



FILED

05 DEC 2024 PM 02:31

MACOMB COUNTY CLERK  
MT. CLEMENS, MICHIGAN

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**CANDIDATE COMMITTEE  
COVER PAGE**

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

3. This Statement covers From: 10/21/2024 to 11/25/2024

1. Committee I.D. Number

**139858**

4. Candidate Last Name First Name M.I.

**LUCIDO PETER J**

2. Committee Name

**CTE PETER J. LUCIDO FOR PROSECUTOR**

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

**PROSECUTING ATTORNEY, MACOMB COUNTY**

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

5. Committee's Mailing Address

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

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

6. Treasurer's Name & Residential Address

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

Area Code & Phone (586) 286-8200

7. Treasurer's Business Address

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

Area Code and Phone (586) 286-8200

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

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

Area Code and Phone (586) 286-7300

**9. TYPE OF STATEMENT**

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

Pre-Election or Post-Election Statement relates to:

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

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

- ☐ July Quarterly  
☐ October Quarterly

9c. ☐ Annual Statement ( ) Coverage Year

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

Date of Election, Convention or Caucus

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

12/05/2024

Candidate

Type or Print Name

Signature

Submitted electronically,  
signature on file

Date

12/05/2024



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<br>This Period        | Column II<br>Cumulative this election cycle |
|-------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------|
| 3. Contributions                                                                                |                                |                                             |
| a. Itemized (Schedule 1A - Column 6)                                                            | (3a.) \$ <u>3,250.00</u>       |                                             |
| b. Unitemized (less than \$20.01 each - no Schedule)                                            | (3b.) \$ <u>NOT APPLICABLE</u> |                                             |
| c. Subtotal of "Contributions"                                                                  | (3c.) \$ <u>3,250.00</u>       | (18.) \$ <u>540,820.16</u>                  |
| 4. Other Receipts (Schedule 1A -1, Column 6)                                                    | (4.) \$ <u>0.00</u>            | (19.) \$ <u>0.00</u>                        |
| <b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b><br>(Add Line 3c + Line 4)                      | (5.) \$ <u>3,250.00</u>        | (20.) \$ <u>540,820.16</u>                  |
| <b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>                                                 |                                |                                             |
| 6. In-Kind Contributions (Schedule 1-IK, Column 7)                                              | (6.) \$ <u>0.00</u>            | (21.) \$ <u>16,427.01</u>                   |
| 7. In-Kind Expenditures (Schedule 1B-IK, Column 6)                                              | (7.) \$ <u>0.00</u>            | (22.) \$ <u>0.00</u>                        |
| <b>EXPENDITURES</b>                                                                             |                                |                                             |
| 8. Expenditures                                                                                 |                                |                                             |
| a. Itemized (Schedule 1B, Column 6)                                                             | (8a.) \$ <u>96,980.03</u>      |                                             |
| b. Itemized Get-Out-the-Vote (Schedule 1B-G)                                                    | (8b.) \$ <u>0.00</u>           |                                             |
| c. Unitemized (less than \$50.01 each - no Schedule)                                            | (8c.) \$ <u>0.00</u>           |                                             |
| <b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)                                  | (9.) \$ <u>96,980.03</u>       | (23.) \$ <u>797,630.42</u>                  |
| <b>INCIDENTAL EXPENSE DISBURSEMENTS</b><br>(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>          |                                             |
| <b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b><br>(Add Line 10a + Line 10b)                  | (11.) \$ <u>0.00</u>           | (24.) \$ <u>0.00</u>                        |
| <b>DEBTS AND OBLIGATIONS</b>                                                                    |                                |                                             |
| 12. Debts and Obligations                                                                       |                                |                                             |
| a. Owed <b>by</b> the Committee (Schedule 1E)                                                   | (12a.) \$ <u>0.00</u>          |                                             |
| b. Owed <b>to</b> the Committee (Schedule 1E)                                                   | (12b.) \$ <u>0.00</u>          |                                             |
| <b>BALANCE STATEMENT</b>                                                                        |                                |                                             |
| 13. Ending Balance of last report filed<br>(Enter zero if no previous reports have been filed.) | (13.) \$ <u>87,950.70</u>      |                                             |
| 14. Amount received during reporting period<br>(Line 5, Total Contributions & Other Receipts)   | (14.) + \$ <u>3,250.00</u>     |                                             |
| 15. SUBTOTAL Add lines 13 and 14                                                                | (15.) = \$ <u>91,200.70</u>    |                                             |
| 16. Amount expended during reporting period<br>(Add lines 9 and 11)                             | (16.) - \$ <u>96,980.03</u>    |                                             |
| 17. ENDING BALANCE<br>(Subtract line 16 from line 15)                                           | (17.) \$ <u>-5,779.33</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? <input type="checkbox"/> YES      4. Date of Receipt <u>10/23/2024</u><br>Name & Address:<br><b>TED METRY</b><br>300 MAPLE PARK BLVD<br>STE. 304<br>ST CLAIR SHORES, MI 48081                                                                                                                              |  | \$ <u>100.00</u>   | \$ <u>2,200.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>ATTORNEY</u> Employer <u>SELF</u><br>Business Address <u>300 MAPLE PARK BLVD, STE. 304, ST CLAIR SHORES, MI 48081</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser      |  |                    |                                                                                 |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/29/2024</u><br>Name & Address:<br><b>KOLE GOJCAJ</b><br>38741 GOLFVIEW DR W<br>CLINTON TOWNSHIP, MI 48038                                                                                                                                        |  | \$ <u>50.00</u>    | \$ <u>50.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>BUSINES OWNER</u> Employer <u>SELF EMPLOYED</u><br>Business Address <u>38741 GOLFVIEW DR W, CLINTON TOWNSHIP, MI 48038</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser |  |                    |                                                                                 |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/29/2024</u><br>Name & Address:<br><b>GERROW MASON</b><br>510 STRATFORD RD<br>ST CLAIR, MI 48079                                                                                                                                                 |  | \$ <u>1,000.00</u> | \$ <u>2,000.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>ATTORNEY</u> Employer <u>SELF EMPLOYED</u><br>Business Address <u>510 STRATFORD RD, ST CLAIR, MI 48079</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                 |  |                    |                                                                                 |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>11/01/2024</u><br>Name & Address:<br><b>TINA DIVERGILIO</b><br>11483 BEACONSFIELD RD<br>WASHINGTON, MI 48094                                                                                                                                       |  | \$ <u>50.00</u>    | \$ <u>50.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                       |  |                    |                                                                                 |

