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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: 11/26/2024 to 07/20/2025

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

Date of Election, Convention or Caucus

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

- ☒ July Quarterly
☐ October Quarterly

9c. ☐ Annual Statement (2025)
Coverage Year

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

9e. Dissolution of Candidate Committee

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

07/24/2025

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

07/24/2025



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>269,566.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>269,566.00</u>	(18.) \$ <u>269,566.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>206.00</u>	(19.) \$ <u>206.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>269,772.00</u>	(20.) \$ <u>269,772.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>19,500.00</u>	(21.) \$ <u>19,500.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>36,073.81</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>36,073.81</u>	(23.) \$ <u>36,073.81</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>1,250.78</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>269,772.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>271,022.78</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>36,073.81</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>234,948.97</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>12/06/2024</u>	
Name & Address: CURT HOOPER 32610 COLUMBUS DR WARREN, MI 48088		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SELF</u> Business Address <u>32610 COLUMBUS DR, WARREN, MI 48088</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>12/18/2024</u>	
Name & Address: JEFFREY BONANNI 3505 MOUNTAIN LAUREL CT OAKLAND TWP, MI 48363		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>GALBON INVESTMENTS</u> Business Address <u>42241 GARFIELD RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>01/30/2025</u>	
Name & Address: SAM A SAPIENZA 3919 WATERS EDGE BEAVERTON, MI 48612		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>3919 WATERS EDGE, BEAVERTON, MI 48612</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/18/2025</u>	
Name & Address: PETER J LUCIDO 6303 26 MILE RD WASHINGTON, MI 48094		\$ <u>5,000.00</u>	\$ <u>5,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COUNTY PROSECUTOR</u> Employer <u>MACOMB COUNTY</u> Business Address <u>1 N MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser			

Page Subtotal **5,350.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/20/2025</u>	
Name & Address: FRANK ARAGONA 37020 GARFIELD RD STE 1 Clinton Township, MI 48036		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>HOLIDAY ENTERPRISES</u> Business Address <u>37020 GARFIELD RD, CLINTON TWP, MI 48036</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/21/2025</u>	
Name & Address: GHAFFAN BRIKHO 6915 DAKOTA DR TROY, MI 48098		\$ <u>1,500.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>GREEN PHARM</u> Business Address <u>200 S EUCLID AVE, BAY CITY, MI 48706</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/25/2025</u>	
Name & Address: ANTHONY NARDONE 54805 WOODCREEK BLVD SHELBY TWP, MI 48315		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>NARDONE LAW</u> Business Address <u>14 1ST 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>02/26/2025</u>	
Name & Address: MARIELL LEHMAN 50408 NESTING RIDGE DR MACOMB, MI 48044		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAWYER</u> Employer <u>LEHMAN LAW FIRM, PLLC</u> Business Address <u>8113 WILSON DR, SHELBY TWP, MI 48316</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 3,000.00

Grand Total of All Schedules 1A
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SCHEDULE 1A
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1. Committee I.D. Number 139858
2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>02/27/2025</u> Name & Address: JULIUS GIARMARCO 101 W BIG BEAVER RD STE 1000 TROY, MI 48084 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>GIARMARCO, MULLINS & HORTON PC</u> Business Address <u>101 W BIG BEAVER RD, STE 1000, TROY, MI 48084</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>500.00</u>	\$ <u>500.00</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/02/2025</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>500.00</u>	\$ <u>500.00</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/04/2025</u> Name & Address: PAUL CHIRCO 3045 HARROW WAY SHELBY TWP, MI 48316 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		\$ <u>500.00</u>	\$ <u>500.00</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/05/2025</u> Name & Address: DAVID SINUTKO 47074 WILLINGHAM WAY SHELBY TWP, MI 48315 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF EMPLOYED</u> Business Address <u>8300 HALL RD, STE 202, UTICA, MI 48317</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>

Page Subtotal 2,500.00

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/05/2025</u>	
Name & Address: MARVIN KIEZI 3664 PICCADILLY DR ROCHESTER HILLS, MI 48309		\$ <u>500.00</u>	\$ <u>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			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/08/2025</u>	
Name & Address: ROBERT GAGLIANO 48391 HARBOR DRIVE NEW BALTIMORE, MI 48047		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>GENESIS AUTO GROUP</u> Business Address <u>23001 W INDUSTRIAL DR, 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>03/11/2025</u>	
Name & Address: SALVATORE MUNACO 15995 STURGEON ST ROSEVILLE, MI 48066		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SELF EMPLOYED</u> Business Address <u>15995 STURGEON ST, ROSEVILLE, MI 48066</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/12/2025</u>	
Name & Address: LARRY JACOB 21901 HARPER AVE ST CLAIR SHORES, MI 48080		\$ <u>1,500.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CHECK CASHING</u> Employer <u>SELF</u> Business Address <u>21901 HARPER AVE, ST CLAIR SHORES, MI 48080</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **3,500.00**

Grand Total of All Schedules 1A
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/12/2025</u> Name & Address: TED METRY 300 MAPLE PARK BLVD STE. 304 ST CLAIR SHORES, MI 48081 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>300 MAPLE PARK BLVD, STE. 304, ST CLAIR SHORES, MI 48081</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>500.00</u>	\$ <u>500.00</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/12/2025</u> Name & Address: DEAN C METRY 300 MAPLE PARK BLVD ST CLAIR SHORES, MI 48081 5. If over \$100.00 cumulative, please provide: Occupation <u>JUDGE</u> Employer <u>US</u> Business Address <u>100 F ST NE, WASHINGTON, DC 20002</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>500.00</u>	\$ <u>500.00</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/17/2025</u> Name & Address: ROBERT MARROCCO 55276 RHINE AVE MACOMB, MI 48042 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		\$ <u>500.00</u>	\$ <u>500.00</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/18/2025</u> Name & Address: FARID HERMIZ 48664 MICHAYWE DR MACOMB, MI 48044 5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>TANA ALENA FASHION BY CHEATERS MEN'S WEAR</u> Business Address <u>42181 GARFIELD RD, CLINTON TOWNSHIP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>100.00</u>	\$ <u>100.00</u>

Page Subtotal **1,600.00**

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/18/2025</u> Name & Address: ROBERT KATTULA 4306 BRIGHTWOOD DR TROY, MI 48085		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SELF</u> Business Address <u>4306 BRIGHTWOOD DR, TROY, MI 48085</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/19/2025</u> Name & Address: RON CANTRELL 21981 STURGEON RIVER DR MACOMB, MI 48042		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>GREEN FLAME TEQUILA</u> Business Address <u>21981 STURGEON RIVER 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>03/25/2025</u> Name & Address: MICHAEL SCHODOWSKI 29275 STEPHENSON HWY MADISON HEIGHTS, MI 48071		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED BUILDER</u> Employer <u>SELF</u> Business Address <u>29275 STEPHENSON HWY, MADISON HEIGHTS, MI 48071</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/26/2025</u> Name & Address: BILL COLOVOS 13305 REECK RD SOUTHGATE, MI 48195		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>COLOVAS LAW FIRM</u> Business Address <u>13305 REECK RD, SOUTHGATE, MI 48195</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **3,500.00**

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

CANDIDATE COMMITTEE

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/26/2025</u> Name & Address: NICOLA SCIORTINO 40480 RUEDISALE ST NEW BALTIMORE, MI 48047		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>SELF</u> Business Address <u>40480 RUEDISALE ST, 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>03/26/2025</u> Name & Address: GINO RONCELLI 6471 METRO PKWY STERLING HEIGHTS, MI 48312		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>SELF</u> Business Address <u>6471 METRO PKWY, 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>03/26/2025</u> Name & Address: TED METRY 300 MAPLE PARK BLVD STE. 304 ST CLAIR SHORES, MI 48081		\$ <u>500.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>300 MAPLE PARK BLVD, STE. 304, 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>03/27/2025</u> Name & Address: PAUL J TORRES 37230 WILLOW LN CLINTON TWP, MI 48036		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUILDER DEVELOPER</u> Employer <u>MRC MANUFACTURING</u> Business Address <u>28135 GROESBECK HWY, ROSEVILLE, MI 48066</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,500.00

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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>03/27/2025</u> Name & Address: JOHN H JOHNSON 48637 SHADY GLEN DR CHESTERFIELD, MI 48051		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>SOUTHEAST MICHIGAN CHAMBER OF COMMERCE</u> Business Address <u>22600 HALL RD, Clinton Township, MI 48036</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/27/2025</u> Name & Address: HAROLD S FRIED 150 W 2ND ST STE 250 ROYAL OAK, MI 48067		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>FRIED SAPERSTEIN SAKWA, PC</u> Business Address <u>150 W 2ND ST, STE 250, ROYAL OAK, MI 48067</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/27/2025</u> Name & Address: RYAN JOHNSON 11737 HIAWATHA DR 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 <u>RETIRED</u> Business Address <u>11737 HIAWATHA 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>03/27/2025</u> Name & Address: SHERMAN ABDO 55479 CLEVELAND STE 403 SHELBY TWP, MI 48316		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>LA GRASSO, ABDO & SILVERI, PLLC</u> Business Address <u>12900 HALL RD, STE 403, STERLING HEIGHTS, MI 48313</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,000.00

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

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

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/27/2025</u> Name & Address: THOMAS WICKERSHAM 14863 TOWERING OAKS DR SHELBY TWP, MI 48315		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSTRUCTION</u> Employer <u>RONCELLI</u> Business Address <u>6471 METRO PKWY, STERLING HEIGHTS, MI 48312</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/27/2025</u> Name & Address: TIMOTHY Z DENHA 2595 HUNTERS BLUFF BLOOMFIELD HILLS, MI 48304		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>SELF</u> Business Address <u>3325 S MARTIN LUTHER KING JR BLVD, LANSING, MI 48910</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/27/2025</u> Name & Address: DONN FRESAND 1751 LOCHMOOR BLVD GROSSE POINTE WOODS, MI 48236		\$ <u>500.00</u>	\$ <u>500.00</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>03/27/2025</u> Name & Address: GREGORY IACOBELLI 53639 CHRISTY DR NEW BALTIMORE, MI 48051		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>SELF EMPLOYED</u> Business Address <u>53639 CHRISTY DR, NEW BALTIMORE, MI 48051</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>03/27/2025</u>	
Name & Address: SHAUN MANSOUR 3768 MILANO CT. ROCHESTER HILLS, MI 48307		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>38550 GARFIELD RD, CLINTON TOWNSHIP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/27/2025</u>	
Name & Address: MARLIN KAJY 6982 LEXINGTON DR WEST BLOOMFIELD, MI 49322		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>SELF</u> Business Address <u>21150 COOLIDGE HWY, OAK PARK, MI 48237</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/27/2025</u>	
Name & Address: SCOTTIE DENHA 901 WELLSLEY CT BLOOMFIELD HILLS, MI 08304		\$ <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>812 S MAIN ST, ROYAL OAK, MI 48067</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/27/2025</u>	
Name & Address: SCOTT BUDNICK 19736 EDINBERG DR MACOMB, MI 48044		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>POLICE OFFICER</u> Employer <u>HAMTRAMCK</u> Business Address <u>3401 EVALINE ST, HAMTRAMCK, MI 48212</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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1. Committee I.D. Number 139858
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/27/2025</u>	
Name & Address: BRIAN MCKINNEY 30485 HELMANDALE DR FRANKLIN, MI 48025		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>GAYANGA CO</u> Business Address <u>7700 2ND AVE, DETROIT, MI 48202</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/27/2025</u>	
Name & Address: SAMIR YALDO 42636 SILVERWOOD DR STERLING HEIGHTS, MI 48314		\$ <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>42636 SILVERWOOD DR, STERLING HEIGHTS, MI 48314</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/27/2025</u>	
Name & Address: ROBERT MARROCCO 55276 RHINE AVE MACOMB, MI 48042		\$ <u>500.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/27/2025</u>	
Name & Address: JEREMY T STRADLEY 35715 KOENIG ST NEW BALTIMORE, MI 48047		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>SELF EMPLOYED</u> Business Address <u>331 E 9 MILE RD, HAZEL PARK, MI 48030</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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**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/27/2025</u>	
Name & Address: GJOKA NIKOLLAJ 54286 BIRCHFIELD DR E SHELBY TWP, MI 48316		\$ <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>03/27/2025</u>	
Name & Address: JORDAN MESI 760 W LONG LAKE RD BLOOMFIELD HILLS, MI 48302		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>SELF</u> Business Address <u>760 W LONG LAKE 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>03/27/2025</u>	
Name & Address: VINCE HANA 801 W BIG BEAVER RD TROY, MI 48084		\$ <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>03/27/2025</u>	
Name & Address: VINCENT SORRENTINO 14113 HIBISCUS DR SHELBY TWP, MI 48315		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENTREPRENEUR/ REAL ESTATE DEVELOPER</u> Employer <u>SELF EMPLOYED</u> Business Address <u>35520 FORTON CT, CLINTON TWP, MI 48035</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,000.00

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
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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>03/27/2025</u>	
Name & Address: RAMI KIRMA 55535 TIMBERS EDGE DR SHELBY TWP., MI 48316		\$ <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>03/27/2025</u>	
Name & Address: THOMAS JANKOWSKI 53 WEBBER PL GROSSE POINTE SHORES, MI 48236		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE</u> Employer <u>SELF</u> Business Address <u>WEBBER PL, GROSSE POINTE SHORES, MI 48236</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/28/2025</u>	
Name & Address: SAMAN ABRO 3569 SLEEPY FOX DR ROCHESTER HILLS, MI 48309		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/29/2025</u>	
Name & Address: SINAN MONA 7276 HIDDENBROOK LN BLOOMFIELD HILLS, MI 48301		\$ <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 **3,200.00**

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

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/29/2025</u>	
Name & Address: SAMER SALMO 2170 JONATHAN DR STERLING HEIGHTS, MI 48310		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>GAS STATION OWNER</u> Employer <u>PRIDE ROCK</u> Business Address <u>2989 CROOKS RD, TROY, MI 48084</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/10/2025</u>	
Name & Address: PAUL ILLICH 34285 GROESBECK HWY CLINTON TWP, MI 48035		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>AMERICAN AUTO INC</u> Business Address <u>34285 GROESBECK HWY, CLINTON TWP, MI 48035</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/08/2025</u>	
Name & Address: COMERICA BANK 15301 HALL RD MACOMB, MI 48044		\$ <u>16.00</u>	\$ <u>16.00</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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/08/2025</u>	
Name & Address: COMERICA BANK 15301 HALL RD MACOMB, MI 48044		\$ <u>16.00</u>	\$ <u>32.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **782.00**

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>05/10/2025</u> Name & Address: THOMAS SPAGNUOLO 21373 RAINTREE DR MACOMB, MI 48044		\$ <u>600.00</u>	\$ <u>600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BAKER</u> Employer <u>MANINO'S BAKERY</u> Business Address <u>4062 17 MILE RD, STERLING HEIGHTS, MI 48310</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/14/2025</u> Name & Address: MICHAEL ZITO 21394 SIENNA DR MACOMB, MI 48044		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SELF</u> Business Address <u>21394 SIENNA 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>05/15/2025</u> Name & Address: VITO G PALAZZOLO 66851 DOROTHY TRL WASHINGTON, MI 48095		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONTROLLER</u> Employer <u>MESSINA TRUCKING</u> Business Address <u>6386 AUBURN RD, SHELBY TWP, MI 48317</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/15/2025</u> Name & Address: STEPHEN R SAPH JR 44 MACOMB PL PO BOX 46907 MOUNT CLEMENS, MI 48046		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>SELF</u> Business Address <u>44 MACOMB PL, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,000.00**

