



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE  
COVER PAGE**

FILED

2004 AUG 11 PM 2:49

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

1. Committee I.D. Number  
135880

2. Committee Name  
CITIZENS TO ELECT  
JAMES M TERNA

4. Candidate Last Name TERNA First Name JAMES M.I. M.

4a. Office Sought Including District # or Community Served (If applicable)  
COUNTY COMMISSIONER #19

4b. County of Residence  
MACOMB

5. Committee's Mailing Address  
38180 SADDLE LA  
CLINTON TWP MI  
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 TERNA  
38180 SADDLE LA.  
CLINTON TWP MI 48036  
Area Code & Phone 586-286-3504

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 ( ) .

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 AUG Day 3 Year 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 TERNA Signature Date 8 10 2004  
Type or Print Name Signature Mo Day Year

Candidate JAMES M TERNA Signature Date 8 10 2004  
Type or Print Name Signature Mo Day Year

Authority granted under P.A. 388 of 1976

MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

2. Committee Name CTE JAMES TERLHA

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>22060</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>—</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>22060</u>	(18.) \$ <u>76 125</u>
<b>4. Other Receipts (Schedule 1A -1, Column 6)</b>	(4.) \$ <u>1.27</u>	(19.) \$ <u>15.36</u>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ <u>22061.27</u>	(20.) \$ <u>76 140.36</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
<b>6. In-Kind Contributions (Schedule 1-IK, Column 7)</b>	(6.) \$ <u>—</u>	(21.) \$ <u>—</u>
<b>7. In-Kind Expenditures (Schedule 1B-IK, Column 6)</b>	(7.) \$ <u>—</u>	(22.) \$ <u>—</u>
<b>EXPENDITURES</b>		
<b>8. Expenditures</b>		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>34155.41</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>	
<b>9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)</b>	(9.) \$ <u>34155.41</u>	(23.) \$ <u>74 969.38</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)		
<b>10. Disbursements</b>		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>—</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>—</u>	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$ <u>—</u>	(24.) \$ <u>—</u>
<b>DEBTS AND OBLIGATIONS</b>		
<b>12. Debts and Obligations</b>		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>—</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>83508.45</u>	
<b>BALANCE STATEMENT</b>		
<b>13. Ending Balance of last report filed</b> (Enter zero if no previous reports have been filed.)	(13.) \$ <u>25034.08</u>	
<b>14. Amount received during reporting period</b> (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>22061.27</u>	
<b>15. SUBTOTAL Add lines 13 and 14</b>	(15.) = \$ <u>47095.35</u>	
<b>16. Amount expended during reporting period</b> (Add lines 9 and 11)	(16.) - \$ <u>34155.41</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$ <u>12939.94</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. 386 of 1976



MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE

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

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>ORDER OF ALHAMBRA</u> Address <u>4200 LEEDS.</u> <u>BALTIMORE MD</u> <u>21229</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>OGNATION</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-10-04</u>	<u>10.00</u>
Expenditure #2 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		
Expenditure #3 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		
Expenditure #4 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		
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)

10 00  
10 00

Enter this total on line 8a of Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

CITIZENS TO ELECT JAMES PERNA  
38180 SADDLE LN.  
CLINTON TOWNSHIP, MI 48036

DATE 8/10/04 0989

08-77982720

PAY TO THE  
ORDER OF

ORDER OF ALHAMBRA

\$ 10.00

TEN DOLLARS

00/100

DOLLARS



Health One  
Credit Union

600 LAFAYETTE EAST DETROIT, MICHIGAN 48226

MEMO

⑆272077984⑆

0017928000 0989

SECURITY COPY 10/1/00