



FILED

25 OCT 2024 PM 04:56

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: 08/27/2024 to 10/20/2024

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

11/05/2024

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

10/25/2024

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/25/2024



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>68,150.01</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>68,150.01</u>	(18.) \$ <u>537,570.16</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>68,150.01</u>	(20.) \$ <u>537,570.16</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>1,500.00</u>	(21.) \$ <u>16,427.01</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>326,546.11</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>326,546.11</u>	(23.) \$ <u>700,700.39</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>346,296.80</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>68,150.01</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>414,446.81</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>326,546.11</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>87,900.70</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>08/27/2024</u> Name & Address: NEIL HIRSHBERG 1617 ADDALEEN RD HIGHLAND TWP, MI 48357		\$ <u>500.00</u>	\$ <u>800.00</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>08/27/2024</u> Name & Address: ROBERT AMERIGUIAN 1801 POLK STREET 221965 HOLLYWOOD, MI 33022		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>SELF EMPLOYED</u> Business Address <u>1801 POLK STREET, 221965, HOLLYWOOD, MI 33022</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/27/2024</u> Name & Address: RILEY A AUSTYN 7120 MUERDALE ST WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <u>5,000.00</u>	\$ <u>5,600.00</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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/27/2024</u> Name & Address: ARJAN MALUSHI 6549 BEVERLY CREST DR WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAW CLERK</u> Employer <u>AYAR LAW</u> Business Address <u>30095 NORTHWESTERN HWY, FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **6,150.00**

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>09/02/2024</u>	
Name & Address: DAVID SCAPINI 54400 ARROWHEAD DR SHELBY TWP, MI 48315		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PHYSICIAN</u> Employer <u>LAKESHORE ENT</u> Business Address <u>54400 ARROWHEAD DR, SHELBY TWP, MI 48315</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/04/2024</u>	
Name & Address: ANTHONY SINISHTAJ 54669 BELLINGHAM DR SHELBY TWP, MI 48316		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>ANSELM MIERZEJEWSKI</u> Business Address <u>1750 S TELEGRAPH RD, BLOOMFIELD HILLS, MI 48302</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/06/2024</u>	
Name & Address: GREGORY A BUSS 37824 MAPLE CIR W CLINTON TWP, MI 48036		\$ <u>300.00</u>	\$ <u>600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>BUSS & BUSS PC</u> Business Address <u>12900 HALL RD, STE 322, STERLING HEIGHTS, MI 48313</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/11/2024</u>	
Name & Address: ARYELL PASTERNAK 45525 HIDDEN VIEW CT UTICA, MI 48315		\$ <u>150.00</u>	\$ <u>350.00</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			

Page Subtotal 700.00

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/11/2024</u>	
Name & Address: RROC KOLECI 2648 HAWTHORNE DR S SHELBY TWP, MI 48316		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BROKER</u> Employer <u>RK REAL ESTATE</u> Business Address <u>54790 MOUND RD, 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>09/11/2024</u>	
Name & Address: JAMES N WILLIAMS 53445 BAKER DR NEW BALTIMORE, MI 48047		\$ <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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/12/2024</u>	
Name & Address: XHULIO TRIEPSHI 48911 VALLEY FORGE DR MACOMB, MI 48044		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TRUCK DRIVER</u> Employer <u>MACX LOGISTICS, INC</u> Business Address <u>48911 VALLEY FORGE DR, MACOMB, MI 48044</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/13/2024</u>	
Name & Address: NONI COJCAJ 3231 PRIMROSE DR ROCHESTER HILLS, MI 48307		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SALES</u> Employer <u>SUBURBAN SUBARU</u> Business Address <u>1820 MAPLELAWN RD, TROY, MI 48084</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/13/2024</u>	
Name & Address: ALTIN PLASA 8171 DENWOOD DR STERLING HEIGHTS, MI 48312		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TRUCKER</u> Employer <u>PLM TRACKING</u> Business Address <u>4195 CENTRAL ST, DETROIT, MI 48210</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/14/2024</u>	
Name & Address: STEVE ZEFI 18 ALTER CT MT CLEMENS, MI 48043		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PAINTING CONTRACTOR</u> Employer <u>BEL AIR PAINTING LLC</u> Business Address <u>18 ALTER CT, 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>09/18/2024</u>	
Name & Address: JOSEPH BERISHAJ 3432 LANDVIEW DR ROCHESTER, MI 48306		\$ <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>09/18/2024</u>	
Name & Address: ANDREW MOXIE 186 MORAN RD GROSSE POINTE FARMS, MI 48236		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAWYER</u> Employer <u>SELF EMPLOYED</u> Business Address <u>186 MORAN RD, GROSSE POINTE FARMS, MI 48236</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 600.00

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/18/2024</u>	
Name & Address: PAUL WHITNEY 57541 STONEBRIAR DR WASHINGTON, MI 48094		\$ <u>150.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>IT</u> Employer <u>LOGIC PEOPLE</u> Business Address <u>57541 STONEBRIAR 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>09/18/2024</u>	
Name & Address: PAUL WHITNEY 57541 STONEBRIAR DR WASHINGTON, MI 48094		\$ <u>100.00</u>	\$ <u>450.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>IT</u> Employer <u>LOGIC PEOPLE</u> Business Address <u>57541 STONEBRIAR DR, 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>09/18/2024</u>	
Name & Address: ISSA TOLLA 15330 PRENTICE CT MACOMB, MI 48042		\$ <u>150.00</u>	\$ <u>650.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>SELF EMPLOYED</u> Business Address <u>46230 VAN DYKE AVE, 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>09/19/2024</u>	
Name & Address: MICHAEL SHADOWSKI 29275 STEPHENSON HWY MADISON HEIGHTS, MI 48071		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINES OWNER</u> Employer <u>SHELVING INC</u> Business Address <u>29275 STEPHENSON HWY, MADISON HEIGHTS, MI 48071</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,400.00**

Grand Total of All Schedules 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>09/19/2024</u>	
Name & Address: MARK J SNETHKAMP 26300 HARBOUR POINTE DR S HARRISON TWP, MI 48045		\$ <u>300.00</u>	\$ <u>800.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SALES</u> Employer <u>SNETHKAMP AUTOMOTIVE FAMILY</u> Business Address <u>16322 WOODWARD AVE, HIGHLAND PARK, MI 48203</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/20/2024</u>	
Name & Address: ANTON CAMAJ 1294 E SQUARE LAKE RD BLOOMFIELD HILLS, MI 48304		\$ <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>09/20/2024</u>	
Name & Address: BRIAN SCHAF 23220 WESTBURY ST ST CLAIR SHORES, MI 48080		\$ <u>300.00</u>	\$ <u>2,550.00</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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/20/2024</u>	
Name & Address: DAVID CAMAJ 67048 RACHAEL LANE WASHINGTON, MI 48095		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>DC LAW PLLC</u> Business Address <u>21917 GARRISON ST, DEARBORN, MI 48124</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 1,250.00

