, MI 48043</u>	\$1,000.00



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Contributor Name and Address: Hani Kassab Jr 803 W Big Beaver Ste 202 Troy, MI 48084 (If Individual, also provide:) Occupation <u>Business Owner</u> Employer / Business Address <u>JARS/ 803 W Big Beaver Ste 202</u> <u>Troy, MI 48048</u>	\$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 _____	



FILED

21 AUG 2024 AM 07:57

MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

**CANDIDATE COMMITTEE
COVER PAGE**

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 01/01/2024 to 07/21/2024

1. Committee I.D. Number

139858

2. Committee Name

CTE PETER J. LUCIDO FOR PROSECUTOR

4. Candidate Last Name First Name M.I.

LUCIDO PETER J

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

PROSECUTING ATTORNEY, MACOMB COUNTY

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

5. Committee's Mailing Address

**6303 26 MILE ROAD SUITE 203
WASHINGTON TWP, MI 48094**

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.

6. Treasurer's Name & Residential Address

**JOSEPH LUCIDO
39999 GARFIELD ROAD
CLINTON TOWNSHIP, MI 48038**

Area Code & Phone (586) 286-8200

7. Treasurer's Business Address

**39999 GARFIELD ROAD
CLINTON TOWNSHIP, MI 48038**

Area Code and Phone (586) 286-8200

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) 286-7300

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

Required ONLY if candidate is not on the ballot for the current year:

- ☐ July Quarterly
☐ October Quarterly

9c. ☐ Annual Statement () Coverage Year

9d. ☒ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)

Date of Election, Convention or Caucus

08/06/2024

9e. Dissolution of Candidate Committee

☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or

Designated Record keeper _____ /

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

08/21/2024

Candidate _____ /

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

08/21/2024



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 139858

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>168,925.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>168,925.00</u>	(18.) \$ <u>389,245.15</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>168,925.00</u>	(20.) \$ <u>389,245.15</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>10,200.00</u>	(21.) \$ <u>13,650.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>195,688.10</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>195,688.10</u>	(23.) \$ <u>323,716.84</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>343,322.34</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>168,925.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>512,247.34</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>195,688.10</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>316,559.24</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/13/2024</u>	
Name & Address: SHERMAN ABDO 55479 CLEVELAND STE 403 SHELBY TWP, MI 48316		\$ <u>500.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>LA GRASSO, ABDO & SILVERI, PLLC</u> Business Address <u>12900 HALL RD, STE 403, STERLING HEIGHTS, MI 48313</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/13/2024</u>	
Name & Address: MICHELE BRYANT 250 BUTTERNUT LN STAMFORD, CT 06903		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SELF</u> Business Address <u>250 BUTTERNUT LN, STAMFORD, CT 06903</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/13/2024</u>	
Name & Address: CHRIS STUMP 1590 FAIRHOLME RD GROSSE POINTE WOODS, MI 48236		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CLERK</u> Employer <u>PERKINS LAW GROUP</u> Business Address <u>615 GRISWOLD ST, DETROIT, MI 48226</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/13/2024</u>	
Name & Address: BRIAN SCHAF 23220 WESTBURY ST ST CLAIR SHORES, MI 48080		\$ <u>500.00</u>	\$ <u>1,250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>2 CROCKER BLVD, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,000.00

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

Enter this total on
line 3a of Summary
Page.



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/19/2024</u>	
Name & Address: JOSEPH P LUCIDO JR. 56276 CANNON CREEK RD SHELBY TWP, MI 48316		\$ <u>200.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SALES</u> Employer <u>LUCIDO INSURANCE</u> Business Address <u>39999 GARFIELD RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/19/2024</u>	
Name & Address: LARRY LULICH 20701 WOLF DR MACOMB, MI 48044		\$ <u>400.00</u>	\$ <u>700.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SELF</u> Business Address <u>20701 WOLF DR, MACOMB, MI 48044</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/19/2024</u>	
Name & Address: DENA KELLER 573 LIVE OAK DR ROCHESTER HILLS, MI 48309		\$ <u>500.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>MACOMB COUNTY PROSECUTOR'S OFFICE</u> Business Address <u>1 S MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/16/2024</u>	
Name & Address: DENNIS PROBERT 25564 BARBARA ST ROSEVILLE, MI 48066		\$ <u>15.00</u>	\$ <u>15.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 1,115.00

Grand Total of All Schedules 1A
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Page.



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/16/2024</u> Name & Address: <u>LAITH HANNA</u> <u>1161 PEMBROKE DR</u> <u>BLOOMFIELD HILLS, MI 48304</u>		\$ <u>200.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>LAKESIDE AUTO</u> Business Address <u>15275 HALL RD, MACOMB, MI 48044</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/17/2024</u> Name & Address: <u>DAN DEMEESTER</u> <u>9349 MEISNER RD</u> <u>CASCO, MI 48064</u>		\$ <u>200.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>POLICE OFFICER</u> Employer <u>MACOMB COLLEGE</u> Business Address <u>14500 E 12 MILE RD, WARREN, MI 48088</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/17/2024</u> Name & Address: <u>SAKINA BURNS-LENNOX</u> <u>19194 MONTE VISTA ST</u> <u>DETROIT, MI 48221</u>		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SELF</u> Business Address <u>19194 MONTE VISTA ST, DETROIT, MI 48221</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/17/2024</u> Name & Address: <u>STEPHEN T RABAUT</u> <u>16931 19 MILE RD</u> <u>CLINTON TWP, MI 48038</u>		\$ <u>2,000.00</u>	\$ <u>6,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>17001 19 MILE ROAD, STE D, CLINTON TWP, MI 48038</u> 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.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/17/2024</u> Name & Address: MICHAEL LAGRASSO 14058 BOURNEMUTH DR SHELBY TWP, MI 48315		\$ <u>200.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/18/2024</u> Name & Address: VINCE CUSMANO 171 MAGNOLIA LAKES PORT ST. LUCIE, FL 34986		\$ <u>150.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>171 MAGNOLIA LAKES BLVD, PORT ST. LUCIE, FL 34986</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/18/2024</u> Name & Address: SHAWN WESTERVELT 19701 MAXINE ST ST CLAIR SHORES, MI 48080		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>AUTO TECHNICIAN</u> Employer <u>JOHN & HOLGERS</u> Business Address <u>16521 E 9 MILE RD, EASTPOINTE, MI 48021</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/18/2024</u> Name & Address: ANGELA LEACH 4120 DOGWOOD DRIVE MILFORD, MI 48381		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 950.00

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

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line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/18/2024</u>	
Name & Address: MICHAEL LEACH 2862 VINEYARDS DR TROY, MI 48098		\$ <u>400.00</u>	\$ <u>850.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FINANCIAL ADVISOR</u> Employer <u>STIFEL</u> Business Address <u>28411 NORTHWESTERN HWY, SOUTHFIELD, MI 48034</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/18/2024</u>	
Name & Address: BILL COLOVOS 13305 REECK RD SOUTHGATE, MI 48195		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>COLOVAS LAW FIRM</u> Business Address <u>13305 REECK RD, SOUTHGATE, MI 48195</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/19/2024</u>	
Name & Address: ARNOLD RECCHIA 14857 SPARROW DR SHELBY TWP, MI 48315		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROJECT MANAGER</u> Employer <u>INNER CITY CONTRACTING</u> Business Address <u>18701 GRAND RIVER AVE, DETROIT, MI 48223</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/19/2024</u>	
Name & Address: MARIANNE JANISSE 649 BUCKINGHAM ROAD CANTON, MI 48188		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 3,000.00

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

Enter this total on
line 3a of Summary
Page.



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/20/2024</u> Name & Address: MARY VARNEY-BIELAT 22316 HOFFMAN ST ST CLAIR SHORES, MI 48082		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>GO GREEN SALON</u> Business Address <u>30130 HARPER AVE, ST CLAIR SHORES, MI 48082</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/20/2024</u> Name & Address: FRED BARTOLOMEI 834 WESTCHESTER RD GROSSE POINTE PARK, MI 48230		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>APA</u> Employer <u>MACOMB COUNTY</u> Business Address <u>834 WESTCHESTER RD, GROSSE POINTE PARK, MI 48230</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/20/2024</u> Name & Address: ROBERT FISHMAN 599 BALLANTYNE RD GROSSE POINTE SHORES, MI 48236		\$ <u>200.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>GROSSE POINTE SHORES, MI 48236</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/20/2024</u> Name & Address: LISA BLAZEVSKI 31253 GAY ST ROSEVILLE, MI 48066		\$ <u>200.00</u>	\$ <u>800.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ASSISTANT PROSECUTING ATTORNEY</u> Employer <u>MACOMB COUNTY</u> Business Address <u>1 S MAIN ST, MT CLEMENS, MI 48043</u> 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)

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/21/2024</u>	
Name & Address: DAVID SAFAVIAN 1314 GATEWOOD DR ALEXANDRIA, VA 22307		\$ <u>200.00</u>	\$ <u>1,700.00</u>
5. If over \$100.00 cumulative, please provide:			
Occupation <u>GENERAL COUNSEL</u> Employer <u>AMERICAN CONSERVATIVE UNION</u>			
Business Address <u>1199 N FAIRFAX ST, SUITE 500, ALEXANDRIA, VA 22314</u>			
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/21/2024</u>	
Name & Address: JONATHAN A MYCEK P.O. BOX 216 DEARBORN, MI 48121		\$ <u>400.00</u>	\$ <u>550.00</u>
5. If over \$100.00 cumulative, please provide:			
Occupation <u>ASSISTANT PROSECUTING ATTORNEY</u> Employer <u>MACOMB COUNTY</u>			
Business Address <u>1 S MAIN ST, MT CLEMENS, MI 48043</u>			
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt _____	
Name & Address: _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide:			
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt _____	
Name & Address: _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide:			
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **600.00**

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

168,925.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED EXPENDITURES
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 DAVID LEDUC Address 1 N MAIN ST MT CLEMENS, MI 48043 ☐ Fund Raiser	Purpose: <u>ADVERTISING-RESEARCH "ALL DONE IN HOUSE"</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/23/2024</u> Date	\$ <u>300.00</u>
Expenditure #2 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #3 Name SMASH CREATIVE Address 7755 22 MILE RD SHELBY TWP, MI 48317 ☐ Fund Raiser	Purpose: <u>ADVERTISING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/30/2024</u> Date	\$ <u>10.00</u>
Expenditure #4 Name FESTA ITALIANA Address 6990 TOWN LN DEARBORN HEIGHTS, MI 48127 ☐ Fund Raiser	Purpose: <u>ADVERTISING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/01/2024</u> Date	\$ <u>1,000.00</u>
Expenditure #5 Name FORTY SIX 5 Address 555 PURITAN AVE BIRMINGHAM, MI 48009 ☐ Fund Raiser	Purpose: <u>ADVERTISING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/01/2024</u> Date	\$ <u>11,000.00</u>

Subtotal this page

12,310.00

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **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 ST MALACHY MEN'S CLUB Address 14115 E 14 MILE RD STERLING HEIGHTS, MI 48312 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/11/2024 Date	\$ 300.00
Expenditure #2 Name OFFICE EXPRESS Address 1280 E BIG BEAVER RD TROY, MI 48083 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/11/2024 Date	\$ 1,584.21
Expenditure #3 Name ARENO Address 1260 E STRINGHAM AVE SALT LAKE CITY, UT 84106 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/11/2024 Date	\$ 3,000.00
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type	_____ Date	\$ _____
Expenditure #5 Name BAY-RAMA Address PO BOX 25 NEW BALTIMORE, MI 48047 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/17/2024 Date	\$ 300.00

