



FILED

23 OCT 2025 AM 11:41

MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

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**CANDIDATE COMMITTEE
COVER PAGE**

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

3. This Statement covers From: 07/21/2025 to 10/20/2025

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

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.)

Date of Election, Convention or Caucus

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

10/23/2025

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/23/2025



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>5,900.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>5,900.00</u>	(18.) \$ <u>275,434.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>238.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>5,900.00</u>	(20.) \$ <u>275,672.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0.00</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>49,432.93</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>49,432.93</u>	(23.) \$ <u>85,506.74</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>234,948.97</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>5,900.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>240,848.97</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>49,432.93</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>191,416.04</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>07/21/2025</u>	
Name & Address: SALVATORE LEONE PO BOX 792 Washington, MI 48094		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CABINET MAKER</u> Employer <u>SELF</u> Business Address <u>48582 VAN DYKE AVE, WASHINGTON, MI 48094</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/22/2025</u>	
Name & Address: JOE EMINGTON 2661 W UTICA RD SHELBY TWP, MI 48317		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BAIL BONDSMAN</u> Employer <u>EMINGTON BAIL BONDS</u> Business Address <u>47517 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>07/22/2025</u>	
Name & Address: RAYMOND DEBUCK JR. 67587 HIDDEN OAK LN 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>DEBUCK CONSTRUCTION</u> Business Address <u>6805 AUBURN RD, UTICA, MI 48317</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/22/2025</u>	
Name & Address: JULIUS GIARMARCO 101 W BIG BEAVER RD STE 1000 TROY, MI 48084		\$ <u>200.00</u>	\$ <u>700.00</u>
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			

Page Subtotal

1,600.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/22/2025</u> Name & Address: PETER THOMAS 5018 SEVEN LAKE DRIVE SOUTH WASHINGTON, MI 48095		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>SELF</u> Business Address <u>5018 SEVEN LAKE DRIVE SOUTH, WASHINGTON, MI 48095</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/22/2025</u> Name & Address: JOE CRIFASI 5768 E GRAND RIVER AVE HOWELL, MI 48843		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS DEVELOPMENT</u> Employer <u>PUROCLEAN NRT</u> Business Address <u>2717 INDUSTRIAL ROW DR, TROY, MI 48084</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/22/2025</u> Name & Address: MELISSA FERLITO 50775 RICHARD W BLVD NEW BALTIMORE, MI 48051		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>GRILLO MANAGEMENT ASSOC.</u> Business Address <u>50775 RICHARD W BLVD, 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>07/23/2025</u> Name & Address: LORENZO CAVALIERE 30078 SCHOENHERR RD STE 300 WARREN, MI 48088		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DEVELOPER</u> Employer <u>CAVALIERE COMPANIES</u> Business Address <u>30078 SCHOENHERR RD, STE 300, WARREN, MI 48088</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,100.00

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>07/24/2025</u> Name & Address: LARRY C HART 3104 COUNTRY CLUB DR ST CLAIR SHORES, MI 48082		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/25/2025</u> Name & Address: GAIL PAMUKOV 1300 W ALTGELD ST APT 134N CHICAGO, IL 60614		\$ <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>07/27/2025</u> Name & Address: SALVATORE LEONE PO BOX 792 Washington, MI 48094		\$ <u>500.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CABINET MAKER</u> Employer <u>SELF</u> Business Address <u>48582 VAN DYKE AVE, WASHINGTON, MI 48094</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/01/2025</u> Name & Address: ONORIO MOSCONE 55459 AMBASSADOR CT SHELBY TWP, MI 48316		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>DEERCREEK CONSTRUCTION</u> Business Address <u>57125 DEER CREEK CT, WASHINGTON, MI 48094</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)

