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**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

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 1 2004 To: 7 18 2004
Mo Day Year Mo Day Year

1. Committee I.D. Number
135880
2. Committee Name
CITIZENS TO ELECT
JAMES M PERNA

4. Candidate Last Name PERNA First Name JAMES M.I. M
4a. Office Sought Including District # or Community Served (If applicable)
COUNTY COMMISSIONER #19
4b. County of Residence MACOMB Driver License # (Optional)

5. Committee's Mailing Address
38180 SAADLE LANE
CLINTON TWP MI 48036
Area Code and Phone 586-286-3504
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
JAMES M PERNA
38180 SAADLE LA. 48036
CLINTON TWP MI 48036
Area Code & Phone (586) 286 3504
Driver License # (Optional)

7. Treasurer's Business Address
600 E. LAFAYETTE
DETROIT MI.
Area Code and Phone (313) 225-9755

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)
Area Code and Phone ()
Driver License # (Optional)

9. TYPE OF STATEMENT
9a. Pre-Election OR 9b. Post-Election
Pre-Election or Post-Election Statement relates to:
 Primary General
 Convention School
 Special Caucus
Date of Election, Convention or Caucus
Month Day Year
AUG 3 2004

9c. Annual Statement (_____ 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
Effective Date of Dissolution
____ Month ____ Day ____ Year
By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in Items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

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 JAMES M PERNA Signature [Signature] Date 7 23 04
Type or Print Name Signature Mo Day Year
Candidate JAMES M PERNA Signature [Signature] Date 7 23 04
Type or Print Name Signature Mo Day Year



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

1. Committee I.D. Number 135880
2. Committee Name CTE JAMES TERHA

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>22060</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>22060</u>	(18.) \$ <u>76125</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>1.27</u>	(19.) \$ <u>15.36</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>22061.27</u>	(20.) \$ <u>76140.36</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>—</u>	(21.) \$ <u>—</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>—</u>	(22.) \$ <u>—</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>34145.41</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>—</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>—</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>34145.41</u>	(23.) \$ <u>74959.38</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>—</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>—</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>—</u>	(24.) \$ <u>—</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>83508.45</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>—</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>25034.08</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>22061.27</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>47095.35</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>34145.41</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>12949.94</u>	

NOTE: Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000.00 Reporting Waiver threshold.
All required schedules must be included with this statement. *If your ending balance is negative, please recheck your math.
Authority granted under P.A. 388 of 1976
CFR Rev 9/2002-sum



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 135880
2. Committee Name CTE JAMES M TERNA

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 from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>1-5-04</u>	
Name: <u>MACOMB COUNTY DEMOCRATIC</u> Address: <u>230 NORTH AVE. MT CLEMENS MICHIGAN 48043</u>		1000.00	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>2-12-04</u>	
Name: <u>ROBERT LORENTE</u> Address: <u>130 MAIN CENTRE NORTHVILLE MI 48167</u>		200.00	
5. If over \$100.00 cumulative, please provide: Occupation <u>INVESTOR</u> Employer <u>B2S</u> Business Address <u>S/A</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>3-8-04</u>	
Name: <u>MILDRED YELICK</u> Address: <u>23300 ALLOR S.C.S. MI 48092</u>		200.00	300.00
5. If over \$100.00 cumulative, please provide: Occupation <u>HSW.</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>3-8-04</u>	
Name: <u>JOE McMILLAN</u> Address: <u>1333 KENSINGTON RD BLOOMFIELD HILLS MI 48304</u>		200.00	450.00
5. If over \$100.00 cumulative, please provide: Occupation <u>INVESTOR</u> Employer <u>B2S.</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)			1600

Enter this total on
line 3a of
Summary Page



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 135880
2. Committee Name CTE JAMES M TERNA

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 all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-8-04</u> Name: <u>WILLIAM REHO</u> Address: <u>9999 MERCIER DEARBURN MI</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>FB WRIGHT CO.</u> Business Address <u>9999 MERCIER DEARBURN MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	150 ⁰⁰	250 ⁰⁰
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-8-04</u> Name: <u>ROBERT MCINERNEY</u> Address: <u>37777 GRATON CLINTON TWP MI. 48036</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>? OWNER</u> Employer <u>HOOT MCINERNEY CAD</u> Business Address <u>S/A</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	200 ⁻	400 ⁻
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-8-04</u> Name: <u>JOHN FLANAGAN</u> Address: <u>25341 CAROLLTON FARMINGTON HILLS MI 48335</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	50 ⁻	
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-10-04</u> Name: <u>RICHARD PLAWECKI</u> Address: <u>2978 VERO RD HIGHLAND MI 48356</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>PLAWECKI INV.</u> Business Address <u>S/A</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	200 ⁻	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	600	

Enter this total on line 3a of Summary Page



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 135880
2. Committee Name CTE JAMES M PERNA

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 all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-10-04</u> Name: <u>CHUCK CONWELL</u> Address: <u>3351 FAIRCROVE TERR.</u> <u>ROCHESTER HILLS MI 48309</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100 -	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-10-04</u> Name: <u>TIM McQUIRE</u> Address: <u>935 N. WASHINGTON</u> <u>LANSING MI. 48906</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR</u> Employer <u>MAC-</u> Business Address <u>S/A</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100 -	200 -
3. Contribution #3 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>3-11-04</u> Name: <u>MICHIGAN REGIONAL COUNCIL.</u> Address: <u>WOODWARD AVE</u> <u>DETROIT MI</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	400 ⁰⁰	
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-04</u> Name: <u>STUE LE BOWSKI.</u> Address: <u>323 N. GARNER</u> <u>MILFORD MI 48380</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTY</u> Employer <u>SELF</u> Business Address <u>S/A</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100 ⁰⁰	450 ⁰⁰
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	700	

Enter this total on line 3a of Summary Page



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 135880
2. Committee Name CTE JAMES FERNA

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 all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-04</u> Name: <u>MICHAEL WYSOCKI.</u> Address: <u>10701 MIDDLE BELT.</u> <u>ROMULAS, MI 48174</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>CENTRAL TRANSPORT</u> Business Address <u>SA</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	200 ⁰⁰		
3. Contribution # 2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-12-04</u> Name: <u>MARY TAYLOR</u> Address: <u>6835 ROCHESTER RD.</u> <u>TROY MI 48065</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>HW</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	200 ⁰⁰		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-15-04</u> Name: <u>THOMAS GIETOS.</u> Address: <u>27947 GROESBECK RD</u> <u>ROSELLE MI 48066</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer <u>NATIONAL CONCRETE</u> Business Address <u>S/A</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100 ⁻		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-15-04</u> Name: <u>CHARLES STUMB.</u> Address: <u>467 LAUREL RD.</u> <u>G.P. MI 48230</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		600	

Enter this total on line 3a of Summary Page



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 135880
2. Committee Name CTE JAMES M TERNA

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 all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-15-04</u> Name: <u>JOHN BREZA</u> <u>52539 SOUTH DOWNS</u> Address: <u>SHELBY MI 48316</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	50 ⁰⁰	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-17-04</u> Name: <u>ROSE BUELLIONE</u> <u>47690 FALCON CT.</u> Address: <u>SHELBY MI 48315</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	25 ⁰⁰	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-17-04</u> Name: <u>WILLIAM DIEHL</u> <u>20261 ROSEBRIAR</u> Address: <u>S.C.S. MI 48082</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>PARTNER</u> Employer <u>B B K.</u> Business Address <u>NORTHWESTERN HWY SOUTHFIELD</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	200 ⁰⁰	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-19-04</u> Name: <u>LORENZO CAVALIERE</u> <u>30078 SCHOGHEWAL</u> Address: <u>WARREN MI 48088</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>CAVALIERE CONST.</u> Business Address <u>S/A</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100 ⁰⁰	350 ⁰⁰
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	375	

