



FILED

05 AUG 2024 PM 05:09

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: 01/01/2024 to 07/21/2024

1. Committee I.D. Number

139858

4. Candidate Last Name First Name M.I.

LUCIDO PETER J

4a. Office Sought Including District # or Community Served (If applicable)

PROSECUTING ATTORNEY, MACOMB COUNTY

2. Committee Name

CTE PETER J. LUCIDO FOR PROSECUTOR

4b. County of Residence **MACOMB COUNTY**

5. Committee's Mailing Address

**6303 26 MILE ROAD SUITE 203
WASHINGTON TWP, MI 48094**

6. Treasurer's Name & Residential Address

**JOSEPH LUCIDO
39999 GARFIELD ROAD
CLINTON TOWNSHIP, MI 48038**

Area Code and Phone (586) 206-3133
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

Area Code & Phone (586) 286-8200

7. Treasurer's Business Address

**39999 GARFIELD ROAD
CLINTON TOWNSHIP, MI 48038**

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

**DAVID BULTYNCK
15985 CANAL ROAD
CLINTON TOWNSHIP, MI 48038**

Area Code and Phone (586) 286-8200

Area Code and Phone (586) 286-7300

9. TYPE OF STATEMENT

9a. ☒ Pre-Election OR 9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

- ☒ Primary
☐ General
☐ Convention
☐ Special
☐ School
☐ Caucus

Required ONLY if candidate is not on the ballot for the current year:

- ☐ July Quarterly
☐ October Quarterly

9c. ☐ Annual Statement () Coverage Year

9d. ☒ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)

Date of Election, Convention or Caucus

08/06/2024

9e. Dissolution of Candidate Committee

☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or

Designated Record keeper

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

08/05/2024

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

08/05/2024



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139858
2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/07/2024</u> Name & Address: DANO MILUNOVICH 42633 GARFIELD RD CLINTON TWP, MI 48038		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXEC VICE PRES</u> Employer <u>GLOBAL INTERPRETING SERVICES</u> Business Address <u>42633 GARFIELD RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/07/2024</u> Name & Address: FRANK ARAGONA 37020 GARFIELD RD STE 1 CLINTON TWP, MI 48036		\$ <u>800.00</u>	\$ <u>800.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>HOLIDAY ENTERPRISES</u> Business Address <u>37020 GARFIELD RD, CLINTON TWP, MI 48036</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/07/2024</u> Name & Address: MICHAEL SCHODOWSKI 29275 STEPHENSON HWY MADISON HEIGHTS, MI 48071		\$ <u>2,000.00</u>	\$ <u>4,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED BUILDER</u> Employer <u>SELF</u> Business Address <u>29275 STEPHENSON HWY, MADISON HEIGHTS, MI 48071</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/07/2024</u> Name & Address: STEVEN MANCINI 37532 HIDDEN VALLEY CT CLINTON TWP, MI 48036		\$ <u>400.00</u>	\$ <u>700.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGEMENT</u> Employer <u>RIC-MAN CONSTRUCTION</u> Business Address <u>41500 MOUND RD, STERLING HEIGHTS, MI 48314</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 5,200.00

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>05/13/2024</u>	
Name & Address: DEFENSE PAC P.O. BOX 906 UNION LAKE, MI 48387		\$ <u>200.00</u>	\$ <u>200.00</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>05/13/2024</u>	
Name & Address: BOB LITTLE 14625 SHIRLEY AVE WARREN, MI 48089		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/13/2024</u>	
Name & Address: FRANK FERRO 64541 VAN DYKE AVE WASHINGTON, MI 48095		\$ <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>05/13/2024</u>	
Name & Address: STEPHEN CAROLLO 3235 MERIETT CT SHELBY TWP, MI 48316		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MANUFACTURER</u> Employer <u>RCO ENGINEERING</u> Business Address <u>29200 CALAHAN RD, ROSEVILLE, MI 48066</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 1,650.00

Grand Total of All Schedules 1A
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Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139858
2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/21/2024</u>	
Name & Address: ANDREW BACALL 6348 W OAKS DR WEST BLOOMFIELD TOWNSHIP, MI 48324		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HOSPITALITY</u> Employer <u>SUPREME MANAGEMENT</u> Business Address <u>6348 W OAKS 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>06/21/2024</u>	
Name & Address: CHALDEAN CHAMBER PAC 30095 NORTHWESTERN HWY FARMINGTON HILLS, MI 48334		\$ <u>4,000.00</u>	\$ <u>4,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/21/2024</u>	
Name & Address: RONALD P FEDORONKO 4747 ANNA ST WARREN, MI 48092		\$ <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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/21/2024</u>	
Name & Address: VITO CATALFIO 2585 POND VALLEE DR OAKLAND TWP, MI 48363		\$ <u>2,000.00</u>	\$ <u>2,100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>MR. C'S CARWASH</u> Business Address <u>2585 POND VALLEE DR, OAKLAND TWP, MI 48363</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **6,900.00**