Subtotal this page **5,184.21**

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **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 MADISON'S PUB Address 15 N WALNUT ST MT CLEMENS, MI 48043 ☐ Fund Raiser	Purpose: MEETING FOR FUNDRAISER (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/28/2024 Date	\$ (100.00)
Expenditure #2 Name SPEEDWAY Address 57050 VAN DYKE AVE WASHINGTON, MI 48094 ☐ Fund Raiser	Purpose: GAS AND BREAKFAST (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/06/2024 Date	\$ (180.00)
Expenditure #3 Name SAJO'S RESTAURANT Address 36470 MORAVIAN DR CLINTON TWP, MI 48035 ☐ Fund Raiser	Purpose: MEETING FOR FUNDRAISER (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/11/2024 Date	\$ (45.00)
Expenditure #4 Name ANEDOT Address 15985 CANAL RD CLINTON TWP, MI 48038 ☐ Fund Raiser	Purpose: ANEDOT FEES (Memo Itemization Below) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/20/2024 Date	\$ 3,497.40
Expenditure #5 Name PETER J LUCIDO Address 6303 26 MILE RD WASHINGTON, MI 48094 ☐ Fund Raiser	Purpose: FOOD (Memo Itemization Below) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/30/2024 Date	\$ 660.00

Subtotal this page **4,157.40**

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **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 ☐ Fund Raiser	Purpose: <u>MEETING AT RESTAURANT</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/15/2024</u> Date	\$ <u>(105.00)</u>
Expenditure #2 Name THE PANTRY RESTAURANT Address 58884 VAN DYKE AVE WASHINGTON, MI 48094 ☐ Fund Raiser	Purpose: <u>MEETING AT RESTAURANT</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/18/2024</u> Date	\$ <u>(135.00)</u>
Expenditure #3 Name THE PANTRY RESTAURANT Address 58884 VAN DYKE AVE WASHINGTON, MI 48094 ☐ Fund Raiser	Purpose: <u>FOOD FOR MEETING</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/25/2024</u> Date	\$ <u>(220.00)</u>
Expenditure #4 Name MEIJER Address 8501 26 MILE RD WASHINGTON, MI 48094 ☐ Fund Raiser	Purpose: <u>GAS AND DRIVING EXPENSE</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/26/2024</u> Date	\$ <u>(200.00)</u>
Expenditure #5 Name MACOMB COUNTY REPUBLICAN PARY Address 39099 GARFIELD RD CLINTON TWP, MI 48038 ☐ Fund Raiser	Purpose: <u>ADVERTISING</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/30/2024</u> Date	\$ <u>500.00</u>

Subtotal this page

500.00

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **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 SMASH CREATIVE Address 7755 22 MILE RD SHELBY TWP, MI 48317 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/05/2024</u> Date	\$ <u>55.58</u>
Expenditure #2 Name SMASH CREATIVE Address 7755 22 MILE RD SHELBY TWP, MI 48317 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/05/2024</u> Date	\$ <u>50.02</u>
Expenditure #3 Name SMASH CREATIVE Address 7755 22 MILE RD SHELBY TWP, MI 48317 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/08/2024</u> Date	\$ <u>65.00</u>
Expenditure #4 Name MEDIANEWS GROUP Address PO BOX 909 SAN JOSE, CA 95106 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/09/2024</u> Date	\$ <u>5,700.00</u>
Expenditure #5 Name SMASH CREATIVE Address 7755 22 MILE RD SHELBY TWP, MI 48317 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/10/2024</u> Date	\$ <u>50.02</u>

Subtotal this page **5,920.62**

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **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 SMASH CREATIVE Address 7755 22 MILE RD SHELBY TWP, MI 48317 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/10/2024 Date	\$ 50.01
Expenditure #2 Name SMASH CREATIVE Address 7755 22 MILE RD SHELBY TWP, MI 48317 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/10/2024 Date	\$ 50.02
Expenditure #3 Name SMASH CREATIVE Address 7755 22 MILE RD SHELBY TWP, MI 48317 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/17/2024 Date	\$ 50.02
Expenditure #4 Name SMASH CREATIVE Address 7755 22 MILE RD SHELBY TWP, MI 48317 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/17/2024 Date	\$ 51.85
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page **201.90**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **195,688.10**

Enter this total
on line 8a of
Summary Page



FILED

29 AUG 2024 AM 08:56

MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

**CANDIDATE COMMITTEE
COVER PAGE**

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 07/22/2024 to 08/26/2024

1. Committee I.D. Number

139858

2. Committee Name

CTE PETER J. LUCIDO FOR PROSECUTOR

4. Candidate Last Name

LUCIDO

First Name

PETER

M.I.

J

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

PROSECUTING ATTORNEY, MACOMB COUNTY

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

5. Committee's Mailing Address

**6303 26 MILE ROAD SUITE 203
WASHINGTON TWP, MI 48094**

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.

6. Treasurer's Name & Residential Address

**JOSEPH LUCIDO
39999 GARFIELD ROAD
CLINTON TOWNSHIP, MI 48038**

Area Code & Phone (586) 286-8200

7. Treasurer's Business Address

**39999 GARFIELD ROAD
CLINTON TOWNSHIP, MI 48038**

Area Code and Phone (586) 286-8200

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) 286-7300

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

Date of Election, Convention or Caucus

08/06/2024

Required ONLY if candidate is not on the ballot for the current year:

- ☐ July Quarterly
☐ October Quarterly

9c. ☐ Annual Statement ()
Coverage Year

9d. ☐ Amendment to Campaign Statement
(Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)

9e. Dissolution of Candidate Committee

☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or

Designated Record keeper

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

08/29/2024

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

08/29/2024



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 139858

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>80,175.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>80,175.00</u>	(18.) \$ <u>469,420.15</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>80,175.00</u>	(20.) \$ <u>469,420.15</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>1,277.01</u>	(21.) \$ <u>14,927.01</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>50,437.44</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>50,437.44</u>	(23.) \$ <u>374,154.28</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>316,559.24</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>80,175.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>396,734.24</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>50,437.44</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>346,296.80</u> *	



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/22/2024</u>	
Name & Address: PRINCE YOUSIF 30335 STEPHENSON HWY MADISON HEIGHTS, MI 48071		\$ <u>5,000.00</u>	\$ <u>6,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FOUNDER</u> Employer <u>HOUSE OF DANK</u> Business Address <u>30335 STEPHENSON HWY, MADISON HEIGHTS, MI 48071</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/22/2024</u>	
Name & Address: FRANCESCO BRIGUGLIO 43340 BAYFIELD DR CLINTON TWP, MI 48038		\$ <u>200.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>CLARKSTON LEGAL</u> Business Address <u>43640 BAYFIELD DR, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/22/2024</u>	
Name & Address: PAUL J BUKOWSKI 44510 PINE DR STERLING HEIGHTS, MI 48313		\$ <u>250.00</u>	\$ <u>450.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>MACOMB COUNTY</u> Business Address <u>1 S MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/22/2024</u>	
Name & Address: DENISE HART 1007 MALLOW ST COMMERCE TWP, MI 48390		\$ <u>200.00</u>	\$ <u>900.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>1ST ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 5,650.00

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

Enter this total on
line 3a of Summary
Page.



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/22/2024</u>	
Name & Address: SCOTT FARIDA 4378 RAMSGATE LN BLOOMFIELD HILLS, MI 48302		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>THE LAW OFFICES OF SCOTT LAWRENCE FARIDA, PLLC</u> Business Address <u>40700 WOODWARD AVE, STE 305, BLOOMFIELD HILLS, MI 48304</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/22/2024</u>	
Name & Address: BRENDA SAVAGE 1715 NORTHUMBERLAND DR ROCHESTER HILLS, MI 48309		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/22/2024</u>	
Name & Address: KEVIN REESE 17841 EIDER DR CLINTON TWP, MI 48038		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CHEIF INVESTIGATOR</u> Employer <u>MACOMB COUNTY</u> Business Address <u>1 S MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/22/2024</u>	
Name & Address: GIL ANDERSON 13714 BELLE CT STERLING HEIGHTS, MI 48312		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 1,200.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/22/2024</u>	
Name & Address: DANIEL CADEZ 22001 BELL ROAD NEW BOSTON, MI 48164		\$ <u>200.00</u>	\$ <u>1,700.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BAIL BONDS</u> Employer <u>BAIL BONDS SERVICES, INC</u> Business Address <u>38530 S GROESBECK HWY, CLINTON TWP, MI 48036</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/22/2024</u>	
Name & Address: JACQUELINE GARTIN 15896 TEA ROSE DR MACOMB, MI 48042		\$ <u>200.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ASSISTANT PROSECUTOR</u> Employer <u>MACOMB COUNTY</u> Business Address <u>1 S MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/22/2024</u>	
Name & Address: BOB LITTLE 14625 SHIRLEY AVE WARREN, MI 48089		\$ <u>1,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/22/2024</u>	
Name & Address: JASON GRUNENWALD 1061 HAMPTON RD MT CLEMENS, MI 48043		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SHEET METAL</u> Employer <u>SHEET METAL LOCAL 80 PAC</u> Business Address <u>17100 W 12 MILE RD, 2ND FLOOR, SOUTHFIELD, MI 48076</u> 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
line 3a of Summary
Page.



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/22/2024</u> Name & Address: HUSSEIN M HUSSEIN 49910 JONATHAN CT NORTHVILLE, MI 48167		\$ <u>8,325.00</u>	\$ <u>8,325.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>METROTECH</u> Business Address <u>15101 MICHIGAN AVE, DEARBORN, MI 48126</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/22/2024</u> Name & Address: JENNIFER LAETHEM 1350 N CHANNEL DR HARSENS ISLAND, MI 48028		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/22/2024</u> Name & Address: GAIL PAMUKOV 1300 W ALTGELD ST APT 134N CHICAGO, IL 60614		\$ <u>200.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>MACOMB COUNTY</u> Business Address <u>1 S MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/23/2024</u> Name & Address: JOSEPH S LENTINE 5843 JULIANN CT WASHINGTON, MI 48094		\$ <u>200.00</u>	\$ <u>700.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SELF</u> Business Address <u>5843 JULIANN CT, WASHINGTON, MI 48094</u> 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)

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/23/2024</u>	
Name & Address: TONY LOCHIRCO 277 CAMELOT WAY ROCHESTER, MI 48306		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINES OWNER</u> Employer <u>SELF EMPLOYED</u> Business Address <u>49480 VAN DYKE AVE, SHELBY TWP, MI 48317</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/23/2024</u>	
Name & Address: PETER LUCIDO III 16717 FAYS CT MACOMB, MI 48042		\$ <u>200.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>INSURANCE AGENT</u> Employer <u>SELF</u> Business Address <u>16717 FAYS CT, MACOMB, MI 48042</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/23/2024</u>	
Name & Address: ELIAS MUAWAD 40700 WOODWARD AVE STE 305 BLOOMFIELD HILLS, MI 48304		\$ <u>400.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>7626 ACORN HILL CT, WEST BLOOMFIELD TOWNSHIP, MI 48323</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/23/2024</u>	
Name & Address: JOSEPH S PERNICANO 1890 KENMORE DR GROSSE POINTE WOODS, MI 48236		\$ <u>200.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>PERNICANO LAW PLLC</u> Business Address <u>79 KERCHEVAL AVE, GROSSE POINTE FARMS, MI 48236</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,800.00

