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21 AUG 2024 AM 07:57

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

2. Committee Name

CTE PETER J. LUCIDO FOR PROSECUTOR

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

PROSECUTING ATTORNEY, MACOMB COUNTY

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

5. Committee's Mailing Address

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

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

6. Treasurer's Name & Residential Address

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

Area Code & Phone (586) 286-8200

7. Treasurer's Business Address

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

Area Code and Phone (586) 286-8200

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

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

Area Code and Phone (586) 286-7300

9. TYPE OF STATEMENT

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

Pre-Election or Post-Election Statement relates to:

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

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

- ☐ July Quarterly
☐ October Quarterly

9c. ☐ Annual Statement () Coverage Year

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

Date of Election, Convention or Caucus

08/06/2024

9e. Dissolution of Candidate Committee

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

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

Effective date of dissolution

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

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

Current Treasurer or

Designated Record keeper

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

08/21/2024

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

08/21/2024



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 139858

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>168,925.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>168,925.00</u>	(18.) \$ <u>389,245.15</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>168,925.00</u>	(20.) \$ <u>389,245.15</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>10,200.00</u>	(21.) \$ <u>13,650.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>195,688.10</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u>0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>195,688.10</u>	(23.) \$ <u>323,716.84</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u>0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	<u>0.00</u>	(24.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u>0.00</u>	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>343,322.34</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>168,925.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>512,247.34</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>195,688.10</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>316,559.24</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/13/2024</u>	
Name & Address: SHERMAN ABDO 55479 CLEVELAND STE 403 SHELBY TWP, MI 48316		\$ <u>500.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>LA GRASSO, ABDO & SILVERI, PLLC</u> Business Address <u>12900 HALL RD, STE 403, STERLING HEIGHTS, MI 48313</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/13/2024</u>	
Name & Address: MICHELE BRYANT 250 BUTTERNUT LN STAMFORD, CT 06903		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SELF</u> Business Address <u>250 BUTTERNUT LN, STAMFORD, CT 06903</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/13/2024</u>	
Name & Address: CHRIS STUMP 1590 FAIRHOLME RD GROSSE POINTE WOODS, MI 48236		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CLERK</u> Employer <u>PERKINS LAW GROUP</u> Business Address <u>615 GRISWOLD ST, DETROIT, MI 48226</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/13/2024</u>	
Name & Address: BRIAN SCHAF 23220 WESTBURY ST ST CLAIR SHORES, MI 48080		\$ <u>500.00</u>	\$ <u>1,250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>2 CROCKER BLVD, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,000.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/19/2024</u>	
Name & Address: JOSEPH P LUCIDO JR. 56276 CANNON CREEK RD SHELBY TWP, MI 48316		\$ <u>200.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SALES</u> Employer <u>LUCIDO INSURANCE</u> Business Address <u>39999 GARFIELD RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/19/2024</u>	
Name & Address: LARRY LULICH 20701 WOLF DR MACOMB, MI 48044		\$ <u>400.00</u>	\$ <u>700.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SELF</u> Business Address <u>20701 WOLF DR, MACOMB, MI 48044</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/19/2024</u>	
Name & Address: DENA KELLER 573 LIVE OAK DR ROCHESTER HILLS, MI 48309		\$ <u>500.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>MACOMB COUNTY PROSECUTOR'S OFFICE</u> Business Address <u>1 S MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/16/2024</u>	
Name & Address: DENNIS PROBERT 25564 BARBARA ST ROSEVILLE, MI 48066		\$ <u>15.00</u>	\$ <u>15.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 1,115.00

Grand Total of All Schedules 1A
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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>07/16/2024</u> Name & Address: LAITH HANNA 1161 PEMBROKE DR BLOOMFIELD HILLS, MI 48304		\$ <u>200.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>LAKESIDE AUTO</u> Business Address <u>15275 HALL RD, MACOMB, MI 48044</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/17/2024</u> Name & Address: DAN DEMEESTER 9349 MEISNER RD CASCO, MI 48064		\$ <u>200.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>POLICE OFFICER</u> Employer <u>MACOMB COLLEGE</u> Business Address <u>14500 E 12 MILE RD, WARREN, MI 48088</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/17/2024</u> Name & Address: SAKINA BURNS-LENNOX 19194 MONTE VISTA ST DETROIT, MI 48221		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SELF</u> Business Address <u>19194 MONTE VISTA ST, DETROIT, MI 48221</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/17/2024</u> Name & Address: STEPHEN T RABAUT 16931 19 MILE RD CLINTON TWP, MI 48038		\$ <u>2,000.00</u>	\$ <u>6,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>17001 19 MILE ROAD, STE D, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,800.00

Grand Total of All Schedules 1A
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line 3a of Summary
Page.