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

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: PAUL ADDIS 18 1ST ST MT CLEMENS, MI 48043 If over \$100.00 cumulative, please provide: Occupation: ATTORNEY Employer Name & Business Address: SELF 18 1ST ST, MT CLEMENS, MI 48043 ☒ 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 PAYED TOWARDS BANQUET 5. Date Of Receipt: 02/12/2024 6. Vendor Name & Address:	\$ 800.00	\$ 800.00
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: CHRISTOPHER P AIELLO 49432 COMPASS POINT DR NEW BALTIMORE, MI 48047 If over \$100.00 cumulative, please provide: Occupation: ATTORNEY Employer Name & Address: AIELLO AND ASSOCIATES 32411 MOUND RD, WARREN, MI 48092 ☒ 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 PAYED TOWARDS THE FUNDRAISER 5. Date Of Receipt: 02/12/2024 6. Vendor Name & Address:	\$ 800.00	\$ 1,050.00
Contribution #3 PAC Receipt? ☐ Yes Name & Address: ERIC BIRETTA 110 S MAIN ST MT CLEMENS, MI 48043 If over \$100.00 cumulative, please provide: Occupation: ATTORNEY Employer Name & Address: SELF 110 S MAIN ST, MT CLEMENS, MI 48043 ☒ 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 PAYED TOWARDS FUNDRAISER 5. Date Of Receipt: 02/12/2024 6. Vendor Name & Address:	\$ 800.00	\$ 800.00

Page Subtotal

2,400.00

2,650.00

Grand Total of all Schedules 1-IK
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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **139858**

CANDIDATE COMMITTEE

2. Committee Name **CTE PETER J. LUCIDO FOR PROSECUTOR**

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? ☐ Yes Name & Address: DAVID FEMMININEO 110 S MAIN ST MT CLEMENS, MI 48043 If over \$100.00 cumulative, please provide: Occupation: ATTORNEY Employer Name & Business Address: FEMMININEO ATTORNEYS PLLC 110 S MAIN ST, MT CLEMENS, MI 48043	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 PAYED TOWARDS FUNDRAISER 5. Date Of Receipt: 02/12/2024 6. Vendor Name & Address:	\$ 800.00	\$ 1,300.00
☒ Fund Raiser Contribution			
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: ROBERT LEONETTI 47 CROCKER BLVD MT CLEMENS, MI 48043 If over \$100.00 cumulative, please provide: Occupation: ATTORNEY Employer Name & Address: SELF EMPLOYED 47 CROCKER BLVD, MT CLEMENS, MI 48043	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 PAYED TOWARDS FUNDRAISER 5. Date Of Receipt: 02/12/2024 6. Vendor Name & Address:	\$ 800.00	\$ 800.00
☒ Fund Raiser Contribution			
Contribution #3 PAC Receipt? ☐ Yes Name & Address: VINCE MANZELLA 39999 GARFIELD RD CLINTON TWP, MI 48038 If over \$100.00 cumulative, please provide: Occupation: ATTORNEY Employer Name & Address: LUCIDO & MANZELLA PC 39999 GARFIELD RD, CLINTON TWP, MI 48038	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description PAYED TOWARDS FUNDRAISER 5. Date Of Receipt: 02/12/2024 6. Vendor Name & Address:	\$ 800.00	\$ 2,450.00
☒ Fund Raiser Contribution			

Page Subtotal **2,400.00** **4,550.00**

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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **139858**

CANDIDATE COMMITTEE

2. Committee Name **CTE PETER J. LUCIDO FOR PROSECUTOR**

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? ☐ Yes Name & Address: CHASE ROBL 110 S MAIN ST MT CLEMENS, MI 48043 If over \$100.00 cumulative, please provide: Occupation: ATTORNEY Employer Name & Business Address: FEMMININEO ATTORNEYS 110 S MAIN ST, MT CLEMENS, MI 48043 ☒ 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 PAYED TOWARDS FUNDRAISER 5. Date Of Receipt: 02/12/2024 6. Vendor Name & Address:	\$ 800.00	\$ 1,300.00
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: ROBERT VITALE 33497 23 MILE RD NEW BALTIMORE, MI 48047 If over \$100.00 cumulative, please provide: Occupation: ATTORNEY Employer Name & Address: SELF EMPLOYED 33497 23 MILE RD, NEW BALTIMORE, MI 48047 ☒ 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 PAYED TOWARDS FUNDRAISER 5. Date Of Receipt: 02/12/2024 6. Vendor Name & Address:	\$ 800.00	\$ 800.00
Contribution #3 PAC Receipt? ☐ Yes Name & Address: STEVEN M VITALE 363 W BIG BEAVER RD TROY, MI 48084 If over \$100.00 cumulative, please provide: Occupation: ATTORNEY Employer Name & Address: SELF 363 W BIG BEAVER RD, TROY, MI 48084 ☒ 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 PURCHASE FOOD FOR FUNDRAISER 5. Date Of Receipt: 02/12/2024 6. Vendor Name & Address:	\$ 800.00	\$ 800.00