Page Subtotal **1,200.00**

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

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

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.                                                                                       |                                           | 6. Amount                            | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1                                                                                                                                                                                                                                                                                                                                                         | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>11/03/2024</u> |                                                                                 |
| Name & Address:<br><b>FARID HERMIZ</b><br><b>48664 MICHAYWE DR</b><br><b>MACOMB, MI 48044</b>                                                                                                                                                                                                                                                                               |                                           | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>BUSINESS OWNER</u> Employer <u>TANA ALENA FASHION BY CHEATERS MEN'S WEAR</u><br>Business Address <u>42181 GARFIELD RD, CLINTON TOWNSHIP, MI 48038</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                                                                                                          | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>11/03/2024</u> |                                                                                 |
| Name & Address:<br><b>MARK PELLECCCHIA</b><br><b>40 MACOMB PL</b><br><b>203</b><br><b>MT CLEMENS, MI 48043</b>                                                                                                                                                                                                                                                              |                                           | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>ATTORNEY</u> Employer <u>SELF EMPLOYED</u><br>Business Address <u>43233 HILLCREST DR, STERLING HEIGHTS, MI 48313</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                  |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                                                                                                         | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>11/03/2024</u> |                                                                                 |
| Name & Address:<br><b>JEFFREY M SANGSTER</b><br><b>34060 JEFFERSON AVE</b><br><b>ST CLAIR SHORES, MI 48082</b>                                                                                                                                                                                                                                                              |                                           | \$ <u>150.00</u>                     | \$ <u>600.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>ATTORNEY</u> Employer <u>SELF</u><br>Business Address <u>34060 JEFFERSON AVE, ST CLAIR SHORES, MI 48082</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                           |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                                                                                                         | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>11/03/2024</u> |                                                                                 |
| Name & Address:<br><b>PETER THOMAS</b><br><b>5018 SEVEN LAKE DRIVE SOUTH</b><br><b>WASHINGTON, MI 48095</b>                                                                                                                                                                                                                                                                 |                                           | \$ <u>500.00</u>                     | \$ <u>1,000.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>OWNER</u> Employer <u>SELF</u><br>Business Address <u>5018 SEVEN LAKE DRIVE SOUTH, WASHINGTON, MI 48095</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                           |                                           |                                      |                                                                                 |