Enter this total on line 3a of Summary Page



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 135880
2. Committee Name CTG JAMES PERNA

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 all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-19-04</u> Name: <u>JIM EPOLITO</u> <u>6220 HEATHFIELD RD</u> Address: <u>E. LANSING MI 48823</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100 -	200 -
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-22-04</u> Name: <u>JOHN OLIS.</u> <u>43939 GALWAY DR</u> Address: <u>NORTHVILLE MI 48167</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>MATIAS, ROUT CAR</u> Business Address <u>S/A</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	200 -	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-22-04</u> Name: <u>CAROL OLIVER</u> <u>1351 SHEMAMDOAH DR</u> Address: <u>ROCHESTER HILLS MI 48306</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>HSW.</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100 -	
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-24-04</u> Name: <u>NOEL KRUPP</u> <u>35740 KOENIG ST.</u> Address: <u>NEW BALT. MI 48047</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100 -	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	500	

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 135880
2. Committee Name CTE JAMES PERINA

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 all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-24-04</u> Name: <u>RUSS PAQUETTE</u> Address: <u>19701 UERNIER RD.</u> <u>HARPER WOODS MI 48225</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	25		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-24-04</u> Name: <u>DOM ABBATE</u> Address: <u>2500 ROYALVIEW RD.</u> <u>OAKLAND MI 48363</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>WARELY ASSOC</u> Business Address <u>30500 VAN DYKE SUITE M7</u> <u>WARREN MI 48093</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100	200	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-25-04</u> Name: <u>GAETANO RIZZO</u> Address: <u>44899 CENTRE CT.</u> <u>CLINTON TWP MI 48038</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>DEVELOPER</u> Employer <u>SELF</u> Business Address <u>SP</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	200	400	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-26-04</u> Name: <u>ROBERT AGAR</u> Address: <u>53520 ODILON AVE</u> <u>SHELBY MI 48316</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		425	

Enter this total on line 3a of Summary Page



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 135880
2. Committee Name CTE JAMES M PERNA

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 all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-26-04</u> Name: <u>MARIO PETITTA-</u> Address: <u>21307 11 MI</u> <u>S.C.S. MI 48081</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		100 -	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-29-04</u> Name: <u>JOHN CAVALIERE</u> Address: <u>30079 SCHOSNEERL</u> <u>WARREN MI 48088</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		100 -	200
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-29-04</u> Name: <u>DOUGLAS PEITZSCH.</u> Address: <u>8017 BANNER</u> <u>TAYLOR MI 48180</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		100 -	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-31-04</u> Name: <u>JOE LENTINE.</u> Address: <u>29377 HOOVER RD.</u> <u>WARREN MI 48093</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>LENTINE ILS / MTR</u> Business Address <u>SA</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		400 -	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		700	

Enter this total on line 3a of Summary Page



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 135880
2. Committee Name CTE JAMES M PERNA

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 all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-31-04</u> Name: <u>TOM MCINNES</u> Address: <u>1492 HOLLYWOOD</u> <u>GP WOODS MI 48093</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		100	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-31-04</u> Name: <u>JANET BELCROURE</u> Address: <u>1126 BISHOP</u> <u>GP. PK. MI 48236</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		100	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-31-04</u> Name: <u>DAN MCCARTY</u> Address: <u>40682 RYAN RD.</u> <u>STERLING HGT MI 48310</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>BROKER</u> Employer <u>CENTURY 21</u> Business Address <u>SA</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		100	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-31-04</u> Name: <u>VAL POLIUTO</u> Address: <u>37195 POCHHONTAS</u> <u>CLINTON TWP MI 48036</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		100	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		400	

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 135980
2. Committee Name CTE JAMES PERNA

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 all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-31-04</u> Name: <u>TOM ROMBACH.</u> Address: <u>43597 HILLSBORO DR</u> <u>CLINTON TWP MI 48038</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100 ⁻	200 ⁻
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-31-04</u> Name: <u>TOM MCCORMICK.</u> Address: <u>60 THREE BEARS CR.</u> <u>ROCHESTER MI</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100 ⁻	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-31-04</u> Name: <u>CHERYL M ANIACI</u> Address: <u>1859 LITTLESTONE</u> <u>G.P.W. MI 48236</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100 ⁻	
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-31-04</u> Name: <u>MICHAEL KRAHEL.</u> Address: <u>1509 KEELINGTON</u> <u>CANTON MI 48189</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>SELF</u> Business Address <u>SA</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	200 ⁻	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	500	

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line 3a of
Summary Page



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 135880
2. Committee Name CTE JAMES PERMA

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 all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-31-04</u> Name: <u>JACK BRADLER BURG</u> Address: <u>37596 HURON PT. DR</u> <u>HARRISON TWP MI 48045</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>STATE REP</u> Employer <u>STATE OF MI.</u> Business Address <u>LANSING MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	200-	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-31-04</u> Name: <u>RICHARD DURANO.</u> Address: <u>2404 CARDIGAN CT.</u> <u>WARREN MI 48091</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100-	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-31-04</u> Name: <u>RALPH MACCARONE</u> Address: <u>13921 BASILISCO CHASE DR</u> <u>SHELBY MI 48315</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100-	
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-31-04</u> Name: <u>MARK MUELLER</u> Address: <u>938 BLAIRMORE</u> <u>G.P.W. MI 48236</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100-	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	500	

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 135880
2. Committee Name CTE JAMES PERNA

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 all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-31-04</u> Name: <u>LOGAN DAVIDSON</u> <u>915 ROSLYN</u> Address: <u>G.P.W. MI 48236</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100 ⁻	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-31-04</u> Name: <u>LOUIS PAVLEDES</u> <u>100 RIVERFRONT DR #2202</u> Address: <u>DET 48226</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100 ⁻	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4-1-04</u> Name: <u>TOM OROUKE</u> <u>45615 WOODLEIGH</u> Address: <u>PLY MI 48170</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100 ⁻	200
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4-2-04</u> Name: <u>LUCIANO GIANINO</u> <u>40256 EMERALD LN.W.</u> Address: <u>CLINTON TWP MI 48038</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100 ⁻	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	400	

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 135880
2. Committee Name CTE JAMES TERNA

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 all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4-2-04</u> Name: <u>ROGER ZACHINI.</u> Address: <u>14975 CONGRESS DR</u> <u>STERLING HETS MI 48313</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4-3-04</u> Name: <u>JUAN LUDINGTON</u> Address: <u>74 WILLISON RD</u> <u>G.P. MI 48236</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>SELF</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	200	400	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4-5-04</u> Name: <u>JIM GIFTOS.</u> Address: <u>27947 GROESBECK.</u> <u>ROBEVILLE MI</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>NATIONAL CONCRETE</u> Business Address <u>S/A</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	200	400	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4-5-04</u> Name: <u>GARY WHITMORE.</u> Address: <u>P/O BOX 46882</u> <u>MT. CLEM MI 480</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		600	

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 135880
2. Committee Name CTE JAMES TERNA

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 all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4-2-04</u> Name: <u>FRANK TORRE</u> Address: <u>850 FEATHERSTONE</u> <u>PONTIAC MI 48342</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100 -	
3. Contribution # 2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4-19-04</u> Name: <u>PAUL YOUNG BLOOD</u> Address: <u>179 MCKINLEY AVE</u> <u>G.P.MI 48236</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100 -	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4-30-04</u> Name: <u>FRANGILLET</u> Address: <u>8351 PAMELA</u> <u>SHELBY MI 48316</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100 -	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6-1-04</u> Name: <u>DONALD IRVINE</u> Address: <u>38111 BONKAY</u> <u>CLINTON TWP MI 48036</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	10 -	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	310	