Grand Total of All Schedules 1A
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/15/2025</u>	
Name & Address: KIRA KURKIEREWICZ 42633 GARFIELD RD CLINTON TOWNSHIP, MI 48038		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR OF OPERATIONS</u> Employer <u>GLOBAL INTERPRETING SERVICES</u> Business Address <u>42633 GARFIELD RD, CLINTON TOWNSHIP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/15/2025</u>	
Name & Address: PATRICK BAGLEY 6557 HIGHLAND RD WATERFORD TWP, MI 48327		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>BAGLEY & LANGAN PLLC</u> Business Address <u>6557 HIGHLAND RD, WATERFORD TWP, MI 48327</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/15/2025</u>	
Name & Address: WALID FAKHOURY 111 LINDA LN BLOOMFIELD HILLS, MI 48304		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>FAKHOURY LAW FIRM PC</u> Business Address <u>225 S MAIN ST, ROYAL OAK, MI 48067</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/15/2025</u>	
Name & Address: FARID HERMIZ 48664 MICHAYWE DR MACOMB, MI 48044		\$ <u>50.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>TANA ALENA FASHION BY CHEATERS MEN'S WEAR</u> Business Address <u>42181 GARFIELD RD, CLINTON TOWNSHIP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **4,450.00**

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/15/2025</u>	
Name & Address: BOB LITTLE 14625 SHIRLEY AVE WARREN, MI 48089		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/16/2025</u>	
Name & Address: SIMONE MAURO 5841 CUSICK LAKE DR WASHINGTON, MI 48095		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>SELF EMPLOYED</u> Business Address <u>48657 HAYES RD, SHELBY TWP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/16/2025</u>	
Name & Address: RONALD FENTON 3583 PORT COVE DR WATERFORD TWP, MI 48328		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PHYCHOLOGIST</u> Employer <u>DR. FENTON & ASSOCIATES, PC</u> Business Address <u>8344 HALL RD, Shelby Township, MI 48317</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/16/2025</u>	
Name & Address: CARL MUNACO 14634 BREZA DR SHELBY TWP, MI 48315		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUILDER/DEVELOPER</u> Employer <u>SELF</u> Business Address <u>48535 VAN DYKE AVE, SHELBY TWP, MI 48317</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,800.00

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

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/17/2025</u>	
Name & Address: SIAN HENGVELD 971 DRESSLER LN ROCHESTER HILLS, MI 48307		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>MACOMB COUNTY</u> Business Address <u>1 S MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/19/2025</u>	
Name & Address: LOUIS A MICHAEL 61590 BRADBURY RUN WASHINGTON, MI 48094		\$ <u>600.00</u>	\$ <u>600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SELF EMPLOYED</u> Business Address <u>61590 BRADBURY RUN, WASHINGTON, MI 48094</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/19/2025</u>	
Name & Address: RINALDO G ACCIAVATTI 6321 GRATIOT AVE ST CLAIR, MI 48079		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSTRUCTION</u> Employer <u>PAMAR ENTERPRISES INC</u> Business Address <u>31604 PAMAR CT, NEW HAVEN, MI 48048</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/19/2025</u>	
Name & Address: TOM KALAS 15 PINE GATE DR BLOOMFIELD HILLS, MI 48304		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>KALAS KADIAN PLC</u> Business Address <u>31350 TELEGRAPH RD, BINGHAM FARMS, MI 48025</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**

1. Committee I.D. Number 139858
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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>05/19/2025</u> Name & Address: TONY LOCHIRCO 277 CAMELOT WAY ROCHESTER, MI 48306		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINES OWNER</u> Employer <u>SELF EMPLOYED</u> Business Address <u>49480 VAN DYKE AVE, SHELBY TWP, MI 48317</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/20/2025</u> Name & Address: STEVEN MANCINI 37532 HIDDEN VALLEY CT Clinton Township, MI 48036		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGEMENT</u> Employer <u>RIC-MAN CONSTRUCTION</u> Business Address <u>41500 MOUND RD, STERLING HEIGHTS, MI 48314</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☒ YES 4. Date of Receipt <u>05/20/2025</u> Name & Address: SHEET METAL WORKERS LOCAL 80 PAC 17100 W 12 MILE RD SOUTHFIELD, MI 48076		\$ <u>400.00</u>	\$ <u>400.00</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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/22/2025</u> Name & Address: LEONARD J RANCILIO 5036 STARCREEK LN WASHINGTON, MI 48094		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>RANCILIO & ASSOC</u> Business Address <u>15669 E ELEVEN MILE RD, ROSEVILLE, MI 48066</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,200.00**

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/22/2025</u> Name & Address: NICOLE KARMAZIN 38310 SADDLE LN CLINTON TWP, MI 48036 5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE INVESTOR</u> Employer <u>SELF</u> Business Address <u>38310 SADDLE LN, CLINTON TWP, MI 48036</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>400.00</u>	\$ <u>400.00</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/22/2025</u> Name & Address: MARIO EVANGELISTA 69263 LAKE POINT CT ROMEO, MI 48065 5. If over \$100.00 cumulative, please provide: Occupation <u>BUILDER/OWNER</u> Employer <u>CASSINO BUILDING & DEVELOPMENT</u> Business Address <u>42732 VAN DYKE AVE, STERLING HEIGHTS, MI 48314</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>200.00</u>	\$ <u>200.00</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/23/2025</u> Name & Address: PAUL F VIVIANO 43494 COLUMBIA DR CLINTON TOWNSHIP, MI 48038 5. If over \$100.00 cumulative, please provide: Occupation <u>FLORIST</u> Employer <u>VIVIANO FLOWER SHOP</u> Business Address <u>32100 HARPER AVE, ST CLAIR SHORES, MI 48082</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>200.00</u>	\$ <u>200.00</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/23/2025</u> Name & Address: JAMES SAWYER 45810 PRIVATE SHORE DR NEW BALTIMORE, MI 48047 5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>MACOMB COMMUNITY COLLEGE</u> Business Address <u>14500 E 12 MILE RD, WARREN, MI 48088</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>400.00</u>	\$ <u>400.00</u>

Page Subtotal **1,200.00**

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

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/26/2025</u> Name & Address: ASSAAD SOBH 567 CHESTERFIELD AVE BIRMINGHAM, MI 48009		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE</u> Employer <u>SELF EMPLOYED</u> Business Address <u>567 CHESTERFIELD AVE, BIRMINGHAM, MI 48009</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/27/2025</u> Name & Address: PAUL SHAMO 32600 N RIVER RD HARRISON TWP, MI 48045		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>AUTO DEALER</u> Employer <u>TAYLOR FORD</u> Business Address <u>13500 S TELEGRAPH RD, LA SALLE, MI 48145</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/27/2025</u> Name & Address: CHRISTOPHER LABELLE 49746 GOULETTE POINTE DR NEW BALTIMORE, MI 48047		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>49746 GOULETTE POINTE DR, NEW BALTIMORE, MI 48047</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/27/2025</u> Name & Address: ROBERT GAGLIANO 48390 HARBOR DRIVE NEW BALTIMORE, MI 48047		\$ <u>2,000.00</u>	\$ <u>3,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>GENESIS AUTO GROUP</u> Business Address <u>23001 W INDUSTRIAL DR, ST CLAIR SHORES, MI 48080</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 4,900.00

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>05/27/2025</u> Name & Address: GUY RIZZO 65 MACOMB PL MT CLEMENS, MI 48043		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BULDER</u> Employer <u>SELF EMPLOYED</u> Business Address <u>37516 HIDDEN VALLEY CT, CLINTON TWP, MI 48036</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/27/2025</u> Name & Address: BRANDON KIERSTEIN 65 MACOMB PL MT CLEMENS, MI 48043		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUILDER</u> Employer <u>GUY RIZZO</u> Business Address <u>65 MACOMB PL, 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>05/28/2025</u> Name & Address: NICH AIUTO 42870 WALNUT ST CLINTON TOWNSHIP, MI 48036		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>NICKS TOWING</u> Business Address <u>42870 WALNUT ST, CLINTON TOWNSHIP, MI 48036</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/30/2025</u> Name & Address: MICHAEL RICCIARDELLO 4527 OLIVIA AVE ROYAL OAK, MI 48073		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>DEMATTEIS& RICCIARDELLO, PLLC</u> Business Address <u>48639 HAYES RD, SHELBY TOWNSHIP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 900.00

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>05/30/2025</u>	
Name & Address: PAUL WHITNEY 57541 STONEBRIAR DR WASHINGTON, MI 48094		\$ <u>200.00</u>	\$ <u>200.00</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>05/30/2025</u>	
Name & Address: CHRISTOPHER URBAN 22191 RHYS DR MACOMB, MI 48042		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAWYER</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>06/01/2025</u>	
Name & Address: LOUIS V STRAMAGLIA 3202 AUBURN RD SHELBY TWP, MI 48317		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MEMBER</u> Employer <u>22 MILE INVESTMENT LLC</u> Business Address <u>3202 AUBURN ROAD, 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>06/02/2025</u>	
Name & Address: SCHOSTAK FAMILY PAC CTE 514254 17800 N LAUREL PARK DR LIVONIA, MI 48152		\$ <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			

Page Subtotal **1,900.00**

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

CANDIDATE COMMITTEE

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/02/2025</u>	
Name & Address: TED METRY 300 MAPLE PARK BLVD STE. 304 ST CLAIR SHORES, MI 48081		\$ <u>400.00</u>	\$ <u>1,400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>300 MAPLE PARK BLVD, STE. 304, ST CLAIR SHORES, MI 48081</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/03/2025</u>	
Name & Address: ERICA CLUTE-CUBBIN 1425 OAKLEY RD CLAWSON, MI 48017		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>APA</u> Employer <u>MACOMB ADVOCACY LLC</u> Business Address <u>1425 OAKLEY RD, CLAWSON, MI 48017</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/03/2025</u>	
Name & Address: SAM A SAPIENZA 3919 WATERS EDGE BEAVERTON, MI 48612		\$ <u>200.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>3919 WATERS EDGE, BEAVERTON, MI 48612</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/03/2025</u>	
Name & Address: CORINNE CAROLLO 14600 BREZA DR SHELBY TWP, MI 48315		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SELF</u> Business Address <u>14600 BREZA DR, SHELBY TWP, MI 48315</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
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3. Contribution # 1	PAC Receipt? ☒ YES	4. Date of Receipt <u>06/03/2025</u>	
Name & Address: MICHIGAN MOTORCYCLE RIDERS PAC 23 W GREAT LAKES ST RIVER ROUGE, MI 48218		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/03/2025</u>	
Name & Address: AURELIO F MILANA 13828 ELMBROOK DR SHELBY TWP, MI 48315		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>SELF EMPLOYED</u> Business Address <u>13828 ELMBROOK DR, SHELBY TOWNSHIP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/04/2025</u>	
Name & Address: SALVATORE MUNACO 15995 STURGEON ST ROSEVILLE, MI 48066		\$ <u>600.00</u>	\$ <u>1,100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SELF EMPLOYED</u> Business Address <u>15995 STURGEON ST, ROSEVILLE, MI 48066</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/04/2025</u>	
Name & Address: ELVIS PRENDI 4091 NORWICH CT ROCHESTER, MI 48306		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>EUROPEAN IMPORTS</u> Business Address <u>33178 DEQUINDRE RD, STERLING HEIGHTS, MI 48310</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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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/05/2025</u> Name & Address: JEFFERY COJOCAR 8113 WILSON DR SHELBY TWP, MI 48316		\$ <u>600.00</u>	\$ <u>600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>8113 WILSON DR, SHELBY TWP, MI 48316</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/05/2025</u> Name & Address: JONATHAN A MYCEK P.O. BOX 216 DEARBORN, MI 48121		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ASSISTANT PROSECUTING ATTORNEY</u> Employer <u>MACOMB COUNTY</u> Business Address <u>1 S MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/05/2025</u> Name & Address: RON CANTRELL 21981 STURGEON RIVER DR MACOMB, MI 48042		\$ <u>2,000.00</u>	\$ <u>2,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>GREEN FLAME TEQUILA</u> Business Address <u>21981 STURGEON RIVER DR, MACOMB, MI 48042</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/05/2025</u> Name & Address: VINCENZO VITALE 55178 VAN DYKE AVE SHELBY TWP, MI 48316		\$ <u>2,000.00</u>	\$ <u>2,000.00</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			

Page Subtotal 5,000.00

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>06/05/2025</u> Name & Address: GIOVANNI VITALE 47860 HARBOR LN CLINTON TWP, MI 48038		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>TEMO SUNROOMS</u> Business Address <u>20400 HALL RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/09/2025</u> Name & Address: MARIA SILAMIANOS 60047 CHERRY HILL DR WASHINGTON, MI 48094		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>CALLOBPEO</u> Business Address <u>P.O. BOX 18, WASHINGTON, MI 48094</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/09/2025</u> Name & Address: MICHAEL CATTANEO 39599 COBRIDGE DR CLINTON TOWNSHIP, MI 48038		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>GREATER DETROIT HTG & CLG INC</u> Business Address <u>REYNOLDS CT, CLINTON TOWNSHIP, MI 48036</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/09/2025</u> Name & Address: MICHAEL CATTANEO 39599 COBRIDGE DR CLINTON TOWNSHIP, MI 48038		\$ <u>200.00</u>	\$ <u>600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>GREATER DETROIT HTG & CLG INC</u> Business Address <u>REYNOLDS CT, CLINTON TOWNSHIP, MI 48036</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,500.00**

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>06/09/2025</u>	
Name & Address: MARK D MILESKI 52833 WINSOME LN NEW BALTIMORE, MI 48051		\$ <u>200.00</u>	\$ <u>200.00</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>06/09/2025</u>	
Name & Address: BRIAN PANNEBECKER 50681 HARBOUR VIEW DR N NEW BALTIMORE, MI 48047		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/09/2025</u>	
Name & Address: ROBERT LANTZY 3845 PICCADILLY DR ROCHESTER HILLS, MI 48309		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>BUCKFIRE LAW FIRM</u> Business Address <u>3845 PICCADILLY 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>06/09/2025</u>	
Name & Address: JOE ORAM 4585 ARLINE DR WEST BLOOMFIELD TOWNSHIP, MI 48323		\$ <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 _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,800.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/09/2025</u> Name & Address: FAUSTO DELELLIS 52675 TUSCANY GROVE SHELBY TWP, MI 48315		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>52675 TUSCANY GROVE, 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>06/09/2025</u> Name & Address: VINCENT CRISPIGNANI 529 CHASE LN BLOOMFIELD HILLS, MI 48304		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DEVELOPER</u> Employer <u>SELF EMPLOYED</u> Business Address <u>529 CHASE LN, BLOOMFIELD HILLS, MI 48304</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/10/2025</u> Name & Address: MICHAEL SCHODOWSKI 29275 STEPHENSON HWY MADISON HEIGHTS, MI 48071		\$ <u>2,000.00</u>	\$ <u>2,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED BUILDER</u> Employer <u>SELF</u> Business Address <u>29275 STEPHENSON HWY, MADISON HEIGHTS, MI 48071</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/10/2025</u> Name & Address: LEO BOROWSKY 19637 SHORECREST DR CLINTON TWP, MI 48038		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DEPUTY SHERIFF</u> Employer <u>OAKLAND CO. SHERIFF'S DEPT</u> Business Address <u>1200 N TELEGRAPH, PONTIAC, MI 48341</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,600.00

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>06/10/2025</u> Name & Address: MARVIN KIEZI 3664 PICCADILLY DR ROCHESTER HILLS, MI 48309		\$ <u>2,000.00</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			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/10/2025</u> Name & Address: VINCENT SORRENTINO 14113 HIBISCUS DR SHELBY TWP, MI 48315		\$ <u>2,000.00</u>	\$ <u>2,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENTREPRENEUR/ REAL ESTATE DEVELOPER</u> Employer <u>SELF EMPLOYED</u> Business Address <u>35520 FORTON CT, CLINTON TWP, MI 48035</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/10/2025</u> Name & Address: MICHAEL LOCRICCHIO 21124 LILAC LANE CLINTON TOWNSHIP, MI 48036		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CPA</u> Employer <u>METZLER, LOCRICCHIO & SERRA</u> Business Address <u>1800 W BIG BEAVER RD, STE 100, 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>06/10/2025</u> Name & Address: JACK WALLER 14721 CROFTON DR SHELBY TWP, MI 48315		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>VOC EDUCATION</u> Employer <u>NCI ASSOCIATES</u> Business Address <u>2804 ORCHARD LAKE RD, KEEGO HARBOR, MI 48320</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 4,800.00