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

CANDIDATE COMMITTEE

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2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/20/2024</u>	
Name & Address: ROBERT IVANAJ 1435 BUR OAK LN OAKLAND TWP, MI 48363		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGER</u> Employer <u>NIKOS</u> Business Address <u>1435 BUR OAK LN, OAKLAND TWP, MI 48363</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/22/2024</u>	
Name & Address: JOHN BIERNAT 4254 HARVARD RD DETROIT, MI 48224		\$ <u>150.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>PADILLA LAW GROUP</u> Business Address <u>1821 W MAPLE RD, BIRMINGHAM, MI 48009</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/22/2024</u>	
Name & Address: DAVID SCAPINI 54400 ARROWHEAD DR SHELBY TWP, MI 48315		\$ <u>150.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PHYSICIAN</u> Employer <u>LAKE SHORE ENT</u> Business Address <u>54400 ARROWHEAD 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>09/23/2024</u>	
Name & Address: FRANK TOMA 57018 JULIANN CT WASHINGTON, MI 48094		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PREISIDENT</u> Employer <u>CLEAN VIEW AUTO WASH</u> Business Address <u>57018 JULIANN CT, WASHINGTON, MI 48094</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 600.00

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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>09/23/2024</u>	
Name & Address: BRUCE SHERWOOD 38905 ARLINGDALE DR STERLING HEIGHTS, MI 48310		\$ <u>20.01</u>	\$ <u>20.01</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>09/23/2024</u>	
Name & Address: MARK LULGJURAJ 21314 CLEAR CREEK BLVD CLINTON TWP, MI 48036		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>MODA CUSTOM PAINT LLC</u> Business Address <u>21314 CLEAR CREEK BLVD, 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>09/23/2024</u>	
Name & Address: MICHAEL SCHODOWSKI 37778 JEFFERSON AVE HARRISON TWP, MI 48045		\$ <u>1,000.00</u>	\$ <u>6,000.00</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>09/24/2024</u>	
Name & Address: MICHAEL TINNEY 14662 DEAN ST TAYLOR, MI 48180		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ADMINSITRATIVE LAW JUDGE</u> Employer <u>STATE OF MICHIGAN</u> Business Address <u>611 W OTTAWA ST, LANSING, MI 48933</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 1,320.01

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>09/24/2024</u>	
Name & Address: ROBERT LULGJURAJ 1517 HAMMAN DR TROY, MI 48085		\$ <u>1,500.00</u>	\$ <u>1,950.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROSECUTOR</u> Employer <u>WAYNE COUNTY PROS OFFICE</u> Business Address <u>1441 ST ANTOINE, DETROIT, MI 48226</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/24/2024</u>	
Name & Address: ROBERT NIKPRELAJ 54265 SCARBORO WAY SHELBY TWP, MI 48316		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RESTAURANT OWNER</u> Employer <u>SELF</u> Business Address <u>54265 SCARBORO 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>09/24/2024</u>	
Name & Address: CHRISTOPHER BROWN 755 W BIG BEAVER RD STE 2020 TROY, MI 48084		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>BROWN AND ASSOCIATES LEGAL SERVICES</u> Business Address <u>755 W BIG BEAVER RD, STE 2020, 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>09/24/2024</u>	
Name & Address: BOB LITTLE 15624 SHIRLEY AVE WARREN, MI 48089		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,950.00**

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

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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/24/2024</u>	
Name & Address: JASON SCHMITTLER 15330 PRENTICE CT MACOMB, MI 48042		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/24/2024</u>	
Name & Address: ROBERT SHELIEDE 15330 PRENTICE CT MACOMB, MI 48042		\$ <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>09/24/2024</u>	
Name & Address: DEBBIE SCHLUSSEL 29477 LAUREL WOODS DR APT 204 SOUTHFIELD, MI 48034		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF EMPLOYED</u> Business Address <u>29477 LAUREL WOODS DR, APT 204, SOUTHFIELD, MI 48034</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/24/2024</u>	
Name & Address: MICHAEL BRUDZINSKI 25275 RONALD ST ROSEVILLE, MI 48066		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DEPUTY</u> Employer <u>COUNTY OF WAYNE</u> Business Address <u>25275 RONALD ST, ROSEVILLE, MI 48066</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 600.00

Grand Total of All Schedules 1A
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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>09/24/2024</u>	
Name & Address: BELIS KRISAFI 11764 IACOPELLI CT STERLING HEIGHTS, MI 48312		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAW ENFORCEMENT</u> Employer <u>USDOJ</u> Business Address <u>600 CHURCH ST, FLINT, MI 48502</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/24/2024</u>	
Name & Address: ERALD KRISAFI 38362 SAN ANGELO DR STERLING HEIGHTS, MI 48312		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>INVESTIGATOR</u> Employer <u>US DEPT OF LABOR</u> Business Address <u>38362 SAN ANGELO DR, 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>09/24/2024</u>	
Name & Address: ZEF MARKAJ 45449 YORKSHIRE DR MACOMB, MI 48044		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DOCTOR</u> Employer <u>SELF</u> Business Address <u>5700 E ELEVEN MILE RD, WARREN, MI 48091</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/24/2024</u>	
Name & Address: JONATHAN SCHLUESSLER 2882 ALABASTER DR APT 11 SHELBY TWP, MI 48317		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROGRAM MANAGEMENT ANALYST</u> Employer <u>FORD MOTOR CO</u> Business Address <u>1 AMERICAN RD, DEARBORN, MI 48126</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 600.00

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

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>09/24/2024</u>	
Name & Address: GJERGJ MARKAJ 5700 E ELEVEN MILE RD WARREN, MI 48091		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/24/2024</u>	
Name & Address: ENGJELL MENE 45623 STADLER ST UTICA, MI 48315		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SALES</u> Employer <u>SELF</u> Business Address <u>45623 STADLER ST, UTICA, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/25/2024</u>	
Name & Address: DOMINIC KALAJ 2849 HARTWICK DR ROCHESTER HILLS, MI 48307		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUILDER</u> Employer <u>THE CLAIMS GROUP INC</u> Business Address <u>100 W BIG BEAVER RD, STE 200, 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>09/25/2024</u>	
Name & Address: DAVID B VIAR 6635 NORTHWICK DR SHELBY TWP, MI 48316		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAWYER</u> Employer <u>SELF EMPLOYED</u> Business Address <u>6635 NORTHWICK DR, SHELBY TWP, MI 48316</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,800.00**