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

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/23/2024</u>	
Name & Address: MARIA SILAMIANOS 67587 HIDDEN OAK LN WASHINGTON, MI 48095		\$ <u>200.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>CALLOBPEO</u> Business Address <u>P.O. BOX 18, WASHINGTON, MI 48094</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/23/2024</u>	
Name & Address: TOM SOKOL 20371 HALL RD MACOMB, MI 48044		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>AGENCY PRINCIPLE</u> Employer <u>SELF EMPLOYED</u> Business Address <u>15945 CANAL RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/23/2024</u>	
Name & Address: NED PICCININI 4655 LOCKWOOD DR WASHINGTON, MI 48094		\$ <u>500.00</u>	\$ <u>800.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>MCM LEARNING INC</u> Business Address <u>31791 SHERMAN AVE, MADISON HEIGHTS, MI 48071</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/23/2024</u>	
Name & Address: VANCE R PATRICK 30545 LONGCREST ST SOUTHFIELD, MI 48076		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 1,300.00

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/23/2024</u> Name & Address: DOMINIC TORRES 44517 S CAROLINA DR SHELBY TOWNSHIP, MI 48315		\$ <u>200.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REALTOR</u> Employer <u>KELLER WILLIAMS LAKESIDE</u> Business Address <u>45609 VILLAGE BLVD, SHELBY TWP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/23/2024</u> Name & Address: STEPHANIE STAGER 54821 CABRILLO DR MACOMB, MI 48042		\$ <u>200.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROSECUTOR</u> Employer <u>MACOMB CIRCUIT COURT</u> Business Address <u>1 S MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/23/2024</u> Name & Address: KENNETH J LICARI 52799 S WEATHERVANE DR NEW BALTIMORE, MI 48047		\$ <u>200.00</u>	\$ <u>650.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/23/2024</u> Name & Address: DAN WALLER 209 NORTSHORE DR ST CLAIR SHORES, MI 48080		\$ <u>200.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>100 MAPLE PARK BLVD, ST CLAIR SHORES, MI 48081</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/23/2024</u> Name & Address: EDWARD KLOBUCHER 585 E SHEVLIN AVE HAZEL PARK, MI 48030 5. If over \$100.00 cumulative, please provide: Occupation <u>CITY MANAGER</u> Employer <u>CITY OF HAZEL PARK</u> Business Address <u>111 E 9 MILE RD, HAZEL PARK, MI 48030</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>200.00</u>	\$ <u>200.00</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/23/2024</u> Name & Address: COLLEEN WORDEN 20052 FAIRWAY DR GROSSE POINTE WOODS, MI 48236 5. If over \$100.00 cumulative, please provide: Occupation <u>ASSISTANT PROSECUTOR</u> Employer <u>MACOMB COUNTY</u> Business Address <u>20052 FAIRWAY DR, GROSSE POINTE WOODS, MI 48236</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>200.00</u>	\$ <u>200.00</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/23/2024</u> Name & Address: JUSTIN POLLARD 39676 MEMORY LN HARRISON TWP, MI 48045 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>MACOMB COUNTY</u> Business Address <u>1 S MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>200.00</u>	\$ <u>650.00</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/23/2024</u> Name & Address: WALLY JADAN 850 STEPHENSON HWY TROY, MI 48083 5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>MEA TV RADIO</u> Business Address <u>850 STEPHENSON HWY, TROY, MI 48083</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>200.00</u>	\$ <u>200.00</u>

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/23/2024</u>	
Name & Address: SAM LAGRASSO 540 E GUNN RD ROCHESTER, MI 48306		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>VENTURE MANAGEMENT</u> Business Address <u>540 E GUNN RD, ROCHESTER, MI 48306</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/23/2024</u>	
Name & Address: KYLE BASTION 53255 WHITBY WAY SHELBY TWP, MI 48316		\$ <u>400.00</u>	\$ <u>700.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SOCIAL WORKER</u> Employer <u>MACOMB COUNTY COUNSELING GROUP</u> Business Address <u>53255 WHITBY WAY, SHELBY TWP, MI 48316</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/23/2024</u>	
Name & Address: RYAN LESPERANCE 53560 JOE WOOD DR MACOMB, MI 48042		\$ <u>200.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MARKETING</u> Employer <u>SMASH CREATIVE</u> Business Address <u>7755 22 MILE RD, SHELBY TWP, MI 48317</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/23/2024</u>	
Name & Address: RICHARD CERVENAK 42870 LITTLE RD CLINTON TWP, MI 48036		\$ <u>200.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>42870 LITTLE RD, CLINTON TWP, MI 48036</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/23/2024</u>	
Name & Address: ROGER LONSWAY 41800 PRUNUM DR STERLING HEIGHTS, MI 48314		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/23/2024</u>	
Name & Address: DAVID ENWYIA 52904 FOREST GROVE SHELBY TWP, MI 48315		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>HOUSE OF HUMMUS</u> Business Address <u>14010 23 MILE RD, SHELBY TWP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/23/2024</u>	
Name & Address: MICHAEL BOMMARITO 11342 COVERED BRIDGE LN BRUCE TOWNSHIP, MI 48065		\$ <u>200.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUILDING OFFIC</u> Employer <u>WASHINGTON TWP</u> Business Address <u>57900 VAN DYKE AVE, WASHINGTON, MI 48094</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/23/2024</u>	
Name & Address: TONYA GOETZ 1363 PEACHTREE DR TROY, MI 48083		\$ <u>400.00</u>	\$ <u>700.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>MACOMB COUNTY PROSECUTOR'S OFFICE</u> Business Address <u>1 S MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

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

CANDIDATE COMMITTEE

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/23/2024</u>	
Name & Address: RALPH DEBUCCE JR 37177 BRETT DR NEW BALTIMORE, MI 48047		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>GENERAL MANAGER</u> Employer <u>JIM RIEHL'S CADILLAC</u> Business Address <u>18900 HALL RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/23/2024</u>	
Name & Address: JOHN MACKENZIE 49573 REGATTA ST NEW BALTIMORE, MI 48047		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>WARNER NORCROSS</u> Business Address <u>12900 HALL RD, STERLING HEIGHTS, MI 48313</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/23/2024</u>	
Name & Address: DARRYL ONDERIK 53245 SAMS LN NEW BALTIMORE, MI 48047		\$ <u>400.00</u>	\$ <u>1,150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COMMUNITY RELATIONS</u> Employer <u>WUJEK - CALCATERRA</u> Business Address <u>36900 SCHOENHERR RD, STERLING HEIGHTS, MI 48312</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/23/2024</u>	
Name & Address: ANTHONY GUSMANO 55332 MACINTOSH CT SHELBY TWP, MI 48316		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

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Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1	PAC Receipt? ☒ YES	4. Date of Receipt <u>07/23/2024</u>	
Name & Address: DELDIN LAW PAC 18720 MACK STE 270 GROSSE POINTE, MI 48236		\$ <u>9,000.00</u>	\$ <u>9,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/23/2024</u>	
Name & Address: FRANK SLAIWA 37320 SUSAN ST STERLING HEIGHTS, MI 48310		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MECHANIC</u> Employer <u>METROTECH AUTOMOTIVE</u> Business Address <u>15101 MICHIGAN AVE, DEARBORN, MI 48126</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/23/2024</u>	
Name & Address: RUDAH SAGHIR 18467 FOX HOLLOW CT NORTHVILLE, MI 48168		\$ <u>5,000.00</u>	\$ <u>5,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>FAIRLANE CONSTRUCTION</u> Business Address <u>26766 SIMONE ST, DEARBORN HEIGHTS, MI 48127</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/23/2024</u>	
Name & Address: PAUL TYLEND 18720 MACK AVE GROSSE POINTE, MI 48236		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>TYLEND LAW</u> Business Address <u>18720 MACK AVE, GROSSE POINTE, MI 48236</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/23/2024</u> Name & Address: ANNIE HUSSEIN 49910 JONATHAN CT NORTHVILLE, MI 48167 5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR OF LEGAL AFFAIRS AND COMPLIANCE</u> Employer <u>WAYNE COUNTY EMPLOYEES RETIREMENT SYSTEM</u> Business Address <u>28 W ADAMS AVE, # 1900, DETROIT, MI 48226</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>500.00</u>	\$ <u>500.00</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/23/2024</u> Name & Address: ANNIE HUSSEIN 49910 JONATHAN CT NORTHVILLE, MI 48167 5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR OF LEGAL AFFAIRS AND COMPLIANCE</u> Employer <u>WAYNE COUNTY EMPLOYEES RETIREMENT SYSTEM</u> Business Address <u>28 W ADAMS AVE, # 1900, DETROIT, MI 48226</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>500.00</u>	\$ <u>1,000.00</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/24/2024</u> Name & Address: RAYMOND DEBUCK JR. 67587 HIDDEN OAK LN WASHINGTON, MI 48095 5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>DEBUCK CONSTRUCTION</u> Business Address <u>6805 AUBURN RD, UTICA, MI 48317</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>150.00</u>	\$ <u>450.00</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/24/2024</u> Name & Address: JENNIFER KEE 55837 NICKELBY S SHELBY TWP, MI 48316 5. If over \$100.00 cumulative, please provide: Occupation <u>REALTOR</u> Employer <u>KEE REALTY LLC</u> Business Address <u>55837 NICKELBY S, SHELBY TWP, MI 48316</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>150.00</u>	\$ <u>450.00</u>

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2024</u>	
Name & Address: JOHN HUNT 14841 MURTHUM AVE WARREN, MI 48088		\$ <u>200.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>MACOMB COUNTY</u> Business Address <u>1 S MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2024</u>	
Name & Address: RAYMOND CONTESTI 39209 COLUMBIA ST HARRISON TWP, MI 48045		\$ <u>400.00</u>	\$ <u>700.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUILDER</u> Employer <u>RONCELLI</u> Business Address <u>6471 METRO PARKWAY, STERLING HEIGHTS, MI 48312</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2024</u>	
Name & Address: JEFFREY MANDZIUK 4254 CHRIS DR STERLING HEIGHTS, MI 48310		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>SELF EMPLOYED</u> Business Address <u>4254 CHRIS DR, STERLING HEIGHTS, MI 48310</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2024</u>	
Name & Address: JEFFREY P YAROCH 35545 POUND RD RICHMOND, MI 48062		\$ <u>200.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LEGISLATOR</u> Employer <u>STATE OF MICHIGHAN</u> Business Address <u>201 TOWNSEND ST, LANSING, MI 48933</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 1,000.00

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

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2024</u>	
Name & Address: LOUIS J CIOTTI 1315 S MAIN ST ROYAL OAK, MI 48067		\$ <u>200.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE</u> Employer <u>SELF</u> Business Address <u>1315 S MAIN ST, ROYAL OAK, MI 48067</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2024</u>	
Name & Address: ATHIR AMMORI 248 E GUNN RD ROCHESTER, MI 48306		\$ <u>1,000.00</u>	\$ <u>2,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>BB'S LIQUOR</u> Business Address <u>13595 21 MILE RD, SHELBY TWP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2024</u>	
Name & Address: RALPH MACCARONE 13921 BASILISCO CHASE DR SHELBY TWP, MI 48315		\$ <u>200.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>13921 BASILISCO CHASE DR, SHELBY TWP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2024</u>	
Name & Address: ROBERT BERG JR. 39850 VAN DYKE AVE STERLING HEIGHTS, MI 48313		\$ <u>500.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF EMPLOYED</u> Business Address <u>39850 VAN DYKE AVE, STERLING HEIGHTS, MI 48313</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 1,900.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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1. Committee I.D. Number 139858
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/24/2024</u> Name & Address: FRANK DIPONIA 51173 SIMONE INDUSTRIAL DR SHELBY TWP, MI 48316		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>DIPONIO & MORELLI CONSTRUCTION</u> Business Address <u>51173 SIMONE INDUSTRIAL DR, SHELBY TWP, MI 48316</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/24/2024</u> Name & Address: VITO K STROLIS 205 NORTH GRATIOT AVENUE MOUNT CLEMENS, MI 48043		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>RUEHLES TOWING</u> Business Address <u>205 NORTHBOUND GRATIOT AVE, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/24/2024</u> Name & Address: MICHAEL R DEVAULT 7910 WALTERS RD LAINGSBURG, MI 48848		\$ <u>400.00</u>	\$ <u>650.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SUPERINTENDENT</u> Employer <u>MISD</u> Business Address <u>44001 GARFIELD RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/24/2024</u> Name & Address: KEVIN M SCHNEIDER 11078 GUY CT WARREN, MI 48093		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>LAW OFFICES OF KEVIN SCHNEIDER</u> Business Address <u>38550 GARFIELD RD, STE A, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