Page Subtotal 850.00

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? <input type="checkbox"/> YES | 4. Date of Receipt <u>11/04/2024</u> |                                                                                 |
| Name & Address:<br>DORAID B ELDER<br>1360 PORTER ST<br>STE. 200<br>DEARBORN, MI 48124                                                                                                                                                                                                                                                                       |                                           | \$ <u>500.00</u>                     | \$ <u>2,000.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>ATTORNEY</u> Employer <u>ELDER BRINKMAN LAW P.C.</u><br>Business Address <u>1360 PORTER ST, DEARBORN, MI 48124</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                    |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                                                                                          | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>11/04/2024</u> |                                                                                 |
| Name & Address:<br>TAMER HASSAN<br>14757 CANARY DR<br>SHELBY TOWNSHIP, MI 48315                                                                                                                                                                                                                                                                             |                                           | \$ <u>500.00</u>                     | \$ <u>500.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>ASSISTANCE PAYMENT WORKER</u> Employer <u>STATE OF MICHIGAN</u><br>Business Address <u>14757 CANARY DR, SHELBY TOWNSHIP, MI 48315</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                                                                                         | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>11/04/2024</u> |                                                                                 |
| Name & Address:<br>JOSEPH T NAUGHTON<br>51562 PINWOOD DR<br>MACOMB, MI 48042                                                                                                                                                                                                                                                                                |                                           | \$ <u>200.00</u>                     | \$ <u>450.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>DOCTOR</u> Employer <u>MCCLAREN</u><br>Business Address <u>1000 HARRINGTON ST, MT CLEMENS, MI 48043</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                               |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                                                                                         | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt _____             |                                                                                 |
| Name & Address _____                                                                                                                                                                                                                                                                                                                                        |                                           | \$ _____                             | \$ _____                                                                        |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                                                      |                                           |                                      |                                                                                 |

Page Subtotal

1,200.00

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

3,250.00

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED EXPENDITURES**  
**SCHEDULE 1B**  
**CANDIDATE COMMITTEE**

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

| 3. Name and address of person or vendor to whom paid                                                                                                                  | 4. Purpose (Required Information)                                                                                                                                  | 5. Date            | 6. Amount           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------------|
| Expenditure #1<br>Name <b>SMASH CREATIVE</b><br><br>Address<br>7755 22 MILE RD<br>SHELBY TWP, MI 48317<br><br><input type="checkbox"/> Fund Raiser                    | Purpose: <b>ADVERTISING</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement          | 10/29/2024<br>Date | \$ <b>50.03</b>     |
| Expenditure #2<br>Name <b>SMASH CREATIVE</b><br><br>Address<br>7755 22 MILE RD<br>SHELBY TWP, MI 48317<br><br><input type="checkbox"/> Fund Raiser                    | Purpose: <b>ADVERTISING</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement          | 10/29/2024<br>Date | \$ <b>50.03</b>     |
| Expenditure #3<br>Name <b>INTERNATIONAL OUTDOOR</b><br><br>Address<br>28423 ORCHARD LAKE RD<br>FARMINGTON HILLS, MI 48334<br><br><input type="checkbox"/> Fund Raiser | Purpose: <b>PROFESSIONAL EXPENSE</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | 11/01/2024<br>Date | \$ <b>22,500.00</b> |
| Expenditure #4<br>Name <b>SMASH CREATIVE</b><br><br>Address<br>7755 22 MILE RD<br>SHELBY TWP, MI 48317<br><br><input type="checkbox"/> Fund Raiser                    | Purpose: <b>ADVERTISING</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement          | 11/04/2024<br>Date | \$ <b>50.01</b>     |
| Expenditure #5<br>Name <b>SMASH CREATIVE</b><br><br>Address<br>7755 22 MILE RD<br>SHELBY TWP, MI 48317<br><br><input type="checkbox"/> Fund Raiser                    | Purpose: <b>ADVERTISING</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement          | 11/04/2024<br>Date | \$ <b>50.02</b>     |