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 135880

2. Committee Name CTE JAMES PERNA

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 all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>6-1-04</u> Name: <u>OPERATING ENG. LOCAL 234</u> Address: <u>37450 SCHOOLCRAFT</u> <u>LIUONIA MI 48150</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	200 ⁰⁰	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6-7-04</u> Name: <u>MARGUERITE RICHARDS</u> Address: <u>20339 15 MI</u> <u>CLINTON TWP MI 48035</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	10 ⁰⁰	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6-7-04</u> Name: <u>GLEN WOLD</u> Address: <u>20771 ANITA</u> <u>CLINTON TWP MI 48036</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	10 ⁰⁰	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6-7-04</u> Name: <u>P-J. JULIO</u> Address: <u>17190 ALBA COURT</u> <u>CLINTON TWP MI 48038</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	15 ⁰⁰	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	235	

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 135880
2. Committee Name CTE JAMES PERNA

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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6-7-04</u> Name: <u>LILLIAN KARWOSKI</u> Address: <u>16999 BARBAROSA LA</u> <u>CLINTON TWP. 48038</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	10 -	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6-9-04</u> Name: <u>MARIE STEPHENS</u> Address: <u>20038 15 MI</u> <u>CLINTON TWP 48035</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	10 -	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6-10-04</u> Name: <u>ALAN ACKERMAN</u> Address: <u>365 PINE RIDGE DR.</u> <u>BLOOMFIELD HILLS MI 48304</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTY</u> Employer <u>SELF</u> Business Address <u>S/A</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	500 ⁰⁰	
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6-11-04</u> Name: <u>PAULINE WOLFE</u> Address: <u>38299 HIBLOW</u> <u>CLINTON TWP 48036</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	10 -	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	530	

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 135880
2. Committee Name CTE JAMES PERNA

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 all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6-16-04</u> Name: <u>STANLEY KUCEMBA</u> Address: <u>38926 MORAUIAN - CLINTON TWP 48036</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	25.00		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6-16-04</u> Name: <u>JOSEPH FOYA</u> Address: <u>18926 ALPHA CT - CLINTON TWP MI 48036</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	25.00		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6-12-04</u> Name: <u>JOHN SMOKE</u> Address: <u>41625 BERRY CLINTON TWP MI 48038</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	25.00		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6-21-04</u> Name: <u>PHILIP SIMON</u> Address: <u>38650 BIRCH MEADOW DR CLINTON TWP MI 48036</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	25.00		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		100	

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 135880
2. Committee Name CTE JAMES PERNA

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 all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6-21-04</u> Name: <u>LARRY ODE</u> <u>37863 W. HORSESHOE DR</u> Address: <u>CLINTON TWP MI 48036</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		50 <u>00</u>	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7-8-04</u> Name: <u>MARY CHARTER</u> <u>19851 HEMP</u> Address: <u>CLINTON TWP MI 48035</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		15 <u>00</u>	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7-8-04</u> Name: <u>CHRISTOPHER MANNING -</u> <u>35750 LITTLE WACK -</u> Address: <u>CLINTON TWP MI 48035</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		25 <u>00</u>	
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7-12-04</u> Name: <u>ALICE POTURNI</u> <u>41735 BERRY DR</u> Address: <u>CLINTON TWP MI 48038</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		10 <u>00</u>	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		100	

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 135880
2. Committee Name CTE JAMES PERHA

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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6-25-04</u> Name: <u>UNKNOWN -</u> Address: 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	10 ⁰⁰ / —	
3. Contribution # 2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7-18-04</u> Name: <u>THERESA BUBKA</u> Address: <u>38161 W. HORSESHOE DR</u> <u>CLINTON TWP 48036</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	25.00	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7-13-04</u> Name: <u>ROSE BELLANCA</u> Address: <u>54341 ARROWHEAD DR</u> <u>SHELBY TWP MI 48315</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	100 ⁰⁰ / —	
3. Contribution # 4 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>7-13-04</u> Name: <u>MICHIGAN REG. COUNCIL</u> Address: <u>WOODWARD</u> <u>DET MI. 48226</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	1000.00	1400 ⁰⁰ / —
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	1135	

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 135880
2. Committee Name CTE JAMES PERNA

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 all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7-13-04</u> Name: <u>GARY O. ALESSANDRO</u> <u>28135 GROESBECK</u> Address: <u>ROSEVILLE MI 48066</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>DEVELOPER</u> Employer <u>SELF</u> Business Address <u>S/A</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	500 ⁰⁰	
3. Contribution # 2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7-13-04</u> Name: <u>LOUIS PAWEDES</u> <u>100 RIVERFRONT DR #2202</u> Address: <u>DET MI 48226</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>BFS-</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	250 ⁰⁰	350 ⁰⁰
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7-13-04</u> Name: <u>VICKIE HERTEL</u> <u>1464 BLAIRMOR CT.</u> Address: <u>G.P. MI 48236</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ADM-</u> Employer <u>CITY OF DET</u> <small>WAYNE COUNTY</small> Business Address <u>400 MONROE DET MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	250 ⁰⁰	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7-13-04</u> Name: <u>CURTIS HERTEL</u> <u>1464 BLAIRMOR CT</u> Address: <u>G.P. MI 48236</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECT.</u> Employer <u>PART AUTHORITY</u> Business Address <u>1433 JEFFERSON DET</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	250 ⁰⁰	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	1250	

Enter this total on
line 3a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 135880
2. Committee Name CTE JAMES PSM

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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7-13-04</u> Name: <u>DOUGLAS RIPLEY</u> Address: <u>1063 FOX HILLS 02</u> <u>EAST LANSING MI 48823</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>V.P.</u> Employer <u>ACCIDENT FUND</u> Business Address <u>LANSING MI.</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	500 ⁰⁰	
3. Contribution # 2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7-13-04</u> Name: <u>ANTHONY BUSCEMI.</u> Address: <u>1153 LOCH MOOR</u> <u>G.P.W. MI 48236</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>OWNED</u> Employer <u>BUSCEMI PIZZA</u> <u>S/A</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	500 ⁰⁰	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7-13-04</u> Name: <u>ROBERT SINGER</u> Address: <u>49319 MACKINAW</u> <u>SHELBY TWP MI 48315</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>PAINTER</u> Employer <u>DUROSS PAINT</u> <u>S/A</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	500 ⁰⁰	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7-13-04</u> Name: <u>PATRICIA JOHNSON</u> Address: <u>32239 E-CRANSTON ST.</u> <u>NEW HAVENS MI 48048</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>HSW</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	500 ⁰⁰	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	2000	

Enter this total on line 3a of Summary Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number CTE 135880
2. Committee Name CTE JAMES PERNA

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 all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7-13-04</u> Name: <u>JOANN PATAMIA</u> Address: <u>18350 TARA CT.</u> <u>CLINTON TWP MI 48036</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>HSW</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	500 ⁰⁰	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7-13-04</u> Name: <u>MICHAEL LOCRICCHIO</u> Address: <u>38202 SADDLE LA</u> <u>CLINTON TWP MI 48036</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>CPA</u> Employer <u>B.F.S.</u> Business Address <u>1400 W. BIT BEAVER #100</u> <u>TROY MI 48064</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	500 ⁰⁰	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7-13-04</u> Name: <u>THOMAS BERNASCOMI</u> Address: <u>72762 MALLARD DR</u> <u>ROMEO MI 48065</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>VP</u> Employer <u>WARREN BK</u> Business Address <u>39000 GARFIELD RD</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	500 ⁰⁰	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7-13-04</u> Name: <u>KIRK TAYLOR</u> Address: <u>6835 ROCHESTER RD.</u> <u>TROY MI 48065</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	500 ⁰⁰	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	2000	