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>06/11/2025</u> Name & Address: SALVATORE LORE 303 E 3RD ST ROCHESTER, MI 48307		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ARCHITECT</u> Employer <u>AUGER KLEIN ALLER ARHITECTS</u> Business Address <u>303 E 3RD ST, 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>06/11/2025</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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/12/2025</u> Name & Address: PAUL GLANZ 303 GREY WOODS LN LAKE ANGELUS, MI 48326		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>SELF EMPLOYED</u> Business Address <u>303 GREY WOODS LN, LAKE ANGELUS, MI 48326</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/12/2025</u> Name & Address: NEIL HIRSHBERG 1617 ADDALEEN RD HIGHLAND TWP, MI 48357		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **2,850.00**

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>06/13/2025</u> Name & Address: VITO CATALFIO 2585 POND VALLEE DR OAKLAND TWP, MI 48363		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>MR. C'S CARWASH</u> Business Address <u>2585 POND VALLEE DR, OAKLAND TWP, MI 48363</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/13/2025</u> Name & Address: RYLEY A AUSTYN 7120 MUERDALE ST WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENTREPRENEUR</u> Employer <u>SELF EMPLOYED</u> Business Address <u>28250 NORTHLINE RD, West Bloomfield, MI 48322</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/14/2025</u> Name & Address: KEITH TEUCKE 4805 WHISPERING PINES DR SHELBY TOWNSHIP, MI 48316		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SALES TEAM MANAGER</u> Employer <u>JST</u> Business Address <u>35917 W 12 MILE RD, FARMINGTON HILLS, MI 48331</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/15/2025</u> Name & Address: CY M ABDO 17797 CANVASBACK DR CLINTON TWP, MI 48038		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>ABDO LAW FIRM</u> Business Address <u>42550 GARFIELD RD, STE 104-A, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 6,200.00

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/15/2025</u> Name & Address: RALPH MACCARONE 13921 BASILISCO CHASE DR SHELBY TWP, MI 48315		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>13921 BASILISCO CHASE 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>06/16/2025</u> Name & Address: FRANCIS ANTONUCCI 69945 FISHER RD BRUCE TWP, MI 48065		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/16/2025</u> Name & Address: DIANE DIPONIO 29251 CREEK BEND DR FARMINGTON HILLS, MI 48331		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/17/2025</u> Name & Address: STEPHEN T RABAUT 16931 19 MILE RD CLINTON TWP, MI 48038		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>17001 19 MILE ROAD, STE D, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,800.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/17/2025</u>	
Name & Address: MIKE ALUIA 48579 SHELBY RD UTICA, MI 48317		\$ <u>800.00</u>	\$ <u>800.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>ALUIA INVETMENTS</u> Business Address <u>48579 SHELBY RD, UTICA, MI 48317</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/18/2025</u>	
Name & Address: SHELLEY WRIGHT 38363 MAST ST HARRISON TOWHSIP, MI 48045		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LEGAL</u> Employer <u>SERVIT, INC</u> Business Address <u>38363 MAST ST, HARRISON TOWNSHIP, MI 48045</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/19/2025</u>	
Name & Address: DANIEL GALLI 54882 SHERWOOD LN SHELBY TWP, MI 48315		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEERING MANAGER</u> Employer <u>TAPE MASTER</u> Business Address <u>900 ROCHESTER RD, TROY, MI 48083</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/19/2025</u>	
Name & Address: JOHN FENN 13288 LILLIAN LN STERLING HEIGHTS, MI 48313		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,600.00**

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>06/19/2025</u> Name & Address: RICHARD NELSON 407 CLOVERLY RD GROSSE POINTE FARMS, MI 48236		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>MACOMB COUNTY</u> Business Address <u>1 S MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/19/2025</u> Name & Address: EDDIE JAWAD 19040 21 MILE RD MACOMB, MI 48044		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>PIT STOP MOBILE</u> Business Address <u>46820 NORTH AVE, MACOMB, MI 48042</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/19/2025</u> Name & Address: ANTHONY URBANI 42500 HAYES RD CLINTON TOWNSHIP, MI 48038		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>URBANI & MARSHALL PC</u> Business Address <u>42500 HAYES RD, 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>06/19/2025</u> Name & Address: ROBERT AMERIGUIAN 1801 POLK STREET 221965 HOLLYWOOD, MI 33022		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>SELF EMPLOYED</u> Business Address <u>1801 POLK STREET, 221965, HOLLYWOOD, MI 33022</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,800.00

Grand Total of All Schedules 1A
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line 3a of Summary
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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>06/20/2025</u>	
Name & Address: DONALD J DANSBURY 55524 THEO DR SHELBY TWP, MI 48315		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>SELF</u> Business Address <u>55524 THEO 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>06/20/2025</u>	
Name & Address: JAMES VERMEULEN 23323 CLAIRWOOD ST ST CLAIR SHORES, MI 48080		\$ <u>600.00</u>	\$ <u>600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FINANCE</u> Employer <u>FORD MORTOR COMPANY</u> Business Address <u>1 AMERICAN RD, DEARBORN, MI 48126</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/20/2025</u>	
Name & Address: JOHN BIERNAT 4254 HARVARD RD DETROIT, MI 48224		\$ <u>200.00</u>	\$ <u>200.00</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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/20/2025</u>	
Name & Address: JULIANNE BURSINGER 690 RIVARD BLVD GROSSE POINTE, MI 48230		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ASSISTANT PROSECUTOR</u> Employer <u>MACOMB COUNTY PROSECUTOR'S OFFICE</u> Business Address <u>1 S MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,200.00**

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>06/22/2025</u> Name & Address: TORY WELSH 79720 NORTH KIDDER ROAD ROMEO, MI 48065		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE</u> Employer <u>SELF</u> Business Address <u>79720 NORTH KIDDER ROAD, 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>06/23/2025</u> Name & Address: VELERIO POLIUTO 39085 MORAVIAN DR CLINTON TWP, MI 48036		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>INSURANCE AGENT</u> Employer <u>FINANCIAL SECURITY GROUP</u> Business Address <u>39085 MORAVIAN DR, 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>06/24/2025</u> Name & Address: LAWRENCE HURST 20383 SUNNINGDALE PARK GROSSE POINTE WOODS, MI 48236		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>MBM CHECK CASHING</u> Business Address <u>15170 GRATIOT AVE, DETROIT, MI 48205</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/24/2025</u> Name & Address: LISA NEILSON 3910 TELEGRAPH RD BLOOMFIELD HILLS, MI 48302		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FOUNDING PARTNER</u> Employer <u>NEILSON LAW GROUP</u> Business Address <u>3910 TELEGRAPH RD, BLOOMFIELD HILLS, MI 48302</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **6,200.00**

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>06/24/2025</u>	
Name & Address: BEN DIPONIO 735 MILL POINTE DR MILFORD TWP, MI 48381		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>735 MILL POINTE DR, MILFORD TWP, MI 48381</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/25/2025</u>	
Name & Address: GHAFFAN BRIKHO 6915 DAKOTA DR TROY, MI 48098		\$ <u>400.00</u>	\$ <u>1,900.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>GREEN PHARM</u> Business Address <u>200 S EUCLID AVE, BAY CITY, MI 48706</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/25/2025</u>	
Name & Address: LOUIS COREY 401 N MAIN ST ROYAL OAK, MI 48067		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>401, N MAIN ST, ROYAL OAK, MI 48067</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/25/2025</u>	
Name & Address: DENNIS OLIVIERI 52842 BLUE RIDGE DR SHELBY TWP, MI 48316		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **3,100.00**

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>06/25/2025</u> Name & Address: RAYMOND LOPE 8459 HALL RD UTICA, MI 48317		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FUNERAL DIRECTOR</u> Employer <u>SULLIVAN AND SONS FUNERAL HOME</u> Business Address <u>8459 HALL RD, UTICA, MI 48317</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/25/2025</u> Name & Address: NEIL ROCKIND 92 MANOR CT BLOOMFIELD HILLS, MI 48304		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>NEIL ROCKIND P.C.</u> Business Address <u>36400 WOODWARD AVE, BLOOMFIELD HILLS, MI 48304</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/25/2025</u> Name & Address: MARC B BLANCHE 2025 KINGSWAY CT TROY, MI 48098		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>SINBADS INC</u> Business Address <u>100 ST CLAIR ST, DETROIT, MI 48214</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/25/2025</u> Name & Address: ROBERT HUTH JR 19500 HALL RD CLINTON TWP, MI 48038		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY/PARTNER</u> Employer <u>KIRK HUTH LANGE & BADALAMENTI</u> Business Address <u>19500 HALL RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **4,600.00**

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>06/25/2025</u> Name & Address: FERNANDO D CASASANTA 7211 VENTURI DR WASHINGTON, MI 48094		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>C & P CONSTRUCTION CO INC</u> Business Address <u>7211 VENTURI 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>06/26/2025</u> Name & Address: CHRIS HOLSBEKE 68120 OMO RD NEW HAVEN, MI 48050		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSTRUCTION</u> Employer <u>HOLSBEKE CONSTRUCTION</u> Business Address <u>239 N RIVER RD, 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>06/26/2025</u> Name & Address: ARYELL PASTERNAK 45525 HIDDEN VIEW CT UTICA, MI 48315		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>APA</u> Employer <u>MACOMB COUNTY</u> Business Address <u>1 S MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/26/2025</u> Name & Address: MARIAN DWAIHY BRISKE 19258 EASTBORNE HARPER WOODS, MI 48225		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>APA</u> Employer <u>COUNTY OF MACOMB</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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/26/2025</u>	
Name & Address: CHRISTOPHER PETRIDES 16924 COURVILLE DR TOWNSHIP OF NORTHVILLE, MI 48168		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>APA</u> Employer <u>MACOMB COUNTY</u> Business Address <u>1 S MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/26/2025</u>	
Name & Address: ROY SCHNEPPER 17878 13 MILE RD ROSEVILLE, MI 48066		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>BUTLER COLLISION</u> Business Address <u>17878 13 MILE RD, 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>06/26/2025</u>	
Name & Address: MICHAEL CHIRCO 6166 WOODBRIDGE DR WASHINGTON, MI 48094		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUILDER/DEVELOPER</u> Employer <u>MJC COMPANIES</u> Business Address <u>46600 ROMEO PLANK RD, SUITE 5, 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>06/26/2025</u>	
Name & Address: FRIENDS OF DONNI STEELE PO BOX 826 LAKE ORION, MI 48361		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,700.00

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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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/26/2025</u> Name & Address: JEFFREY MANDZIUK 4254 CHRIS DR STERLING HEIGHTS, MI 48310		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>SELF EMPLOYED</u> Business Address <u>4254 CHRIS DR, STERLING HEIGHTS, MI 48310</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/27/2025</u> Name & Address: JOHN KEE 55837 NICKELBY S SHELBY TWP, MI 48316		\$ <u>2,000.00</u>	\$ <u>2,000.00</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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/28/2025</u> Name & Address: JERRY LENNOX 46628 ROSELANE DR NEW BALTIMORE, MI 48047		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONTRACTING</u> Employer <u>SYS</u> Business Address <u>24524 SOUTHFIELD RD, SOUTHFIELD, MI 48075</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/29/2025</u> Name & Address: TODD SCHMITZ 23083 SAXONY AVE EASTPOINTE, MI 48021		\$ <u>200.00</u>	\$ <u>200.00</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 3,000.00

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>06/30/2025</u> Name & Address: ANTHONY M LENTINE 61629 COTSWOLD DR WASHINGTON TWP, MI 48094		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>INSURANCE AGENT</u> Employer <u>SELF EMPLOYED</u> Business Address <u>61629 COTSWOLD 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>06/30/2025</u> Name & Address: FRANK FERRO 64541 VAN DYKE AVE WASHINGTON, MI 48095		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/30/2025</u> Name & Address: ARJAN MALUSHI 6549 BEVERLY CREST DR WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <u>400.00</u>	\$ <u>400.00</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			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/30/2025</u> Name & Address: MICHAEL LEACH 2862 VINEYARDS DR TROY, MI 48098		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FINANCIAL ADVISOR</u> Employer <u>STIFEL</u> Business Address <u>28411 NORTHWESTERN HWY, SOUTHFIELD, MI 48034</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **3,000.00**

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>06/30/2025</u> Name & Address: WILLIAM BOYER JR 43805 VAN DYKE AVE STERLING HEIGHTS, MI 48314		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAWYER</u> Employer <u>BOYER LAW GROUP</u> Business Address <u>43805 VAN DYKE AVE, STERLING HEIGHTS, MI 48314</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/30/2025</u> Name & Address: STEVE DHONDT 5540 BRIDGEWOOD DR STERLING HEIGHTS, MI 48310		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>PMS DIVERSIFIED CONSTRUCTION</u> Business Address <u>5540 BRIDGEWOOD DR, STERLING HEIGHTS, MI 48310</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/30/2025</u> Name & Address: JOHN KENNEDY 3664 EDMONT DR TROY, MI 48084		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF EMPLOYED</u> Business Address <u>110 S MAIN ST, ROYAL OAK, MI 48067</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/30/2025</u> Name & Address: ROY SERA 47786 VAN DYKE AVE SHELBY TWP, MI 48317		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUILDER</u> Employer <u>SELF</u> Business Address <u>47786 VAN DYKE AVE, SHELBY TWP, MI 48317</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,600.00

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>06/30/2025</u>	
Name & Address: FRANK MAMAT 900 WILSHIRE DR TROY, MI 48084		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>DINSMORE & SHOHL</u> Business Address <u>5454 CRISPIN WAY RD, WEST BLOOMFIELD TOWNSHIP, MI 48323</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/30/2025</u>	
Name & Address: PASHKO UJKIC 38346 PHYLLIS CT STERLING HEIGHTS, MI 48312		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SELF</u> Business Address <u>38346 PHYLLIS CT, 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>06/30/2025</u>	
Name & Address: SALVATORE RANDAZZO 37180 WILLOW LN CLINTON TWP, MI 48036		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>RANDAZZO FRUIT MARKET</u> Business Address <u>49800 HAYES RD, 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>07/01/2025</u>	
Name & Address: MATT LOSHKREFF 1011 NEWGATE CT OAKLAND TWP, MI 48363		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **4,600.00**

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>07/01/2025</u>	
Name & Address: ROBERT RUFFOLO 17242 CARDIFF CT CLINTON TOWNSHIP, MI 48038		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HVAC</u> Employer <u>TECH IV HEATING & COOLING</u> Business Address <u>17242 CARDIFF, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/01/2025</u>	
Name & Address: SHELDON YELLEN 1855 RATHMOR RD BLOOMFIELD HILLS, MI 48304		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>BELFOR</u> Business Address <u>185 OAKLAND 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>07/01/2025</u>	
Name & Address: MARY VARNEY-BIELAT 22316 HOFFMAN ST ST CLAIR SHORES, MI 48082		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>GO GREEN SALON</u> Business Address <u>30130 HARPER AVE, ST CLAIR SHORES, MI 48082</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/01/2025</u>	
Name & Address: PAUL MOCERI 126 PROSPECT AVE AUBURN HILLS, MI 48326		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MANGEMENT</u> Employer <u>MOCERI MANAGEMENT COMPANY</u> Business Address <u>3005 UNIVERSITY DR, AUBURN HILLS, MI 48326</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **4,900.00**

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

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

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/01/2025</u> Name & Address: TONY GALLO 6303 26 MILE RD WASHINGTON, MI 48094		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONTRACTOR</u> Employer <u>GALLO COMPANIES</u> Business Address <u>6303 26 MILE RD, WASHINGTON, MI 48094</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/01/2025</u> Name & Address: JASON R ARLOW 5709 ARNOLD RD TOWNSHIP OF COTTRELLVILLE, MI 48039		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>VICE PRESIDENT</u> Employer <u>ANDERSON ECKSTEIN AND WESTRICK</u> Business Address <u>51301 SCHOENHERR RD, SHELBY TOWNSHIP, MI 48317</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/02/2025</u> Name & Address: ELIAS MUAWAD 7626 ACORN HILL CT WEST BLOOMFIELD TOWNSHIP, MI 48323		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>7626 ACORN HILL CT, WEST BLOOMFIELD TOWNSHIP, MI 48323</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/02/2025</u> Name & Address: ROBERT CLANCY 52823 BASE ST NEW BALTIMORE, MI 48047		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>ROBERT CLANCY CONTRACTING INC</u> Business Address <u>MARINE ST, CASCO, MI 48064</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **4,800.00**