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

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line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/25/2024</u> Name & Address: KEVIN SCHOENSEE 2230 FIRST ST APT 215 FORT MYERS, FL 33901 5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SELF</u> Business Address <u>2230 FIRST ST, APT 215, FORT MYERS, FL 33901</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/25/2024</u> Name & Address: STEFANO TERRACIANO 1900 CHRISTENBURY CT ROCHESTER HILLS, MI 48306 5. If over \$100.00 cumulative, please provide: Occupation <u>REALTOR</u> Employer <u>ARTERRA REALTY</u> Business Address <u>429 S MAIN ST, ROCHESTER, MI 48307</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>150.00</u>	\$ <u>150.00</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/25/2024</u> Name & Address: GIANNI PERKOVIC 6341 CHARLES DR WEST BLOOMFIELD TOWNSHIP, MI 48322 5. If over \$100.00 cumulative, please provide: Occupation <u>FINANCIAL ADVISOR</u> Employer <u>RETIREMENT SYSTEMS</u> Business Address <u>6341 CHARLES DR, WARREN, MI 48093</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>150.00</u>	\$ <u>150.00</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/25/2024</u> Name & Address: ARTHUR WEISS 30455 NORTHWESTERN HWY 225 FARMINGTON HILLS, MI 48334 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>30445 NORTHWESTERN HWY, FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>150.00</u>	\$ <u>650.00</u>

Page Subtotal **1,450.00**

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

Enter this total on
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/25/2024</u>	
Name & Address: DAN VARGO 3416 STONEWYCK CT SHELBY TWP, MI 48316		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/26/2024</u>	
Name & Address: WILLARD HADLEY 22450 ALEXANDER ST ST CLAIR SHORES, MI 48081		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIGITAL MARKETING</u> Employer <u>DIGITAL MACOMB</u> Business Address <u>22705 HARPER AVE, ST CLAIR SHORES, MI 48080</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/26/2024</u>	
Name & Address: ZEF DEDVUKAJ 2866 EAGLE DR ROCHESTER HILLS, MI 48309		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINES OWNER</u> Employer <u>SELF</u> Business Address <u>2866 EAGLE DR, ROCHESTER HILLS, MI 48309</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/26/2024</u>	
Name & Address: STANELY T GROT 11927 HIAWATHA DR SHELBY TWP, MI 48315		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TOWNSHIP CLERK</u> Employer <u>SHELBY TOWNSHIP</u> Business Address <u>52700 VAN DYKE AVE, SHELBY TWP, MI 48316</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 750.00

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

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

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/26/2024</u>	
Name & Address: FRANK IVEZAJ 46311 DONAHUE AVE MACOMB, MI 48044		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUILDER</u> Employer <u>JAY CONSULTING</u> Business Address <u>46311 DONAHUE AVE, 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>09/26/2024</u>	
Name & Address: ROBERTS A SLOAN 411 S OLD WOODWARD AVE BIRMINGHAM, MI 48009		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SELF</u> Business Address <u>411 S OLD WOODWARD AVE, BIRMINGHAM, MI 48009</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/26/2024</u>	
Name & Address: LEONARD V SZALAI 27153 ROBIN DR NEW BALTIMORE, MI 48051		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>INSURANCE ADVISOR</u> Employer <u>SELF</u> Business Address <u>27153 ROBIN DR, NEW BALTIMORE, MI 48051</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/26/2024</u>	
Name & Address: JONATHAN A MYCEK P.O. BOX 216 DEARBORN, MI 48121		\$ <u>300.00</u>	\$ <u>850.00</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 **1,200.00**

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

CANDIDATE COMMITTEE

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

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/26/2024</u>	
Name & Address: DAVID FARIDA 322 GLENHURST BLVD ROCHESTER HILLS, MI 48307		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>SELF EMPLOYED</u> Business Address <u>322 GLENHURST BLVD, ROCHESTER HILLS, MI 48307</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/26/2024</u>	
Name & Address: LLOYD BROWN 4688 FAWN HILL CT ROCHESTER, MI 48306		\$ <u>250.00</u>	\$ <u>550.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>WALTONEN</u> Business Address <u>31330 MOUND RD, WARREN, MI 48092</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/26/2024</u>	
Name & Address: MICHAEL A GARVONIC 46645 WEST RIDGE DRIVE MACOMB, MI 48044		\$ <u>75.00</u>	\$ <u>75.00</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>09/26/2024</u>	
Name & Address: FRANK COPPOLA 54620 CARNATION DR MACOMB, MI 48042		\$ <u>150.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>54620 CARNATION DR, MACOMB, MI 48042</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 975.00

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

CANDIDATE COMMITTEE

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2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/26/2024</u> Name & Address: JOHN KEE 55837 NICKELBY S SHELBY TWP, MI 48316		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REALTOR</u> Employer <u>KEE REALTY LLC</u> Business Address <u>55837 NICKELBY S, SHELBY TWP, MI 48316</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/26/2024</u> Name & Address: ROGER LONSWAY 41800 PRUNUM DR STERLING HEIGHTS, MI 48314		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/26/2024</u> Name & Address: LJUCA MICA KOVIC 2442 DARREN DR WASHINGTON, MI 48094		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SELF</u> Business Address <u>2442 DARREN DR, 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>09/26/2024</u> Name & Address: VATE TINAJ 2538 RIDGECREST DR SHELBY TWP, MI 48316		\$ <u>150.00</u>	\$ <u>600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>BESA LLC</u> Business Address <u>600 WOODWARD AVENUE, DETROIT, MI 48226</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,500.00

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/26/2024</u>	
Name & Address: LAITH HANNA 1161 PEMBROKE DR BLOOMFIELD HILLS, MI 48304		\$ <u>150.00</u>	\$ <u>500.00</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>09/26/2024</u>	
Name & Address: CHRISTOPHER DARRON 44433 WHITE PINE CIR E NORTHVILLE, MI 48168		\$ <u>300.00</u>	\$ <u>650.00</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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/26/2024</u>	
Name & Address: DANIEL RUSSELL 17680 MAISONS DR CLINTON TWP, MI 48038		\$ <u>150.00</u>	\$ <u>700.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>INTERNATIONAL MARKETING CONSULTANTS</u> Business Address <u>17680 MAISONS DR, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/26/2024</u>	
Name & Address: ROBERT VARGO 850 STONEY CREEK RD OAKLAND TWP, MI 48363		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINES OWNER</u> Employer <u>SELF EMPLOYED</u> Business Address <u>850 STONEY CREEK RD, OAKLAND TWP, MI 48363</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 850.00