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Grand Total of All Schedules 1A
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2024</u>	
Name & Address: GORAN ANTOVSKI 198 S MAIN ST MT CLEMENS, MI 48043		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>MICHIGAN JUSTICE, PLLC</u> Business Address <u>198 S MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2024</u>	
Name & Address: BENEDETTO MARROCCO 11421 HEATHERWOOD CT SHELBY TWP, MI 48315		\$ <u>200.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>SELF EMPLOYED</u> Business Address <u>11421 HEATHERWOOD CT, SHELBY TWP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2024</u>	
Name & Address: ANDREA C IRONS 15795 NEWPORT DR CLINTON TWP, MI 48038		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>APA</u> Employer <u>MACOMB COUNTY</u> Business Address <u>1 S MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2024</u>	
Name & Address: MATTHEW LOCRIKCHIO 4638 GOODISON PL DR ROCHESTER, MI 48306		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>IT</u> Employer <u>COUNTER MEASURE INC</u> Business Address <u>4638 GOODISON PL DR, ROCHESTER, MI 48306</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

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Grand Total of All Schedules 1A
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2024</u>	
Name & Address: DAVID JAYE 25810 HICKORY BLVD BONITA SPRINGS, FL 34134		\$ <u>200.00</u>	\$ <u>1,250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2024</u>	
Name & Address: JEFFREY GALLOWAY 61462 BRADBURY RUN WASHINGTON, MI 48094		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>SELF EMPLOYED</u> Business Address <u>61462 BRADBURY RUN, WASHINGTON, MI 48094</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2024</u>	
Name & Address: SRMAD BATRIS 6306 SANTA ANITA DR SAGINAW, MI 48603		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>SELF EMPLOYED</u> Business Address <u>6306 SANTA ANITA DR, SAGINAW, MI 48603</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2024</u>	
Name & Address: ALAN ACKERMAN 365 PINE RIDGE DR BLOOMFIELD HILLS, MI 48304		\$ <u>200.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF EMPLOYED</u> Business Address <u>988 S ADAMS RD, BIRMINGHAM, MI 48009</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

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ITEMIZED CONTRIBUTIONS
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2024</u>	
Name & Address: BRADLEY A WOLFBAUER 17625 E 10 MILE RD ROSEVILLE, MI 48066		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>GENERAL CONSTRUCTION</u> Employer <u>UNIVERSAL CONSOLIDATED ENTERPRISES</u> Business Address <u>PO BOX 80850, Rochester, MI 48308</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2024</u>	
Name & Address: FRANK GIANNETTI 12357 FOREST GLEN LN SHELBY TWP, MI 48315		\$ <u>200.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONTRACTOR</u> Employer <u>SELF</u> Business Address <u>12357 FOREST GLEN LN, SHELBY TWP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2024</u>	
Name & Address: NICHOLAS J BACHAND 1566 FAIRHOLME RD GROSSE POINTE WOODS, MI 48236		\$ <u>200.00</u>	\$ <u>2,900.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF EMPLOYED</u> Business Address <u>1566 FAIRHOLME RD, GROSSE POINTE WOODS, MI 48236</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2024</u>	
Name & Address: KATHLEEN ELLIOT 27442 CLARK CIR NEW BALTIMORE, MI 48051		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TREASURER</u> Employer <u>CHESTERFIELD TOWNSHIP OFFICE</u> Business Address <u>47275 SUGARBUSH RD, NEW BALTIMORE, MI 48047</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

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

CANDIDATE COMMITTEE

1. Committee I.D. Number 139858
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2024</u>	
Name & Address: FAHD ALHASSAN 6605 LAKE POINTE SHELBY TWP, MI 48317		\$ <u>200.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ACCOUNTANT</u> Employer <u>SELF EMPLOYED</u> Business Address <u>6605 LAKE POINTE, SHELBY TWP, MI 48317</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2024</u>	
Name & Address: JOHN J JENDZA 111 24742 CROCKER BLVD HARRISON TWP, MI 48045		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>TOP HAT JOHN</u> Business Address <u>24742 CROCKER BLVD, HARRISON TWP, MI 48045</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2024</u>	
Name & Address: ORLANDO L BLANCO 4420 MARQUIS LN BLOOMFIELD HILLS, MI 48301		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>BLANCO WILCZYNSKI, PLLC</u> Business Address <u>2095 E BIG BEAVER RD, STE 400, TROY, MI 48083</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2024</u>	
Name & Address: MATTHEW K CASEY 4996 CRYSTAL CREEK LN WASHINGTON, MI 48094		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>WARNER NORCROSS & JUDD LLP</u> Business Address <u>40701 WOODWARD AVE, BLOOMFIELD HILLS, MI 48304</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 800.00

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

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2024</u>	
Name & Address: JEFF ABRO 5541 SPRINGBROOK DR TROY, MI 48098		\$ <u>200.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SELF EMPLOYED</u> Business Address <u>5541 SPRINGBROOK DR, TROY, MI 48098</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2024</u>	
Name & Address: PAUL BORG 4211 BRIAR DR SHELBY TWP, MI 48316		\$ <u>200.00</u>	\$ <u>625.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGEMENT</u> Employer <u>B & B MAINTENANCE SERVICES INC</u> Business Address <u>PO BOX 182337, Shelby Township, MI 48318</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2024</u>	
Name & Address: KATHRYN NOFAR 2538 PORTOBELLO DR TROY, MI 48083		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CPA</u> Employer <u>DERDERIAN, KANN, SEYFERTH & SALUCCI</u> Business Address <u>3001 W BIG BEAVER RD, TROY, MI 48084</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2024</u>	
Name & Address: ANTHONY SORENTINO 915 RIVER BEND DR ROCHESTER HILLS, MI 48307		\$ <u>200.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>PROSECUTORS OFFICE</u> Business Address <u>1 N MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

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Grand Total of All Schedules 1A
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ITEMIZED CONTRIBUTIONS
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/24/2024</u> Name & Address: BRIAN SCHAF 23220 WESTBURY ST ST CLAIR SHORES, MI 48080		\$ <u>1,000.00</u>	\$ <u>2,250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>2 CROCKER BLVD, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/24/2024</u> Name & Address: BRAD HANTLER 3081 WOODCREEK WAY BLOOMFIELD HILLS, MI 48304		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>WOODCREEK ENTERPRISES</u> Business Address <u>3081 WOODCREEK WAY, BLOOMFIELD HILLS, MI 48304</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/24/2024</u> Name & Address: ROBERT HUTH JR 19500 HALL RD CLINTON TWP, MI 48038		\$ <u>2,000.00</u>	\$ <u>3,250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY/PARTNER</u> Employer <u>KIRK HUTH LANGE & BADALAMENTI</u> Business Address <u>19500 HALL RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/24/2024</u> Name & Address: CHRISTOPHER DARROW 44433 WHITE PINE CIR E NORTHVILLE, MI 48168		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>DARROW MUSTAFA PC</u> Business Address <u>41860 SIX MILE RD, NORTHVILLE, MI 48168</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2024</u>	
Name & Address: GIOVAN B MANNINO 8249 PINE CREEK CT SHELBY TWP, MI 48316		\$ <u>200.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2024</u>	
Name & Address: SHIRLEY SIEWEKE 5754 STONEY PL S SHELBY TOWNSHIP, MI 48316		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGER</u> Employer <u>DA FRANCESCO</u> Business Address <u>49521 VAN DYKE AVE, SHELBY TWP, MI 48317</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2024</u>	
Name & Address: RANDALL T LEVASSEUR 1868 ROYAL BIRKDALE DR OXFORD, MI 48371		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>LE VASSEUR DYER & ASSOCIATES PC</u> Business Address <u>3233 COOLIDGE HWY, BERKLEY, MI 48072</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2024</u>	
Name & Address: PAUL MILLER 2071 LEEWOOD DR SHELBY TWP, MI 48316		\$ <u>400.00</u>	\$ <u>700.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>JETS PIZZA</u> Business Address <u>13785 23 MILE RD, SHELBY TWP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 900.00

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

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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2024</u>	
Name & Address: JAMES GALLOWAY 61624 BUNKER HILL DR WASHINGTON, MI 48094		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2024</u>	
Name & Address: MARK W STEPEK 384 W DRAHNER RD OXFORD, MI 48371		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROSECUTOR</u> Employer <u>CENTERAL PROCESSING SERVICES</u> Business Address <u>23800 W 10 MILE RD, SOUTHFIELD, MI 48033</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2024</u>	
Name & Address: ALEX LUCIDO 10 WEBER PL GROSSE POINTE, MI 48236		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BORKER</u> Employer <u>LUCIDO REAL ESTATE</u> Business Address <u>19455 MACK AVE, GROSSE POINTE WOODS, MI 48236</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2024</u>	
Name & Address: ELIZABETH A WADE 43438 WELLAND DR CLINTON TWP, MI 48038		\$ <u>200.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

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SCHEDULE 1A

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2024</u>	
Name & Address: DAVID P PICCININI 6101 WINDEMERE DR SHELBY TWP, MI 48316		\$ <u>200.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>LIRA TITLE AGENCY</u> Business Address <u>12900 HALL RD, STERLING HEIGHTS, MI 48313</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2024</u>	
Name & Address: RYLEY A AUSTYN 7120 MUERDALE ST WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <u>600.00</u>	\$ <u>600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENTREPRENEUR</u> Employer <u>SELF EMPLOYED</u> Business Address <u>28250 NORTHLINE RD, West Bloomfield, MI 48322</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2024</u>	
Name & Address: SEBATIAN PREVITI 61614 COTSWOLD DR WASHINGTON, MI 48094		\$ <u>200.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SUPERVISOR</u> Employer <u>WASHINGTON TWP</u> Business Address <u>57900 VAN DYKE AVE, WASHINGTON, MI 48094</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2024</u>	
Name & Address: PATRICK SIMASKO 319 NORTHBOUND GRATIOT AVE MT CLEMENS, MI 48043		\$ <u>200.00</u>	\$ <u>700.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SIMASKO LAW OFFICES</u> Business Address <u>319 NORTHBOUND GRATIOT AVE, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 1,200.00