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

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/02/2025</u> Name & Address: JUSTIN ELIAS 1017 NAUGHTON RD TROY, MI 48083		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS MANANGEMENT</u> Employer <u>JCE MANAGEMENT</u> Business Address <u>1017 NAUGHTON RD, TROY, MI 48083</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/02/2025</u> Name & Address: GERALD HANSON 49504 NAUTICAL DR SUITE 1105 NEW BALTIMORE, MI 48047		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COURT REPORTER</u> Employer <u>HANSON/ RENAISSANCE COURT REPORTING VIDEO</u> Business Address <u>2111 WOODWARD AVE, DETROIT, MI 48201</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/02/2025</u> Name & Address: DOMINIC J MOCERI 3495 MOCERI COURT OAKLAND, MI 48306		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PARTNER</u> Employer <u>MOCERI MANAGEMENT COMPANY</u> Business Address <u>3005 UNIVERSITY DR, STE 100, AUBURN HILLS, MI 48326</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/02/2025</u> Name & Address: JAMES ANTONELLI 16171 31 MILE RD RAY, MI 48096		\$ <u>5,000.00</u>	\$ <u>5,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>ANTONELLI LANDSCAPE</u> Business Address <u>16171 31 MILE RD, RAY, MI 48096</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 9,200.00

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

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/02/2025</u>	
Name & Address: MICHAEL BALIAN 352 KIRKSWAY LN SUITE 350 ORION TWP, MI 48362		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>100 W BIG BEAVER RD, STE 333, TROY, MI 48084</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/02/2025</u>	
Name & Address: ANTONIO A MESSINA 2214 JUENGEL ST SHELBY TWP, MI 48317		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>MESSINA TRUCKING</u> Business Address <u>6386 AUBURN 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>07/02/2025</u>	
Name & Address: VANESSA HAYES 47092 BRENNAN DR MACOMB, MI 48044		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FINANCIAL OFFICER</u> Employer <u>ANDERSON, ECKSTEIN & WESTRICK, INC</u> Business Address <u>51301 SCHOENHERR RD, SHELBY TOWNSHIP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/02/2025</u>	
Name & Address: STEPHEN V PANGORI 8016 ROSEBUD LANE CLARKSTON, MI 48348		\$ <u>525.00</u>	\$ <u>525.00</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 1,425.00

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

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/03/2025</u>	
Name & Address: RAY PECORARO 58740 VIRGINIA CIR LENOX, MI 48048		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ASSISTANT DIRECTOR</u> Employer <u>UAW</u> Business Address <u>27800 GEORGE MERRELLI DR, WARREN, MI 48092</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/03/2025</u>	
Name & Address: DAN RUBINO 44400 VAN DYKE AVE SUITE 101 STERLING HEIGHTS, MI 48314		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGEMENT</u> Employer <u>PILOT PROPERTY GROUP</u> Business Address <u>44400 VAN DYKE AVE, SUITE 101, STERLING HEIGHTS, MI 48314</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/03/2025</u>	
Name & Address: PETER TORRICE 32059 UTICA RD FRASER, MI 48026		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAWYER</u> Employer <u>SELF</u> Business Address <u>32059 UTICA RD, FRASER, MI 48026</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/03/2025</u>	
Name & Address: BRIAN BOURBEAU 28716 ASHLAND AVE HARRISON TWP, MI 48045		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>BONE BOURBEAU LAW</u> Business Address <u>42452 HAYES RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,750.00**

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

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

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/03/2025</u>	
Name & Address: ARTHUR WEISS 30455 NORTHWESTERN HWY 225 FARMINGTON HILLS, MI 48334		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>30445 NORTHWESTERN HWY, FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/03/2025</u>	
Name & Address: SALVATORE MUNACO 15995 STURGEON ST ROSEVILLE, MI 48066		\$ <u>400.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SELF EMPLOYED</u> Business Address <u>15995 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>07/03/2025</u>	
Name & Address: JAMES ZABKAR 19365 RIVER VALLEY DR MACOMB, MI 48044		\$ <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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/04/2025</u>	
Name & Address: NANCY LUCKOFF 240 MARBLEHEAD DR BLOOMFIELD HILLS, MI 48304		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>ESSEX TITLE</u> Business Address <u>29777 TELEGRAPH RD, SOUTHFIELD, MI 48034</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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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/04/2025</u>	
Name & Address: RYLEY A AUSTYN 7120 MUERDALE ST WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <u>3,000.00</u>	\$ <u>5,000.00</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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/05/2025</u>	
Name & Address: SEBASTION LOMBARDO 1002 CREEKSIDE DR LEONARD, MI 48367		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUILDER</u> Employer <u>LOMBARDO COMPANIES</u> Business Address <u>1002 CREEKSIDE DR, LEONARD, MI 48367</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/05/2025</u>	
Name & Address: MIKE CIARAMITARO 52462 CHESWICK CT SHELBY TWP, MI 48315		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>MR. ROOTER</u> Business Address <u>51162 MILANO DR, MACOMB, MI 48042</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/05/2025</u>	
Name & Address: SAM LAGRASSO 540 E GUNN RD ROCHESTER, MI 48306		\$ <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>VENTURE MANAGEMENT</u> Business Address <u>540 E GUNN RD, ROCHESTER, MI 48306</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 5,900.00

Grand Total of All Schedules 1A
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/06/2025</u> Name & Address: ANDREW PRECZEWSKI 48053 MILL CREEK CT NEW BALTIMORE, MI 48047		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/06/2025</u> Name & Address: JOSEPH ZAGO 29438 JEFFERSON AVE ST CLAIR SHORES, MI 48081		\$ <u>1,234.00</u>	\$ <u>1,234.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>CARPET GUYS</u> Business Address <u>977 E 14 MILE RD, 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>07/06/2025</u> Name & Address: ROBERT LEONETTI 29528 SEAWAY CT HARRISON TWP, MI 48045		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF EMPLOYED</u> Business Address <u>47 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>07/06/2025</u> Name & Address: JERRY ZACCARDELLI 13908 WOODSETT CT SHELBY TWP, MI 48315		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **2,234.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/06/2025</u>	
Name & Address: TED METRY 300 MAPLE PARK BLVD STE. 304 ST CLAIR SHORES, MI 48081		\$ <u>400.00</u>	\$ <u>1,800.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>300 MAPLE PARK BLVD, STE. 304, ST CLAIR SHORES, MI 48081</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/06/2025</u>	
Name & Address: MARIELL LEHMAN 50408 NESTING RIDGE DR MACOMB, MI 48044		\$ <u>400.00</u>	\$ <u>900.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAWYER</u> Employer <u>LEHMAN LAW FIRM, PLLC</u> Business Address <u>8113 WILSON DR, SHELBY TWP, MI 48316</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/06/2025</u>	
Name & Address: CRISTINA CONSOLINO 7726 SAL MAR WAY SHELBY TOWNSHIP, MI 48316		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PIANO TEACHER</u> Employer <u>SELF EMPLOYED</u> Business Address <u>7726 SAL MAR WAY, 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>07/06/2025</u>	
Name & Address: SCOTT BUDNICK 19736 EDINBERG DR MACOMB, MI 48044		\$ <u>200.00</u>	\$ <u>700.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>POLICE OFFICER</u> Employer <u>HAMTRAMCK</u> Business Address <u>3401 EVALINE ST, HAMTRAMCK, MI 48212</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 1,100.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/06/2025</u> Name & Address: ROSANN PALAZZOLO 21252 BRIAR ROSE DR STE 100 MACOMB, MI 48044 5. If over \$100.00 cumulative, please provide: Occupation <u>OFFICE MANAGER</u> Employer <u>METZLER, LOCRICCHIO & SERRA</u> Business Address <u>1800 W BIG BEAVER RD, STE 100, TROY, MI 48084</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>100.00</u>	\$ <u>100.00</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/07/2025</u> Name & Address: JAMES J SULLIVAN 18720 MACK AVE STE 200 GROSSE POINTE, MI 48236 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SULLIVAN LAW OFFICE</u> Business Address <u>18720 MACK AVE, STE 200, GROSSE POINTE, MI 48236</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/07/2025</u> Name & Address: PRINCE YOUSIF 4205 CROOKS RD TROY, MI 48098 5. If over \$100.00 cumulative, please provide: Occupation <u>FOUNDER</u> Employer <u>HOUSE OF DANK</u> Business Address <u>30335 STEPHENSON HWY, MADISON HEIGHTS, MI 48071</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>4,000.00</u>	\$ <u>4,000.00</u>
3. Contribution # 4 PAC Receipt? ☒ YES 4. Date of Receipt <u>07/07/2025</u> Name & Address: CHALDEAN CHAMBER PAC 30095 NORTHWESTERN HWY FARMINGTON HILLS, MI 48334 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>

Page Subtotal **8,100.00**

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>07/07/2025</u> Name & Address: MICHAEL VIGERNON 8797 IRA ROAD FAIR HAVEN, MI 48023		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR</u> Employer <u>ANDERSON, ECKSTEIN & WESTRICK</u> Business Address <u>51301 SCHOENHERR RD, SHELBY TOWNSHIP, MI 48317</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/07/2025</u> Name & Address: SUSAN COLE 48273 MILONAS DR SHELBY TWP, MI 48315		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>48273 MILONAS DR, SHELBY TWP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/07/2025</u> Name & Address: VALENTINA LUCAJ 37205 TIMBERVIEW CT FARMINGTON HILLS, MI 48331		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SUSAN CHRZANOWSKI PLLC</u> Business Address <u>29199 RYAN RD, WARREN, MI 48092</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/07/2025</u> Name & Address: ALY BAZZI 5880 WEST RD WASHINGTON, MI 48094		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>BAZCO ENTERPRISES</u> Business Address <u>30825 26 MILE RD, NEW HAVEN, MI 48048</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **3,450.00**

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>07/07/2025</u>	
Name & Address: JUDY KOLASA 6417 WEBSTER RD IMLAY CITY, MI 48444		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>PALLETS N</u> Business Address <u>6417 WEBSTER RD, IMLAY CITY, MI 48444</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/07/2025</u>	
Name & Address: MIKE MCCREADY 4957 BLOOMFIELD RIDGE BLOOMFIELD TWP, MI 48302		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SUPERVISER</u> Employer <u>BLOOMFIELD HILLS PUBLIC SAFETY</u> Business Address <u>4200 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>07/07/2025</u>	
Name & Address: ANTONIO BUGLI 67889 SEVEN LAKES CT WASHINGTON, MI 48095		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FINANCIAL CONSULTANT</u> Employer <u>LPL FINANCIAL</u> Business Address <u>1460 WALTON BLVD., 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>07/07/2025</u>	
Name & Address: JACK RUSSO 61878 BRADBURY RUN WASHINGTON, MI 48094		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRODUCE</u> Employer <u>ROCKY PRODUCE INC</u> Business Address <u>7201 W FORT ST, DETROIT, MI 48209</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
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/07/2025</u>	
Name & Address: MIKE ABRO 1374 TRACEKY DR ROCHESTER HILLS, MI 48306		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>SELF EMPLOYED</u> Business Address <u>1374 TRACEKY DR, ROCHESTER HILLS, MI 48306</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/07/2025</u>	
Name & Address: SCOTT FARIDA 4378 RAMSGATE LN BLOOMFIELD HILLS, MI 48302		\$ <u>350.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>THE LAW OFFICES OF SCOTT LAWRENCE FARIDA, PLLC</u> Business Address <u>40700 WOODWARD AVE, STE 305, BLOOMFIELD HILLS, MI 48304</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/08/2025</u>	
Name & Address: JENNIFER KLIEMAN 13400 30 MILE RD WASHINGTON, MI 48095		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>JWK 2 ROMEO LLC</u> Business Address <u>13400 30 MILE RD, 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>07/08/2025</u>	
Name & Address: SCOTT P LOCKWOOD 950 SOUTHDOWN RD BLOOMFIELD HILLS, MI 48304		\$ <u>525.00</u>	\$ <u>525.00</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 **3,275.00**

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>07/08/2025</u>	
Name & Address: DAVID SINUTKO 47074 WILLINGHAM WAY SHELBY TWP, MI 48315		\$ <u>4,000.00</u>	\$ <u>5,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF EMPLOYED</u> Business Address <u>8300 HALL RD, STE 202, UTICA, MI 48317</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/08/2025</u>	
Name & Address: PHILLIP KLEBBA 2424 CEDAR KEY DR LAKE ORION, MI 48360		\$ <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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/08/2025</u>	
Name & Address: PAUL MANNI 42778 FLIS DR STERLING HEIGHTS, MI 48314		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>STUDENT</u> Employer <u>STUDENT</u> Business Address <u>42778 FLIS DR, STERLING HEIGHTS, MI 48314</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/08/2025</u>	
Name & Address: DAN ROHN 14600 COMMON RD WARREN, MI 48088		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COO</u> Employer <u>DE LA SALLE COLLEGIATE</u> Business Address <u>14600 COMMON RD, WARREN, MI 48088</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 5,200.00

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>07/08/2025</u> Name & Address: GREG ESLER 14600 COMMON RD WARREN, MI 48088		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COO</u> Employer <u>DE LA SALLE COLLEGIATE</u> Business Address <u>14600 COMMON RD, WARREN, MI 48088</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/08/2025</u> Name & Address: BRIAN BARKER 14600 COMMON RD WARREN, MI 48088		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COO</u> Employer <u>DE LA SALLE COLLEGIATE</u> Business Address <u>14600 COMMON RD, WARREN, MI 48088</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/08/2025</u> Name & Address: JEREMY T STRADLEY 35715 KOENIG ST NEW BALTIMORE, MI 48047		\$ <u>2,000.00</u>	\$ <u>3,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>SELF EMPLOYED</u> Business Address <u>331 E 9 MILE RD, HAZEL PARK, MI 48030</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/08/2025</u> Name & Address: NICHOLAS STEFANI 13852 STRATHMORE DR SHELBY TWP, MI 48315		\$ <u>400.00</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 2,800.00

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

CANDIDATE COMMITTEE

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/08/2025</u>	
Name & Address: MIKE BISHOP 883 GREAT OAKS BLVD ROCHESTER, MI 48307		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>303 E 3RD ST, 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>07/08/2025</u>	
Name & Address: JEFFREY BONANNI 3505 MOUNTAIN LAUREL CT OAKLAND TWP, MI 48363		\$ <u>400.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>GALBON INVESTMENTS</u> Business Address <u>42241 GARFIELD RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/08/2025</u>	
Name & Address: LAZAROS KARAVIDAS 42283 D'HARTE CT CLINTON TOWNSHIP, MI 48038		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF</u> Employer <u>KARAS RESTAURANT</u> Business Address <u>27414 HARPER AVE, 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>07/08/2025</u>	
Name & Address: LISA BLAZEVSKI 31253 GAY ST ROSEVILLE, MI 48066		\$ <u>400.00</u>	\$ <u>400.00</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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/08/2025</u> Name & Address: LOUIS FRANCIS 41542 GARDEN WAY DR STERLING HEIGHTS, MI 48314		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>STUDENT</u> Employer <u>STUDENT</u> Business Address <u>41542 GARDEN WAY DR, STERLING HEIGHTS, MI 48314</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/09/2025</u> Name & Address: JOSEPH E PIRRONE 1055 RIVER ROAD SAINT CLAIR, MI 48079		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/09/2025</u> Name & Address: CARLO VIVIANO 16480 VIA MERA MACOMB, MI 48042		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/09/2025</u> Name & Address: DILJA JUNCEVIC 52756 BLUE RIDGE DR SHELBY TWP, MI 48316		\$ <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>52756 BLUE RIDGE DR, SHELBY TWP, MI 48316</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **4,400.00**