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

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/26/2024</u> Name & Address: DEMETRIOS POLYZOIS 49587 COMPASS POINT DR NEW BALTIMORE, MI 48047		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF EMPLOYED</u> Business Address <u>14955 TECHNOLOGY DR, SHELBY TWP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/26/2024</u> Name & Address: ROBERT LULGJURAJ 1517 HAMMAN DR TROY, MI 48085		\$ <u>1,000.00</u>	\$ <u>2,950.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROSECUTOR</u> Employer <u>WAYNE COUNTY PROS OFFICE</u> Business Address <u>1441 ST ANTOINE, DETROIT, MI 48226</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/26/2024</u> Name & Address: DINO JUNCEVIC 52756 BLUE RIDGE DR SHELBY TWP, MI 48316		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>SELF</u> Business Address <u>52756 BLUE RIDGE DR, SHELBY TWP, MI 48316</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/26/2024</u> Name & Address: MARVIN KIEZI 3664 PICCADILLY DR ROCHESTER HILLS, MI 48309		\$ <u>2,500.00</u>	\$ <u>2,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGER</u> Employer <u>MK GROUP MI LLC</u> Business Address <u>44825 VAN DYKE AVE, UTICA, MI 48317</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **3,900.00**

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

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/26/2024</u>	
Name & Address: DANIEL CARMONA 3841 HUBBARD ST WAYNE, MI 48184		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PUBLIC SERVICE</u> Employer <u>WAYNE COUNTY</u> Business Address <u>1441 ST ANTOINE, DETROIT, MI 48226</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/26/2024</u>	
Name & Address: ERIC CASTIGLIA 38602 ROUGEWOOD DR STERLING HEIGHTS, MI 48312		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CGO</u> Employer <u>BAE NETWORKS</u> Business Address <u>1250 STEPHENSON HWY, TROY, MI 48083</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/26/2024</u>	
Name & Address: LEANDRO DEDNDREJAJ 7375 OAK HILL RD CLARKSTON VLG, MI 48348		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REALTOR</u> Employer <u>KELLER WILLIAMS DOMAIN</u> Business Address <u>7375 OAK HILL RD, CLARKSTON VLG, MI 48348</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/26/2024</u>	
Name & Address: ELVIS PRENDI 33178 DEQUINDRE RD STERLING HEIGHTS, MI 48310		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **600.00**

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

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>09/26/2024</u>	
Name & Address: ARBEN MARKU 38362 SAN ANGELO DR STERLING HEIGHTS, MI 48312		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/26/2024</u>	
Name & Address: BRANDON KIZY 6476 ORCHARD LAKE RD WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>B KIZY LAW</u> Business Address <u>6476 ORCHARD LAKE RD, WEST BLOOMFIELD TOWNSHIP, MI 48322</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/26/2024</u>	
Name & Address: EUGEN TATJA 38362 SAN ANGELO DR STERLING HEIGHTS, MI 48312		\$ <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>09/26/2024</u>	
Name & Address: JEROME VAN NESTE 45455 FOX LN E SHELBY TWP, MI 48317		\$ <u>150.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SUPPLIER</u> Employer <u>GENERAL MOTORS</u> Business Address <u>45455 FOX LN E, SHELBY TWP, MI 48317</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

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

CANDIDATE COMMITTEE

1. Committee I.D. Number 139858
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/26/2024</u>	
Name & Address: JASON FOLTZ 66 W FAIR ST LAPEER, MI 48446		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CHANGE AGENT</u> Employer <u>SELF</u> Business Address <u>201 N MAIN ST, ROMEO, MI 48065</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/26/2024</u>	
Name & Address: ANTON GJONAJ 18563 CRACKLEWOOD DR MACOMB, MI 48042		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TEACHER</u> Employer <u>FERNDAL PUBLIC SCHOOLS</u> Business Address <u>18563 CRACKLEWOOD DR, MACOMB, MI 48042</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/26/2024</u>	
Name & Address: LINDA B TORP 38870 RYAN CT HARRISON TWP, MI 48045		\$ <u>150.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CASEWORK</u> Employer <u>US HOUSE OF REPRESENTATIVES</u> Business Address <u>30500 VAN DYKE AVE, WARREN, MI 48093</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/26/2024</u>	
Name & Address: AGRON DEDIVANAJ 54420 ARROWHEAD DR SHELBY TWP, MI 48315		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>STAMPING TECH</u> Employer <u>KOSTAL</u> Business Address <u>1350 W HAMLIN RD, ROCHESTER HILLS, MI 48309</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 600.00

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

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/26/2024</u>	
Name & Address: MIKE DJEKOVIC 1764 CHASE DR ROCHESTER, MI 48307		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>BAUS</u> Business Address <u>1764 CHASE DR, ROCHESTER, MI 48307</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/26/2024</u>	
Name & Address: JOE GJEKAJ 20523 VINE DR MACOMB, MI 48044		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAWYER</u> Employer <u>SELF</u> Business Address <u>20523 VINE 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>09/26/2024</u>	
Name & Address: TOM LULGJURAJ 39680 BAROQUE BLVD CLINTON TWP, MI 48038		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSTRUCTION</u> Employer <u>SELF</u> Business Address <u>39680 BAROQUE BLVD, 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>09/26/2024</u>	
Name & Address: AMAR TOMA 53188 PONDVIEW DR SHELBY TWP, MI 48315		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF</u> Employer <u>SELF</u> Business Address <u>53188 PONDVIEW DR, SHELBY TWP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 600.00

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

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

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/26/2024</u> Name & Address: TOM LULGJURAJ 1069 ROCHELLE PARK DR ROCHESTER HILLS, MI 48309		\$ <u>600.00</u>	\$ <u>600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>SELF</u> Business Address <u>1069 ROCHELLE PARK DR, ROCHESTER HILLS, MI 48309</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/26/2024</u> Name & Address: PETER DUKAJ 67772 CHESAPEAKE CT WASHINGTON, MI 48095		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>ALLSTATE</u> Business Address <u>67772 CHESAPEAKE CT, WASHINGTON, MI 48095</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/26/2024</u> Name & Address: BRANDON DABISH 1386 CADMUS DR TROY, MI 48085		\$ <u>150.00</u>	\$ <u>2,150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>DISPO</u> Business Address <u>100 SHAFER DR, ROMEO, MI 48065</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/26/2024</u> Name & Address: HANSEE SESI 43668 FALLEN TREE DR STERLING HEIGHTS, MI 48314		\$ <u>150.00</u>	\$ <u>650.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>GROW GREEN</u> Business Address <u>43668 FALLEN TREE DR, STERLING HEIGHTS, MI 48314</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,050.00**

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

CANDIDATE COMMITTEE

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/26/2024</u>	
Name & Address: CAROLYN HOWARD 34137 LITTLE MACK AVE CLINTON TWP, MI 48035		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/26/2024</u>	
Name & Address: GREGORY CARNAGO 667 E BIG BEAVER RD STE 201 TROY, MI 48083		\$ <u>500.00</u>	\$ <u>650.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CPA</u> Employer <u>SELF</u> Business Address <u>667 E BIG BEAVER RD, STE 201, TROY, MI 48083</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/27/2024</u>	
Name & Address: ZOI SEREMETIS 71668 E POND CREEK DR ROMEO, MI 48065		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>WORKER</u> Employer <u>ROMEO FAMILY RESTURANT</u> Business Address <u>66020 VAN DYKE AVE, WASHINGTON, MI 48095</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/27/2024</u>	
Name & Address: JOHN POLYZOIS 68333 HILLSIDE LN WASHINGTON, MI 48095		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,650.00**