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Summary Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 135880
2. Committee Name CTE JAMES FERNA

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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-13-04</u> Name: <u>JOSEPH THOMAS</u> Address: <u>2600 W. BIR BEAVER #550</u> <u>TROY MI 48084</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTY</u> Employer <u>SELF</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	500 ⁰⁰ / ₀₀	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-13-04</u> Name: <u>JACK DOLAN</u> Address: <u>42850 GARFIELD</u> <u>CLINTON TWP MI 48038</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTY</u> Employer <u>SELF</u> Business Address <u>S/A</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	500 ⁰⁰ / ₀₀	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: <u>THOMAS STROBL</u> Address: <u>4070 CRAZIBROOK CT.</u> <u>BLOOMFIELD HILLS MI 48301</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTY</u> Employer <u>STROBL CUNNINGHAM</u> Business Address <u>300 E LONG LAKE BLOOMFIELD HILLS</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	250 ⁰⁰ / ₀₀	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-13-04</u> Name: <u>VICTORIA PALAZZOLO</u> Address: <u>33830 HARPER</u> <u>CLINTON TWP MI 48035</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>HW</u> Employer _____ Business Address <u>S/A</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	500 ⁰⁰ / ₀₀	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	1750	

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 135880
2. Committee Name CTE SAUNDERS PEROTA

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 all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7-13-04</u> Name: <u>KATHLEEN STROBL</u> Address: <u>4070 CRAVY BROOK CT.</u> <u>BLOOMFIELD HILLS MI</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>HW</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	250 ⁰⁰	
3. Contribution # 2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7-13-04</u> Name: <u>LARRY TRIGGER</u> Address: <u>12972 CREEKVIEW DR E.</u> <u>SHELBY TWP MI 48315</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTY</u> Employer <u>BFS</u> Business Address <u>S/A</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	250 ⁰⁰	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7-13-04</u> Name: <u>BARBARA TRIGGER</u> Address: <u>12972 CREEKVIEW DR E.</u> <u>SHELBY TWP MI 48315</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>HSW</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	250 ⁰⁰	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7-13-04</u> Name: <u>ROBERTA OLDHAM</u> Address: <u>257 WINSLOW CIRCL</u> <u>COMMERCE TWP MI 48390</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>PRES.</u> Employer <u>D.R.S.</u> Business Address <u>28104 ORCHARD LAKE RD. FARM</u> <u>48334</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	500 ⁰⁰	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	1250	

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 135880
2. Committee Name CTE JAMES PERNA

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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7-13-04</u> Name: <u>JOHN ROSENBERG</u> Address: <u>77945 DEQUINDE RD.</u> <u>LEONARD MI- 48367</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>PROV- ENG</u> Employer <u>DEWCO CONST.</u> Business Address <u>13129 23 MI SHEL 48315</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	500	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7-13-04</u> Name: <u>RONALD BOSAK</u> Address: <u>9199 OXIE-</u> <u>REDFORD MI 48239</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer <u>SEE LETTER 1</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	500 ⁰⁰	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7-13-04</u> Name: <u>GARY KOTLARZ</u> Address: <u>23456 LIBERTY</u> <u>S CS. MI 48080</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>ROGERS ROBT-</u> Business Address <u>83626 SUTHERLAND ST-48312</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	500 ⁰⁰	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: _____ Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	1500	

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James M. Perna
Macomb County Commissioner

July 22, 2004

Mr. Ronald Bosak
9199 Dixie
Redford, MI 48239

Dear Mr. Bosak:

First, I wish to thank you for your contribution to my recent Fundraiser.

Under State Law, any contributor that contributes in excess of \$100.00 must provide their employer and occupation, which is the reason for this letter. I have been unable to reach you. Please contact me at 313.530.9407 at your earlier convenience so I can properly report this.

Sincerely,



Commissioner James M. Perna



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED OTHER RECEIPTS
SCHEDULE 1A-1
CANDIDATE COMMITTEE

1. Committee I.D. Number 135880
2. Committee Name CTE JAMES M PERNA

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name: <u>HEALTH ONE CR UNION</u> Address: <u>600 E LAFAYETTE</u> <u>DETROIT MI 48226</u> <input type="checkbox"/> Fund Raiser	<u>3-31-04</u>	<input type="checkbox"/> Loan from a Lending Institution <input checked="" type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	<u>.67</u>
Receipt #2 Name: <u>HEALTH ONE CR UNION</u> Address: <u>600 E LAFAYETTE</u> <u>DET MI 48226</u> <input type="checkbox"/> Fund Raiser	<u>6-30-04</u>	<input type="checkbox"/> Loan from a Lending Institution <input checked="" type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	<u>.60</u>
Receipt #3 Name: _____ Address: _____ <input type="checkbox"/> Fund Raiser	_____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	
Receipt #4 Name: _____ Address: _____ <input type="checkbox"/> Fund Raiser	_____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	
Receipt #5 Name: _____ Address: _____ <input type="checkbox"/> Fund Raiser	_____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	
Receipt #6 Name: _____ Address: _____ <input type="checkbox"/> Fund Raiser	_____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	
Receipt #7 Name: _____ Address: _____ <input type="checkbox"/> Fund Raiser	_____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	

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

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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 135880
2. Committee Name CTE JAMES PERHA

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>G COMM</u> Address <u>6938 MAYHARD PORTLAND MI 48875</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>COMS</u> Expenditure Code <u>MA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6-1-04</u>	<u>154⁰⁰</u>
Expenditure #2 Name <u>POSTMASTER</u> Address <u>155 S. MAIN MT CLEMENS MI 48046</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>MAILING</u> Expenditure Code <u>MA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-14-04</u>	<u>750⁰⁰</u>
Expenditure #3 Name <u>JAMES M PERHA</u> Address <u>38180 SADDLE LA CLINTON TWP MI 48036</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>PRE DEBT</u> Expenditure Code <u>LO</u> <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3-30-04</u>	<u>700⁰⁰</u>
Expenditure #4 Name <u>JAMES M PERHA</u> Address <u>38180 SADDLE LA CLINTON TWP MI 48036</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>PRE DEBT</u> Expenditure Code <u>LO</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3-04-04</u>	<u>500⁰⁰</u>
Expenditure #5 Name <u>JAMES M PERHA</u> Address <u>38180 SADDLE LA CLINTON TWP MI 48036</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>PRE DEBT</u> Expenditure Code <u>LO</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4-2-04</u>	<u>7000⁰⁰</u>

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

9104

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Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 135880
2. Committee Name CTE SAUGS PERNA

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>AMERICAN GRAPHICS-</u> Address <u>34895 GROESBECK-</u> <u>CLINTON TWP 48035</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING</u> Expenditure Code <u>MA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5-28-04</u>	<u>1481.88</u>
Expenditure #2 Name <u>G COMM</u> Address <u>6938 MAYNARD RD</u> <u>PORTLAND MI 48875</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>CONS.</u> Expenditure Code <u>CN.</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5-25-04</u>	<u>536.19</u>
Expenditure #3 Name <u>RELIABLE OFFICE SUPPLY</u> Address <u>135 S. LASALLE ST.</u> <u>CHICAGO ILL 60674</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>TABLES</u> Expenditure Code <u>OE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5-25-04</u>	<u>40.25</u>
Expenditure #4 Name <u>KORDIALS.</u> Address <u>16500 N. PARK DR</u> <u>SOUTHFIELD MI 48075</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>MAILING</u> Expenditure Code <u>FE.</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6-12-04</u>	<u>500.00</u>
Expenditure #5 Name <u>POST MASTER</u> Address <u>1555 GRATIOT</u> <u>MT CLEMENS MI 48046</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>MAILING</u> Expenditure Code <u>MA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-1-04</u>	<u>1800.00</u>