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>07/09/2025</u> Name & Address: KEVIN KOSS 73051 CALDWELL LN ROMEO, MI 48065		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HOMEMAKER</u> Employer <u>HOMEMAKER</u> Business Address <u>73051 CALDWELL LN, 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>07/09/2025</u> Name & Address: DONN FRESAND 1751 LOCHMOOR BLVD GROSSE POINTE WOODS, MI 48236		\$ <u>2,000.00</u>	\$ <u>2,500.00</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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/09/2025</u> Name & Address: JOSEPH GIACALONE 37612 HIDDEN VALLEY CT CLINTON TOWNSHIP, MI 48036		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COB</u> Employer <u>GRINDERS CLEARING HOUSE</u> Business Address <u>13301 8 MILE RD, 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>07/09/2025</u> Name & Address: NAHREN ANWEYA 13025 VAN PAMEL DR SHELBY TWP, MI 48315		\$ <u>800.00</u>	\$ <u>800.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CLIENT ADVISOR</u> Employer <u>TIFFANY & COM</u> Business Address <u>2801 W BIG BEAVER RD, TROY, MI 48084</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **6,800.00**

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>07/09/2025</u>	
Name & Address: VINCE CUSMANO 12260 SW WILLOWY WY PORT ST. LUCIE, FL 34987		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>171 MAGNOLIA LAKES BLVD, PORT ST. LUCIE, FL 34986</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/09/2025</u>	
Name & Address: RAVINDER SAINI 2004 CARRIER CT SHELBY TOWNSHIP, MI 48317		\$ <u>800.00</u>	\$ <u>800.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FRANCHISEE</u> Employer <u>TIM HORTONS</u> Business Address <u>51111 VAN DYKE AVE, SHELBY TOWNSHIP, MI 48316</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/10/2025</u>	
Name & Address: GEORGE SACHASH 53528 APPLEWOOD DR SHELBY TWP, MI 48315		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/10/2025</u>	
Name & Address: JAMES ANTONELLI 62733 CORALBURST DR WASHINGTON, MI 48094		\$ <u>1,000.00</u>	\$ <u>6,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>ANTONELLI LANDSCAPE</u> Business Address <u>16171 31 MILE RD, RAY, MI 48096</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,150.00

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>07/10/2025</u>	
Name & Address: MARK AUBREY 6200 25 MILE RD SHELBY TWP, MI 48316		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>MOTOR CITY PAWN</u> Business Address <u>26510 GRATIOT AVE, ROSEVILLE, MI 48066</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/10/2025</u>	
Name & Address: GIOVANNI LAFATA 69446 MEADOWBROOK LN BRUCE TOWNSHIP, MI 48065		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>LAFATA CABINETS</u> Business Address <u>50905 HAYES RD, SHELBY TOWNSHIP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/10/2025</u>	
Name & Address: ARMAND VELARDO 12382 FOREST GLEN LN SHELBY TWP, MI 48315		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>RUGGIRELLO, VELARDO,BURKE, REIZE& FOX PC</u> Business Address <u>65 SOUTHBOUND GRATIOT AVE, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/10/2025</u>	
Name & Address: BILL MUNACO 6092 PARK AVE WASHINGTON, MI 48095		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **4,400.00**

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

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/10/2025</u>	
Name & Address: GREGORY A BUSS 37824 MAPLE CIR W CLINTON TWP, MI 48036		\$ <u>400.00</u>	\$ <u>400.00</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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/10/2025</u>	
Name & Address: MICHAEL FOSSANO 1675 E 13 MILE ROAD APT 208 MADISON HEIGHTS, MI 48071		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>PREMIER COMMUNICATIONS</u> Business Address <u>612 E 4TH ST, ROYAL OAK, MI 48067</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/11/2025</u>	
Name & Address: NICHOLAS J BACHAND 1566 FAIRHOLME RD GROSSE POINTE WOODS, MI 48236		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF EMPLOYED</u> Business Address <u>1566 FAIRHOLME RD, GROSSE POINTE WOODS, MI 48236</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/11/2025</u>	
Name & Address: MARK LAWS 3373 PARK MEADOW DR ORION TWP, MI 48362		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>COUNTY OF MACOMB</u> Business Address <u>3373 PARK MEADOW DR, ORION TWP, MI 48362</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **3,000.00**

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>07/11/2025</u>	
Name & Address: JOHN LIND 45699 JOSEPH ST SHELBY TOWNSHIP, MI 48317		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/11/2025</u>	
Name & Address: KEVIN DENHA 700 N OLD WOODWARD AVE BIRMINGHAM, MI 48009		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>SELF EMPLOYED</u> Business Address <u>700 N 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>07/11/2025</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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/12/2025</u>	
Name & Address: NORA FERLITO 37335 CASA BELLA CT CLINTON TWP, MI 48036		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE</u> Employer <u>SELF</u> Business Address <u>37335 CASA BELLA CT, CLINTON TWP, MI 48036</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **3,600.00**

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
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/12/2025</u>	
Name & Address: PAUL ILLICH 34285 GROESBECK HWY CLINTON TWP, MI 48035		\$ <u>250.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>AMERICAN AUTO INC</u> Business Address <u>34285 GROESBECK HWY, 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>07/12/2025</u>	
Name & Address: FRED BARTOLOMEI 834 WESTCHESTER RD GROSSE POINTE PARK, MI 48230		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>APA</u> Employer <u>MACOMB COUNTY</u> Business Address <u>834 WESTCHESTER RD, GROSSE POINTE PARK, MI 48230</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/13/2025</u>	
Name & Address: JULIE CUCCO 464 NEFF RD GROSSE POINTE, MI 48230		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>MI</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/13/2025</u>	
Name & Address: SHOWRI PALEPU MD 405 ROLAND CT GROSSE POINTE FARMS, MI 48236		\$ <u>600.00</u>	\$ <u>600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,450.00**

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

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/13/2025</u>	
Name & Address: LUCIA DI CICCIO 6108 CENTURY CT SHELBY TWP, MI 48316		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>HINMAN & DI CICCIO PLC</u> Business Address <u>7755 22 MILE RD, SHELBY TWP, MI 48317</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/14/2025</u>	
Name & Address: ADDIS LAW FIRM 18 1ST STREET MOUNT CLEMENS, MI 48043		\$ <u>2,500.00</u>	\$ <u>2,500.00</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>07/14/2025</u>	
Name & Address: JEFFREY M PLYMALE 627 ROYAL AVE ROYAL OAK, MI 48073		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>MACOMB COUNTY</u> Business Address <u>40 N MAIN ST, STE 435, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/14/2025</u>	
Name & Address: MICHAEL BOMMARITO 11342 COVERED BRIDGE LN BRUCE TOWNSHIP, MI 48065		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUILDING OFFIC</u> Employer <u>WASHINGTON TWP</u> Business Address <u>57900 VAN DYKE AVE, WASHINGTON, MI 48094</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **3,500.00**

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>07/14/2025</u>	
Name & Address: SHARON RONCELLI 69900 HICKS RD ARMADA, MI 48005		\$ <u>200.00</u>	\$ <u>200.00</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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/14/2025</u>	
Name & Address: KEVIN REESE 3642 HEIN DR STERLING HEIGHTS, MI 48310		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CHEIF INVESTIGATOR</u> Employer <u>MACOMB COUNTY</u> Business Address <u>1 S MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/14/2025</u>	
Name & Address: JUSTIN POLLARD 39676 MEMORY LN HARRISON TWP, MI 48045		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>MACOMB COUNTY</u> Business Address <u>1 S MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/14/2025</u>	
Name & Address: ANTHONY SORENTINO 915 RIVER BEND DR ROCHESTER HILLS, MI 48307		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>PROSECUTORS OFFICE</u> Business Address <u>1 N MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 800.00

Grand Total of All Schedules 1A
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**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>07/14/2025</u>	
Name & Address: PAUL MELI 1352 HOLLAND ST BIRMINGHAM, MI 48009		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SALES</u> Employer <u>SELF</u> Business Address <u>1352 HOLLAND ST, BIRMINGHAM, MI 48009</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/14/2025</u>	
Name & Address: JOHN PERRIN 592 CANTERBURY RD GROSSE POINTE WOODS, MI 48236		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>PERRIN LAW</u> Business Address <u>319 GRATIOT AVE, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/14/2025</u>	
Name & Address: DAN WALLER 209 NORTHSORE DR ST CLAIR SHORES, MI 48080		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>100 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>07/14/2025</u>	
Name & Address: PAUL TORRES 28135 GROESBECK HWY ROSEVILLE, MI 48066		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **4,400.00**

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

CANDIDATE COMMITTEE

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/14/2025</u>	
Name & Address: BENJAMIN ALOIA 54439 WHITE SPRUCE LN SHELBY TWP, MI 48315		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>ALOIA LAW</u> Business Address <u>48 S MAIN ST, STE 3, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/14/2025</u>	
Name & Address: STEPHANIE STAGER 54821 CABRILLO DR MACOMB, MI 48042		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROSECUTOR</u> Employer <u>MACOMB CIRCUIT COURT</u> Business Address <u>1 S MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/14/2025</u>	
Name & Address: ALTIN PLASA 8171 DENWOOD DR STERLING HEIGHTS, MI 48312		\$ <u>200.00</u>	\$ <u>200.00</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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/14/2025</u>	
Name & Address: MARK PELLECCCHIA 40 MACOMB PL 203 MT CLEMENS, MI 48043		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF EMPLOYED</u> Business Address <u>43233 HILLCREST DR, STERLING HEIGHTS, MI 48313</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,000.00**

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

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

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/14/2025</u>	
Name & Address: ANJALI PRASAD 264 PINE RIDGE DR BLOOMFIELD HILLS, MI 48304		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>PRASAD LEGAL</u> Business Address <u>4190 TELEGRAPH RD, BLOOMFIELD HILLS, MI 48302</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/14/2025</u>	
Name & Address: TOM CELANI TURTLE LK DR BLOOMFIELD TWP, MI 48302		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>LUNA ENTERTAINMENT</u> Business Address <u>42875 GRAND RIVER AVE, NOVI, MI 48375</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☒ YES	4. Date of Receipt <u>07/14/2025</u>	
Name & Address: COX MAJORITY PAC 35282 MILANA DR LIVONIA, MI 48152		\$ <u>500.00</u>	\$ <u>500.00</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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/14/2025</u>	
Name & Address: CLAUDIA PASSALACQUA 26458 ELM ST ROSEVILLE, MI 48066		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REALTOR</u> Employer <u>KELLER WILLIAMS GREAT LAKES</u> Business Address <u>19853 MACK AVE, GROSSE POINTE WOODS, MI 48236</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,400.00**

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>07/14/2025</u> Name & Address: FABRIZIO DI NOTO 800 CYN CRK CT ROCHESTER HILLS, MI 48306		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MD</u> Employer <u>SALTA DPC</u> Business Address <u>6483 CITATION DR, CLARKSTON VLG, MI 48346</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/14/2025</u> Name & Address: PAIGE BOLL 909 S LAFAYETTE AVE ROYAL OAK, MI 48067		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>MACOMB COUNTY PROSECUTORS 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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/14/2025</u> Name & Address: DARRYL ONDERIK 53245 SAMS LN NEW BALTIMORE, MI 48047		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COMMUNITY RELATIONS</u> Employer <u>WUJEK - CALCATERRA</u> Business Address <u>36900 SCHOENHERR RD, STERLING HEIGHTS, MI 48312</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/14/2025</u> Name & Address: MANAF MADOUN 52896 SABLE CT SHELBY TWP, MI 48315		\$ <u>600.00</u>	\$ <u>600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PHYSICIAN</u> Employer <u>SELF</u> Business Address <u>52896 SABLE CT, 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
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/15/2025</u>	
Name & Address: DENISE HART 1007 MALLOW ST COMMERCE TWP, MI 48390		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>1ST ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/15/2025</u>	
Name & Address: LAURA MANZELLA 33791 AU SABLE DR CHESTERFIELD, MI 48047		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>INVESTIGATOR</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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/15/2025</u>	
Name & Address: MEGAN MCKEON 944 WHEATFIELD DR ORION TWP, MI 48362		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>MACOMB COUNTY</u> Business Address <u>1 S MAIN ST, FLOOR 3, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/15/2025</u>	
Name & Address: GARY BOIKE 14139 LOWE DR WARREN, MI 48088		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONTRACT MANAGER</u> Employer <u>WALDEN SECURITY</u> Business Address <u>14139 LOWE DR, WARREN, MI 48088</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 800.00

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>07/15/2025</u>	
Name & Address: SHAUN MANSOUR 3768 MILANO CT. ROCHESTER HILLS, MI 48307		\$ <u>400.00</u>	\$ <u>900.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>38550 GARFIELD RD, CLINTON TOWNSHIP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/15/2025</u>	
Name & Address: MICHAEL TOREY 12309 VOLPE DR STERLING HEIGHTS, MI 48312		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>INVESTIGATOR</u> Employer <u>COUNTY OF MACOMB</u> Business Address <u>1 S MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/15/2025</u>	
Name & Address: MIKE MCCLAUGHINN 105 SANDHILLS LN LAKE ORION, MI 48362		\$ <u>600.00</u>	\$ <u>600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUILDER</u> Employer <u>VENTURE BUILDING</u> Business Address <u>6941 23 MILE RD, 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>07/15/2025</u>	
Name & Address: BRIAN FOX 1014 AUDUBON RD GROSSE POINTE PARK, MI 48230		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ASSISTANT PROSECUTOR</u> Employer <u>MACOMB COUNTY</u> Business Address <u>1 S MAIN ST, MT CLEMENS, MI 48043</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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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 139858
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/15/2025</u> Name & Address: FRANK COPPOLA 54620 CARNATION DR MACOMB, MI 48042		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CPA</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			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/15/2025</u> Name & Address: JACK LATOUR 55761 SCHEUER RD NEW BALTIMORE, MI 48051		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>MACOMB COUNTY</u> Business Address <u>1 S MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/15/2025</u> Name & Address: JOSEPH LUCIDO 56276 CANNON CREEK RD SHELBY TWP, MI 48316		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SALES</u> Employer <u>LUCIDO INSURANCE</u> Business Address <u>39999 GARFIELD RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/15/2025</u> Name & Address: ROBERT VARGO 850 STONEY CREEK RD OAKLAND TWP, MI 48363		\$ <u>500.00</u>	\$ <u>500.00</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 **1,150.00**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/15/2025</u>	
Name & Address: SEBATHIAN PREVITI 61614 COTSWOLD DR WASHINGTON, MI 48094		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SUPERVISOR</u> Employer <u>WASHINGTON TWP</u> Business Address <u>57900 VAN DYKE AVE, WASHINGTON, MI 48094</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/15/2025</u>	
Name & Address: RICHARD P KRSTICH 26355 TOWNLEY ST MADISON HEIGHTS, MI 48071		\$ <u>600.00</u>	\$ <u>600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HEAVY EQUIPMENT REPAIR</u> Employer <u>11 MILE TRUCK</u> Business Address <u>1750 E ELEVEN MILE RD, MADISON HEIGHTS, MI 48071</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/15/2025</u>	
Name & Address: GENE DAGOSTINI 38700 VAN DYKE AVE STERLING HEIGHTS, MI 48312		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>ADMIRAL HOMES</u> Business Address <u>38700 VAN DYKE AVE, STE 200, STERLING HEIGHTS, MI 48312</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/15/2025</u>	
Name & Address: MICHAEL R DEVAULT 7910 WALTERS RD LAINGSBURG, MI 48848		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SUPERINTENDENT</u> Employer <u>MISD</u> Business Address <u>44001 GARFIELD RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