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

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2024</u>	
Name & Address: MAX FELLSMAN 14612 ALPENA DR STERLING HEIGHTS, MI 48313		\$ <u>200.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUILDING MANAGER</u> Employer <u>CITY OF WARREN</u> Business Address <u>5460 ARDEN AVE, WARREN, MI 48092</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2024</u>	
Name & Address: LOUIS A MICHAEL 61590 BRADBURY RUN WASHINGTON, MI 48094		\$ <u>200.00</u>	\$ <u>1,200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SELF EMPLOYED</u> Business Address <u>61590 BRADBURY RUN, WASHINGTON, MI 48094</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2024</u>	
Name & Address: PASHKO UJKIC 38346 PHYLLIS CT STERLING HEIGHTS, MI 48312		\$ <u>500.00</u>	\$ <u>800.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SELF</u> Business Address <u>38346 PHYLLIS CT, STERLING HEIGHTS, MI 48312</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2024</u>	
Name & Address: ANIELA BOSCA 38870 ELMITE ST HARRISON TWP, MI 48045		\$ <u>200.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>MACOMB COUNTY</u> Business Address <u>13173 TOEPFER RD, WARREN, MI 48089</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 1,100.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2024</u>	
Name & Address: BETTER MACOMB PAC PO BOX 171 MOUNT CLEMENS, MI 48046		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2024</u>	
Name & Address: JOHN KENNEDY 3664 EDGEMONT DR TROY, MI 48084		\$ <u>200.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF EMPLOYED</u> Business Address <u>110 S MAIN ST, ROYAL OAK, MI 48067</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2024</u>	
Name & Address: PAMELA BROWN 22097 BEECHWOOD AVE EASTPOINTE, MI 48021		\$ <u>200.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ASSISTANT PROSECUTOR</u> Employer <u>MACOMB COUNTY PROSECUTOR'S OFFICE</u> Business Address <u>1 S MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2024</u>	
Name & Address: PHILIP RUGGERI 55764 ST REGIS DR SHELBY TWP, MI 48315		\$ <u>400.00</u>	\$ <u>900.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>43231 SCHOENHERR RD, STERLING HEIGHTS, MI 48313</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 1,050.00

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

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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 07/24/2024
Name & Address:
FRANCIS ANTONUCCI
69945 FISHER RD
BRUCE TWP, MI 48065

\$ 200.00

\$ 500.00

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 07/24/2024
Name & Address:
BENJAMIN SCHOCK
23135 GOLF RUN LN
MACOMB, MI 48042

\$ 200.00

\$ 200.00

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 ☒ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 07/24/2024
Name & Address:
MEGAN MCKEON
944 WHEATFIELD DR
ORION TWP, MI 48362

\$ 150.00

\$ 300.00

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 07/24/2024
Name & Address:
STEVEN WORDEN
737 MICHIGAN ST
EATON RAPIDS, MI 48827

\$ 200.00

\$ 200.00

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 750.00

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

CANDIDATE COMMITTEE

1. Committee I.D. Number 139858
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2024</u>	
Name & Address: SHERA OSIER 54390 ASHLEY LAUREN DR MACOMB, MI 48042		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE</u> Employer <u>SHERA OSIER INC.</u> Business Address <u>54390 ASHLEY LAUREN DR, MACOMB, MI 48042</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2024</u>	
Name & Address: BILL ANDREOPOULOS 47424 HIDDEN MEADOWS DR MACOMB, MI 48044		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>STEAKHOUSE 22</u> Business Address <u>48900 VAN DYKE AVE, SHELBY TWP, MI 48317</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2024</u>	
Name & Address: MARK BOONSTRA PO BOX 163 ALLEGAN, MI 49010		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CANDIDATE</u> Employer <u>JUDGE BOONSTRA FOR MICHIGAN</u> Business Address <u>PO BOX 163, Allegan, MI 49010</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2024</u>	
Name & Address: KATHY REINHOLD 19247 BLACK OAKS DR MACOMB, MI 48044		\$ <u>400.00</u>	\$ <u>700.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SALES</u> Employer <u>SELF</u> Business Address <u>19247 BLACK OAKS DR, MACOMB, MI 48044</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 1,200.00

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

CANDIDATE COMMITTEE

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2024</u>	
Name & Address: KUMAR PALEPU 377 HILLCREST AVE GROSSE POINTE FARMS, MI 48236		\$ <u>600.00</u>	\$ <u>1,200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>MACOMB COUNTY</u> Business Address <u>1 S MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2024</u>	
Name & Address: CATHLEEN FRANCOIS 11826 METEOR DR STERLING HEIGHTS, MI 48313		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ACCOUNT EXECUTIVE</u> Employer <u>HOURL MEDIA</u> Business Address <u>NEW KING DR, TROY, MI 48098</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2024</u>	
Name & Address: ANDREW FINK 106 W ALLEGAN ST LANSING, MI 48933		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>STATE REPRESENTATIVE</u> Employer <u>STATE OF MICHIGAN</u> Business Address <u>124 N CAPITOL AVE, LANSING, MI 48933</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2024</u>	
Name & Address: ROBERT A ROTONDO 4149 BERKSHIRE DR STERLING HEIGHTS, MI 48314		\$ <u>200.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONTRACTOR</u> Employer <u>CONCORDIA CONTRACTING LLC</u> Business Address <u>6336 MILLETT AVE, STERLING HEIGHTS, MI 48312</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 1,200.00

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

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2024</u>	
Name & Address: LATIF ORAM 3294 WARDS POINT DR WEST BLOOMFIELD TOWNSHIP, MI 48324		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>VISION PROPERTIES</u> Business Address <u>3294 WARDS POINT DR, WEST BLOOMFIELD TOWNSHIP, MI 48324</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2024</u>	
Name & Address: MANSOUR ORAM 28423 ORCHARD LAKE RD FARMINGTON HILLS, MI 48334		\$ <u>500.00</u>	\$ <u>2,100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COO</u> Employer <u>INTERNATIONAL OUTDOORS</u> Business Address <u>28423 ORCHARD LAKE RD, FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2024</u>	
Name & Address: JAMES BOWDEN 43833 COLUMBIA DR CLINTON TWP, MI 48038		\$ <u>500.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAWYER</u> Employer <u>SELF</u> Business Address <u>120 S MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2024</u>	
Name & Address: DUNYA KILANO 43800 GARFIELD RD CLINTON TWP, MI 48038		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR OF OPERATIONS</u> Employer <u>FACE ADDICTION NOW</u> Business Address <u>43800 GARFIELD RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 1,700.00

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**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2024</u>	
Name & Address: MICHAEL MACHERZAK 7223 VENTURI DR WASHINGTON, MI 48094		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF EMPLOYED</u> Business Address <u>8300 HALL RD, UTICA, MI 48317</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2024</u>	
Name & Address: MARK PEYSER 450 W 4TH ST ROYAL OAK, MI 48067		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>HOWARD AND HOWARD</u> Business Address <u>450 W 4TH ST, ROYAL OAK, MI 48067</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2024</u>	
Name & Address: SALVATORE LEONE 61254 BURNINGWOOD DR WASHINGTON, MI 48094		\$ <u>200.00</u>	\$ <u>1,200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CABINET MAKER</u> Employer <u>SELF</u> Business Address <u>48582 VAN DYKE AVE, WASHINGTON, MI 48094</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2024</u>	
Name & Address: VITALIANO TERRACCIANO 429 S MAIN ST ROCHESTER, MI 48307		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUILDER</u> Employer <u>ARTEVA HOMES</u> Business Address <u>429 S MAIN ST, ROCHESTER, MI 48307</u> 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
line 3a of Summary
Page.



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2024</u>	
Name & Address: THOMAS KUHN 1595 PEBBLE POINT DR TROY, MI 48085		\$ <u>200.00</u>	\$ <u>600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF EMPLOYED</u> Business Address <u>1595 PEBBLE POINT DR, TROY, MI 48085</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2024</u>	
Name & Address: FRANK POMA 18187 CRISWOOD DR MACOMB, MI 48044		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RESTAURANT</u> Employer <u>SELF</u> Business Address <u>18187 CRISWOOD DR, MACOMB, MI 48044</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2024</u>	
Name & Address: EDDIE JAWAD 19040 21 MILE RD MACOMB, MI 48044		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>PIT STOP MOBILE</u> Business Address <u>46820 NORTH AVE, MACOMB, MI 48042</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2024</u>	
Name & Address: A. JOSEPH GAROFALO 16655 MILLAR RD CLINTON TWP, MI 48036		\$ <u>200.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SALES</u> Employer <u>SELF EMPLOYED</u> Business Address <u>16655 MILLAR RD, CLINTON TWP, MI 48036</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 1,200.00

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



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/24/2024</u> Name & Address: ROGER CANZANO 2595 LAPEER RD AUBURN HILLS, MI 48326		\$ <u>200.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>CANZO LAW</u> Business Address <u>2595 LAPEER RD, AUBURN HILLS, MI 48326</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/24/2024</u> Name & Address: MICHAEL DIMICHELE 53660 APPLEWOOD DR SHELBY TWP, MI 48315		\$ <u>400.00</u>	\$ <u>700.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>INDEPENDENT MANUFACTURER</u> Employer <u>SELF</u> Business Address <u>53600 APPLEWOOD DR, SHELBY TWP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/24/2024</u> Name & Address: ALY BAZZI 5880 WEST RD WASHINGTON, MI 48094		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>BAZCO ENTERPRISES</u> Business Address <u>30825 26 MILE RD, NEW HAVEN, MI 48048</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/24/2024</u> Name & Address: REBECCA KELLEY 1206 HOFFMAN AVE ROYAL OAK, MI 48067		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>APA</u> Employer <u>PETER LUCIDO</u> Business Address <u>1 S MAIN ST, MT CLEMENS, MI 48043</u> 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)

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line 3a of Summary
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ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2024</u>	
Name & Address: SHAWN COPPINS 70 CLINTON ST MT CLEMENS, MI 48043		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>COPPINS LAW GROUP, PLLC</u> Business Address <u>44 ST STREET, MOUNT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2024</u>	
Name & Address: ANTHONY MUNACO 2118 W GUNN RD ROCHESTER, MI 48306		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2024</u>	
Name & Address: ANTHONY MUNACO 2118 W GUNN RD ROCHESTER, MI 48306		\$ <u>200.00</u>	\$ <u>600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/24/2024</u>	
Name & Address: DAVID JOSEPH 28637 BUCKINGHAMSHIRE DR NEW BALTIMORE, MI 48047		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TRUSTEE</u> Employer <u>CHESTERFIELD TOWNSHIP</u> Business Address <u>47275 SUGARBUSH RD, NEW BALTIMORE, MI 48047</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 1,000.00

Grand Total of All Schedules 1A
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Enter this total on
line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/24/2024</u> Name & Address: JAMES BISHAI 13430 DIEGEL DR SHELBY TWP, MI 48315		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>7755 22 MILE RD, SHELBY TWP, MI 48317</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/24/2024</u> Name & Address: ORAS ZUHAIR 3401 SANDY RIDGE DRIVE DORR, MI 49323		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>ORAS 2 INC</u> Business Address <u>OLD 13 MILE RD, WARREN, MI 48093</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/24/2024</u> Name & Address: PHIL RODE 36097 ACTON ST CLINTON TWP, MI 48035		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>B P RODE ENTERPRISES LLC</u> Business Address <u>36097 ACTON ST, CLINTON TWP, MI 48035</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/24/2024</u> Name & Address: MARIO BERNARD 25000 WOOD ST ST CLAIR SHORES, MI 48080		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,350.00