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

4358.32

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PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 135880
2. Committee Name CTE JAMES FERNA

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>G COMM-</u> Address <u>6938 MAYHARD PORTLAND MI 48875</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>CONS-</u> Expenditure Code <u>MA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6-16-04</u>	<u>42.50</u>
Expenditure #2 Name <u>PINO MARELLI</u> Address <u>2598 PORTOBELLO DR TROY MI 48063</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>MUSIC-</u> Expenditure Code <u>ERT-</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6-18-04</u>	<u>500.00</u>
Expenditure #3 Name <u>G COMM</u> Address <u>6938 MAYHARD PORTLAND MI 48875</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>CONS-</u> Expenditure Code <u>MA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6-15-04</u>	<u>750⁰⁰</u>
Expenditure #4 Name <u>ITALIA TRIBUNE P/O BOX 38040</u> Address <u>CLINTON TWP 48038</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>AD</u> Expenditure Code <u>SA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6-9-04</u>	<u>214.00</u>
Expenditure #5 Name <u>JANLION GRAPHICS</u> Address <u>308 NORTH AVE - MT. CLEMENS MI 48043</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>SIGNS-</u> Expenditure Code <u>SA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-3-04</u>	<u>439.40</u>
Subtotal this page Grand Total of all Schedules 1B (Complete on last page of Schedule)			<u>1945.90</u>

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 135880
2. Committee Name CTE JAMES PERHA

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>G COMM</u> Address <u>6928 MAYHARD RD. PORTLAND MI 48875</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>CONS.</u> Expenditure Code <u>CN</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6-24-</u>	<u>324.50</u>
Expenditure #2 Name <u>DIANE KAISER.</u> Address <u>CLINTON TWP MI 48038</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>MAILING</u> Expenditure Code <u>FE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6-25-04</u>	<u>50.00</u>
Expenditure #3 Name <u>ITALIAN TRIBUNE</u> Address <u>P/O BOX 380407 CLINTON TWP 48038</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>AD.</u> Expenditure Code <u>SA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6-27-04</u>	<u>100⁰⁰</u>
Expenditure #4 Name <u>POSTMASTER</u> Address <u>155 S. GRATIOT MT. CLEMENS MI 48046</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>MAILING</u> Expenditure Code <u>MA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6-26-04</u>	<u>1000⁰⁰</u>
Expenditure #5 Name <u>GROUP 7500 INC.</u> Address <u>7500 OAKLAND. DETROIT MI 48211</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>MAILING/PRINT</u> Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6-28-04</u>	<u>503.15</u>

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

1977.65

Enter this total
on line 8a of
Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 135880
2. Committee Name CTE JAMES TERHA

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>JIM - MISURACA</u> Address <u>21341 RIVER RD</u> <u>G.P. MICH 48236</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>MAIL - DROP</u> Expenditure Code <u>1C</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>2-10-04</u>	<u>200⁰⁰</u>
Expenditure #2 Name <u>W A M</u> Address <u>720 MONROE HWY</u> <u>GRAND RAPIDS MI 49503</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>MAILING</u> Expenditure Code <u>MA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>2-6-04</u>	<u>1036.54</u>
Expenditure #3 Name <u>MIRAGE HALL</u> Address <u>16980 18 MI RD</u> <u>CLINTON TWP MI 48038</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>SPACE - DINNER</u> Expenditure Code <u>FE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6-10-04</u>	<u>2500</u>
Expenditure #4 Name <u>MIRAGE HALL</u> Address <u>16980 18 MI</u> <u>CLINTON TWP MI 48038</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>FUND RAISER</u> Expenditure Code <u>FE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6-18-04</u>	<u>3250-16</u>
Expenditure #5 Name <u>DIANE KAISER</u> Address <u>CLINTON TWP MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>MAILING</u> Expenditure Code <u>FG</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6-22-04</u>	<u>151-00</u>

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

7137.70

Enter this total on line 8a of Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 135880
2. Committee Name CTE JAMES M PERNA

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>WHITLOCK</u> Address <u>275 E-12 MILE RD.</u> <u>MADISON HGT S MI</u> <u>48071</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING/MAILING</u> Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>2-13-04</u>	<u>530.75</u>
Expenditure #2 Name <u>ANDIAMO</u> Address <u>14 MI.</u> <u>WARREN MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>VOL DINNER</u> Expenditure Code <u>TE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>2-27-04</u>	<u>243.31</u>
Expenditure #3 Name <u>G COMM.</u> Address <u>6938 MAYHARD RD.</u> <u>PORTLAND MI 48875</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>CONS.</u> Expenditure Code <u>CIV</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>2-17-04</u>	<u>82.50</u>
Expenditure #4 Name <u>STAMP MASTER</u> Address <u>3518 FENTON RD.</u> <u>FLINT MI 48507</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>STAMP SUPPLY</u> Expenditure Code <u>OE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3-11-04</u>	<u>12.61</u>
Expenditure #5 Name <u>G COMM</u> Address <u>6938 MAYHARD RD</u> <u>PORTLAND MI 48875</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>CONS</u> Expenditure Code <u>CN</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3-10-04</u>	<u>330.00</u>

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

1199.17

Enter this total on line 8a of Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number _____

2. Committee Name _____

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>ITALIAN - AMERICAN</u> Address <u>6401 E DAVIDSON</u> <u>DET MI 48212</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>AD</u> Expenditure Code <u>SA-</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4-19-04</u>	<u>200⁰⁰</u>
Expenditure #2 Name <u>GINO MARELLI-</u> Address <u>2598 PORTOBELLO RD</u> <u>TROY MI 48063</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>MUSIC</u> Expenditure Code <u>ET</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4-20-04</u>	<u>500⁻</u>
Expenditure #3 Name <u>POST MASTER</u> Address <u>GRANT</u> <u>MT CLEMENS MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>MAILING</u> Expenditure Code <u>MA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5-9-04</u>	<u>150⁻</u>
Expenditure #4 Name <u>G COMM.</u> Address <u>6938 MAYHARD RD</u> <u>PORTLAND MI 48875</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>COMM.</u> Expenditure Code <u>CM</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5-10-04</u>	<u>1225⁻</u>
Expenditure #5 Name <u>AMERICANS GRAPHICS-</u> Address <u>34895 GROESBECK</u> <u>CLINTON TWP MI</u> <u>48035</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING</u> Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5-18-04</u>	<u>533.98</u>

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

2608.98

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on line 8a of
Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 135880
2. Committee Name CTE JAMES PERNA

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>JANLON</u> Address <u>308 NORTH AVE. MT CLEMENS MI 48043</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>SIENS</u> Expenditure Code <u>SA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6-11-04</u>	<u>2454.40</u>
Expenditure #2 Name <u>MEIJER</u> Address <u>34835 UTICA RD. FRASER MI 48026</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>TU. GIFT.</u> Expenditure Code <u>BC</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6-22-04</u>	<u>243.77</u>
Expenditure #3 Name <u>HOME DEPOT.</u> Address <u>37000 VAN DYKE ST. HIGTS MI 48312</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>SUPPLIES</u> Expenditure Code <u>OE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6-26-04</u>	<u>109.99</u>
Expenditure #4 Name <u>SAWICKI & SONS.</u> Address <u>1521 W. LAFAYETTE DET MI. 48216</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>SHIRTS / SIENS</u> Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-2-04</u>	<u>1174.75</u>
Expenditure #5 Name <u>NATIONWIDE FENCE.</u> Address <u>53861 GRATIOT. CHESTERFIELD MI 48051</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>POSTS</u> Expenditure Code <u>SA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-1-04</u>	<u>389.55</u>

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

4372.46

Enter this total
on line 8a of
Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 135880
2. Committee Name CTE JAMES PERNA

