



STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEE

Seq 94144004

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

TYPE OR PRINT CLEARLY. AN AMENDMENT TO THIS FORM MUST BE FILED IF INFORMATION PRESENTED ON THE FORM CHANGES. SEE INSTRUCTIONS ON REVERSE FOR UPDATING PROCEDURES.

1. Committee Identification No. 135880		3. Type of Filing <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment to Item(s) _____	
2. Full Name of Committee Citizens to elect James M. Perna		Date Change Took Place ____/____/____ Month Day Year	
4. Candidate Name James M. Perna Office Sought (include district or jurisdiction served) County Commissioner - 19th District		County of Residence Macomb Party (if applicable) Democratic	
5. Committee Street Address (street, city, state, zip code) 38180 Saddle Lane Clinton Township, MI 48043		5a. Committee Mailing Address (if different from street address)	
6. Date Committee Was Formed Mo. May Day 22 Yr. 94	8. Full Name and Mailing Address of Treasurer Paul A. McCowell 4802 Bates Warren, MI 48092		Area Code and Phone 810-751-4689
7. Committee Area Code and Phone 810-286-3504			
9. Identify the person who will be responsible for the committee's records and Campaign Statement filings. If committee's treasurer will handle these responsibilities, leave this item blank. Name: Paul A. McCowell Mailing Address: 4802 Bates, Warren, MI 48092 Area Code/Phone: 810-751-4689			

10. REPORTING WAIVER SECTION

The Committee does NOT expect to receive or expend in excess of \$1,000.00 in an election.

11. Names and addresses of depositories or intended depositories of committee funds (list both official depository and any secondary depositories). Health One Credit Union 600 Lafayette East Detroit, MI 48226	12. This item applies only to a gubernatorial Candidate Committee. Check if this committee intends to seek qualifying contributions for public financing. HEALTH ONE CREDIT UNION 600 LAFAYETTE EAST DETROIT, MI 48226
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RECEIVED
MAY 23 1994
MICHIGAN SECRETARY OF STATE

13. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of my/our knowledge or belief.

Treasurer Type or Print Name Paul A. McCowell		Date Mo. Day Year May 23, 1994
Candidate Type or Print Name James M. Perna		Date Mo. Day Year May 23, 1994

14. FOR OFFICEHOLDERS' USE ONLY (Complete only if you have established an Officeholder Expense Fund)

14a. Full Name and Address of Officeholder Expense Fund	14b. Full Name and Address of Treasurer of Officeholder Expense Fund	14c. Officeholder Expense Fund Depository Name and Address