



FILED

09 NOV 2023 AM 08:12

MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

**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: 07/21/2023 to 10/20/2023

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 RD 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 (2023)
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

11/09/2023

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

11/09/2023



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

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

CANDIDATE COMMITTEE

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? ☐ Yes Name & Address: GREGORY IACOBELLI 53639 CHRISTY DR NEW BALTIMORE, MI 48051 If over \$100.00 cumulative, please provide: Occupation: ENGINEER Employer Name & Business Address: SELF EMPLOYED 53639 CHRISTY DR, NEW BALTIMORE, MI 48051 ☒ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☒ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description <u>REFRESHMENTS FOR EVENT</u> 5. Date Of Receipt: <u>08/15/2023</u> 6. Vendor Name & Address:	\$ <u>1,150.00</u>	\$ <u>1,650.00</u>
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: CHRIS PEYERK 12955 23 MILE RD SHELBY TWP, MI 48315 If over \$100.00 cumulative, please provide: Occupation: OWNER Employer Name & Address: DAN'S EXCAVATING 12955 23 MILE RD, SHELBY TWP, MI 48315 ☒ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☒ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description <u>REFRESHMENTS</u> 5. Date Of Receipt: <u>08/15/2023</u> 6. Vendor Name & Address:	\$ <u>1,150.00</u>	\$ <u>1,150.00</u>
Contribution #3 PAC Receipt? ☐ Yes Name & Address: JOE FERRO 2201 HAMLIN RD SHELBY TWP, MI 48317 If over \$100.00 cumulative, please provide: Occupation: OWNER Employer Name & Address: F & M CONSTRUCTION 2201 HAMLIN RD, SHELBY TWP, MI 48317 ☒ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☒ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description <u>REFRESHMENTS</u> 5. Date Of Receipt: <u>08/15/2023</u> 6. Vendor Name & Address:	\$ <u>1,150.00</u>	\$ <u>1,150.00</u>

Page Subtotal **3,450.00** **3,950.00**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) **3,450.00**

Enter this total
on line 6 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 STEWARDS OF BRUCE TOWNSHIP CEMETERIES Address 13947 34 MILE RD BRUCE TOWNSHIP, MI 48065 ☐ Fund Raiser	Purpose: <u>HOLE SPONSOR</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/28/2023</u> Date	\$ <u>150.00</u>
Expenditure #2 Name PETER J LUCIDO Address 14601 BREZA DR SHELBY TWP, MI 48315 ☒ Fund Raiser	Purpose: <u>REPAYMENT OF PARTY SUPPLIES AND MEETINGS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/03/2023</u> Date	\$ <u>915.64</u> Memo Itemization Below
Expenditure #3 Name LOUIS CHOP HOUSE Address 50355 GRATIOT AVE NEW BALTIMORE, MI 48051 ☒ Fund Raiser	Purpose: <u>MEETING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/21/2023</u> Date	\$ <u>(150.00)</u> (Memo Itemization)
Expenditure #4 Name TIM HORTONS Address 12265 23 MILE RD SHELBY TWP, MI 48315 ☒ Fund Raiser	Purpose: <u>MEETING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/21/2023</u> Date	\$ <u>(19.99)</u> (Memo Itemization)
Expenditure #5 Name DA FRANCESCO'S RESTORANTE & BAR Address 49521 VAN DYKE AVE SHELBY TWP, MI 48317 ☒ Fund Raiser	Purpose: <u>MEETING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/21/2023</u> Date	\$ <u>(340.00)</u> (Memo Itemization)

Subtotal this page **1,065.64**
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 LA SAJ LEBANESE BISTRO Address 13776 SOUTHCove DR STERLING HEIGHTS, MI 48313 ☒ Fund Raiser	Purpose: MEETING (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/21/2023 Date	\$ (65.00)
Expenditure #2 Name HAPPY'S PIZZA Address 140 GRATIOT AVE MT CLEMENS, MI 48043 ☒ Fund Raiser	Purpose: PIZZA FOR MEETING FOR FUNDRAISER (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/21/2023 Date	\$ (85.00)
Expenditure #3 Name WALGREENS Address 13664 23 MILE RD SHELBY TWP, MI 48315 ☒ Fund Raiser	Purpose: PHOTOS (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/31/2023 Date	\$ (55.65)
Expenditure #4 Name LUCIANO'S Address 39091 GARFIELD RD CLINTON TWP, MI 48038 ☒ Fund Raiser	Purpose: GIFT CARDS FOR HELPERS (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/01/2023 Date	\$ (200.00)
Expenditure #5 Name COMERICA BANK Address 15301 HALL RD MACOMB, MI 48044 ☐ Fund Raiser	Purpose: BANK FEES (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/11/2023 Date	\$ 13.00

Subtotal this page

13.00

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

Enter this total
on line 8a of
Summary Page