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/25/2024</u>	
Name & Address: GASPAR RANDAZZO 6627 POND DR WASHINGTON, MI 48094		\$ <u>200.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HEATING AND COOLING</u> Employer <u>SELF</u> Business Address <u>6627 POND DR, WASHINGTON, MI 48094</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/25/2024</u>	
Name & Address: DAVID FEMMININEO 110 S MAIN ST MT CLEMENS, MI 48043		\$ <u>1,000.00</u>	\$ <u>2,300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>FEMMININEO ATTORNEYS PLLC</u> Business Address <u>110 S MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/26/2024</u>	
Name & Address: BENJAMIN ALOIA 54439 WHITE SPRUCE LN SHELBY TWP, MI 48315		\$ <u>400.00</u>	\$ <u>1,400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>ALOIA LAW</u> Business Address <u>48 S MAIN ST, STE 3, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/26/2024</u>	
Name & Address: MICHELLE MADOUN 52896 SABLE COURT SHELBY TOWNSHIP, MI 48315		\$ <u>600.00</u>	\$ <u>600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,200.00

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/26/2024</u> Name & Address: DAVID BERGAMO 1238 OAKWOOD CT ROCHESTER HILLS, MI 48307		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>GLOBALE GROUP</u> Business Address <u>7200 MILLER DRIVE, Warren, MI 48092</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/26/2024</u> Name & Address: PROCOPIP DIMAGGIO 12995 CREEKVIEW DR E SHELBY TWP, MI 48315		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/26/2024</u> Name & Address: FRANK MARINO 317 BAYWOOD LEONARD, MI 48367		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/26/2024</u> Name & Address: CESARE LEONE 54540 ANN DR MACOMB, MI 48042		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 1,100.00

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

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/28/2024</u>	
Name & Address: PETER FUCIARELLI 61334 WINDWOOD CT WASHINGTON, MI 48094		\$ <u>200.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/30/2024</u>	
Name & Address: HANI KASSAB 812 S MAIN ST ROYAL OAK, MI 48067		\$ <u>2,000.00</u>	\$ <u>3,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE INVESTOR</u> Employer <u>JARS HOLDINGS LLC</u> Business Address <u>803 W BIG BEAVER RD, TROY, MI 48084</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/23/2024</u>	
Name & Address: PALUSHAJ DONNY 3432 SUSSEX ROCHESTER, MI 48306		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>DON CHRISTO'S CIGAR ROOM</u> Business Address <u>51748 VAN DYKE AVE, SHELBY TWP, MI 48316</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/25/2024</u>	
Name & Address: ALEXANDRA WOLF 17303 DOLORES ST LIVONIA, MI 48152		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>WAYNE COUNTY PROS OFFICE</u> Business Address <u>1441 ST ANTOINE, DETROIT, MI 48226</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 2,750.00

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/25/2024</u>	
Name & Address: ERTIS TEREZIU 3769 CONE AVE ROCHESTER HILLS, MI 48309		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>MORGAN & MORGAN</u> Business Address <u>2000 TOWN CENTER, SOUTHFIELD, MI 48075</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/26/2024</u>	
Name & Address: BRIAN PANNEBECKER 50681 HARBOUR VIEW DR N NEW BALTIMORE, MI 48047		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/26/2024</u>	
Name & Address: GJOKA NIKOLLAJ 54286 BIRCHFIELD DR E SHELBY TWP, MI 48316		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/26/2024</u>	
Name & Address: GJOKA NIKOLLAJ 54286 BIRCHFIELD DR E SHELBY TWP, MI 48316		\$ <u>150.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 600.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/26/2024</u>	
Name & Address: CHRISTOPHER DARRON 44433 WHITE PINE CIR E NORTHVILLE, MI 48168		\$ <u>150.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>DARROW MUSTAFA PC</u> Business Address <u>41860 SIX MILE RD, NORTHVILLE, MI 48168</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/26/2024</u>	
Name & Address: NANCY TISEO 16155 VISTA WOODS CT CLINTON TWP, MI 48038		\$ <u>150.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt _____	
Name & Address:		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt _____	
Name & Address:		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **300.00**

Grand Total of All Schedules 1A
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80,175.00

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line 3a of Summary
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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **139858**

CANDIDATE COMMITTEE

2. Committee Name **CTE PETER J. LUCIDO FOR PROSECUTOR**

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? ☐ Yes Name & Address: MARK 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 ☒ 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 FOOD AND BEVERAGES 5. Date Of Receipt: 07/23/2024 6. Vendor Name & Address:	\$ 1,277.01	\$ 2,777.01
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address:	\$ \$	
Contribution #3 PAC Receipt? ☐ Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address:	\$ \$	

[Click Here for Memo Itemization](#)

[Click Here for Memo Itemization](#)

Page Subtotal

1,277.01

2,777.01

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

1,277.01

Enter this total
on line 6 of Summary
Page



ITEMIZED EXPENDITURES
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 SMASH CREATIVE Address 7755 22 MILE RD SHELBY TWP, MI 48317 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/22/2024</u> Date	\$ <u>50.01</u>
Expenditure #2 Name SMASH CREATIVE Address 7755 22 MILE RD SHELBY TWP, MI 48317 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/22/2024</u> Date	\$ <u>50.92</u>
Expenditure #3 Name SMASH CREATIVE Address 7755 22 MILE RD SHELBY TWP, MI 48317 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/22/2024</u> Date	\$ <u>50.01</u>
Expenditure #4 Name FRANK KRAUSE Address 19995 RIVERWOODS CT MACOMB, MI 48044 ☒ Fund Raiser	Purpose: DJ FOR FUNDRAISER ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/24/2024</u> Date	\$ <u>400.00</u>
Expenditure #5 Name MR. VALET Address 3735 EATON GATE LN AUBURN HILLS, MI 48326 ☒ Fund Raiser	Purpose: VALET FOR FUNDRAISER ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/24/2024</u> Date	\$ <u>600.00</u>

Subtotal this page

1,150.94

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **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 ANEDOT Address 15985 CANAL RD CLINTON TWP, MI 48038 ☐ Fund Raiser	Purpose: RETURN ANEDOT FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/24/2024 Date	\$ 2.00
Expenditure #2 Name SMASH CREATIVE Address 7755 22 MILE RD SHELBY TWP, MI 48317 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/24/2024 Date	\$ 50.00
Expenditure #3 Name SMASH CREATIVE Address 7755 22 MILE RD SHELBY TWP, MI 48317 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/24/2024 Date	\$ 54.14
Expenditure #4 Name SMASH CREATIVE Address 7755 22 MILE RD SHELBY TWP, MI 48317 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/24/2024 Date	\$ 55.03
Expenditure #5 Name PALAZZO GRANDE Address 54660 VAN DYKE AVE SHELBY TWP, MI 48316 ☒ Fund Raiser	Purpose: FUNDRAISER HALL ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/26/2024 Date	\$ 30,000.00

Subtotal this page

30,161.17

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **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 HOURL MEDIA Address 5750 NEW KING DR TROY, MI 48098 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/30/2024 Date	\$ 14,445.00
Expenditure #2 Name PETER J LUCIDO Address 6303 26 MILE RD WASHINGTON, MI 48094 ☐ Fund Raiser	Purpose: PAYMENT FOR EXPENDITURES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/30/2024 Date	\$ 788.73 Memo Itemization Below
Expenditure #3 Name THE ENGINE HOUSE Address 309 CASS AVE MT CLEMENS, MI 48043 ☐ Fund Raiser	Purpose: FOOD FOR MEETING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/22/2024 Date	\$ (27.55) (Memo Itemization)
Expenditure #4 Name VENTIMIGLIA Address 35179 DODGE PARK RD STERLING HEIGHTS, MI 48312 ☐ Fund Raiser	Purpose: FOOD FOR MEETING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/22/2024 Date	\$ (35.18) (Memo Itemization)
Expenditure #5 Name WILD BILL'S TOBACCO OF SHELBY Address 53193 HAYES RD SHELBY TWP, MI 48315 ☐ Fund Raiser	Purpose: DRINKS DURING MEETING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/22/2024 Date	\$ (50.00) (Memo Itemization)

Subtotal this page **15,233.73**

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **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 CITY OF STERLING HEIGHTS Address 40555 UTICA RD STERLING HEIGHTS, MI 48313 ☐ Fund Raiser	Purpose: SIGNS FOR ADVERTISING (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/22/2024 Date	\$ (30.00)
Expenditure #2 Name THE PANTRY RESTAURANT Address 58884 VAN DYKE AVE WASHINGTON, MI 48094 ☐ Fund Raiser	Purpose: MEETING WITH FOOD (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/23/2024 Date	\$ (190.00)
Expenditure #3 Name PARTY CITY Address 12220 HALL RD STERLING HEIGHTS, MI 48313 ☐ Fund Raiser	Purpose: PARTY SUPPLIES (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/24/2024 Date	\$ (106.00)
Expenditure #4 Name THE PANTRY RESTAURANT Address 58884 VAN DYKE AVE WASHINGTON, MI 48094 ☐ Fund Raiser	Purpose: FOOD FOR MEETING (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/25/2024 Date	\$ (100.00)
Expenditure #5 Name BITTER TOM'S DISTILLERY Address 120 S BROADWAY ST ORION TWP, MI 48362 ☐ Fund Raiser	Purpose: MEETING AT RESTAURANT (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/28/2024 Date	\$ (250.00)

Subtotal this page

0.00

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **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 AMERICAN POLISH CENTURY CLUB Address 33204 MAPLE LN DR STERLING HEIGHTS, MI 48312 ☐ Fund Raiser	Purpose: DONATION FOR BBQ SMOKER ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/31/2024 Date	\$ 330.00
Expenditure #2 Name SMASH CREATIVE Address 7755 22 MILE RD SHELBY TWP, MI 48317 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/07/2024 Date	\$ 65.00
Expenditure #3 Name KIWANIS CLUB OF SHELBY GOLDEN K Address P.O. BOX 182317 SHELBY TOWNSHIP, MI 48317 ☐ Fund Raiser	Purpose: DONATION ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/09/2024 Date	\$ 150.00
Expenditure #4 Name MACOMB COUNTY BAR Address 40 N MAIN ST MT CLEMENS, MI 48043 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/13/2024 Date	\$ 1,000.00
Expenditure #5 Name DETROIT BAR ASSOCIATION Address 645 GRISWOLD ST DETROIT, MI 48226 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/13/2024 Date	\$ 400.00

Subtotal this page **1,945.00**

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **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 LODGE FIGLI DELLA SICILIA Address 61614 COTSWOLD DR WASHINGTON, MI 48094 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/13/2024 Date	\$ 100.00
Expenditure #2 Name G-TEK PROFESSIONAL SERVICES Address 42888 MOUND RD STERLING HEIGHTS, MI 48314 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/15/2024 Date	\$ 608.50
Expenditure #3 Name PETER J LUCIDO Address 6303 26 MILE RD WASHINGTON, MI 48094 ☐ Fund Raiser	Purpose: REIMBURSEMENT OF CHECKS PAID ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Memo Itemization Below	08/15/2024 Date	\$ 180.00
Expenditure #4 Name THE ENGINE HOUSE Address 309 CASS AVE MT CLEMENS, MI 48043 ☐ Fund Raiser	Purpose: LUNCH AT OFFICE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement (Memo Itemization)	08/06/2024 Date	\$ (25.00)
Expenditure #5 Name ASPEN RESTAURANT & BAR Address 20333 HALL RD MACOMB, MI 48044 ☐ Fund Raiser	Purpose: LUNCH MEETING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement (Memo Itemization)	08/13/2024 Date	\$ (45.00)

Subtotal this page

888.50

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **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 Address 140 N GRATIOT AVE Mount Clemens, MI 48043 ☐ Fund Raiser	Purpose: LUNCH AT OFFICE (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/13/2024 Date	\$ (65.00)
Expenditure #2 Name HAPPY'S PIZZA Address 140 N GRATIOT AVE CLINTON TWP, MI ☐ Fund Raiser	Purpose: FOOD FOR OFFICE LUNCH (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/15/2024 Date	\$ (45.00)
Expenditure #3 Name ANEDOT Address 15985 CANAL RD CLINTON TWP, MI 48038 ☐ Fund Raiser	Purpose: ANEDOT FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/26/2024 Date	\$ 1,058.10
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page **1,058.10**

Grand Total of all Schedules 1B
(Complete on last page of Schedule) **50,437.44**

Enter this total
on line 8a of
Summary Page



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **139858**
2. Committee Name **CTE PETER J. LUCIDO FOR PROSECUTOR**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 07/24/2024	4. Number of Individuals Attending or Participating (whichever is greater) 200	5. Type of Fund Raising Activity BIRTHDAY BANQUET - CONTINUED FROM PREVIOUS STMT	6. Address and Name (If any) of the place where the activity was held. PALAZZO GRANDE 54660 VAN DYKE AVE ☐ SHELBY TWP, MI 48316 Private Residence
---	--	--	--

7. Total Contributions **80,215.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **80,215.00**
10. Total Cost of Event **40,000.00**
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.