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

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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/27/2024</u>	
Name & Address: SALVATORE LEONE PO BOX 792 Washington, MI 48094		\$ <u>500.00</u>	\$ <u>1,700.00</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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/27/2024</u>	
Name & Address: ROBERT S VICKREY 12443 MASTERS RD RILEY, MI 48041		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF EMPLOYED</u> Business Address <u>10 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>09/28/2024</u>	
Name & Address: MICHAEL MOREAU 12758 DE COOK DR STERLING HEIGHTS, MI 48313		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/28/2024</u>	
Name & Address: IGOR PRYLEPSKYI 29804 FOX RUN CIR WARREN, MI 48092		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAID OFF</u> Employer <u>UNEMPLOYED</u> Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,175.00**

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

Enter this total on
line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/29/2024</u>	
Name & Address: JEFF KIRKPATRICK 10000 GREENES DR JACKSON, MI 49201		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>INSURANCE</u> Employer <u>JUDICIAL SERVICES</u> Business Address <u>401 S JACKSON ST, JACKSON, MI 49201</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/30/2024</u>	
Name & Address: RYAN LESPERANCE 53560 JOE WOOD DR MACOMB, MI 48042		\$ <u>500.00</u>	\$ <u>850.00</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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/01/2024</u>	
Name & Address: RALPH MACCARONE 13921 BASILISCO CHASE DR SHELBY TWP, MI 48315		\$ <u>200.00</u>	\$ <u>700.00</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>10/01/2024</u>	
Name & Address: KASS RAMAJ 11455 SCARBOROUGH DR SHELBY TWP, MI 48315		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE</u> Employer <u>SELF EMPLOYED</u> Business Address <u>11455 SCARBOROUGH DR, SHELBY TWP, MI 48315</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 1,700.00

Grand Total of All Schedules 1A
(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>10/02/2024</u>	
Name & Address: MISSION FIRST PEOPLE ALWAYS PAC PO BOX 585 SAINT CLAIR SHORES, MI 48080		\$ <u>2,000.00</u>	\$ <u>2,000.00</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>10/02/2024</u>	
Name & Address: LORI WORTZ 4144 MERIDIAN RD OKEMOS, MI 48864		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>SELF</u> Business Address <u>4144 MERIDIAN RD, OKEMOS, MI 48864</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/02/2024</u>	
Name & Address: CHRIS URBAN 22191 RHYS DR MACOMB, MI 48042		\$ <u>100.00</u>	\$ <u>100.00</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>10/02/2024</u>	
Name & Address: TODD SCHMITZ 23083 SAXONY AVE EASTPOINTE, MI 48021		\$ <u>100.00</u>	\$ <u>450.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ASSISTANT PROSECUTING ATTORNEY</u> Employer <u>MACOMB COUNTY</u> Business Address <u>23083 SAXONY AVE, EASTPOINTE, MI 48021</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,300.00

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

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line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

1. Committee I.D. Number 139858
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3. Contribution # 1	PAC Receipt? ☒ YES	4. Date of Receipt <u>10/02/2024</u>	
Name & Address: RED WHITE AND BLUE PAC 201 TOWNSEND ST STE 900 LANSING, MI 48933		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/03/2024</u>	
Name & Address: ROBERT MARROCCO 55276 RHINE AVE MACOMB, MI 48042		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/03/2024</u>	
Name & Address: BOB LITTLE 15652 SHIRLEY AVE WARREN, MI 48089		\$ <u>250.00</u>	\$ <u>1,750.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>15652 SHIRLEY AVE, WARREN, MI 48089</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/03/2024</u>	
Name & Address: PAUL CHIRCO 3045 HARROW WAY SHELBY TWP, MI 48316		\$ <u>250.00</u>	\$ <u>800.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>CHIRCO TITLE AGENCY</u> Business Address <u>26800 HARPER AVE, ST CLAIR SHORES, MI 48081</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 1,600.00

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/03/2024</u>	
Name & Address: ANNETTE MANZELLA 36390 GLOUCESTER DR CLINTON TWP, MI 48035		\$ <u>1,600.00</u>	\$ <u>2,100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BOOKKEEPER</u> Employer <u>SELF EMPLOYED</u> Business Address <u>36390 GLOUCESTER DR, CLINTON TWP, MI 48035</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/07/2024</u>	
Name & Address: FRANK MARINO 45676 VAN DYKE AVE UTICA, MI 48317		\$ <u>100.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>MACOMB RESTAURANT SUPPLY</u> Business Address <u>45676 VAN DYKE AVE, UTICA, MI 48317</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/07/2024</u>	
Name & Address: DEAN C METRY 26640 HARPER AVE ST CLAIR SHORES, MI 48081		\$ <u>250.00</u>	\$ <u>950.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>JUDGE</u> Employer <u>US GOVERNMENT</u> Business Address <u>300 MAPLE PARK BLVD, ST CLAIR SHORES, MI 48081</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/07/2024</u>	
Name & Address: GORDON B WILSON 49572 COMPASS POINT DR NEW BALTIMORE, MI 48047		\$ <u>100.00</u>	\$ <u>575.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CIVIL ENGINEER</u> Employer <u>ANDERSON ECKSTEIN & WESTRICK</u> Business Address <u>51301 SCHOENHERR RD, SHELBY TWP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,050.00

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

CANDIDATE COMMITTEE

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/07/2024</u>	
Name & Address: STEPHEN V PANGORI 8016 ROSEBUD LANE CLARKSTON, MI 48348		\$ <u>200.00</u>	\$ <u>675.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CIVIL ENGINEER</u> Employer <u>ANDERSON ECKSTEIN & WESTRICK</u> Business Address <u>51301 SCHOENHERR RD, SHELBY TWP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/08/2024</u>	
Name & Address: VINCENZO VITALE 55178 VAN DYKE AVE SHELBY TWP, MI 48316		\$ <u>600.00</u>	\$ <u>2,300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWN</u> Employer <u>VINCE AND JOE'S FRUIT MARKET</u> Business Address <u>55178 VAN DYKE AVE, SHELBY TWP, MI 48316</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/08/2024</u>	
Name & Address: ARNOLD RECCHIA 14857 SPARROW DR SHELBY TWP, MI 48315		\$ <u>250.00</u>	\$ <u>450.00</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>10/08/2024</u>	
Name & Address: JAMES MAKOWSKI 1424 CRANBERRY CT WIXOM, MI 48393		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>MAKOWSKI LEGAL GROUP</u> Business Address <u>6528 SCHAEFER RD, DEARBORN, MI 48126</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,550.00**