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>POSTMASTER</u> Address <u>155 S MAIN</u> <u>MT CLEMENS MI</u> <u>48046</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>MAILING</u> Expenditure Code <u>MA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-1-04</u>	<u>600⁰⁰</u>
Expenditure #2 Name <u>POWER SUPPLY</u> Address <u>36025 GROESBECK</u> <u>CLINTON TWP MI</u> <u>48035</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>RENTAL</u> Expenditure Code <u>EO</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-9-04</u>	<u>123.68</u>
Expenditure #3 Name <u>6 COMM</u> Address <u>6938 MAYHARD</u> <u>PORTLAND MI</u> <u>48875</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>COHS</u> Expenditure Code <u>MA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-9-04</u>	<u>686.35</u>
Expenditure #4 Name <u>CONTRACTORS CONNECTION</u> Address <u>2644 AUBURN RD.</u> <u>SHELBY TWP MI</u> <u>48317</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>POST DRIVER</u> Expenditure Code <u>SA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-2-04</u>	<u>31.20</u>
Expenditure #5 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		

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

1441.23

34145.41

Enter this total on line 8a of Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 135880
2. Committee Name CTE JAMES FERNA

This Schedule itemizes:

a. Debts and obligations owed by or forgiven the committee OR b. Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: <u>RUTH JANKOWSKI.</u> <u>38913 CHARTER OAKS BLVD</u> <u>CLINTON TWP MI 48035</u>	4. Type: <u>RENTAL-</u> Code <u>RE</u> 5. Date Debt Was Incurred: <u>7-13-04</u> 6. Original Amount of Debt: \$ <u>125⁰⁰</u>	<u>11</u> \$ <u>11</u> \$ <u>11</u> \$ <u>11</u> \$	\$ <u>0</u>	\$ <u>125⁰⁰</u> <input type="checkbox"/> FORGIVEN

If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____

Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: <u>ITALIA TRIBUNE</u> <u>P/O BOY 380407</u> <u>CLINTON TWP MI 48038</u>	4. Type: <u>AD</u> Code <u>SA</u> 5. Date Debt Was Incurred: <u>2-8-04</u> 6. Original Amount of Debt: \$ <u>642⁰⁰</u>	<u>11</u> \$ <u>11</u> \$ <u>11</u> \$ <u>11</u> \$	\$ <u>0</u>	\$ <u>642⁰⁰</u> <input type="checkbox"/> FORGIVEN
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If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____

Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: <u>POWELL PHONES.</u> <u>607 N.W. 22ND</u> <u>PORTLAND OREGON 97210</u>	4. Type: <u>PHONES</u> Code <u>IC</u> 5. Date Debt Was Incurred: <u>7-14-04</u> 6. Original Amount of Debt: \$ <u>949.22</u>	<u>11</u> \$ <u>11</u> \$ <u>11</u> \$ <u>11</u> \$	\$ <u>0</u>	\$ <u>949.22</u> <input type="checkbox"/> FORGIVEN
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If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____

Page Subtotal (Outstanding debt) 1716.22

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections
**DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE**

1. Committee I.D. Number 135880
2. Committee Name CTE JAMES TERHA

This Schedule itemizes:
a. Debts and obligations owed by or forgiven the committee OR b. Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: <u>HATLOCK</u> <u>275 12 MI</u> <u>MADISON HGT MI</u> <u>48071</u>	4. Type: <u>MAILING</u> Code <u>MA</u> 5. Date Debt Was Incurred: <u>6-30-04</u> 6. Original Amount of Debt: <u>\$ 340.87</u>	<u>611</u> \$ <u>11</u> \$ <u>11</u> \$ <u>11</u> \$ <u>11</u> \$	<u>e</u>	<u>340.87</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: _____ _____ _____	4. Type: _____ Code _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: _____ \$ _____	<u>11</u> \$ <u>11</u> \$ <u>11</u> \$ <u>11</u> \$ <u>11</u> \$		<input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: _____ _____ _____	4. Type: _____ Code _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: _____ \$ _____	<u>11</u> \$ <u>11</u> \$ <u>11</u> \$ <u>11</u> \$ <u>11</u> \$		<input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt)

340.87

Grand Total of all Schedules 1E

(Complete on last page of Schedule showing amounts owed by or to the committee)

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 135FF0
2. Committee Name CTE JAMES PERINA

This Schedule itemizes:

a. Debts and obligations owed by or forgiven the committee OR b. Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8) <input type="checkbox"/> FORGIVEN
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: <u>AMERICAN GRAPHICS</u> <u>34895 GROESBECK-</u> <u>CLINTON TWP</u>	4. Type: <u>PRINTING</u> Code <u>MA</u> 5. Date Debt Was Incurred: <u>7-9-04</u> 6. Original Amount of Debt: <u>\$ 738.38</u>	<u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u>	<u>\$ 0</u>	<u>\$ 738.38</u> <input type="checkbox"/> FORGIVEN

If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____

Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: <u>AMERICAN GRAPHICS</u> <u>34895 GROESBECK</u> <u>CLINTON TWP</u> <u>48035</u>	4. Type: <u>PRINTING</u> Code <u>MA</u> 5. Date Debt Was Incurred: <u>7-9-04</u> 6. Original Amount of Debt: <u>\$ 757.90</u>	<u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u>	<u>\$ 0</u>	<u>757.90</u> <input type="checkbox"/> FORGIVEN
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If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____

Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: <u>AMERICAN GRAPHICS</u> <u>34895 GROESBECK</u> <u>CLINTON TWP</u> <u>48035</u>	4. Type: <u>PRINTING</u> Code <u>MA</u> 5. Date Debt Was Incurred: <u>7-12-04</u> 6. Original Amount of Debt: <u>\$ 952.23</u>	<u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u>	<u>0</u>	<u>952.23</u> <input type="checkbox"/> FORGIVEN
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If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____

Page Subtotal (Outstanding debt) 2453.51

Grand Total of all Schedules 1E _____

(Complete on last page of Schedule showing amounts owed by or to the committee)

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 135880
2. Committee Name CTE JAMES M PERMA

This Schedule itemizes:

a. Debts and obligations owed by or forgiven the committee **OR** b. Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: <u>AMERICAN GRAPHICS</u> <u>34895 GROSBECK</u> <u>CLINTON TWP</u> <u>48035</u>	4. Type: <u>PRINTING</u> Code <u>MA</u> 5. Date Debt Was Incurred: <u>6-14-04</u> 6. Original Amount of Debt: \$ <u>198.75</u>	<u>11</u> \$ <u>11</u> \$ <u>11</u> \$ <u>11</u> \$ <u>11</u> \$	\$ <u>0</u>	\$ <u>198.75</u> <input type="checkbox"/> FORGIVEN

If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____

Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: <u>AMERICAN GRAPHICS</u> <u>34895 GROSBECK</u> <u>CLINTON TWP</u> <u>48035</u>	4. Type: <u>PRINTING</u> Code <u>MA</u> 5. Date Debt Was Incurred: <u>6-14-04</u> 6. Original Amount of Debt: \$ <u>181.26</u>	<u>11</u> \$ <u>11</u> \$ <u>11</u> \$ <u>11</u> \$ <u>11</u> \$	\$ <u>0</u>	\$ <u>181.26</u> <input type="checkbox"/> FORGIVEN
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If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____

Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: <u>AMERICAN GRAPHICS</u> <u>34895 GROSBECK</u> <u>CLINTON TWP</u> <u>48035</u>	4. Type: <u>PRINTING</u> Code <u>MA</u> 5. Date Debt Was Incurred: <u>6-14-04</u> 6. Original Amount of Debt: \$ <u>162.98</u>	<u>11</u> \$ <u>11</u> \$ <u>11</u> \$ <u>11</u> \$ <u>11</u> \$	\$ <u>0</u>	\$ <u>162.98</u> <input type="checkbox"/> FORGIVEN
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If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____