FILED

08 FEB 2025 PM 02:20

MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

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**CANDIDATE COMMITTEE
COVER PAGE**

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 07/21/2022 to 10/20/2022

1. Committee I.D. Number

139858

2. Committee Name

CTE PETER J. LUCIDO FOR PROSECUTOR

4. Candidate Last Name

LUCIDO

First Name

PETER

M.I.

J

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

PROSECUTING ATTORNEY, MACOMB COUNTY

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

5. Committee's Mailing Address

**6303 26 MILE ROAD SUITE 203
WASHINGTON TWP, MI 48094**

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.

6. Treasurer's Name & Residential Address

**JOSEPH LUCIDO
39999 GARFIELD ROAD
CLINTON TOWNSHIP, MI 48038**

Area Code & Phone (586) 286-8200

7. Treasurer's Business Address

**39999 GARFIELD ROAD
CLINTON TOWNSHIP, MI 48038**

Area Code and Phone (586) 286-8200

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) 286-7300

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

Date of Election, Convention or Caucus

Required ONLY if candidate is not on the ballot for the current year:

- ☐ July Quarterly
☒ October Quarterly

9c. ☐ Annual Statement (2022)
Coverage Year

9d. ☒ Amendment to Campaign Statement
(Complete Item 9a, 9b , 9c or 9e to indicate which Statement is being amended.)

9e. Dissolution of Candidate Committee

☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no lates fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or

Designated Record keeper

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

02/08/2025

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

02/08/2025



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 139858

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>114,790.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>114,790.00</u>	(18.) \$ <u>225,463.50</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>710.11</u>	(19.) \$ <u>710.11</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>115,500.11</u>	(20.) \$ <u>226,173.61</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0.00</u>	(21.) \$ <u>0.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>20,459.40</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>20,459.40</u>	(23.) \$ <u>20,459.40</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>156,700.33</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>115,500.11</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>272,200.44</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>20,459.40</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>251,741.04</u> *	



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

CANDIDATE COMMITTEE

1. Committee I.D. Number **139858**

2. Committee Name **CTE PETER J. LUCIDO FOR PROSECUTOR**

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name & Address: COMERICA BANK 15301 HALL RD MACOMB, MI 48044	Date of Receipt 10/20/2022	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☒ Other (Specify) <u>BANK ADJUSTMENT</u>	\$ 710.11
Receipt #2 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____ Click for Memo Itemization Type
Receipt #3 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____ Click for Memo Itemization Type
Receipt #4 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____ Click for Memo Itemization Type
Receipt #5 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____ Click for Memo Itemization Type
Receipt #6 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____ Click for Memo Itemization Type
Receipt #7 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____ Click for Memo Itemization Type
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



FILED

08 FEB 2025 PM 02:24

MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

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**CANDIDATE COMMITTEE
COVER PAGE**

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 10/21/2022 to 12/31/2022

1. Committee I.D. Number

139858

2. Committee Name

CTE PETER J. LUCIDO FOR PROSECUTOR

4. Candidate Last Name First Name M.I.

LUCIDO PETER J

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

PROSECUTING ATTORNEY, MACOMB COUNTY

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

5. Committee's Mailing Address

**6303 26 MILE ROAD SUITE 203
WASHINGTON TWP, MI 48094**

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.

6. Treasurer's Name & Residential Address

**JOSEPH LUCIDO
39999 GARFIELD ROAD
CLINTON TOWNSHIP, MI 48038**

Area Code & Phone (586) 286-8200

7. Treasurer's Business Address

**39999 GARFIELD ROAD
CLINTON TOWNSHIP, MI 48038**

Area Code and Phone (586) 286-8200

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) 286-7300

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

Date of Election, Convention or Caucus

Required ONLY if candidate is not on the ballot for the current year:

- ☐ July Quarterly
☐ October Quarterly

9c. ☒ Annual Statement (2022)
Coverage Year

9d. ☒ Amendment to Campaign Statement
(Complete Item 9a, 9b , 9c or 9e to indicate which Statement is being amended.)

9e. Dissolution of Candidate Committee

☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no lates fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or

Designated Record keeper _____ /

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

02/08/2025

Candidate _____ /

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

02/08/2025



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 139858

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

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.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>300.00</u>	(18.) \$ <u>300.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>300.00</u>	(20.) \$ <u>300.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0.00</u>	(21.) \$ <u>0.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>1,250.00</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>1,250.00</u>	(23.) \$ <u>1,250.00</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>251,741.04</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>300.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>252,041.04</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>1,250.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>250,791.04</u> *	



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09 FEB 2025 PM 02:49

MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

**CANDIDATE COMMITTEE
COVER PAGE**

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 01/01/2023 to 07/20/2023

1. Committee I.D. Number

139858

2. Committee Name

CTE PETER J. LUCIDO FOR PROSECUTOR

4. Candidate Last Name First Name M.I.

LUCIDO PETER J

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

PROSECUTING ATTORNEY, MACOMB COUNTY

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

5. Committee's Mailing Address

**6303 26 MILE ROAD SUITE 203
WASHINGTON TWP, MI 48094**

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.

6. Treasurer's Name & Residential Address

**JOSEPH LUCIDO
39999 GARFIELD ROAD
CLINTON TOWNSHIP, MI 48038**

Area Code & Phone (586) 286-8200

7. Treasurer's Business Address

**39999 GARFIELD ROAD
CLINTON TOWNSHIP, MI 48038**

Area Code and Phone (586) 286-8200

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) 286-7300

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

Date of Election, Convention or Caucus

Required ONLY if candidate is not on the ballot for the current year:

- ☒ July Quarterly
☐ October Quarterly

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.)

9e. Dissolution of Candidate Committee

☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no lates fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or

Designated Record keeper

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

02/09/2025

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

02/09/2025



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 139858

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>117,920.15</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>117,920.15</u>	(18.) \$ <u>118,220.15</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>117,920.15</u>	(20.) \$ <u>118,220.15</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0.00</u>	(21.) \$ <u>0.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>21,113.30</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>21,113.30</u>	(23.) \$ <u>22,363.30</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>250,791.04</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>117,920.15</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>368,711.19</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>21,113.30</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>347,597.89</u> *	



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MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

**CANDIDATE COMMITTEE
COVER PAGE**

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 07/21/2023 to 10/20/2023

1. Committee I.D. Number

139858

2. Committee Name

CTE PETER J. LUCIDO FOR PROSECUTOR

4. Candidate Last Name

LUCIDO

First Name

PETER

M.I.

J

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

PROSECUTING ATTORNEY, MACOMB COUNTY

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

5. Committee's Mailing Address

**6303 26 MILE ROAD SUITE 203
WASHINGTON TWP, MI 48094**

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.

6. Treasurer's Name & Residential Address

**JOSEPH LUCIDO
39999 GARFIELD ROAD
CLINTON TOWNSHIP, MI 48038**

Area Code & Phone (586) 286-8200

7. Treasurer's Business Address

**39999 GARFIELD ROAD
CLINTON TOWNSHIP, MI 48038**

Area Code and Phone (586) 286-8200

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) 286-7300

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

Date of Election, Convention or Caucus

Required ONLY if candidate is not on the ballot for the current year:

- ☐ July Quarterly
☒ October Quarterly

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.)

9e. Dissolution of Candidate Committee

☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no lates fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or

Designated Record keeper

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

02/09/2025

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

02/09/2025



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 139858

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>101,600.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>101,600.00</u>	(18.) \$ <u>219,820.15</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>101,600.00</u>	(20.) \$ <u>219,820.15</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>3,450.00</u>	(21.) \$ <u>3,450.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>42,164.14</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>42,164.14</u>	(23.) \$ <u>64,527.44</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>347,597.89</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>101,600.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>449,197.89</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>42,164.14</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>407,033.75</u> *	



ITEMIZED EXPENDITURES
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 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	\$ 200.00
Expenditure #2 Name ROMEO LIONS CLUB Address 269 E WASHINGTON ST ROMEO, MI 48065 ☐ Fund Raiser	Purpose: BANNER FOR PEACH FESTIVAL, ADVERISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/16/2023 Date	\$ 200.00
Expenditure #3 Name OFFICE EXPRESS Address 1280 E BIG BEAVER RD TROY, MI 48083 ☒ Fund Raiser	Purpose: TICKETS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/30/2023 Date	\$ 169.60
Expenditure #4 Name ITALIAN TRIBUNE Address 21852 23 MILE RD MACOMB, MI 48042 ☒ Fund Raiser	Purpose: 3 ADS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/19/2023 Date	\$ 0.00
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 statement	09/19/2023 Date	\$ 115.00

Subtotal this page

684.60

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

Enter this total
on line 8a of
Summary Page



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MT. CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

**CANDIDATE COMMITTEE
COVER PAGE**

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 10/21/2023 to 12/31/2023

1. Committee I.D. Number

139858

2. Committee Name

CTE PETER J. LUCIDO FOR PROSECUTOR

4. Candidate Last Name First Name M.I.

LUCIDO PETER J

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

PROSECUTING ATTORNEY, MACOMB COUNTY

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

5. Committee's Mailing Address

**6303 26 MILE ROAD SUITE 203
WASHINGTON TWP, MI 48094**

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.

6. Treasurer's Name & Residential Address

**JOSEPH LUCIDO
39999 GARFIELD ROAD
CLINTON TOWNSHIP, MI 48038**

Area Code & Phone (586) 286-8200

7. Treasurer's Business Address

**39999 GARFIELD ROAD
CLINTON TOWNSHIP, MI 48038**

Area Code and Phone (586) 286-8200

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) 286-7300

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

Date of Election, Convention or Caucus

Required ONLY if candidate is not on the ballot for the current year:

- ☐ July Quarterly
☐ October Quarterly

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.)

9e. Dissolution of Candidate Committee

☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no lates fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or

Designated Record keeper _____ /

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

02/09/2025

Candidate _____ /

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

02/09/2025



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 139858

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>500.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>500.00</u>	(18.) \$ <u>220,320.15</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>500.00</u>	(20.) \$ <u>220,320.15</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0.00</u>	(21.) \$ <u>3,450.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>62,881.30</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>62,881.30</u>	(23.) \$ <u>127,408.74</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>407,033.75</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>500.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>407,533.75</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>62,881.30</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>344,652.45</u> *	



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09 FEB 2025 PM 03:28

MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

**CANDIDATE COMMITTEE
COVER PAGE**

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 01/01/2024 to 07/21/2024

1. Committee I.D. Number

139858

2. Committee Name

CTE PETER J. LUCIDO FOR PROSECUTOR

4. Candidate Last Name First Name M.I.

LUCIDO PETER J

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

PROSECUTING ATTORNEY, MACOMB COUNTY

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

5. Committee's Mailing Address

**6303 26 MILE ROAD SUITE 203
WASHINGTON TWP, MI 48094**

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.