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

CANDIDATE COMMITTEE

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/09/2024</u>	
Name & Address: MARK D MILESKI 52833 WINSOME LN NEW BALTIMORE, MI 48051		\$ <u>100.00</u>	\$ <u>600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>MACOMB COUNTY</u> Business Address <u>40111 DODGE PARK 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>10/09/2024</u>	
Name & Address: RONALD SINGER 31120 NELSON DR WARREN, MI 48088		\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DESIGNER</u> Employer <u>DOMINION TECHNOLOGIES GROUP</u> Business Address <u>15736 STURGEON ST, ROSEVILLE, MI 48066</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/09/2024</u>	
Name & Address: THOM LIPARI 369 N OLD WOODWARD AVE BIRMINGHAM, MI 48009		\$ <u>2,500.00</u>	\$ <u>2,500.00</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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/09/2024</u>	
Name & Address: RALPHE ARMSTRONG 1 LAFAYETTE PLAISANCE ST DETROIT, MI 48207		\$ <u>100.00</u>	\$ <u>750.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MUSICIAN</u> Employer <u>DETROIT</u> Business Address <u>20833 SOUTHFIELD RD, STE 103, SOUTHFIELD, MI 48075</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,710.00

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>10/09/2024</u>	
Name & Address: MICHAEL DILAURA 5685 COBB CREEK RD ROCHESTER, MI 48306		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CCO</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>10/09/2024</u>	
Name & Address: SHARON RONCELLI 69900 HICKS RD ARMADA, MI 48005		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HR</u> Employer <u>RONCELLI</u> Business Address <u>69900 HICKS RD, ARMADA, MI 48005</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/09/2024</u>	
Name & Address: PAUL J BUKOWSKI 44510 PINE DR STERLING HEIGHTS, MI 48313		\$ <u>100.00</u>	\$ <u>550.00</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>10/09/2024</u>	
Name & Address: GARY DALESSANDRO 28135 GROESBECK HWY ROSEVILLE, MI 48066		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,850.00**

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

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/09/2024</u>	
Name & Address: TIM THOMPSON 20868 IVY CIR MACOMB, MI 48044		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>PROTEK</u> Business Address <u>20868 IVY CIR, 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>10/09/2024</u>	
Name & Address: THERESE VOLLLMAR 11695 RIDGE DR SHELBY TWP, MI 48315		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COMPLIANCE</u> Employer <u>GENISYS CU</u> Business Address <u>11695 RIDGE 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>10/09/2024</u>	
Name & Address: DENA KELLER 573 LIVE OAK DR ROCHESTER HILLS, MI 48309		\$ <u>100.00</u>	\$ <u>1,100.00</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>10/09/2024</u>	
Name & Address: NICHOLAS STEFANI 13852 STRATHMORE DR SHELBY TWP, MI 48315		\$ <u>100.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PLANT CHAIRMAN</u> Employer <u>FORD MOTOR COMPANY</u> Business Address <u>41111 VAN DYKE AVE, STERLING HEIGHTS, MI 48314</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 400.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/09/2024</u>	
Name & Address: JACOB SAHLANEY 25052 S MAGDALENA ST HARRISON TWP, MI 48045		\$ <u>250.00</u>	\$ <u>950.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FIREFIGHTER</u> Employer <u>HARRISON TWP FIRE DEPARTMENT</u> Business Address <u>25052 S MAGDALENA ST, HARRISON TWP, MI 48045</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/09/2024</u>	
Name & Address: VINCENT J COLLURA 53578 MONICA WOOD DR MACOMB, MI 48042		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>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>10/09/2024</u>	
Name & Address: CHRIS SRAMEK 8536 28 MILE RD WASHINGTON, MI 48094		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>SELF</u> Business Address <u>50437 HAYES RD, SHELBY TWP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/09/2024</u>	
Name & Address: JEFFREY P YAROCH 35545 POUND RD RICHMOND, MI 48062		\$ <u>100.00</u>	\$ <u>450.00</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 550.00

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>10/09/2024</u>	
Name & Address: MICHAEL DEBUSSCHER 53668 HERITAGE LN NEW BALTIMORE, MI 48047		\$ <u>120.00</u>	\$ <u>420.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>53668 HERITAGE LN, NEW BALTIMORE, MI 48047</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/09/2024</u>	
Name & Address: MAX FELLSMAN 14612 ALPENA DR STERLING HEIGHTS, MI 48313		\$ <u>100.00</u>	\$ <u>600.00</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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/09/2024</u>	
Name & Address: JOSEPH LUCIDO 56276 CANNON CREEK RD SHELBY TWP, MI 48316		\$ <u>100.00</u>	\$ <u>100.00</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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/09/2024</u>	
Name & Address: JURIJ D FEDORAC 43227 WINTERFIELD DR STERLING HEIGHTS, MI 48314		\$ <u>100.00</u>	\$ <u>1,550.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNER</u> Employer <u>MACOMB COUNTY</u> Business Address <u>1 S MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 420.00

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>10/09/2024</u>	
Name & Address: SCOTT P LOCKWOOD 950 SOUTHDOWN RD BLOOMFIELD HILLS, MI 48304		\$ <u>100.00</u>	\$ <u>775.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CIVIL ENGINEER</u> Employer <u>ANDERSON ECKSTEIN & WESTRICK</u> Business Address <u>51301 SCHOENHERR RD, SHELBY TWP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/09/2024</u>	
Name & Address: SUSAN CHRZANOW 48273 MILONAS DR SHELBY TWP, MI 48315		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>MILAN 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>10/09/2024</u>	
Name & Address: CHESTER ZOCHOWSKI 600 MANOTIC DR LEONARD, MI 48367		\$ <u>500.00</u>	\$ <u>1,500.00</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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/09/2024</u>	
Name & Address: MICHAEL A GARVONIC 46645 WEST RIDGE DRIVE MACOMB, MI 48044		\$ <u>50.00</u>	\$ <u>125.00</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 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>10/09/2024</u>	
Name & Address: JACK CAMPO 13150 RHEA CT SHELBY TWP, MI 48315		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☒ YES	4. Date of Receipt <u>10/10/2024</u>	
Name & Address: CITIZENS FOR HONEST GOVERNMENT 12955 23 MILE RD SHELBY TWP, MI 48315		\$ <u>15,000.00</u>	\$ <u>15,000.00</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>10/11/2024</u>	
Name & Address: KORRIN KRIEG 745 DELANOY COURT HARRISON TOWNSHIP, MI 48045		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR OF OPERATIONS</u> Employer <u>CLINTON TWP</u> Business Address <u>43550 ELIZABETH ROAD, CLINTON TOWNSHIP, MI 48038</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/14/2024</u>	
Name & Address: RICHARD CERVENAK 42870 LITTLE RD CLINTON TWP, MI 48036		\$ <u>500.00</u>	\$ <u>850.00</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 **16,500.00**