Page Subtotal (Outstanding debt)

542.99

Grand Total of all Schedules 1E

(Complete on last page of Schedule showing amounts owed by or to the committee)

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 135880
2. Committee Name CTE JAMES PERHA

This Schedule itemizes:

a. Debts and obligations owed by or forgiven the committee OR b. Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.	4. Type of Obligation (Indicate type and you may assign an expenditure code)	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	5. Indicate date debt was incurred 6. Indicate original amount of debt			
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: <u>MIRAGE HALL</u> <u>16980 18 MI</u> <u>CLINTON TWP MI</u>	4. Type: <u>SPA F DINNER</u> Code <u>PP</u> 5. Date Debt Was Incurred: <u>6-10-04</u> 6. Original Amount of Debt: \$ <u>7500.00</u>	<u>6/19/04</u> <u>2500</u> <u>11</u> \$ <u>11</u> \$ <u>11</u> \$ <u>11</u> \$	\$ <u>2500.00</u>	\$ <u>5000.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor:		Amount Endorsed: \$		
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: <u>ANDIAMO</u> <u>7096 E 14 MI</u> <u>WARREN MICH</u>	4. Type: <u>FURNISHER</u> Code <u>FE</u> 5. Date Debt Was Incurred: <u>6-29-04</u> 6. Original Amount of Debt: \$ <u>1750.00</u>	<u>11</u> \$ <u>11</u> \$ <u>11</u> \$ <u>11</u> \$	\$ <u>e</u>	<u>1750.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor:		Amount Endorsed: \$		
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: <u>AMER GRAPHICS</u> <u>34895 GROES BECK</u> <u>CLINTON TWP MI</u>	4. Type: <u>PRINTING</u> Code <u>MA</u> 5. Date Debt Was Incurred: <u>5-24-04</u> 6. Original Amount of Debt: \$ <u>1037.10</u>	<u>11</u> \$ <u>11</u> \$ <u>11</u> \$ <u>11</u> \$	\$ <u>e</u>	<u>1037.10</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor:		Amount Endorsed: \$		

Page Subtotal (Outstanding debt)

7782.10

Grand Total of all Schedules 1E

(Complete on last page of Schedule showing amounts owed by or to the committee)

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

**DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE**

1. Committee I.D. Number 135880
2. Committee Name CTE JAMES TERNA

This Schedule itemizes:

a. Debts and obligations owed by or forgiven the committee OR b. Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.	4. Type of Obligation (Indicate type and you may assign an expenditure code)	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	5. Indicate date debt was incurred 6. Indicate original amount of debt			
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: <u>JAMES TERNA</u> <u>88180 SADDLE LA</u> <u>CLINTON TWP MI</u>	4. Type: <u>LOAN</u> Code <u>LO</u> 5. Date Debt Was Incurred: <u>8-1-02</u> 6. Original Amount of Debt: \$ <u>500⁰⁰</u>	<u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u>	\$ _____	\$ <u>500⁰⁰</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor:		Amount Endorsed: \$		

Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ Code _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: _____ \$ _____	<u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u>	\$ _____	<input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor:		Amount Endorsed: \$		

Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ Code _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: _____ \$ _____	<u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u>	\$ _____	<input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor:		Amount Endorsed: \$		

Page Subtotal (Outstanding debt)

500⁰⁰

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

**DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE**

1. Committee I.D. Number 135810
2. Committee Name CTE JAMES PERNA

This Schedule itemizes:

a. Debts and obligations owed by or forgiven the committee OR b. Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: <u>JAMES PERNA</u> <u>38180 SADDLE LA</u> <u>CLINTON TWP MI</u>	4. Type: <u>LOAN</u> Code <u>LO</u> 5. Date Debt Was Incurred: <u>6-25-02</u> 6. Original Amount of Debt: \$ <u>500⁰⁰</u>	<u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u>	\$ _____	\$ <u>500⁰⁰</u> <input type="checkbox"/> FORGIVEN
Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: <u>JAMES PERNA</u> <u>38180 SADDLE LA</u> <u>CLINTON TWP MI</u>	4. Type: <u>LOAN</u> Code <u>LO</u> 5. Date Debt Was Incurred: <u>7-30-02</u> 6. Original Amount of Debt: \$ <u>6500⁰⁰</u>	<u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u>	\$ _____	\$ <u>6500⁰⁰</u> <input type="checkbox"/> FORGIVEN
Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: <u>DEBORAH PERNA</u> <u>38180 SADDLE LA</u> <u>CLINTON TWP MI</u>	4. Type: <u>LOAN</u> Code <u>LO</u> 5. Date Debt Was Incurred: <u>8-13-02</u> 6. Original Amount of Debt: \$ <u>1000⁰⁰</u>	<u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u>	\$ _____	\$ <u>1000⁰⁰</u> <input type="checkbox"/> FORGIVEN
Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

8000⁰⁰

Grand Total of all Schedules 1E

(Complete on last page of Schedule showing amounts owed by or to the committee)

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 135 P & O
2. Committee Name CTE JAMES TERNA

This Schedule itemizes:

a. Debts and obligations owed by or forgiven the committee OR b. Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.	4. Type of Obligation (Indicate type and you may assign an expenditure code)	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus item 8)
Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	5. Indicate date debt was incurred 6. Indicate original amount of debt			
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: <u>DEBORAH TERNA</u> <u>38180 SADDLE LA</u> <u>CLINTON TWP MI</u>	4. Type: <u>LOAN</u> Code <u>LO</u> 5. Date Debt Was Incurred: <u>8-29-02</u> 6. Original Amount of Debt: <u>\$ 10,000.00</u>	<u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u>	\$ _____	<u>\$ 10,000</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor:		Amount Endorsed: \$		
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: <u>JAMES M TERNA</u> <u>38180 SADDLE LA</u> <u>CLINTON TWP MI</u>	4. Type: <u>LOAN</u> Code <u>LO</u> 5. Date Debt Was Incurred: <u>9-4-02</u> 6. Original Amount of Debt: <u>\$ 5,000.00</u>	<u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u>	\$ _____	<u>\$ 5,000⁰⁰</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor:		Amount Endorsed: \$		
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: <u>JAMES M TERNA</u> <u>38180 SADDLE LA</u> <u>CLINTON TWP MI</u>	4. Type: <u>LOAN</u> Code <u>LO</u> 5. Date Debt Was Incurred: <u>9-24-02</u> 6. Original Amount of Debt: <u>\$ 1,000.00</u>	<u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u>	\$ _____	<u>\$ 1,000⁰⁰</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor:		Amount Endorsed: \$		

Page Subtotal (Outstanding debt)

16000⁰⁰

Grand Total of all Schedules 1E

(Complete on last page of Schedule showing amounts owed by or to the committee)

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 135880
2. Committee Name CTE JAMES TERNA

This Schedule itemizes:

a. Debts and obligations owed by or forgiven the committee OR b. Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: <u>JAMES TERNA</u> <u>38180 SADDLE LA</u> <u>CLINTON TWP MI</u>	4. Type: <u>LOAN</u> Code <u>LO</u> 5. Date Debt Was Incurred: <u>5.28.03</u> 6. Original Amount of Debt: <u>\$ 40.00</u>	<u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u>	\$ _____	<u>\$ 40.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____	Amount Endorsed: \$ _____			
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: <u>JAMES TERNA</u> <u>38180 SADDLE LA</u> <u>CLINTON TWP MI</u>	4. Type: <u>COAXI</u> Code <u>LO</u> 5. Date Debt Was Incurred: <u>6.16.03</u> 6. Original Amount of Debt: <u>\$ 2200</u>	<u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u>	\$ _____	<u>2200.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____	Amount Endorsed: \$ _____			
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: <u>JAMES TERNA</u> <u>38180 SADDLE LA</u> <u>CLINTON TWP MI</u>	4. Type: <u>LOAN</u> Code <u>LO</u> 5. Date Debt Was Incurred: <u>6.30.02</u> 6. Original Amount of Debt: <u>\$ 500.00</u>	<u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u>	\$ _____	<u>500.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____	Amount Endorsed: \$ _____			