Subtotal this page **22,700.09**

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

Enter this total  
on line 8a of  
Summary Page



**ITEMIZED EXPENDITURES**  
**SCHEDULE 1B**  
**CANDIDATE COMMITTEE**

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

| 3. Name and address of person or vendor to whom paid                                                                                                   | 4. Purpose (Required Information)                                                                                                                         | 5. Date            | 6. Amount           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------------|
| Expenditure #1<br>Name <b>SMASH CREATIVE</b><br><br>Address<br>7755 22 MILE RD<br>SHELBY TWP, MI 48317<br><br><input type="checkbox"/> Fund Raiser     | Purpose: <b>ADVERTISING</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | 11/04/2024<br>Date | \$ <b>50.02</b>     |
| Expenditure #2<br>Name <b>SMASH CREATIVE</b><br><br>Address<br>7755 22 MILE RD<br>SHELBY TWP, MI 48317<br><br><input type="checkbox"/> Fund Raiser     | Purpose: <b>ADVERTISING</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | 11/07/2024<br>Date | \$ <b>65.00</b>     |
| Expenditure #3<br>Name <b>C &amp; G NEWSPAPER</b><br><br>Address<br>13650 E 11 MILE RD<br>WARREN, MI 48089<br><br><input type="checkbox"/> Fund Raiser | Purpose: <b>ADVERTISING</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | 11/08/2024<br>Date | \$ <b>62,000.00</b> |
| Expenditure #4<br>Name <b>SMASH CREATIVE</b><br><br>Address<br>7755 22 MILE RD<br>SHELBY TWP, MI 48317<br><br><input type="checkbox"/> Fund Raiser     | Purpose: <b>ADVERTISING</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | 11/12/2024<br>Date | \$ <b>50.02</b>     |
| Expenditure #5<br>Name <b>SMASH CREATIVE</b><br><br>Address<br>7755 22 MILE RD<br>SHELBY TWP, MI 48317<br><br><input type="checkbox"/> Fund Raiser     | Purpose: <b>ADVERTISING</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | 11/12/2024<br>Date | \$ <b>54.99</b>     |

Subtotal this page **62,220.03**

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

Enter this total  
on line 8a of  
Summary Page



**ITEMIZED EXPENDITURES**  
**SCHEDULE 1B**  
**CANDIDATE COMMITTEE**

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

| 3. Name and address of person or vendor to whom paid                                                                                                                  | 4. Purpose (Required Information)                                                                                                                                   | 5. Date                   | 6. Amount           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|---------------------|
| Expenditure #1<br>Name <b>SMASH CREATIVE</b><br><br>Address<br><b>7755 22 MILE RD<br/>SHELBY TWP, MI 48317</b><br><br><input type="checkbox"/> Fund Raiser            | Purpose: <b>ADVERTISING</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement           | <b>11/12/2024</b><br>Date | \$ <b>54.99</b>     |
| Expenditure #2<br>Name <b>SMASH CREATIVE</b><br><br>Address<br><b>7755 22 MILE RD<br/>SHELBY TWP, MI 48317</b><br><br><input type="checkbox"/> Fund Raiser            | Purpose: <b>ADVERTISING</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement           | <b>11/14/2024</b><br>Date | \$ <b>10,306.52</b> |
| Expenditure #3<br>Name <b>SMASH CREATIVE</b><br><br>Address<br><b>7755 22 MILE RD<br/>SHELBY TWP, MI 48317</b><br><br><input type="checkbox"/> Fund Raiser            | Purpose: <b>ADVERTISING</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement           | <b>11/14/2024</b><br>Date | \$ <b>400.00</b>    |
| Expenditure #4<br>Name <b>BULTYNCK &amp; CO.</b><br><br>Address<br><b>15985 CANAL ROAD<br/>CLINTON TOWNSHIP, LM 48038</b><br><br><input type="checkbox"/> Fund Raiser | Purpose: <b>PROFESSIONAL EXPENSES</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <b>11/19/2024</b><br>Date | \$ <b>1,200.00</b>  |
| Expenditure #5<br>Name <b>BULTYNCK &amp; CO.</b><br><br>Address<br><b>15985 CANAL ROAD<br/>CLINTON TOWNSHIP, LM 48038</b><br><br><input type="checkbox"/> Fund Raiser | Purpose: <b>ANEDOT FEE</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement            | <b>11/25/2024</b><br>Date | \$ <b>98.40</b>     |

|                                                                        |                  |
|------------------------------------------------------------------------|------------------|
| Subtotal this page                                                     | <b>12,059.91</b> |
| Grand Total of all Schedules 1B<br>(Complete on last page of Schedule) | <b>96,980.03</b> |

Enter this total  
on line 8a of  
Summary Page