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

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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/18/2024</u>	
Name & Address: CHARLES SEMCHENA 4403 AUBURN DR ROYAL OAK, MI 48073		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/19/2024</u>	
Name & Address: GREG C STANALJCZO 617 DEWEY ST ROYAL OAK, MI 48067		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>SELF</u> Business Address <u>617 DEWEY 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 _____	
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 **200.00**

Grand Total of All Schedules 1A
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68,150.01

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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

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

CANDIDATE COMMITTEE

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: PALUSHI CHRIS 51748 VAN DYKE AVE SHELBY TWP, MI 48316 If over \$100.00 cumulative, please provide: Occupation: BUSINESS OWNER Employer Name & Business Address: SELF 51748 VAN DYKE AVE, SHELBY TWP, MI 48316 ☒ 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>FOOD DONATED FOR EVENT</u> 5. Date Of Receipt: <u>09/26/2024</u> 6. Vendor Name & Address:	\$ <u>250.00</u>	\$ <u>250.00</u>
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: PALUSHI DONNY 51748 VAN DYKE AVE SHELBY TWP, MI 48316 If over \$100.00 cumulative, please provide: Occupation: BUSINESS OWNER Employer Name & Address: SELF 51748 VAN DYKE AVE, SHELBY TWP, MI 48316 ☒ 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>FOOD DONATED FOR EVENT</u> 5. Date Of Receipt: <u>09/26/2024</u> 6. Vendor Name & Address:	\$ <u>250.00</u>	\$ <u>250.00</u>
Contribution #3 PAC Receipt? ☒ Yes Name & Address: JEREMY T STRADLEY 35715 KOENIG ST NEW BALTIMORE, MI 48047 If over \$100.00 cumulative, please provide: Occupation: OWNER Employer Name & Address: SELF EMPLOYED 331 E 9 MILE RD, HAZEL PARK, MI 48030 ☒ 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>DONATION OF REFRESHMENTS FOR THE HUB FUNDRAISER</u> 5. Date Of Receipt: <u>10/09/2024</u> 6. Vendor Name & Address:	\$ <u>1,000.00</u>	\$ <u>2,500.00</u>

Page Subtotal 1,500.00 3,000.00

Grand Total of all Schedules 1-IK
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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 AMERICAN GRAPHICS PRINTING Address 34895 GROESBECK HWY CLINTON TWP, MI 48035 ☐ Fund Raiser	Purpose: FLYERS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/27/2024 Date	\$ 169.60
Expenditure #2 Name RICHMOND GOOD OLD DAYS FESTIVAL Address PO BOX 271 RICHMOND, MI 48062 ☐ Fund Raiser	Purpose: PARADE APPLICATION ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/27/2024 Date	\$ 200.00
Expenditure #3 Name US POSTAL SERVICE Address 155 S MAIN ST MT CLEMENS, MI 48043 ☐ Fund Raiser	Purpose: POSTAGE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/27/2024 Date	\$ 150,000.00
Expenditure #4 Name FRIENDS OF FOSTER KIDS Address 67500 MOUND RD WASHINGTON, MI 48095 ☐ Fund Raiser	Purpose: DINNER TICKET ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/27/2024 Date	\$ 150.00
Expenditure #5 Name ST.THECLA Address 20762 S NUNNELEY RD CLINTON TWP, MI 48035 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/27/2024 Date	\$ 500.00

Subtotal this page **151,019.60**

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

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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 SANTA FARA DI CINISI Address 43742 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	08/27/2024 Date	\$ 100.00
Expenditure #2 Name AUDACY Address 2400 MARKET ST PHILADELPHIA, PA 19103 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/28/2024 Date	\$ 16,144.20
Expenditure #3 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	08/28/2024 Date	\$ 6,060.00
Expenditure #4 Name PHILLIPS SIGN AND LIGHTING Address 40920 EXECUTIVE DR HARRISON TWP, MI 48045 ☐ Fund Raiser	Purpose: SIGNS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/28/2024 Date	\$ 1,251.00
Expenditure #5 Name DONNA'S SHELL Address 38951 MOUND RD STERLING HEIGHTS, MI 48310 ☐ Fund Raiser	Purpose: GAS FOR FIRETRUCK ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/28/2024 Date	\$ 50.00

Subtotal this page **23,605.20**

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

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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 PETER J LUCIDO Address 6303 26 MILE RD WASHINGTON, MI 48094 ☐ Fund Raiser	Purpose: <u>REIMBURSEMENT FOR PERSON FUNDS USED</u> Memo Itemization Below ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/03/2024</u> Date	\$ <u>350.27</u>
Expenditure #2 Name DONNA'S SHELL Address 38951 MOUND RD STERLING HEIGHTS, MI 48310 ☐ Fund Raiser	Purpose: <u>GAS FOR FIRETRUCK</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/30/2024</u> Date	\$ <u>(50.00)</u>
Expenditure #3 Name TIM HORTON'S Address 5111 VAN DYKE AVENUE SHELBY TOWNSHIP, MI 48316 ☐ Fund Raiser	Purpose: <u>BREAKFAST FOR MEETING</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/31/2024</u> Date	\$ <u>(19.30)</u>
Expenditure #4 Name JIMMY JOHN'S Address 50672 SCHOENHERR RD SHELBY TWP, MI 48315 ☐ Fund Raiser	Purpose: <u>LUNCH</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/02/2024</u> Date	\$ <u>(230.97)</u>
Expenditure #5 Name AMERICAN GRAPHICS PRINTING Address 34895 GROESBECK HWY CLINTON TWP, MI 48035 ☐ Fund Raiser	Purpose: <u>PRINTING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/04/2024</u> Date	\$ <u>169.60</u>

Subtotal this page **519.87**

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

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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 ARENA Address 1260 E STRINGHAM AVE SALT LAKE CITY, UT 84106 ☐ Fund Raiser	Purpose: ADVERTING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/05/2024 Date	\$ 9,000.00
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	09/09/2024 Date	\$ 65.00
Expenditure #3 Name FADM Address 43843 ROMEO PLANK RD CLINTON TWP, MI 48038 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/11/2024 Date	\$ 250.00
Expenditure #4 Name HONIGMAN Address 222 N WASHINGTON SQUARE STE 400 LANSING, MI 48933 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/11/2024 Date	\$ 2,186.25
Expenditure #5 Name ON SIGHT EVENT PHOTOGRAPHY Address 35675 ELECTRA DR STERLING HEIGHTS, MI 48312 ☐ Fund Raiser	Purpose: PHOTOGRAPHY ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/11/2024 Date	\$ 1,146.00