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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/17/2024</u>	
Name & Address: MICHAEL LAGRASSO 14058 BOURNEMUTH DR SHELBY TWP, MI 48315		\$ <u>200.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/18/2024</u>	
Name & Address: VINCE CUSMANO 171 MAGNOLIA LAKES PORT ST. LUCIE, FL 34986		\$ <u>150.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>171 MAGNOLIA LAKES BLVD, PORT ST. LUCIE, FL 34986</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/18/2024</u>	
Name & Address: SHAWN WESTERVELT 19701 MAXINE ST ST CLAIR SHORES, MI 48080		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>AUTO TECHNICIAN</u> Employer <u>JOHN & HOLGERS</u> Business Address <u>16521 E 9 MILE RD, EASTPOINTE, MI 48021</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/18/2024</u>	
Name & Address: ANGELA LEACH 4120 DOGWOOD DRIVE MILFORD, MI 48381		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 950.00

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/18/2024</u>	
Name & Address: MICHAEL LEACH 2862 VINEYARDS DR TROY, MI 48098		\$ <u>400.00</u>	\$ <u>850.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FINANCIAL ADVISOR</u> Employer <u>STIFEL</u> Business Address <u>28411 NORTHWESTERN HWY, SOUTHFIELD, MI 48034</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/18/2024</u>	
Name & Address: BILL COLOVOS 13305 REECK RD SOUTHGATE, MI 48195		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>COLOVAS LAW FIRM</u> Business Address <u>13305 REECK RD, SOUTHGATE, MI 48195</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/19/2024</u>	
Name & Address: ARNOLD RECCHIA 14857 SPARROW DR SHELBY TWP, MI 48315		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROJECT MANAGER</u> Employer <u>INNER CITY CONTRACTING</u> Business Address <u>18701 GRAND RIVER AVE, DETROIT, MI 48223</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/19/2024</u>	
Name & Address: MARIANNE JANISSE 649 BUCKINGHAM ROAD CANTON, MI 48188		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 3,000.00

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

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2024</u>	
Name & Address: MARY VARNEY-BIELAT 22316 HOFFMAN ST ST CLAIR SHORES, MI 48082		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>GO GREEN SALON</u> Business Address <u>30130 HARPER AVE, ST CLAIR SHORES, MI 48082</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2024</u>	
Name & Address: FRED BARTOLOMEI 834 WESTCHESTER RD GROSSE POINTE PARK, MI 48230		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>APA</u> Employer <u>MACOMB COUNTY</u> Business Address <u>834 WESTCHESTER RD, GROSSE POINTE PARK, MI 48230</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2024</u>	
Name & Address: ROBERT FISHMAN 599 BALLANTYNE RD GROSSE POINTE SHORES, MI 48236		\$ <u>200.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>GROSSE POINTE SHORES, MI 48236</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2024</u>	
Name & Address: LISA BLAZEWSKI 31253 GAY ST ROSEVILLE, MI 48066		\$ <u>200.00</u>	\$ <u>800.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ASSISTANT PROSECUTING ATTORNEY</u> Employer <u>MACOMB COUNTY</u> Business Address <u>1 S MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,000.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/21/2024</u>	
Name & Address: DAVID SAFAVIAN 1314 GATEWOOD DR ALEXANDRIA, VA 22307		\$ <u>200.00</u>	\$ <u>1,700.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>GENERAL COUNSEL</u> Employer <u>AMERICAN CONSERVATIVE UNION</u> Business Address <u>1199 N FAIRFAX ST, SUITE 500, ALEXANDRIA, VA 22314</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/21/2024</u>	
Name & Address: JONATHAN A MYCEK P.O. BOX 216 DEARBORN, MI 48121		\$ <u>400.00</u>	\$ <u>550.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ASSISTANT PROSECUTING ATTORNEY</u> Employer <u>MACOMB COUNTY</u> Business Address <u>1 S MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt _____	
Name & Address: _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt _____	
Name & Address: _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **600.00**

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

168,925.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name DAVID LEDUC Address 1 N MAIN ST MT CLEMENS, MI 48043 ☐ Fund Raiser	Purpose: <u>ADVERTISING-RESEARCH "ALL DONE IN HOUSE"</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/23/2024</u> Date	\$ <u>300.00</u>
Expenditure #2 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #3 Name SMASH CREATIVE Address 7755 22 MILE RD SHELBY TWP, MI 48317 ☐ Fund Raiser	Purpose: <u>ADVERTISING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/30/2024</u> Date	\$ <u>10.00</u>
Expenditure #4 Name FESTA ITALIANA Address 6990 TOWN LN DEARBORN HEIGHTS, MI 48127 ☐ Fund Raiser	Purpose: <u>ADVERTISING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/01/2024</u> Date	\$ <u>1,000.00</u>
Expenditure #5 Name FORTY SIX 5 Address 555 PURITAN AVE BIRMINGHAM, MI 48009 ☐ Fund Raiser	Purpose: <u>ADVERTISING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/01/2024</u> Date	\$ <u>11,000.00</u>