Page Subtotal **2,400.00** **2,900.00**

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

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on line 6 of Summary
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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **139858**

CANDIDATE COMMITTEE

2. Committee Name **CTE PETER J. LUCIDO FOR PROSECUTOR**

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? ☐ Yes Name & Address: SAM KAJY 53320 PONDVIEW DR SHELBY TWP, MI 48315 If over \$100.00 cumulative, please provide: Occupation: SELF EMPLOYED Employer Name & Business Address: SELF 53320 PONDVIEW DR, SHELBY TWP, MI 48315 ☒ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description <u>HOSTED FUNDRAISER PARTY AND SUPPLIED EVERYTHING</u> 5. Date Of Receipt: <u>06/15/2024</u> 6. Vendor Name & Address:	\$ 3,000.00	\$ 3,000.00
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

3,000.00

3,000.00

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

10,200.00

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

1. Committee I. D. Number **139858**
2. Committee Name **CTE PETER J. LUCIDO FOR PROSECUTOR**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name THE ITALIAN TRIBUNE Address PO BOX 380407 CLINTON TOWNSHIP, LM 48038 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/05/2024 Date	\$ 210.00
Expenditure #2 Name SANTA FARA DI CINISI Address 43742 MOUND RD STERLING HEIGHTS, MI 48314 ☐ Fund Raiser	Purpose: DONATION ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/09/2024 Date	\$ 100.00
Expenditure #3 Name POLISH DAY PARADE COMMITTEE Address 11558 VENTURA DR WARREN, MI 48093 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/09/2024 Date	\$ 300.00
Expenditure #4 Name MICHIGAN.COM Address 3964 SOULUTIONS CENTER CHICAGO, IL 60677 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/19/2024 Date	\$ 16,650.00
Expenditure #5 Name BOB LOBDELL Address 11354 CAMDEN RD INTERLOCHEN, MI 49643 ☐ Fund Raiser	Purpose: CONSULTING SRVCS USA TODAY NETWORK DIGITAL MARKE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/19/2024 Date	\$ 2,000.00

Subtotal this page **19,260.00**

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 DAVID LEDUC Address 1 N MAIN ST MT CLEMENS, MI 48043 ☐ Fund Raiser	Purpose: <u>ADVERTISING-RESEARCH "ALL DONE IN HOUSE"</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/23/2024</u> Date	\$ <u>300.00</u>
Expenditure #2 Name MICROSOFT Address 1 S MAIN ST MT CLEMENS, MI 48043 ☐ Fund Raiser	Purpose: <u>SUBSCRIPTION TO MICROSOFT</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/28/2024</u> Date	\$ <u>101.63</u>
Expenditure #3 Name SMASH CREATIVE Address 7755 22 MILE RD SHELBY TWP, MI 48317 ☐ Fund Raiser	Purpose: <u>ADVERTISING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/30/2024</u> Date	\$ <u>10.00</u>
Expenditure #4 Name FESTA ITALIANA Address 6990 TOWN LN DEARBORN HEIGHTS, MI 48127 ☐ Fund Raiser	Purpose: <u>ADVERTISING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/01/2024</u> Date	\$ <u>1,000.00</u>
Expenditure #5 Name FORTY SIX 5 Address 555 PURITAN AVE BIRMINGHAM, MI 48009 ☐ Fund Raiser	Purpose: <u>ADVERTISING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/01/2024</u> Date	\$ <u>11,000.00</u>

Subtotal this page **12,411.63**

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **139858**
2. Committee Name **CTE PETER J. LUCIDO FOR PROSECUTOR**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name SMASH CREATIVE Address 7755 22 MILE RD SHELBY TWP, MI 48317 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/20/2024 Date	\$ 50.03
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	06/20/2024 Date	\$ 50.02
Expenditure #3 Name SMASH CREATIVE Address 7755 22 MILE RD SHELBY TWP, MI 48317 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/20/2024 Date	\$ 68.85
Expenditure #4 Name SMASH CREATIVE Address 7755 22 MILE RD SHELBY TWP, MI 48317 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/20/2024 Date	\$ 50.00
Expenditure #5 Name CTE MICHELLE NARD Address PO BOX 5315 WARREN, MI 48090 ☒ Fund Raiser	Purpose: TICKET PURCHASE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/21/2024 Date	\$ 100.00

Subtotal this page

318.90

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

Enter this total
on line 8a of
Summary Page