Subtotal this page **12,647.25**

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 FORTY SIX 5 Address 555 PURITAN AVE BIRMINGHAM, MI 48009 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/18/2024 Date	\$ 5,000.00
Expenditure #2 Name CDCC Address 38250 LANSE CREUSE ST HARRISON TWP, MI 48045 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/18/2024 Date	\$ 115.00
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	09/19/2024 Date	\$ 50.01
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	09/20/2024 Date	\$ 50.03
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	09/20/2024 Date	\$ 50.00

Subtotal this page **5,265.04**

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	09/24/2024 Date	\$ 50.02
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	09/24/2024 Date	\$ 50.08
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	09/24/2024 Date	\$ 50.85
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	09/27/2024 Date	\$ 50.03
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	09/27/2024 Date	\$ 50.03

Subtotal this page

251.01

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: <u>ADVERTISING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/30/2024</u> Date	\$ <u>50.03</u>
Expenditure #2 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>09/30/2024</u> Date	\$ <u>50.02</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>09/30/2024</u> Date	\$ <u>51.70</u>
Expenditure #4 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>09/30/2024</u> Date	\$ <u>51.02</u>
Expenditure #5 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>09/30/2024</u> Date	\$ <u>50.02</u>

Subtotal this page **252.79**

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 PETER LUCIDO Address 6303 26 MILE RD WASHINGTON, MI 48094 ☐ Fund Raiser	Purpose: REIMBURSEMENT FOR FUNDS SPENT WITH PERSONAL CARD Memo Itemization Below ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/01/2024 Date	\$ 372.26
Expenditure #2 Name MEIJER Address 27255 23 MILE RD CHESTERFIELD, MI 48051 ☐ Fund Raiser	Purpose: GAS (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/08/2024 Date	\$ (50.00)
Expenditure #3 Name TIM HORTONS Address 12265 23 MILE RD SHELBY TWP, MI 48315 ☐ Fund Raiser	Purpose: FOOD FOR MEETING (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/08/2024 Date	\$ (32.27)
Expenditure #4 Name MAROTHON Address 36511 GARFIELD RD CLINTON TWP, MI 48035 ☐ Fund Raiser	Purpose: GAS (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/19/2024 Date	\$ (50.00)
Expenditure #5 Name MCDONALD'S Address 41500 GARFIELD RD CLINTON TWP, MI 48038 ☐ Fund Raiser	Purpose: FOOD FOR MEETING (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/25/2024 Date	\$ (24.04)

Subtotal this page **372.26**
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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 VENTIMIGLIA Address 35179 DODGE PARK RD STERLING HEIGHTS, MI 48312 ☐ Fund Raiser	Purpose: FOOD FOR MEETING (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/25/2024 Date	\$ (90.54)
Expenditure #2 Name CHICKEN SHACK Address 37010 VAN DYKE AVE STERLING HEIGHTS, MI 48312 ☐ Fund Raiser	Purpose: FOOD FOR MEETING (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/26/2024 Date	\$ (26.48)
Expenditure #3 Name LA SAJ LEBANESE BISTRO Address 13776 SOUTHCove DR STERLING HEIGHTS, MI 48313 ☐ Fund Raiser	Purpose: FOOD FOR MEETING (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/27/2024 Date	\$ (65.00)
Expenditure #4 Name SORRENTO PIZZA Address 14 MARKET ST MT CLEMENS, MI 48043 ☐ Fund Raiser	Purpose: FOOD FOR MEETING (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/01/2024 Date	\$ (33.93)
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	10/03/2024 Date	\$ 4,411.91

Subtotal this page **4,411.91**
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 ARENA 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	10/03/2024 Date	\$ 35,000.00
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	10/03/2024 Date	\$ 50.03
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	10/03/2024 Date	\$ 50.00
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	10/04/2024 Date	\$ 51.54
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	10/07/2024 Date	\$ 65.00

Subtotal this page **35,216.57**

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	10/08/2024 Date	\$ 50.04
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	10/08/2024 Date	\$ 50.03
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	10/08/2024 Date	\$ 53.42
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	10/08/2024 Date	\$ 50.05
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	10/08/2024 Date	\$ 50.07

Subtotal this page

253.61

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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	10/08/2024 Date	\$ 50.09
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	10/08/2024 Date	\$ 50.07
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	10/10/2024 Date	\$ 50.08
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	10/10/2024 Date	\$ 50.23
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	10/10/2024 Date	\$ 50.06

Subtotal this page **250.53**

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	10/10/2024 Date	\$ 50.05
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	10/10/2024 Date	\$ 50.03
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	10/10/2024 Date	\$ 50.08
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	10/10/2024 Date	\$ 50.07
Expenditure #5 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	10/15/2024 Date	\$ 75,852.61

Subtotal this page **76,052.84**

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 US POSTAL SERVICE Address 155 S MAIN ST MT CLEMENS, MI 48043 ☐ Fund Raiser	Purpose: MAILINGS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/15/2024 Date	\$ 14,089.13
Expenditure #2 Name JOSEPH FORTUNA Address PO BOX 380586 CLINTON TOWNSHIP, MI 48038 ☐ Fund Raiser	Purpose: TICKETS FOR CEPRANESE CLUB ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/18/2024 Date	\$ 130.00
Expenditure #3 Name CAPRANESE CLUB Address PO BOX 380586 CLINTON TOWNSHIP, MI 48038 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/18/2024 Date	\$ 300.00
Expenditure #4 Name US POSTAL SERVICE Address 155 S MAIN ST MT CLEMENS, MI 48043 ☐ Fund Raiser	Purpose: POSTAGE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/18/2024 Date	\$ 730.00
Expenditure #5 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	10/20/2024 Date	\$ 1,178.50

Subtotal this page	16,427.63
Grand Total of all Schedules 1B (Complete on last page of Schedule)	326,546.11

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**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

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

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 09/26/2024	4. Number of Individuals Attending or Participating (whichever is greater) 110	5. Type of Fund Raising Activity SOCIAL GATHERING WITH APPETIZERS	6. Address and Name (If any) of the place where the activity was held. DON CHRISTO'S CIGAR ROOM 51748 VAN DYKE AVE SHELBY TWP, MI 48316 ☐ Private Residence
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7. Total Contributions **27,670.01**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **27,670.01**
10. Total Cost of Event **500.00**
(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.



**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 10/09/2024	4. Number of Individuals Attending or Participating (whichever is greater) 30	5. Type of Fund Raising Activity THE HUB - SOCIAL GATHERING WITH REFRESHMENTS	6. Address and Name (If any) of the place where the activity was held. THE HUB 16780 21 MILE RD MACOMB, MI 48044 ☐ Private Residence
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7. Total Contributions **16,480.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **16,480.00**
10. Total Cost of Event **1,000.00**
(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.