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>07/16/2025</u>	
Name & Address: JOHN HUNT 14841 MURTHUM AVE WARREN, MI 48088		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>MACOMB COUNTY</u> Business Address <u>1 S MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/16/2025</u>	
Name & Address: LINDSEY SZEPAWSKI-CHRYSTAN 14600 COMMON RD WARREN, MI 48088		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ADMIN</u> Employer <u>DE LA SALLE COLLEGIATE</u> Business Address <u>14600 COMMON RD, WARREN, MI 48088</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/16/2025</u>	
Name & Address: JALAL DALLO 36700 WOODWARD AVE BLOOMFIELD HILLS, MI 48304		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>DALLO LAW</u> Business Address <u>36700 WOODWARD AVE, BLOOMFIELD HILLS, MI 48304</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/16/2025</u>	
Name & Address: MARK NICHOLSON 5272 CHURCH HILL DR TROY, MI 48085		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>GAZETTE MEDIA GROUP</u> Business Address <u>6966 CROOKS RD, TROY, MI 48098</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,000.00**

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

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/16/2025</u> Name & Address: RALPHE ARMSTRONG 1 LAFAYETTE PLAISANCE ST DETROIT, MI 48207		\$ <u>200.00</u>	\$ <u>200.00</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			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/16/2025</u> Name & Address: NICK RONCELLI 16431 CHATHAM DR CLINTON TWP, MI 48035		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/16/2025</u> Name & Address: SPENCER YAKLIN 55800 NEW HAVEN RD NEW BALTIMORE, MI 48051		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>ADVANCE RESTORATION</u> Business Address <u>55800 NEW HAVEN RD, 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>07/16/2025</u> Name & Address: BOB LITTLE 14625 SHIRLEY AVE WARREN, MI 48089		\$ <u>400.00</u>	\$ <u>2,400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,800.00

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

CANDIDATE COMMITTEE

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/16/2025</u> Name & Address: PETE LUCIDO 16717 FAYS CT MACOMB, MI 48042		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>INSURANCE</u> Employer <u>ACRISURE</u> Business Address <u>39999 GARFIELD RD, CLINTON TOWNSHIP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/16/2025</u> Name & Address: VITALIANO TERRACCIANO 1900 CHRISTENBURY CT ROCHESTER HILLS, MI 48306		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUILDER</u> Employer <u>ARTEVA HOMES</u> Business Address <u>429 S MAIN ST, ROCHESTER, MI 48307</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/16/2025</u> Name & Address: LORY KLINGER 39091 GARFIELD RD CLINTON TOWNSHIP, MI 48038		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>WORKER</u> Employer <u>LUCIANO'S FAMILY RESTAURANT</u> Business Address <u>39091 GARFIELD RD, 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>07/16/2025</u> Name & Address: EDWARD KLOBUCHER 585 E SHEVLIN AVE HAZEL PARK, MI 48030		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CITY MANAGER</u> Employer <u>CITY OF HAZEL PARK</u> Business Address <u>111 E 9 MILE RD, HAZEL PARK, MI 48030</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,000.00**

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

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

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/16/2025</u> Name & Address: ANDREA C IRONS 15795 NEWPORT DR CLINTON TWP, MI 48038		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>APA</u> Employer <u>MACOMB COUNTY</u> Business Address <u>1 S MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/16/2025</u> Name & Address: DANNY SHABA 4830 FAIRWAY RIDGE S WEST BLOOMFIELD, MI 48323		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>WILD BILLS CIGAR BAR</u> Business Address <u>49125 VAN DYKE AVE, SHELBY TWP, MI 48317</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/16/2025</u> Name & Address: STEVEN ELLIOT 5154 HIGHLAND RD WATERFORD, MI 48327		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF</u> Employer <u>ROCHESTER LASER CENTER</u> Business Address <u>119 S MAIN ST, ROCHESTER, MI 48307</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/16/2025</u> Name & Address: DONNY PALUSHAJ 3432 SUSSEX DR ROCHESTER, MI 48306		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SELF</u> Business Address <u>3432 SUSSEX DR, ROCHESTER, MI 48306</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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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/16/2025</u> Name & Address: DONNY PALUSHAJ 3432 SUSSEX DR ROCHESTER, MI 48306		\$ <u>1,000.00</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>3432 SUSSEX DR, ROCHESTER, MI 48306</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/16/2025</u> Name & Address: SHIRLEY SIEWEKE 5754 STONEY PL S SHELBY TOWNSHIP, MI 48316		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>DA FRANCESCO</u> Business Address <u>49521 VAN DYKE AVE, SHELBY TWP, MI 48317</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/16/2025</u> Name & Address: DAVID J KRAMER 42400 GRAND RIVER AVE STE 109 NOVI, MI 48375		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>42400 GRAND RIVER AVE, STE 109, NOVI, MI 48375</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/17/2025</u> Name & Address: RAVEN MANZELLA 27017 CAMPAU LN HARRISON, MI 48045		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>APA</u> Employer <u>MACOMB COUNTY PROSECUTOR</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 2,350.00

Grand Total of All Schedules 1A
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1. Committee I.D. Number 139858
2. Committee Name CTE PETER J. LUCIDO FOR PROSECUTOR

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/17/2025</u>	
Name & Address: COLLEEN WORDEN 20052 FAIRWAY DR GROSSE POINTE WOODS, MI 48236		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ASSISTANT PROSECUTOR</u> Employer <u>MACOMB COUNTY</u> Business Address <u>20052 FAIRWAY DR, GROSSE POINTE WOODS, MI 48236</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/17/2025</u>	
Name & Address: PHILIP RUGGERI 55764 ST REGIS DR SHELBY TWP, MI 48315		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>43231 SCHOENHERR RD, STERLING HEIGHTS, MI 48313</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/17/2025</u>	
Name & Address: JARRED CLOIN 27051 30 MILE ROAD NEW HAVEN, MI 48050		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EVENT SERVICES</u> Employer <u>DBJ ENTERPRISES</u> Business Address <u>20836 HALL RD, 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>07/17/2025</u>	
Name & Address: SHANE GIANINO 38340 TRILLIUM PL HARRISON TWP, MI 48045		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>PATHWAY STAFFING</u> Business Address <u>59 N WALNUT ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 1,000.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
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1. Committee I.D. Number 139858
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/17/2025</u>	
Name & Address: PAMELA MOSLEY 22097 BEECHWOOD AVE EASTPOINTE, MI 48021		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ASSISTANT PROSECUTING ATTORNEY</u> Employer <u>MACOMB COUNTY PROSECUTOR</u> Business Address <u>1 S MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/17/2025</u>	
Name & Address: MARK PEYSER 914 ROSLYN RD Grosse Pointe, MI 48236		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>HOWARD AND HOWARD</u> Business Address <u>450 W 4TH ST, ROYAL OAK, MI 48067</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/17/2025</u>	
Name & Address: TIM ROSE 63719 INVERNESS WASHINGTON, MI 48095		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>TEXTILE FABRICATIONS & DISTRIBUTION</u> Business Address <u>120 GROVE PARK ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/17/2025</u>	
Name & Address: FRANK DIPONIA 51173 SIMONE INDUSTRIAL DR SHELBY TWP, MI 48316		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>DIPONIO & MORELLI CONSTRUCTION</u> Business Address <u>51173 SIMONE INDUSTRIAL DR, SHELBY TWP, MI 48316</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 800.00

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

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/17/2025</u>	
Name & Address: RICHARD CERVENAK 42870 LITTLE RD CLINTON TWP, MI 48036		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>42870 LITTLE RD, CLINTON TWP, MI 48036</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/17/2025</u>	
Name & Address: VALENTINA LUCAJ 37205 TIMBERVIEW CT FARMINGTON HILLS, MI 48331		\$ <u>500.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SUSAN CHRZANOWSKI PLLC</u> Business Address <u>29199 RYAN 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>07/17/2025</u>	
Name & Address: LOUIS FRANCIS 41542 GARDEN WAY DR STERLING HEIGHTS, MI 48314		\$ <u>200.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>STUDENT</u> Employer <u>STUDENT</u> Business Address <u>41542 GARDEN WAY DR, STERLING HEIGHTS, MI 48314</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/17/2025</u>	
Name & Address: SPENCER YAKLIN 55800 NEW HAVEN RD NEW BALTIMORE, MI 48051		\$ <u>200.00</u>	\$ <u>2,200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>ADVANCE RESTORATION</u> Business Address <u>55800 NEW HAVEN RD, NEW BALTIMORE, MI 48051</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,100.00**

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

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/17/2025</u>	
Name & Address: TONYA GOETZ 1363 PEACHTREE DR TROY, MI 48083		\$ <u>400.00</u>	\$ <u>400.00</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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/17/2025</u>	
Name & Address: JAMES BISHAI 13430 DIEGEL DR SHELBY TWP, MI 48315		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>7755 22 MILE RD, SHELBY TWP, MI 48317</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/17/2025</u>	
Name & Address: KUMAR PALEPU 377 HILLCREST AVE GROSSE POINTE FARMS, MI 48236		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>MACOMB COUNTY</u> Business Address <u>1 S MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/17/2025</u>	
Name & Address: NICHOLAS BENACQUISTO 2666 WINDEMERE RD BIRMINGHAM, MI 48009		\$ <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 **1,300.00**

Grand Total of All Schedules 1A
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**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>07/17/2025</u>	
Name & Address: KHARA MOODY 26816 COLLINGWOOD ST ROSEVILLE, MI 48066		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>APA</u> Employer <u>MACOMB COUNTY</u> Business Address <u>1 S MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/17/2025</u>	
Name & Address: YVONNE GIANNETTI 12357 FOREST GLEN LN SHELBY TWP, MI 48315		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>FONTANA CONSTRUCTION</u> Business Address <u>6340 SIMS DR, STERLING HEIGHTS, MI 48313</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/17/2025</u>	
Name & Address: MANSOUR ORAM 28423 ORCHARD LAKE RD FARMINGTON HILLS, MI 48334		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COO</u> Employer <u>INTERNATIONAL OUTDOORS</u> Business Address <u>28423 ORCHARD LAKE RD, FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/17/2025</u>	
Name & Address: FRANK MARINO 317 BAYWOOD LEONARD, MI 48367		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal

1,300.00

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

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/17/2025</u>	
Name & Address: A. JOSEPH GAROFALO 16655 MILLAR RD CLINTON TWP, MI 48036		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SALES</u> Employer <u>SELF EMPLOYED</u> Business Address <u>16655 MILLAR RD, CLINTON TWP, MI 48036</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/17/2025</u>	
Name & Address: JAMIE ROE 49378 CAMAROSA LN MACOMB, MI 48044		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PARTNER</u> Employer <u>TEAM ROE</u> Business Address <u>49378 CAMAROSA LN, MACOMB, MI 48044</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/17/2025</u>	
Name & Address: ARNOLD RECCHIA 14857 SPARROW DR SHELBY TWP, MI 48315		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROJECT MANAGER</u> Employer <u>INNER CITY CONTRACTING</u> Business Address <u>18701 GRAND RIVER AVE, DETROIT, MI 48223</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/17/2025</u>	
Name & Address: MUHAMMED SMIDI 50349 KOSS DR MACOMB, MI 48044		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DISTRICT DIRECTOR</u> Employer <u>US HOUSE</u> Business Address <u>50349 KOSS DR, MACOMB, MI 48044</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 800.00

Grand Total of All Schedules 1A
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/17/2025</u>	
Name & Address: JEAN ZOTT 55878 APPLE LN SHELBY TWP, MI 48316		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CPA</u> Employer <u>SELF</u> Business Address <u>55878 APPLE LN, SHELBY TOWNSHIP, MI 48316</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/17/2025</u>	
Name & Address: ROGER BUTCH 49680 VAN DYKE AVE SHELBY TOWNSHIP, MI 48317		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/17/2025</u>	
Name & Address: REBECCA KELLEY 1206 HOFFMAN AVE ROYAL OAK, MI 48067		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>APA</u> Employer <u>PETER LUCIDO</u> Business Address <u>1 S MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/17/2025</u>	
Name & Address: KEVIN DANA J 67672 WOODS END CT WASHINGTON, MI 48095		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>MVP</u> Business Address <u>950 STEPHENSON HWY, TROY, MI 48083</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 800.00

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

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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>07/17/2025</u> Name & Address: KLINT KESTO 4636 ROSEWOOD LN WEST BLOOMFIELD TOWNSHIP, MI 48323		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF EMPLOYED</u> Business Address <u>4636 ROSEWOOD LN, WEST BLOOMFIELD TOWNSHIP, MI 48323</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/17/2025</u> Name & Address: MARK DICKAW 3922 MT VERNON DR BLOOMFIELD HILLS, MI 48301		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>MARK B DICKOW PC</u> Business Address <u>40950 WOODWARD AVE, BLOOMFIELD HILLS, MI 48304</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/17/2025</u> Name & Address: JOSEPH ARCORI 47507 MILONAS DR SHELBY TWP, MI 48315		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE</u> Employer <u>OWNER</u> Business Address <u>47507 MILONAS DR, SHELBY TWP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/17/2025</u> Name & Address: DERRICK GEORGE 444 S WASHINGTON AVE ROYAL OAK, MI 48067		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>GEORGE LAW</u> Business Address <u>444 S WASHINGTON AVE, ROYAL OAK, MI 48067</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,500.00**

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

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/17/2025</u> Name & Address: BRANDON KIERSTEIN 65 MACOMB PL MT CLEMENS, MI 48043		\$ <u>200.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUILDER</u> Employer <u>GUY RIZZO</u> Business Address <u>65 MACOMB PL, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/17/2025</u> Name & Address: TYLER HENNINGSEN 1150 FIRST ST NE WASHINGTON, DC 20002		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NA</u> Employer <u>ROGERS FOR SENATE</u> Business Address <u>PO BOX 132, Saint Joseph, MI 49085</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/17/2025</u> Name & Address: JOE PALUZZI 399 FISHER RD GROSSE POINTE, MI 48230		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DEVELOPER</u> Employer <u>MHB</u> Business Address <u>399 FISHER RD, GROSSE POINTE, MI 48230</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/17/2025</u> Name & Address: JOE CUSMANO 49680 VAN DYKE AVE UTICA, 07 48317		\$ <u>800.00</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			

Page Subtotal **3,200.00**

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

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/17/2025</u>	
Name & Address: SHERMAN ABDO 55479 CLEVELAND STE 403 SHELBY TWP, MI 48316		\$ <u>2,000.00</u>	\$ <u>2,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>LA GRASSO, ABDO & SILVERI, PLLC</u> Business Address <u>12900 HALL RD, STE 403, STERLING HEIGHTS, MI 48313</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/17/2025</u>	
Name & Address: GIOVAN B MANNINO 8249 PINE CREEK CT SHELBY TWP, MI 48316		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/17/2025</u>	
Name & Address: ARSILDA TINAJ 2538 RIDGECREST DR SHELBY TOWNSHIP, MI 48317		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/17/2025</u>	
Name & Address: ANGELO S LANNI 7040 VALLEY GREEN WASHINGTON, MI 48094		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>FLORENCE CEMENT CO</u> Business Address <u>51515 CORRIDOR, SHELBY TWP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,600.00

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>07/17/2025</u>	
Name & Address: DAVID P PICCININI 6101 WINDEMERE DR SHELBY TWP, MI 48316		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>LIRA TITLE AGENCY</u> Business Address <u>12900 HALL RD, STERLING HEIGHTS, MI 48313</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/17/2025</u>	
Name & Address: MARK W STEPEK 384 W DRAHNER RD OXFORD, MI 48371		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROSECUTOR</u> Employer <u>CENTERAL PROCESSING SERVICES</u> Business Address <u>23800 W 10 MILE RD, SOUTHFIELD, MI 48033</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/17/2025</u>	
Name & Address: VINCENZO CIRAULO 53425 PONDVIEW DR SHELBY TWP, MI 48315		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>SHELBY TWP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/17/2025</u>	
Name & Address: DAVID GORCYCA 6608 TREE KNOLL DR TROY, MI 48098		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>6608 TREE KNOLL DR, TROY, MI 48098</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,900.00**