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Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/01/2025</u>	
Name & Address: CURSHANDRA MOORE 3569 29TH ST DETROIT, MI 48210		\$ <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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/26/2025</u>	
Name & Address: ANTHONY RUGIERO 2220 N CANTON CENTER RD CANTON, MI 48187		\$ <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>2220 N CANTON CENTER RD, CANTON, MI 48187</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/10/2025</u>	
Name & Address: BRIAN SCHAF 23220 WESTBURY ST ST CLAIR SHORES, MI 48080		\$ <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>2 CROCKER BLVD, MT CLEMENS, MI 48043</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt _____	
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

1,200.00

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

5,900.00

Enter this total on
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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 PALAZZO GRANDE Address 54660 VAN DYKE AVE SHELBY TWP, MI 48316 ☒ Fund Raiser	Purpose: <u>VENUE FOR BIRTHDAY PARTY</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/21/2025</u> Date	\$ <u>33,630.00</u>
Expenditure #2 Name LUCIANO'S Address 39091 GARFIELD RD CLINTON TWP, MI 48038 ☒ Fund Raiser	Purpose: <u>GIFT CARD FOR FUNDRAISER</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/21/2025</u> Date	\$ <u>1,000.00</u>
Expenditure #3 Name KIWANIS CLUB OF SHELBY GOLDEN K Address P.O. BOX 182317 SHELBY TOWNSHIP, MI 48317 ☐ Fund Raiser	Purpose: <u>SPONSORSHIP</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/24/2025</u> Date	\$ <u>150.00</u>
Expenditure #4 Name PETER J LUCIDO Address 14601 BREZA DR SHELBY TWP, MI 48315 ☐ Fund Raiser	Purpose: <u>REIMBURSEMENT OF BILL PAID WITH PERSONAL CARD</u> Memo Itemization Below ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/25/2025</u> Date	\$ <u>846.42</u>
Expenditure #5 Name NATIONAL CONEY ISLAND Address 43150 GARFIELD RD CLINTON TOWNSHIP, MI 48038 ☐ Fund Raiser	Purpose: <u>FOOD FOR MEETING</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/21/2025</u> Date	\$ <u>(55.80)</u>

Subtotal this page **35,626.42**
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 LOUIS CHOP HOUSE Address 50355 GRATIOT AVE NEW BALTIMORE, MI 48051 ☐ Fund Raiser	Purpose: LUNCH MEETING (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/21/2025 Date	\$ (35.00)
Expenditure #2 Name BIG ROCK ITALIAN CHOPHOUSE Address 245 E SOUTH BLVD TROY, MI 48085 ☐ Fund Raiser	Purpose: LUNCH MEETING (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/21/2025 Date	\$ (445.00)
Expenditure #3 Name MT CLEMENS GRILL Address 39 N MAIN 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	07/21/2025 Date	\$ (65.00)
Expenditure #4 Name CVS Address 51000 ROMEO PLANK RD MACOMB, MI 48042 ☐ Fund Raiser	Purpose: GIFT CARDS FOR FUNDRAISER (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/24/2025 Date	\$ (200.00)
Expenditure #5 Name AMORE'S GRILL AND SPIRITS Address 53100 GRATIOT AVE NEW BALTIMORE, MI 48051 ☐ Fund Raiser	Purpose: MEETING AT RESATAURANT (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/25/2025 Date	\$ (45.00)

Subtotal this page **0.00**
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name LANSE CRUESE HIGH SCHOOL & 1976 50TH REUNION Address 38495 LANSE CREUSE ST HARRISON TWP, MI 48045 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/30/2025 Date	\$ 100.00
Expenditure #2 Name NEWAYWORKS Address 75 N MAIN ST 300 MT CLEMENS, MI 48043 ☐ Fund Raiser	Purpose: SPONSORSHIP ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/06/2025 Date	\$ 150.00
Expenditure #3 Name MACOMB SYMPHONY ORCHESTRA Address P.O. BOX 381062 CLINTON TOWNSHIP, MI 48038 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/06/2025 Date	\$ 350.00
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	08/07/2025 Date	\$ 65.00
Expenditure #5 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	08/13/2025 Date	\$ 41.80

