



FILED

29 AUG 2024 AM 08:56

MACOMB COUNTY CLERK
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**CANDIDATE COMMITTEE
COVER PAGE**

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 07/22/2024 to 08/26/2024

1. Committee I.D. Number

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
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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>07/22/2024</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
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line 3a of Summary
Page.



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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)

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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: 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
(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: 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**

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

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line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
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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			

Page Subtotal 800.00

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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>07/23/2024</u>	
Name & Address: EDWARD KLOBUCHER 585 E SHEVLIN AVE HAZEL PARK, MI 48030		\$ <u>200.00</u>	\$ <u>200.00</u>
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			
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		\$ <u>200.00</u>	\$ <u>200.00</u>
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			
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		\$ <u>200.00</u>	\$ <u>650.00</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: WALLY JADAN 850 STEPHENSON HWY TROY, MI 48083		\$ <u>200.00</u>	\$ <u>200.00</u>
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			

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>07/23/2024</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			

Page Subtotal **1,000.00**

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

Enter this total on
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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

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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			

Page Subtotal 1,800.00

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**

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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>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			

Page Subtotal **1,100.00**

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

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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			

Page Subtotal **16,000.00**

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

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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		\$ <u>500.00</u>	\$ <u>500.00</u>
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			
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		\$ <u>500.00</u>	\$ <u>1,000.00</u>
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			
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		\$ <u>150.00</u>	\$ <u>450.00</u>
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			
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		\$ <u>150.00</u>	\$ <u>450.00</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 **1,300.00**

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

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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
(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
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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
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE

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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			

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
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CANDIDATE COMMITTEE**

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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			

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: 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			

Page Subtotal 1,000.00

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Page.



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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			

Page Subtotal 1,000.00

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(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



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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
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
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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			

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
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CANDIDATE COMMITTEE**

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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			

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 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>07/24/2024</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)

Enter this total on
line 3a of Summary
Page.



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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			

Page Subtotal 900.00

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(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



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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
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



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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
(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: 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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Page.



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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/24/2024</u> Name & Address: FRANCIS ANTONUCCI 69945 FISHER RD BRUCE TWP, MI 48065		\$ <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>07/24/2024</u> Name & Address: BENJAMIN SCHOCK 23135 GOLF RUN LN MACOMB, MI 48042		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SSR LAW</u> Business Address <u>45952 SCHOENHERR 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: MEGAN MCKEON 944 WHEATFIELD DR ORION TWP, MI 48362		\$ <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, 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>07/24/2024</u> Name & Address: STEVEN WORDEN 737 MICHIGAN ST EATON RAPIDS, MI 48827		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SALES</u> Employer <u>CURRENT ELECTIRC AND SOLAR</u> Business Address <u>737 MICHIGAN ST, EATON RAPIDS, MI 48827</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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Page.



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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
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



**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 <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: 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
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



**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>07/24/2024</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**

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: 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
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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
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE

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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**

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(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



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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
(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: 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
(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>07/25/2024</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
(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>07/26/2024</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
(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>07/28/2024</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
(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>08/25/2024</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
(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>08/26/2024</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
(Complete on last page of Schedule)

80,175.00

Enter this total on
line 3a of Summary
Page.



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	07/22/2024 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	07/22/2024 Date	\$ 50.92
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	07/22/2024 Date	\$ 50.01
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	07/24/2024 Date	\$ 400.00
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	07/24/2024 Date	\$ 600.00

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 EXPENDENTURES ☐ 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: <u>SIGNS FOR ADVERTISING</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/22/2024</u> Date	\$ <u>(30.00)</u>
Expenditure #2 Name THE PANTRY RESTAURANT Address 58884 VAN DYKE AVE WASHINGTON, MI 48094 ☐ Fund Raiser	Purpose: <u>MEETING WITH FOOD</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/23/2024</u> Date	\$ <u>(190.00)</u>
Expenditure #3 Name PARTY CITY Address 12220 HALL RD STERLING HEIGHTS, MI 48313 ☐ Fund Raiser	Purpose: <u>PARTY SUPPLIES</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/24/2024</u> Date	\$ <u>(106.00)</u>
Expenditure #4 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>07/25/2024</u> Date	\$ <u>(100.00)</u>
Expenditure #5 Name BITTER TOM'S DISTILLERY Address 120 S BROADWAY ST ORION TWP, MI 48362 ☐ 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>07/28/2024</u> Date	\$ <u>(250.00)</u>
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

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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
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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.