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

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/17/2025</u> Name & Address: JOHN H JOHNSON 48637 SHADY GLEN DR CHESTERFIELD, MI 48051		\$ <u>500.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>SOUTHEAST MICHIGAN CHAMBER OF COMMERCE</u> Business Address <u>22600 HALL RD, Clinton Township, MI 48036</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/17/2025</u> Name & Address: JAMES GALLOWAY 61624 BUNKER HILL DR WASHINGTON, MI 48094		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/17/2025</u> Name & Address: SRMAD BATRIS 6306 SANTA ANITA DR SAGINAW, MI 48603		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>SELF EMPLOYED</u> Business Address <u>6306 SANTA ANITA DR, SAGINAW, MI 48603</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/17/2025</u> Name & Address: BENEDETTO MARROCCO 11421 HEATHERWOOD CT SHELBY TWP, MI 48315		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>SELF EMPLOYED</u> Business Address <u>11421 HEATHERWOOD CT, SHELBY TWP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,100.00**

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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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/17/2025</u>	
Name & Address: BRUCE WADE 43438 WELLAND DR CLINTON TOWNSHIP, MI 48038		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TRUSTEE</u> Employer <u>CLINTON TWP</u> Business Address <u>40700 ROMEO PLANK RD, CLINTON TOWNSHIP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/17/2025</u>	
Name & Address: NUNZIO PROVENZANO 15829 KENNEDY DR MACOMB, MI 48044		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>23550 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>07/17/2025</u>	
Name & Address: ATHIR AMMORI 248 E GUNN RD ROCHESTER, MI 48306		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>BB'S LIQUOR</u> Business Address <u>13595 21 MILE RD, SHELBY TWP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/17/2025</u>	
Name & Address: JOSEPH CIARAMETERO 42850 GARFIELD RD CLINTON TWP, MI 48038		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **2,600.00**

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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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/17/2025</u> Name & Address: THOMAS J CIARAMITARO 42850 GARFIELD RD CLINTON TWP, MI 48038		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF EMPLOYED</u> Business Address <u>42855 GARFIELD RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/17/2025</u> Name & Address: RONALD RUSSO 7007 28 MILE RD WASHINGTON, MI 48094		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR</u> Employer <u>ROCKY PRODUCE INC</u> Business Address <u>7201 W FORT ST, ROOM 1, DETROIT, MI 48209</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/17/2025</u> Name & Address: JEFFREY P YAROCH 35545 POUND RD RICHMOND, MI 48062		\$ <u>200.00</u>	\$ <u>200.00</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			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/17/2025</u> Name & Address: LAITH HANNA 1161 PEMBROKE DR BLOOMFIELD HILLS, MI 48304		\$ <u>200.00</u>	\$ <u>200.00</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			

Page Subtotal **1,600.00**

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>07/17/2025</u> Name & Address: RAPHAEL B JOHNSON 560 NEW TOWN ST DETROIT, MI 48215		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTO</u> Employer <u>SELF EMPLOYED</u> Business Address <u>560 NEW TOWN ST, DETROIT, MI 48215</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/17/2025</u> Name & Address: ELIZABTH FORLINI 17064 PENROD DR CLINTON TWP, MI 48035		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SELF</u> Business Address <u>17064 PENROD DR, CLINTON TWP, MI 48035</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/17/2025</u> Name & Address: GINA M FEYERS 35680 JEFFERSON AVE HARRISON, MI 48045		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NURSE PRACTITIONER</u> Employer <u>COLUMBUS VASCULAR VEIN</u> Business Address <u>32743 23 MILE RD, NEW BALTIMORE, MI 48047</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/17/2025</u> Name & Address: ADIL N HARADHVALA 86 CLINTON STREET MOUNT CLEMENS, MI 48043		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>86 CLINTON STREET, Mount Clemens, MI 48043</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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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/17/2025</u>	
Name & Address: JEFFREY GALLOWAY 61462 BRADBURY RUN WASHINGTON, MI 48094		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>SELF EMPLOYED</u> Business Address <u>61462 BRADBURY RUN, WASHINGTON, MI 48094</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/17/2025</u>	
Name & Address: SHERMAN ROGERS 2151 ORION RD OAKLAND TWP, MI 48363		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>SELF EMPLOYED</u> Business Address <u>2151 ORION ROAD, OAKLAND, MI 48363</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/17/2025</u>	
Name & Address: ERNEST ROBINETTE 38600 VAN DYKE AVE STE 200 STERLING HEIGHTS, MI 48312		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>38600 VAN DYKE AVE, STE 200, STERLING HEIGHTS, MI 48312</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/17/2025</u>	
Name & Address: VINCENZO SARTI 126 S MAIN ST MT CLEMENS, MI 48043		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SARTI, LINQUIST, & ROBLE PC</u> Business Address <u>126 S MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,800.00

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

CANDIDATE COMMITTEE

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/17/2025</u> Name & Address: LUIGI R D'AGOSTINI 2281 POND VALLEE DR OAKLAND TWP, MI 48363		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SELF</u> Business Address <u>15801 23 MILE RD, MACOMB, 48042</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/17/2025</u> Name & Address: PAUL MANNI 42778 FLIS DR STERLING HEIGHTS, MI 48314		\$ <u>100.00</u>	\$ <u>600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>STUDENT</u> Employer <u>STUDENT</u> Business Address <u>42778 FLIS DR, STERLING HEIGHTS, MI 48314</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/17/2025</u> Name & Address: PIERRE NOFAR 2538 PORTOBELLO DR TROY, MI 48083		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>PK MAINTENANCE</u> Business Address <u>2538 PORTOBELLO DR, TROY, MI 48083</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/17/2025</u> Name & Address: ORAS ZUHAIR 3401 SANDY RIDGE DRIVE DORR, MI 49323		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>ORAS 2 INC</u> Business Address <u>OLD 13 MILE RD, WARREN, MI 48093</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,800.00

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>07/17/2025</u>	
Name & Address: MICHAEL E TORRES 5865 JACKELYN CT WASHINGTON, MI 48094		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRIVATE INVESTIGATOR</u> Employer <u>EYE SPY INVESTIGATIONS</u> Business Address <u>32059 UTICA RD, FRASER, MI 48026</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/17/2025</u>	
Name & Address: PAUL BORG 4211 BRIAR DR SHELBY TWP, MI 48316		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGEMENT</u> Employer <u>B & B MAINTENANCE SERVICES INC</u> Business Address <u>PO BOX 182337, Shelby Township, MI 48318</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/17/2025</u>	
Name & Address: MATTHEW BAFFO 6373 SHADYDALE DR SHELBY TOWNSHIP, MI 48317		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BANKER</u> Employer <u>1ST STATE BANK</u> Business Address <u>44990 N GROESBECK HWY, Clinton Township, MI 48036</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/17/2025</u>	
Name & Address: GREGORY IACOBELLI 53639 CHRISTY DR NEW BALTIMORE, MI 48051		\$ <u>4,000.00</u>	\$ <u>4,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>SELF EMPLOYED</u> Business Address <u>53639 CHRISTY DR, NEW BALTIMORE, MI 48051</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **5,100.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/17/2025</u>	
Name & Address: ROGER CANZANO 2595 LAPEER RD AUBURN HILLS, MI 48326		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>CANZO LAW</u> Business Address <u>2595 LAPEER RD, AUBURN HILLS, MI 48326</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/17/2025</u>	
Name & Address: SAM YONO 1375 GRINNELL AVE WATERFORD, MI 48328		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>SELF</u> Business Address <u>130 S TELEGRAPH RD, WATERFORD, MI 48328</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/17/2025</u>	
Name & Address: KOSTAS REPOTOS 165 LEWISTON RD GROSSE POINTE FARMS, MI 48236		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR</u> Employer <u>WATERMARK BAR AND GRILL</u> Business Address <u>24420 JEFFERSON AVE, ST CLAIR SHORES, MI 48080</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/17/2025</u>	
Name & Address: JOSEPH P LUCIDO 58624 CORY LAKE DR WASHINGTON, MI 48094		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</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			

Page Subtotal **1,050.00**

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>07/20/2025</u>	
Name & Address: PAUL MILLER 2071 LEEWOOD DR SHELBY TWP, MI 48316		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide:			
Occupation <u>OWNER</u>		Employer <u>JETS PIZZA</u>	
Business Address <u>13785 23 MILE RD, SHELBY TWP, MI 48315</u>			
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	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 # 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 **400.00**

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

269,566.00

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line 3a of Summary
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**ITEMIZED OTHER RECEIPTS
SCHEDULE 1A-1**

CANDIDATE COMMITTEE

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

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

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name & Address: CAPRANESE CLUB PO BOX 380586 CLINTON TOWNSHIP, MI 48038	Date of Receipt 01/01/2025	☐ Loan from a Lending Institution ☐ Interest ☒ Refund \Rebate ☐ Other (Specify) _____	\$ 130.00
☐ Fund Raiser			
Receipt #2 Name & Address: AUDACY 2400 MARKET ST PHILADELPHIA, PA 19103	Date of Receipt 02/24/2025	☐ Loan from a Lending Institution ☐ Interest ☒ Refund \Rebate ☐ Other (Specify) _____	\$ 76.00
☐ Fund Raiser			
Receipt #3 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____ Click for Memo Itemization Type
☐ Fund Raiser			
Receipt #4 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____ Click for Memo Itemization Type
☐ Fund Raiser			
Receipt #5 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____ Click for Memo Itemization Type
☐ Fund Raiser			
Receipt #6 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____ Click for Memo Itemization Type
☐ Fund Raiser			
Receipt #7 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____ Click for Memo Itemization Type
☐ Fund Raiser			
Page Subtotal			206.00
Grand Total of All Schedules 1A -1 (Complete on last page of Schedule)			206.00

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line 4 of Summary
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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

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

CANDIDATE COMMITTEE

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

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? ☐ Yes Name & Address: SAM KAJY 53320 PONDVIEW DR SHELBY TWP, MI 48315 If over \$100.00 cumulative, please provide: Occupation: SELF EMPLOYED Employer Name & Business Address: 53320 PONDVIEW DR, SHELBY TWP, MI 48315	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 AND BEVERAGES DONATED FOR FUNDRAISER</u> 5. Date Of Receipt: <u>03/27/2025</u> 6. Vendor Name & Address:	\$ 1,500.00	\$ 1,500.00
☒ Fund Raiser Contribution			
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: STAVROS TOMA 47677 MILONAS DR SHELBY TWP, MI 48315 If over \$100.00 cumulative, please provide: Occupation: SELF EMPLOYED Employer Name & Address: SELF 47677 MILONAS DR, Shelby Township, MI 48315	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 AND BEVERAGES DONATED FOR FUNDRAISER</u> 5. Date Of Receipt: <u>03/27/2025</u> 6. Vendor Name & Address:	\$ 15,000.00	\$ 15,000.00
☒ Fund Raiser Contribution			
Contribution #3 PAC Receipt? ☐ Yes Name & Address: GEORGE BRIKHO 31419 JOHN R RD MADISON HEIGHTS, MI 48071 If over \$100.00 cumulative, please provide: Occupation: BUSINESS OWNER Employer Name & Address: SELF 31419 JOHN R RD, MADISON HEIGHTS, MI 48071	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>BILLBOARD FOR FUNDRAISER</u> 5. Date Of Receipt: <u>07/16/2025</u> 6. Vendor Name & Address:	\$ 3,000.00	\$ 3,000.00
☒ Fund Raiser Contribution			

Page Subtotal **19,500.00** **19,500.00**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) **19,500.00**

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

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name 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	11/29/2024 Date	\$ 50.27
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	11/29/2024 Date	\$ 50.01
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	11/29/2024 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	12/09/2024 Date	\$ 65.00
Expenditure #5 Name COMERICA BANK Address 15301 HALL RD MACOMB, MI 48044 ☐ Fund Raiser	Purpose: BANK FEE FOR CHECKS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	12/12/2024 Date	\$ 45.37

Subtotal this page **260.66**

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	01/07/2025 Date	\$ 65.00
Expenditure #2 Name COMERICA BANK Address 15301 HALL RD MACOMB, MI 48044 ☐ Fund Raiser	Purpose: CHECKS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	01/14/2025 Date	\$ 16.00
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	02/07/2025 Date	\$ 65.00
Expenditure #4 Name COMERICA BANK Address 15301 HALL RD MACOMB, MI 48044 ☐ Fund Raiser	Purpose: BANK FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	02/13/2025 Date	\$ 16.00
Expenditure #5 Name HONIGMAN Address 222 N WASHINGTON SQUARE STE 400 LANSING, MI 48933 ☐ Fund Raiser	Purpose: PROFESSIONAL EXPENSES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	02/18/2025 Date	\$ 1,987.50

Subtotal this page **2,149.50**

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 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	02/20/2025 Date	\$ 50.11
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	02/20/2025 Date	\$ 50.01
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	02/21/2025 Date	\$ 53.02
Expenditure #4 Name SMASH CREATIVE Address 7755 22 MILE RD SHELBY TWP, MI 48317 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	02/27/2025 Date	\$ 50.04
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	02/27/2025 Date	\$ 50.08

Subtotal this page

253.26

Grand Total of all Schedules 1B
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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 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	02/27/2025 Date	\$ 50.03
Expenditure #2 Name SMASH CREATIVE Address 7755 22 MILE RD SHELBY TWP, MI 48317 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	02/28/2025 Date	\$ 50.16
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	03/06/2025 Date	\$ 54.54
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	03/06/2025 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	03/07/2025 Date	\$ 65.00

Subtotal this page

269.76

Grand Total of all Schedules 1B
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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 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	<u>03/13/2025</u> Date	\$ <u>50.02</u>
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	<u>03/13/2025</u> Date	\$ <u>50.08</u>
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	<u>03/13/2025</u> Date	\$ <u>62.10</u>
Expenditure #4 Name COMERICA BANK Address 15301 HALL RD MACOMB, MI 48044 ☐ Fund Raiser	Purpose: SERVICE CHARGE FROM BANK ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/13/2025</u> Date	\$ <u>16.00</u>
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	<u>03/19/2025</u> Date	\$ <u>50.00</u>

Subtotal this page

228.20

Grand Total of all Schedules 1B
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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 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	03/19/2025 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	03/26/2025 Date	\$ 50.02
Expenditure #3 Name SMASH CREATIVE Address 7755 22 MILE RD SHELBY TWP, MI 48317 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/26/2025 Date	\$ 50.03
Expenditure #4 Name PETER J LUCIDO Address 6303 26 MILE RD WASHINGTON, MI 48094 ☐ Fund Raiser	Purpose: REPAYMENT OF EXPENDITURES FOR CTE FUND ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Memo Itemization Below	03/31/2025 Date	\$ 1,232.07
Expenditure #5 Name LOUIS CHOP HOUSE Address 50355 GRATIOT AVE NEW BALTIMORE, MI 48051 ☐ Fund Raiser	Purpose: FOOD, MEETING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement (Memo Itemization)	01/03/2025 Date	\$ (40.00)

Subtotal this page **1,382.14**
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 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	01/31/2025 Date	\$ (85.00)
Expenditure #2 Name OLYMPIA PARKING Address 50 W MONTCALM ST DETROIT, MI 48201 ☐ Fund Raiser	Purpose: PARKING (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	02/21/2025 Date	\$ (25.00)
Expenditure #3 Name OLYMPIA PARKING Address 50 W MONTCALM ST DETROIT, MI 48201 ☐ Fund Raiser	Purpose: PARKING (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	02/22/2025 Date	\$ (25.00)
Expenditure #4 Name HUNTINGTON PLACE CONC DETROIT Address 1 WASHINGTON BLVD DETROIT, MI 48226 ☐ Fund Raiser	Purpose: BEVERAGES AT CONVENTION (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	02/22/2025 Date	\$ (15.00)
Expenditure #5 Name FED EX OFFICE Address 31980 GRATIOT AVE ROSEVILLE, MI 48066 ☐ Fund Raiser	Purpose: PROFESSIONAL EXPENSES (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/13/2025 Date	\$ (250.30)