Subtotal this page

706.80

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 LFA # 57 Address 16140 AURORA AVE EASTPOINTE, MI 48021 ☐ Fund Raiser	Purpose: SPONSORSHIP ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/25/2025 Date	\$ 75.00
Expenditure #2 Name ON SIGHT EVENT PHOTOGRAPHY Address 35675 ELECTRA DR STERLING HEIGHTS, MI 48312 ☐ Fund Raiser	Purpose: PHOTOGRAPHER ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/26/2025 Date	\$ 1,432.00
Expenditure #3 Name RICHMOND OOOD OLD DAYS FESTIVAL Address PO BOX 271 RICHMOND, MI 48062 ☐ Fund Raiser	Purpose: SPONSORSHIP ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/28/2025 Date	\$ 200.00
Expenditure #4 Name MACOMB COUNTY CHILD ADVOCACY CENTER 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	08/29/2025 Date	\$ 1,700.00
Expenditure #5 Name ST AUGUSTINE CATHOLIC SCHOOL Address 67901 HOWARD ST RICHMOND, MI 48062 ☐ Fund Raiser	Purpose: SPONSORSHIP ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/03/2025 Date	\$ 500.00

Subtotal this page **3,907.00**

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name PETER LUCIDO Address 6303 26 MILE RD WASHINGTON, MI 48094 ☐ Fund Raiser	Purpose: REIMBURSEMENT FOR FUNDS USED WITH PERSONAL ACCO Memo Itemization Below ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/03/2025 Date	\$ 2,542.77
Expenditure #2 Name WALGREENS Address 13664 23 MILE RD SHELBY TWP, MI 48315 ☐ Fund Raiser	Purpose: INTERNET PHOTOS (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/25/2025 Date	\$ (17.56)
Expenditure #3 Name DETROIT FISH HOUSE Address 51195 SCHOENHERR RD SHELBY TWP, MI 48315 ☐ Fund Raiser	Purpose: MEETING AT A RESTARAUNT (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/25/2025 Date	\$ (260.00)
Expenditure #4 Name TIM HORTONS Address 42875 HAYES RD STERLING HEIGHTS, MI 48313 ☐ Fund Raiser	Purpose: DONUTS FOR MEETING (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/26/2025 Date	\$ (37.34)
Expenditure #5 Name BAD BRADS BBQ Address 6525 23 MILE RD SHELBY TWP, MI 48316 ☐ Fund Raiser	Purpose: FOOD FOR MEETING (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/26/2025 Date	\$ (186.01)

Subtotal this page **2,542.77**
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 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	07/28/2025 Date	\$ (46.00)
Expenditure #2 Name TIM HORTONS Address 42875 HAYES RD STERLING HEIGHTS, MI 48313 ☐ Fund Raiser	Purpose: DONUTS FOR MEETING (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/29/2025 Date	\$ (14.96)
Expenditure #3 Name LITTLE CEASARS Address 19 S GROESBECK HWY MT CLEMENS, MI 48043 ☐ Fund Raiser	Purpose: PIZZA FOR LUNCH MEETING (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/29/2025 Date	\$ (56.45)
Expenditure #4 Name LITTLE CEASARS Address 19 S GROESBECK HWY MT CLEMENS, MI 48043 ☐ Fund Raiser	Purpose: LUNCH FOR MEETING (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/30/2025 Date	\$ (10.59)
Expenditure #5 Name LITTLE CEASARS Address 19 S GROESBECK HWY MT CLEMENS, MI 48043 ☐ Fund Raiser	Purpose: LUNCH FOR MEETING (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/30/2025 Date	\$ (14.29)
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 VENTIMIGLIA Address 35179 DODGE PARK RD STERLING HEIGHTS, MI 48312 ☐ Fund Raiser	Purpose: FOOD FOR MEETING (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/30/2025 Date	\$ (110.96)
Expenditure #2 Name TIM HORTONS Address 42875 HAYES RD STERLING HEIGHTS, MI 48313 ☐ Fund Raiser	Purpose: DONUTS FOR MEETING (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/31/2025 Date	\$ (20.20)
Expenditure #3 Name BLACKNEATH GOLF CLUB Address 3311 N ROCHESTER RD ROCHESTER HILLS, MI 48306 ☐ Fund Raiser	Purpose: MEETING (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/01/2025 Date	\$ (80.00)
Expenditure #4 Name LOUIS CHOP HOUSE Address 50355 GRATIOT AVE NEW BALTIMORE, MI 48051 ☐ Fund Raiser	Purpose: LUNCH MEETING (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/07/2025 Date	\$ (85.00)
Expenditure #5 Name TESTA BARRA Address 48824 ROMEO PLANK RD MACOMB, MI 48044 ☐ Fund Raiser	Purpose: MEETING AT RESTARAUNT (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/10/2025 Date	\$ (493.39)