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12,310.00

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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 ST MALACHY MEN'S CLUB Address 14115 E 14 MILE RD STERLING HEIGHTS, MI 48312 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/11/2024 Date	\$ 300.00
Expenditure #2 Name OFFICE EXPRESS Address 1280 E BIG BEAVER RD TROY, MI 48083 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/11/2024 Date	\$ 1,584.21
Expenditure #3 Name ARENO Address 1260 E STRINGHAM AVE SALT LAKE CITY, UT 84106 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/11/2024 Date	\$ 3,000.00
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type	_____ Date	\$ _____
Expenditure #5 Name BAY-RAMA Address PO BOX 25 NEW BALTIMORE, MI 48047 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/17/2024 Date	\$ 300.00

Subtotal this page **5,184.21**

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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 MADISON'S PUB Address 15 N WALNUT ST MT CLEMENS, MI 48043 ☐ Fund Raiser	Purpose: MEETING FOR FUNDRAISER (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/28/2024 Date	\$ (100.00)
Expenditure #2 Name SPEEDWAY Address 57050 VAN DYKE AVE WASHINGTON, MI 48094 ☐ Fund Raiser	Purpose: GAS AND BREAKFAST (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/06/2024 Date	\$ (180.00)
Expenditure #3 Name SAJO'S RESTAURANT Address 36470 MORAVIAN DR CLINTON TWP, MI 48035 ☐ Fund Raiser	Purpose: MEETING FOR FUNDRAISER (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/11/2024 Date	\$ (45.00)
Expenditure #4 Name ANEDOT Address 15985 CANAL RD CLINTON TWP, MI 48038 ☐ Fund Raiser	Purpose: ANEDOT FEES (Memo Itemization Below) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/20/2024 Date	\$ 3,497.40
Expenditure #5 Name PETER J LUCIDO Address 6303 26 MILE RD WASHINGTON, MI 48094 ☐ Fund Raiser	Purpose: FOOD (Memo Itemization Below) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/30/2024 Date	\$ 660.00

Subtotal this page **4,157.40**

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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 SAJO'S RESTAURANT Address 36470 MORAVIAN DR CLINTON TWP, MI 48035 ☐ Fund Raiser	Purpose: <u>MEETING AT RESTAURANT</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/15/2024</u> Date	\$ <u>(105.00)</u>
Expenditure #2 Name THE PANTRY RESTAURANT Address 58884 VAN DYKE AVE WASHINGTON, MI 48094 ☐ Fund Raiser	Purpose: <u>MEETING AT RESTAURANT</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/18/2024</u> Date	\$ <u>(135.00)</u>
Expenditure #3 Name THE PANTRY RESTAURANT Address 58884 VAN DYKE AVE WASHINGTON, MI 48094 ☐ Fund Raiser	Purpose: <u>FOOD FOR MEETING</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/25/2024</u> Date	\$ <u>(220.00)</u>
Expenditure #4 Name MEIJER Address 8501 26 MILE RD WASHINGTON, MI 48094 ☐ Fund Raiser	Purpose: <u>GAS AND DRIVING EXPENSE</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/26/2024</u> Date	\$ <u>(200.00)</u>
Expenditure #5 Name MACOMB COUNTY REPUBLICAN PARY Address 39099 GARFIELD RD CLINTON TWP, MI 48038 ☐ Fund Raiser	Purpose: <u>ADVERTISING</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/30/2024</u> Date	\$ <u>500.00</u>

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500.00

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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 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	07/05/2024 Date	\$ 55.58
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	07/05/2024 Date	\$ 50.02
Expenditure #3 Name SMASH CREATIVE Address 7755 22 MILE RD SHELBY TWP, MI 48317 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/08/2024 Date	\$ 65.00
Expenditure #4 Name MEDIANEWS GROUP Address PO BOX 909 SAN JOSE, CA 95106 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/09/2024 Date	\$ 5,700.00
Expenditure #5 Name SMASH CREATIVE Address 7755 22 MILE RD SHELBY TWP, MI 48317 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/10/2024 Date	\$ 50.02

Subtotal this page **5,920.62**

Grand Total of all Schedules 1B
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name SMASH CREATIVE Address 7755 22 MILE RD SHELBY TWP, MI 48317 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/10/2024 Date	\$ 50.01
Expenditure #2 Name SMASH CREATIVE Address 7755 22 MILE RD SHELBY TWP, MI 48317 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/10/2024 Date	\$ 50.02
Expenditure #3 Name SMASH CREATIVE Address 7755 22 MILE RD SHELBY TWP, MI 48317 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/17/2024 Date	\$ 50.02
Expenditure #4 Name SMASH CREATIVE Address 7755 22 MILE RD SHELBY TWP, MI 48317 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/17/2024 Date	\$ 51.85
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page **201.90**
Grand Total of all Schedules 1B
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