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0.00

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name OFFICE DEPOT Address 33840 SOUTHBOUND GRATIOT AVE CLINTON TOWNSHIP, MI 48035 ☐ Fund Raiser	Purpose: PROFESSIONAL EXPENSES (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/13/2025 Date	\$ (34.95)
Expenditure #2 Name ASPEN RESTAURANT & BAR Address 20333 HALL RD MACOMB, MI 48044 ☐ Fund Raiser	Purpose: LUNCH MEETING (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/19/2025 Date	\$ (100.00)
Expenditure #3 Name HAPPY'S PIZZA Address 140 GRATIOT AVE MT CLEMENS, MI 48043 ☐ Fund Raiser	Purpose: LUCH FOR OFFICE (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/26/2025 Date	\$ (42.00)
Expenditure #4 Name HAPPY'S PIZZA Address 140 GRATIOT AVE MT CLEMENS, MI 48043 ☐ Fund Raiser	Purpose: LUNCH FOR OFFICE (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/27/2025 Date	\$ (30.00)
Expenditure #5 Name WALGREENS Address 16741 CANAL RD CLINTON TWP, MI 48038 ☐ Fund Raiser	Purpose: ADVERTISING, PHOTOS (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/31/2025 Date	\$ (55.86)

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0.00

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name WALGREENS Address 13664 23 MILE RD SHELBY TWP, MI 48315 ☐ Fund Raiser	Purpose: PHOTOS, ADVERTISING (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/31/2025 Date	\$ (44.21)
Expenditure #2 Name WILD BILL'S TOBACCO OF SHELBY Address 53193 HAYES RD SHELBY TWP, MI 48315 ☐ Fund Raiser	Purpose: MEETING WITH DRINKS (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/31/2025 Date	\$ (60.00)
Expenditure #3 Name DON CHRISTO'S CIGAR ROOM Address 51748 VAN DYKE AVE SHELBY TWP, MI 48316 ☐ Fund Raiser	Purpose: COMMISSIONER MEETING (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/31/2025 Date	\$ (150.00)
Expenditure #4 Name ASPEN RESTAURANT & BAR Address 20333 HALL RD MACOMB, MI 48044 ☐ Fund Raiser	Purpose: MEETING FOR ELECTION WRAP UP (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/31/2025 Date	\$ (140.00)
Expenditure #5 Name OLYMPIA PARKING Address 50 W MONTCALM ST DETROIT, MI 48201 ☐ Fund Raiser	Purpose: PARKING (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/31/2025 Date	\$ (25.00)

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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 CAPUCHIN MINISTRIES Address 1820 MT ELLIOTT ST DETROIT, MI 48207 ☐ Fund Raiser	Purpose: DONATION ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/31/2025 Date	\$ 125.00
Expenditure #2 Name PETER J LUCIDO Address 6303 26 MILE RD WASHINGTON, MI 48094 ☐ Fund Raiser	Purpose: REPAYMENT OF LOAN FROM HIS PERSONAL ACCOUNT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/31/2025 Date	\$ 5,000.00
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	03/31/2025 Date	\$ 51.03
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	04/07/2025 Date	\$ 65.00
Expenditure #5 Name MACOMB COUNT HABITAT FOR HUMANITY Address 25 N MAIN ST MT CLEMENS, MI 48043 ☐ Fund Raiser	Purpose: DONATION ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/23/2025 Date	\$ 100.00

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name BAY-RAMA Address PO BOX 25 NEW BALTIMORE, MI 48047 ☐ Fund Raiser	Purpose: PARADE ENTRY ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/23/2025 Date	\$ 900.00
Expenditure #2 Name RWB PARKES & RECREATION Address 361 MORTON ST ROMEO, MI 48065 ☐ Fund Raiser	Purpose: PEACH FESTIVAL ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/23/2025 Date	\$ 500.00
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	05/07/2025 Date	\$ 65.00
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	05/19/2025 Date	\$ 58.31
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	05/19/2025 Date	\$ 50.02

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1,573.33

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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	05/19/2025 Date	\$ 50.02
Expenditure #2 Name ITALIAN TRIBUNE Address 21852 23 MILE RD MACOMB, MI 48042 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/21/2025 Date	\$ 1,470.00
Expenditure #3 Name STERLING HEIGHTS FOP HALL Address 37445 MOUND RD STERLING HEIGHTS, MI 48310 ☐ Fund Raiser	Purpose: SPONSORSHIP ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/22/2025 Date	\$ 100.00
Expenditure #4 Name PETER J LUCIDO Address 6303 26 MILE RD WASHINGTON, MI 48094 ☐ Fund Raiser	Purpose: REIMBURSEMENT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Memo Itemization Below	05/27/2025 Date	\$ 1,563.43
Expenditure #5 Name DTW PARKING Address 31555 WICK RD ROMULUS, MI 48174 ☐ Fund Raiser	Purpose: PARKING FOR EVENT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement (Memo Itemization)	04/21/2025 Date	\$ (128.00)

Subtotal this page **3,183.45**
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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 DONNA'S SHELL Address 38951 MOUND RD STERLING HEIGHTS, MI 48310 ☐ Fund Raiser	Purpose: GAS FOR FIRETRUCK (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/21/2025 Date	\$ (127.00)
Expenditure #2 Name 900 DEGREE PIZZA & BISTRO Address 50925 HAYES RD SHELBY TOWNSHIP, MI 48317 ☐ Fund Raiser	Purpose: LUNCH FOR MEETING (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/21/2025 Date	\$ (250.00)
Expenditure #3 Name BUDDY'S PIZZA Address 45841 HAYES ROAD SHELBY TOWNSHIP, MI 48315 ☐ Fund Raiser	Purpose: PIZZA FOR MEETING (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/28/2025 Date	\$ (180.00)
Expenditure #4 Name GO DADDY Address 14455 N HAYDEN RD SUITE 219 SCOTTSDALE, AZ 84260 ☐ Fund Raiser	Purpose: ADVERTISING (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/29/2025 Date	\$ (71.88)
Expenditure #5 Name JIMMY JOHNS Address 40067 S GROESBECK HWY CLINTON TWP, MI 48036 ☐ Fund Raiser	Purpose: LUNCH FOR MEETING (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/27/2025 Date	\$ (180.18)

Subtotal this page	0.00
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 DETROIT FISH HOUSE Address 51195 SCHOENHERR RD SHELBY TOWNSHIP, MI 48315 ☐ Fund Raiser	Purpose: MEETING FOR PRIMARY (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/31/2025 Date	\$ (626.37)
Expenditure #2 Name CARE HOUSE Address 131 MARKET ST MT CLEMENS, MI 48043 ☐ Fund Raiser	Purpose: SPONSORSHIP ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/30/2025 Date	\$ 250.00
Expenditure #3 Name FRIENDS OF FOSTER KIDS Address 67500 MOUND RD WASHINGTON, MI 48095 ☐ Fund Raiser	Purpose: SPONSORSHIP ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/30/2025 Date	\$ 150.00
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	06/02/2025 Date	\$ 50.06
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	06/02/2025 Date	\$ 50.03

Subtotal this page **500.09**

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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	06/02/2025 Date	\$ 50.01
Expenditure #2 Name SMASH CREATIVE Address 7755 22 MILE RD SHELBY TWP, MI 48317 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/09/2025 Date	\$ 65.00
Expenditure #3 Name CONCOURS D'AGOSTINI Address 11200 WALNUT LN STERLING HEIGHTS, MI 48313 ☐ Fund Raiser	Purpose: SPONSOSHIP ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/10/2025 Date	\$ 400.00
Expenditure #4 Name ITALIAN AMERICAN CHAMBER OF COMMERCE Address 51194 ROMEO PLANK RD # 354 MACOMB, MI 48042 ☐ Fund Raiser	Purpose: SPONSORSHIP ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/10/2025 Date	\$ 900.00
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	06/10/2025 Date	\$ 2,345.88

Subtotal this page **3,760.89**

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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 J LUCIDO Address 6303 26 MILE RD WASHINGTON, MI 48094 ☐ Fund Raiser	Purpose: PAID BACK Memo Itemization Below ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/10/2025 Date	\$ 1,630.00
Expenditure #2 Name VERONA Address 50741 CORPORATE DR SHELBY TOWNSHIP, MI 48315 ☐ Fund Raiser	Purpose: COMMITTEE MEETING (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/21/2025 Date	\$ (950.00)
Expenditure #3 Name PANTRY RESTAURANT AND DELI Address 44945 MORLEY DRIVE CLINTON TOWNSHIP, MI 48036 ☐ Fund Raiser	Purpose: BREAKFAST MEETING (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/30/2025 Date	\$ (100.00)
Expenditure #4 Name O HALLORAN'S PUBLIC HOUSE Address 112 MACOMB PL MT CLEMENS, MI 48043 ☐ Fund Raiser	Purpose: MEETING (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/06/2025 Date	\$ (80.00)
Expenditure #5 Name DA FRANCESCO'S RISTORANTE & BAR Address 49521 VAN DYKE AVE SHELBY TWP, MI 48317 ☐ Fund Raiser	Purpose: MEETING (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/06/2025 Date	\$ (500.00)

Subtotal this page **1,630.00**
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name SMASH CREATIVE Address 7755 22 MILE RD SHELBY TWP, MI 48317 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/10/2025 Date	\$ 50.01
Expenditure #2 Name SMASH CREATIVE Address 7755 22 MILE RD SHELBY TWP, MI 48317 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/10/2025 Date	\$ 50.02
Expenditure #3 Name SMASH CREATIVE Address 7755 22 MILE RD SHELBY TWP, MI 48317 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/10/2025 Date	\$ 56.37
Expenditure #4 Name SMASH CREATIVE Address 7755 22 MILE RD SHELBY TWP, MI 48317 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/18/2025 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	06/18/2025 Date	\$ 50.02

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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	06/26/2025 Date	\$ 50.01
Expenditure #2 Name SMASH CREATIVE Address 7755 22 MILE RD SHELBY TWP, MI 48317 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/27/2025 Date	\$ 50.00
Expenditure #3 Name SMASH CREATIVE Address 7755 22 MILE RD SHELBY TWP, MI 48317 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/27/2025 Date	\$ 50.01
Expenditure #4 Name MSC SS P Address 46414 SWIRLING LEAVES LN MACOMB, MI 48044 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/01/2025 Date	\$ 150.00
Expenditure #5 Name PARTY PARADISE Address 39090 VAN DYKE AVE STERLING HEIGHTS, MI 48313 ☐ Fund Raiser	Purpose: PARTY SUPPLIES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/01/2025 Date	\$ 545.48

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845.50

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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 PHILLIPS SIGN AND LIGHTING Address 40920 EXECUTIVE DR HARRISON TWP, MI 48045 ☐ Fund Raiser	Purpose: PROFESSIONAL EXPENSE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/01/2025 Date	\$ 529.38
Expenditure #2 Name SMASH CREATIVE Address 7755 22 MILE RD SHELBY TWP, MI 48317 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/01/2025 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	07/01/2025 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	07/01/2025 Date	\$ 50.01
Expenditure #5 Name MACOMB COUNTY BAR Address 40 N MAIN ST MT CLEMENS, MI 48043 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/01/2025 Date	\$ 560.00

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1,239.47

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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 POLISH CENTURY CLUB Address 33204 MAPLE LN DR STERLING HEIGHTS, MI 48312 ☐ Fund Raiser	Purpose: SPONSORSHIP ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/03/2025 Date	\$ 1,000.00
Expenditure #2 Name DOUG SIMONSON Address 39823 COALPORT DR CLINTON TOWNSHIP, MI 48038 ☒ Fund Raiser	Purpose: DJ FOR FUNDRAISER ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/03/2025 Date	\$ 200.00
Expenditure #3 Name SMASH CREATIVE Address 7755 22 MILE RD SHELBY TWP, MI 48317 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/07/2025 Date	\$ 65.00
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	07/09/2025 Date	\$ 50.02
Expenditure #5 Name SMASH CREATIVE Address 7755 22 MILE RD SHELBY TWP, MI 48317 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/09/2025 Date	\$ 50.03

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1,365.05

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name SMASH CREATIVE Address 7755 22 MILE RD SHELBY TWP, MI 48317 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/09/2025 Date	\$ 50.14
Expenditure #2 Name WOODLAND CREATIVE SOLUTIONS Address 22845 ROXANA AVE EASTPOINTE, MI 48021 ☒ Fund Raiser	Purpose: VIDEO FOR FUNDRAISER ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/15/2025 Date	\$ 800.00
Expenditure #3 Name MR. VALET Address 3735 EATON GATE LN AUBURN HILLS, MI 48326 ☒ Fund Raiser	Purpose: VALET SERVICE FOR FUNDRAISER ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/15/2025 Date	\$ 600.00
Expenditure #4 Name FESTA ITALIANA Address 6990 TOWN LN DEARBORN HEIGHTS, MI 48127 ☒ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/15/2025 Date	\$ 1,000.00
Expenditure #5 Name SMASH CREATIVE Address 7755 22 MILE RD SHELBY TWP, MI 48317 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/15/2025 Date	\$ 50.06

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name SMASH CREATIVE Address 7755 22 MILE RD SHELBY TWP, MI 48317 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/15/2025 Date	\$ 50.01
Expenditure #2 Name SMASH CREATIVE Address 7755 22 MILE RD SHELBY TWP, MI 48317 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/15/2025 Date	\$ 50.05
Expenditure #3 Name SMASH CREATIVE Address 7755 22 MILE RD SHELBY TWP, MI 48317 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/15/2025 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	07/15/2025 Date	\$ 50.00
Expenditure #5 Name SMASH CREATIVE Address 7755 22 MILE RD SHELBY TWP, MI 48317 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/15/2025 Date	\$ 50.04

Subtotal this page

250.18

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name SMASH CREATIVE Address 7755 22 MILE RD SHELBY TWP, MI 48317 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/15/2025 Date	\$ 71.87
Expenditure #2 Name SMASH CREATIVE Address 7755 22 MILE RD SHELBY TWP, MI 48317 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/15/2025 Date	\$ 50.06
Expenditure #3 Name SMASH CREATIVE Address 7755 22 MILE RD SHELBY TWP, MI 48317 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/15/2025 Date	\$ 50.35
Expenditure #4 Name DAVID LEDUC Address 1 N MAIN ST MT CLEMENS, MI 48043 ☐ Fund Raiser	Purpose: DONATION ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/17/2025 Date	\$ 1,500.00
Expenditure #5 Name DA FRANCESCO'S RISTORANTE & BAR Address 49521 VAN DYKE AVE SHELBY TWP, MI 48317 ☐ Fund Raiser	Purpose: GIFT CARDS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/17/2025 Date	\$ 500.00

Subtotal this page **2,172.28**

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name SMASH CREATIVE Address 7755 22 MILE RD SHELBY TWP, MI 48317 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/18/2025 Date	\$ 54.70
Expenditure #2 Name SMASH CREATIVE Address 7755 22 MILE RD SHELBY TWP, MI 48317 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/18/2025 Date	\$ 50.00
Expenditure #3 Name SMASH CREATIVE Address 7755 22 MILE RD SHELBY TWP, MI 48317 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/18/2025 Date	\$ 50.31
Expenditure #4 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	07/19/2025 Date	\$ 6,757.36
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page **6,912.37**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **36,073.81**

Enter this total
on line 8a of
Summary Page



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

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

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 03/27/2025	4. Number of Individuals Attending or Participating (whichever is greater) 50	5. Type of Fund Raising Activity MONARCH FUNDRAISER- CIGARS, WATCH GAME, HORS D'OEUVRE	6. Address and Name (If any) of the place where the activity was held. MONARCH 2298 AUBURN RD SHELBY TOWNSHIP, MI 48317 ☐ Private Residence
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7. Total Contributions **24,600.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **24,600.00**
10. Total Cost of Event **0.00**
(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 07/17/2025	4. Number of Individuals Attending or Participating (whichever is greater) 200	5. Type of Fund Raising Activity FUNDRAISER BANQUET	6. Address and Name (If any) of the place where the activity was held. THE PALAZZO GRANDE 54660 VAN DYKE AVE SHELBY TOWNSHIP, MI 48316 ☐ Private Residence
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7. Total Contributions **233,434.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **233,434.00**
10. Total Cost of Event **33,630.00**
(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.