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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 TIM HORTON'S Address 5111 VAN DYKE AVENUE SHELBY TOWNSHIP, MI 48316 ☐ Fund Raiser	Purpose: GIFT CARD (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/10/2025 Date	\$ (100.00)
Expenditure #2 Name TIM HORTONS Address 42875 HAYES RD STERLING HEIGHTS, MI 48313 ☐ Fund Raiser	Purpose: DONUTS FOR MEETING (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/11/2025 Date	\$ (12.37)
Expenditure #3 Name TIM HORTONS Address 42875 HAYES RD STERLING HEIGHTS, MI 48313 ☐ Fund Raiser	Purpose: DONUTS FOR MEETING (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/11/2025 Date	\$ (12.37)
Expenditure #4 Name SPEEDWAY Address 57050 VAN DYKE AVE WASHINGTON, MI 48094 ☐ Fund Raiser	Purpose: GAS FOR PARADE (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/27/2025 Date	\$ (120.60)
Expenditure #5 Name JIMMY JOHN'S Address 50672 SCHOENHERR RD SHELBY TWP, MI 48315 ☐ Fund Raiser	Purpose: FOOD FOR MEETING (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/01/2025 Date	\$ (224.68)

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 TWP, MI 48315 ☐ Fund Raiser	Purpose: <u>MEETING AT RESTARAUNT</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/02/2025</u> Date	\$ <u>(640.00)</u>
Expenditure #2 Name PETER LUCIDO Address 6303 26 MILE RD WASHINGTON, MI 48094 ☐ Fund Raiser	Purpose: <u>REIMBURSEMENT OF FUNDS PAID FROM PERSONAL ACCOUNT</u> Memo Itemization Below ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/08/2025</u> Date	\$ <u>946.80</u>
Expenditure #3 Name VERONO Address 50741 CORPORATE DR SHELBY TOWNSHIP, MI 48315 ☐ Fund Raiser	Purpose: <u>MEETING AT A RESTARUANT</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/14/2025</u> Date	\$ <u>(300.00)</u>
Expenditure #4 Name ICHIBAN Address 44955 HAYES RD STERLING HEIGHTS, MI 48313 ☐ Fund Raiser	Purpose: <u>MEETING AT RESTARAUNT</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/18/2025</u> Date	\$ <u>(500.00)</u>
Expenditure #5 Name BUSCEMI'S Address 8315 HALL RD UTICA, MI 48317 ☐ Fund Raiser	Purpose: <u>FOOD FOR MEETING</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/04/2025</u> Date	\$ <u>(74.20)</u>

Subtotal this page **946.80**
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 BUSCEMI'S Address 8315 HALL RD UTICA, MI 48317 ☐ Fund Raiser	Purpose: FOOD FOR MEETING (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/07/2025 Date	\$ (72.60)
Expenditure #2 Name CENTURY CHARITIES Address 33204 MAPLE LN DR STERLING HEIGHTS, MI 48312 ☐ Fund Raiser	Purpose: DONATION ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/08/2025 Date	\$ 456.00
Expenditure #3 Name SMASH CREATIVE Address 7755 22 MILE RD SHELBY TWP, MI 48317 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/08/2025 Date	\$ 65.00
Expenditure #4 Name THAAR CARE FOUNDATION Address 43329 SCHOENHERR RD STERLING HEIGHTS, MI 48313 ☐ Fund Raiser	Purpose: TICKETS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/15/2025 Date	\$ 500.00
Expenditure #5 Name G-TEK PROFESSIONAL SERVICES Address 42888 MOUND RD STERLING HEIGHTS, MI 48314 ☐ Fund Raiser	Purpose: PROMOTIONAL MATERIALS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/16/2025 Date	\$ 3,133.25