Page Subtotal (Outstanding debt)

3240.00

Grand Total of all Schedules 1E

(Complete on last page of Schedule showing amounts owed by or to the committee)

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 135880
2. Committee Name CTE JAMES TERNA

This Schedule itemizes:

a. Debts and obligations owed by or forgiven the committee OR b. Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: <u>JAMES TERNA</u> <u>38180 SADDLE LA</u> <u>CLINTON TWP MI</u>	4. Type: <u>LOAN</u> Code <u>LO</u> 5. Date Debt Was Incurred: <u>10-2-03</u> 6. Original Amount of Debt: <u>\$ 4500.00</u>	<u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u>	\$ _____	<u>\$ 4500.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____				Amount Endorsed: \$
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: <u>JAMES TERNA</u> <u>38180 SADDLE LA</u> <u>CLINTON TWP MI</u>	4. Type: <u>LOAN</u> Code <u>LO</u> 5. Date Debt Was Incurred: <u>11-24-03</u> 6. Original Amount of Debt: <u>\$ 5000.00</u>	<u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u>	\$ _____	<u>\$ 5000.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____				Amount Endorsed: \$
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: <u>JAMES TERNA</u> <u>38180 SADDLE LA</u> <u>CLINTON TWP MI</u>	4. Type: <u>LOAN</u> Code <u>LO</u> 5. Date Debt Was Incurred: <u>11-24-03</u> 6. Original Amount of Debt: <u>\$ 1600.00</u>	<u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u>	\$ _____	<u>\$ 1600.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____				Amount Endorsed: \$

Page Subtotal (Outstanding debt)

11100.00

Grand Total of all Schedules 1E

(Complete on last page of Schedule showing amounts owed by or to the committee)

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 135840
2. Committee Name CTE JAMES TERNA

This Schedule itemizes:

a. Debts and obligations owed by or forgiven the committee OR b. Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.	4. Type of Obligation (Indicate type and you may assign an expenditure code)	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	5. Indicate date debt was incurred 6. Indicate original amount of debt			
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: <u>JAMES TERNA</u> <u>38180 SADDLE LA</u> <u>CLINTON TWP MI</u>	4. Type: <u>LOAN</u> Code <u>LO</u> 5. Date Debt Was Incurred: <u>12-29-03</u> 6. Original Amount of Debt: <u>\$ 1800.00</u>	<u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u>	\$ _____	<u>1800.00</u> \$ 1800.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: <u>JAMES TERNA</u> <u>38180 SADDLE LA</u> <u>CLINTON TWP MI</u>	4. Type: <u>LOAN</u> Code <u>LO</u> 5. Date Debt Was Incurred: <u>12-21-03</u> 6. Original Amount of Debt: <u>\$ 25000.00</u>	<u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u>	\$ _____	<u>25000.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: <u>JAMES M TERNA</u> <u>38180 SADDLE LA</u> <u>CLINTON TWP MI</u>	4. Type: <u>LOAN</u> Code <u>LO</u> 5. Date Debt Was Incurred: <u>8-1-02</u> 6. Original Amount of Debt: <u>\$ 500.00</u>	<u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u>	\$ _____	<u>500</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____				

Page Subtotal (Outstanding debt)

27300

Grand Total of all Schedules 1E

(Complete on last page of Schedule showing amounts owed by or to the committee)

Enter this total on line 12a "owed by" of line 12b "owed to" of the Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 135880
2. Committee Name CTE JAMES PERIA

This Schedule itemizes:

a. Debts and obligations owed by or forgiven the committee OR b. Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: <u>JAMES M PERIA</u> <u>38180 SADDLE LA</u> <u>CLINTON TWP MI</u> <u>4803 G</u>	4. Type: <u>LOAN</u> Code <u>LO</u> 5. Date Debt Was Incurred: <u>12-6-01</u> 6. Original Amount of Debt: <u>\$ 250⁰⁰</u>	<u>3 14 10%</u> \$ <u>250⁰⁰</u> <u>1 1</u> \$ <u>1 1</u> \$ <u>1 1</u> \$	\$ <u>250⁰⁰</u>	\$ <u>0</u> <input type="checkbox"/> FORGIVEN

If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____

Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: <u>JAMES M PERIA</u> <u>38180 SADDLE LA</u> <u>CLINTON TWP MI</u> <u>4803 G</u>	4. Type: <u>LOAN</u> Code <u>LO</u> 5. Date Debt Was Incurred: <u>10-30-01</u> 6. Original Amount of Debt: <u>\$ 20,000</u>	<u>3 14 10%</u> \$ <u>250⁰⁰</u> <u>3 13 10%</u> \$ <u>700⁰⁰</u> <u>4 17 10%</u> \$ <u>7000⁰⁰</u> <u>1 1</u> \$ <u>1 1</u> \$	\$ <u>15925.24</u>	<u>4077.76</u> <input type="checkbox"/> FORGIVEN
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If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____

Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: <u>6 COMM</u> <u>6938 MAINHARD</u> <u>PORTLAND MI</u> <u>48875</u>	4. Type: <u>CONS</u> Code <u>MA</u> 5. Date Debt Was Incurred: <u>7-15-04</u> 6. Original Amount of Debt: <u>\$ 450</u>	<u>1 1</u> \$ <u>1 1</u> \$ <u>1 1</u> \$ <u>1 1</u> \$	—	<u>450⁰⁰</u> <input type="checkbox"/> FORGIVEN
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Page Subtotal (Outstanding debt)

4527.76
83508.45

Grand Total of all Schedules 1E

(Complete on last page of Schedule showing amounts owed by or to the committee)

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 135880
2. Committee Name CTE JAMES PERNA

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>3</u> <u>30</u> <u>2004</u> Month Day Year	4. Number of Individuals Attending or Participating (whichever is greater) <u>100</u>	5. Type of Fund Raising Activity <u>RECEPTION</u>	6. Address and Name (If any) of the place where the activity was held <u>MIRAGE HALL</u> <u>18 MI RD</u> <input type="checkbox"/> Private Residence
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7. Total Contributions of \$20.00 or less 0

8. Total Contributions of \$20.01 or more 7100

9. SUBTOTAL (Add lines 7 and 8) 7100

10. Other Receipts -

11. Gross Receipts (Add lines 9 and 10) 7100

12. Total Cost of Event* 3250.16

*Includes In-Kind Contributions and All Expenditures Made For the Event

13. 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.



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 135880
2. Committee Name CTE JAMES TERNA

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>6</u> / <u>29</u> / <u>04</u> Month Day Year	4. Number of Individuals Attending or Participating (whichever is greater) <u>50</u>	5. Type of Fund Raising Activity <u>RECEPTION</u>	6. Address and Name (if any) of the place where the activity was held <u>ANDIAMO</u> <u>7096 14 MI</u> <input type="checkbox"/> Private Residence <u>WARREN</u>
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7. Total Contributions of \$20.00 or less 0

8. Total Contributions of \$20.01 or more 13950

9. SUBTOTAL (Add lines 7 and 8) 13950

10. Other Receipts 0

11. Gross Receipts (Add lines 9 and 10) 13950

12. Total Cost of Event* 1750

*Includes In-Kind Contributions and All Expenditures Made For the Event

13. Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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