6. Treasurer's Name & Residential Address

**JOSEPH LUCIDO
39999 GARFIELD ROAD
CLINTON TOWNSHIP, MI 48038**

Area Code & Phone (586) 286-8200

7. Treasurer's Business Address

**39999 GARFIELD ROAD
CLINTON TOWNSHIP, MI 48038**

Area Code and Phone (586) 286-8200

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) 286-7300

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

Required ONLY if candidate is not on the ballot for the current year:

- ☐ July Quarterly
☐ October Quarterly

9c. ☐ Annual Statement () Coverage Year

9d. ☒ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)

Date of Election, Convention or Caucus

08/06/2024

9e. Dissolution of Candidate Committee

☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or

Designated Record keeper

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

02/09/2025

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

02/09/2025



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 139858

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>168,925.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>168,925.00</u>	(18.) \$ <u>389,245.15</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>168,925.00</u>	(20.) \$ <u>389,245.15</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>10,200.00</u>	(21.) \$ <u>13,650.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>189,988.10</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>189,988.10</u>	(23.) \$ <u>317,396.84</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>344,652.45</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>168,925.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>513,577.45</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>189,988.10</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>323,589.35</u> *	



ITEMIZED EXPENDITURES
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 DAVID LEDUC Address 1 N MAIN ST MT CLEMENS, MI 48043 ☐ Fund Raiser	Purpose: <u>ADVERTISING-RESEARCH "ALL DONE IN HOUSE"</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/23/2024</u> Date	\$ <u>300.00</u>
Expenditure #2 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #3 Name SMASH CREATIVE Address 7755 22 MILE RD SHELBY TWP, MI 48317 ☐ Fund Raiser	Purpose: <u>ADVERTISING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/30/2024</u> Date	\$ <u>10.00</u>
Expenditure #4 Name FESTA ITALIANA Address 6990 TOWN LN DEARBORN HEIGHTS, MI 48127 ☐ Fund Raiser	Purpose: <u>ADVERTISING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/01/2024</u> Date	\$ <u>1,000.00</u>
Expenditure #5 Name FORTY SIX 5 Address 555 PURITAN AVE BIRMINGHAM, MI 48009 ☐ Fund Raiser	Purpose: <u>ADVERTISING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/01/2024</u> Date	\$ <u>11,000.00</u>

Subtotal this page

12,310.00

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **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 ☐ Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #2 Name BAY-RAMA Address PO BOX 25 NEW BALTIMORE, MI 48047 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/17/2024 Date	\$ 300.00
Expenditure #3 Name SMASH CREATIVE Address 7755 22 MILE RD SHELBY TWP, MI 48317 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/20/2024 Date	\$ 50.03
Expenditure #4 Name SMASH CREATIVE Address 7755 22 MILE RD SHELBY TWP, MI 48317 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/20/2024 Date	\$ 50.02
Expenditure #5 Name SMASH CREATIVE Address 7755 22 MILE RD SHELBY TWP, MI 48317 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/20/2024 Date	\$ 68.85

Subtotal this page

468.90

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **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 SMASH CREATIVE Address 7755 22 MILE RD SHELBY TWP, MI 48317 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/20/2024 Date	\$ 50.00
Expenditure #2 Name CTE MICHELLE NARD Address PO BOX 5315 WARREN, MI 48090 ☒ Fund Raiser	Purpose: TICKET PURCHASE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/21/2024 Date	\$ 100.00
Expenditure #3 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name HONIGMAN Address 222 N WASHINGTON SQUARE STE 400 LANSING, MI 48933 ☐ Fund Raiser	Purpose: MATTER #547789 ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/05/2024 Date	\$ 11,387.50
Expenditure #5 Name MOBILE BILLBOARD MICHIGAN Address 40600 ANN ARBOR RD EAST STE 200 PLYMOUTH, MI 48170 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/05/2024 Date	\$ 1,500.00

Subtotal this page

13,037.50

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

Enter this total
on line 8a of
Summary Page



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09 FEB 2025 PM 03:51

MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

**CANDIDATE COMMITTEE
COVER PAGE**

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 07/22/2024 to 08/26/2024

1. Committee I.D. Number

139858

2. Committee Name

CTE PETER J. LUCIDO FOR PROSECUTOR

4. Candidate Last Name

LUCIDO

First Name

PETER

M.I.

J

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

PROSECUTING ATTORNEY, MACOMB COUNTY

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

5. Committee's Mailing Address

**6303 26 MILE ROAD SUITE 203
WASHINGTON TWP, MI 48094**

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.

6. Treasurer's Name & Residential Address

**JOSEPH LUCIDO
39999 GARFIELD ROAD
CLINTON TOWNSHIP, MI 48038**

Area Code & Phone (586) 286-8200

7. Treasurer's Business Address

**39999 GARFIELD ROAD
CLINTON TOWNSHIP, MI 48038**

Area Code and Phone (586) 286-8200

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) 286-7300

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

Required ONLY if candidate is not on the ballot for the current year:

- ☐ July Quarterly
☐ October Quarterly

9c. ☐ Annual Statement ()
Coverage Year

9d. ☒ Amendment to Campaign Statement
(Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)

Date of Election, Convention or Caucus

08/06/2024

9e. Dissolution of Candidate Committee

☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or

Designated Record keeper

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

02/09/2025

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

02/09/2025



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 139858

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>80,175.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>80,175.00</u>	(18.) \$ <u>469,420.15</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>80,175.00</u>	(20.) \$ <u>469,420.15</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>1,277.01</u>	(21.) \$ <u>14,927.01</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>50,437.44</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>50,437.44</u>	(23.) \$ <u>367,834.28</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>323,589.35</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>80,175.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>403,764.35</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>50,437.44</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>353,326.91</u> *	



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10 FEB 2025 AM 08:55

MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

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**CANDIDATE COMMITTEE
COVER PAGE**

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 08/27/2024 to 10/20/2024

1. Committee I.D. Number

139858

2. Committee Name

CTE PETER J. LUCIDO FOR PROSECUTOR

4. Candidate Last Name

LUCIDO

First Name

PETER

M.I.

J

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

PROSECUTING ATTORNEY, MACOMB COUNTY

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

5. Committee's Mailing Address

**6303 26 MILE ROAD SUITE 203
WASHINGTON TWP, MI 48094**

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.

6. Treasurer's Name & Residential Address

**JOSEPH LUCIDO
39999 GARFIELD ROAD
CLINTON TOWNSHIP, MI 48038**

Area Code & Phone (586) 286-8200

7. Treasurer's Business Address

**39999 GARFIELD ROAD
CLINTON TOWNSHIP, MI 48038**

Area Code and Phone (586) 286-8200

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) 286-7300

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

Date of Election, Convention or Caucus

11/05/2024

Required ONLY if candidate is not on the ballot for the current year:

- ☐ July Quarterly
☐ October Quarterly

9c. ☐ Annual Statement ()
Coverage Year

9d. ☒ Amendment to Campaign Statement
(Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)

9e. Dissolution of Candidate Committee

☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or

Designated Record keeper

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

02/10/2025

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

02/10/2025



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 139858

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>68,150.01</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>68,150.01</u>	(18.) \$ <u>537,570.16</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>68,150.01</u>	(20.) \$ <u>537,570.16</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>1,500.00</u>	(21.) \$ <u>16,427.01</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>326,496.11</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>326,496.11</u>	(23.) \$ <u>694,330.39</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>353,326.91</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>68,150.01</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>421,476.92</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>326,496.11</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>94,980.81</u> *	



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10 FEB 2025 AM 09:04

MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

**CANDIDATE COMMITTEE
COVER PAGE**

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 10/21/2024 to 11/25/2024

1. Committee I.D. Number

139858

2. Committee Name

CTE PETER J. LUCIDO FOR PROSECUTOR

4. Candidate Last Name

LUCIDO

First Name

PETER

M.I.

J

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

PROSECUTING ATTORNEY, MACOMB COUNTY

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

5. Committee's Mailing Address

**6303 26 MILE ROAD SUITE 203
WASHINGTON TWP, MI 48094**

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.

6. Treasurer's Name & Residential Address

**JOSEPH LUCIDO
39999 GARFIELD ROAD
CLINTON TOWNSHIP, MI 48038**

Area Code & Phone (586) 286-8200

7. Treasurer's Business Address

**39999 GARFIELD ROAD
CLINTON TOWNSHIP, MI 48038**

Area Code and Phone (586) 286-8200

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) 286-7300

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

Date of Election, Convention or Caucus

11/05/2024

Required ONLY if candidate is not on the ballot for the current year:

- ☐ July Quarterly
☐ October Quarterly

9c. ☐ Annual Statement ()
Coverage Year

9d. ☒ Amendment to Campaign Statement
(Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)

9e. Dissolution of Candidate Committee

☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or

Designated Record keeper

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

02/10/2025

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

02/10/2025



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 139858

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>3,250.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>3,250.00</u>	(18.) \$ <u>540,820.16</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>3,250.00</u>	(20.) \$ <u>540,820.16</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0.00</u>	(21.) \$ <u>16,427.01</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>96,980.03</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>96,980.03</u>	(23.) \$ <u>791,310.42</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>94,980.81</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>3,250.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>98,230.81</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>96,980.03</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>1,250.78</u> *	



MICHIGAN DEPARTMENT OF STATE
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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)

- 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. - 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.	
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:) BB's Liquor/ 13595 21 Mile Rd. Occupation <u>Owner</u> Employer / Business Address <u>Shelby Twp. MI 48315</u>	\$2500
Contributor Name and Address: Brian Schaf 23220 Westbury St. St. Clair Shores, MI 48080 (If Individual, also provide:) Self Employes/ 2 Crocker Blvd Occupation <u>Attorney</u> Employer / Business Address <u>Mount Clemens, MI 48043</u>	\$1000
Contributor Name and Address: Jeffrey Mandziuk 4254 Chris Dr. Sterling Hts, MI 48310 (If Individual, also provide:) Self Employed/ 4254 Chris Dr. Occupation <u>Business Owner</u> Employer / Business Address <u>Sterling Hts, MI 48310</u>	\$700 200
Contributor Name and Address: Ryley Austyn 7120 Muerdale St. West Bloomfield Twp., MI 48322 (If Individual, also provide:) Self Employed/ 28250 Northline Rd. Occupation <u>Entrepreneur</u> Employer / Business Address <u>West Bloomfield, MI 48322</u>	\$600

MICHIGAN DEPARTMENT OF STATE
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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: 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 <u>Appendix G</u> of the Campaign Finance Manual. ○ 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 (If Individual, also provide:) Occupation <u>Attorney</u> Employer / Business Address <u>Self Employed</u> <u>1360 Porter St 200, Dearborn, MI 48124</u>	\$500.00	
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 _____		

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LATE CONTRIBUTION REPORT

1. Your Committee ID#: 139858
2. Your Committee Name: CTE for Peter J. Lucido for Prosecutor
3. 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 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.
 - 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.
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- 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: Gerrow Mason 510 Stratford Rd St. Clair MI 48079 (If Individual, also provide:) Occupation <u>Attorney</u> Employer / Business Address <u>Self Employed</u> <u>510 Stratford Rd, St Clair MI 48079</u>	\$1,000.00
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 _____	