Subtotal this page **4,154.25**
Grand Total of all Schedules 1B
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name SISTERS HOPE Address PO BOX 250732 WEST BLOOMFIELD, MI 48325 ☐ Fund Raiser	Purpose: DONATION ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/18/2025 Date	\$ 150.00
Expenditure #2 Name IACS COUNCIL OF PRESIDENTS Address 45865 MEADOWS CIR E MACOMB, MI 48044 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/18/2025 Date	\$ 200.00
Expenditure #3 Name PETER LUCIDO Address 6303 26 MILE RD WASHINGTON, MI 48094 ☐ Fund Raiser	Purpose: REIMBURSEMENT OF FUNDS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Memo Itemization Below	09/18/2025 Date	\$ 463.75
Expenditure #4 Name DONNA'S SHELL Address 38951 MOUND RD STERLING HEIGHTS, MI 48310 ☐ Fund Raiser	Purpose: GAS FOR FIRE TRUCKS FOR PARADE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement (Memo Itemization)	08/31/2025 Date	\$ (135.00)
Expenditure #5 Name SORRENTO PIZZA Address 14 MARKET ST MT CLEMENS, MI 48043 ☐ Fund Raiser	Purpose: PIZZA FOR MEETING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement (Memo Itemization)	09/11/2025 Date	\$ (40.00)

Subtotal this page

813.75

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 JIMMY JOHNS Address 40067 S GROESBECK HWY CLINTON TWP, MI 48036 ☐ Fund Raiser	Purpose: FOOD FOR PARADE (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/13/2025 Date	\$ (168.00)
Expenditure #2 Name DON CHRISTO'S CIGAR ROOM Address 51748 VAN DYKE AVE SHELBY TWP, MI 48316 ☐ Fund Raiser	Purpose: MEETING AT RESTAURANT (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/14/2025 Date	\$ (120.00)
Expenditure #3 Name 2ND STREET ENTRY Address 6TH & LAFAYETTE ROYAL OAK, MI 48067 ☐ Fund Raiser	Purpose: PARKING (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/15/2025 Date	\$ (0.75)
Expenditure #4 Name SMASH CREATIVE Address 7755 22 MILE RD SHELBY TWP, MI 48317 ☐ Fund Raiser	Purpose: ADVERTISING FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/07/2025 Date	\$ 65.00
Expenditure #5 Name WALMART Address 18400 HALL RD CLINTON TOWNSHIP, MI 48038 ☐ Fund Raiser	Purpose: DONATION OF CANDY FOR TRUNK OR TREAT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/08/2025 Date	\$ 596.94

Subtotal this page

661.94

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 ANEDOT Address 15985 CANAL RD CLINTON TWP, MI 48038 ☐ Fund Raiser	Purpose: FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/20/2025 Date	\$ 73.20
Expenditure #2 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Click Here for Memo Itemization Type			
Expenditure #3 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Click Here for Memo Itemization Type			
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Click Here for Memo Itemization Type			
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Click Here for Memo Itemization Type			

Subtotal this page	73.20
Grand Total of all Schedules 1B (Complete on last page of Schedule)	49,432.93

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**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

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

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 07/17/2025	4. Number of Individuals Attending or Participating (whichever is greater) 200	5. Type of Fund Raising Activity FUNDRAISER BANQUET - CONTINUED FROM LAST FILING	6. Address and Name (If any) of the place where the activity was held. THE PALAZZO GRANDE 54660 VAN DYKE AVE SHELBY TOWNSHIP, MI 48317 ☐ Private Residence
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7. Total Contributions **233,634.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **233,634.00**
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.