



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED

ON SEP - 7 AM 7:58

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 7 CLERK 2004 To: 8 23 04
MT. CLEMENS, 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 COMM #19
4b. County of Residence MACOMB Driver License # (Optional)

5. Committee's Mailing Address
38180 SADDLE LA
CLINTON TWP
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 SADDLE LA
Area Code & Phone CLINTON TWP MI 48036
Driver License # (Optional)

7. Treasurer's Business Address
600 E-LAFAYETTE E.
DET MI
Area Code and Phone () 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
AUG 3 2004
Month Day Year

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 PERNA Signature [Signature] Date 9/1/04
Candidate JAMES PERNA Signature [Signature] Date 9/1/04

Authority granted under P.A. 388 of 1976

CFR Rev 7/1999



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

1. Committee I.D. Number 1358802. Committee Name CTE JAMES PERNA

**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>2558.10</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>—</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>2558.10</u>	(18.) \$ <u>24618.10</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>—</u>	(19.) \$ <u>15.36</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>2558.10</u>	(20.) \$ <u>24633.46</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>195.65</u>	(21.) \$ <u>195.65</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>6211.45</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>6211.45</u>	(23.) \$ <u>40356.86</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>80490.24</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>12939.94</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>2558.10</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>15498.04</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>6211.45</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>9286.59</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.

CFR Rev 7/1999c-sum

Authority granted under P.A. 388 of 1976



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>2-20-04</u> Name: <u>GREGORY S TATARIAN</u> Address: <u>5226 BRETT CT. WEST BLOOMFIELD MI 48322</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>B2S</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>2-20-04</u> Name: <u>WESTERN MAILERS</u> Address: <u>720 MOWROG GRAND RAPIDS MI 49503</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 type="checkbox"/> Fund Raiser	74.22	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-20-04</u> Name: <u>MARY CHIRCO</u> Address: <u>46600 ROMEO PLANK RD. MACOMBS MI</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>HAUS</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 # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-26-04</u> Name: <u>MARY McDEVITT</u> Address: <u>1800 ELIZABETH ROSELLE 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	25 ⁰⁰	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	799.22	

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 CFE 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 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>7-20-04</u> Name: <u>TED CUIEK</u> Address: <u>681 ROSLYN RD</u> <u>G.P. WOODS, 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	50 ⁰⁰	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7-20-04</u> Name: <u>JANET BELCOURE</u> Address: <u>1126 BISHOP</u> <u>G.P. PK, 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	250 ⁰⁰	
3. Contribution # 3 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>7-20-04</u> Name: <u>WMI PAC</u> Address: <u>48797 ALPHA DR, SUITE 100</u> <u>WIXOM MI 48393</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 # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7-20-04</u> Name: <u>TED GATZAROS</u> Address: <u>16638 E JEFFERSON</u> <u>G.P. PK 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	500 ⁰⁰	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	1000 ⁰⁰	

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 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 checked="" type="checkbox"/> YES 4. Date of Receipt <u>8-2-04</u> Name: <u>WAYNE COUNTY SHERIFFS LOCAL 502</u> Address: <u>1460 ST ANTONIUS</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	250	
3. Contribution # 2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>8-10-04</u> Name: <u>POWELL PHONES, LLC</u> Address: <u>607 N.W. 22ND AVE.</u> <u>PORTLAND OR 97210</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	58.88	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>8-13-04</u> Name: <u>NICK PSILOPOULOS</u> Address: <u>27947 GROSS BEECH</u> <u>ROSBURG MI</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>IBRS</u> Business Address <u>SA</u> Type of Contribution: <input 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 _____ 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)

758.88
2558.10

Enter this total on
line 3a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

**ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 1-IK
CANDIDATE COMMITTEE**

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

3. Name and Address from whom received <small>If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.</small>	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input checked="" type="checkbox"/> Yes Name <u>RIGHT TO LIFE</u> Address: <u>2340 PUTNER ST</u> <u>GRAND RAPIDS MI</u> If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input checked="" type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>LISTING</u> 5. Date OF RECEIPT: <u>7-19-04.</u> 6. VENDOR NAME & ADDRESS:	195.65	
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name Address: If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description 5. Date OF RECEIPT: 6. VENDOR NAME & ADDRESS:		
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name Address: If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description 5. Date OF RECEIPT: 6. VENDOR NAME & ADDRESS:		

Page Subtotal
Grand Total of all Schedules 1-IK
(Complete on last page of Schedule)

195.65
195.65

Enter this total on line 6 of Summary Page



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>AMERICAN MAILERS -</u> Address <u>100 AMERICAN WAY -</u> <u>DET MI. 48209</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>7-28-04</u>	<u>1770.⁰⁰</u>
Expenditure #2 Name <u>POSTMASTER</u> Address <u>GRATIOT</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>7-28-04</u>	<u>700.⁰⁰</u>
Expenditure #3 Name <u>STAMP MASTER</u> Address <u>3518 FENTON RD</u> <u>FLINT MI 48507</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>SUPPLIES</u> Expenditure Code <u>EQ</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-28-04</u>	<u>12.⁶¹</u>
Expenditure #4 Name <u>POWELL-DHONES -</u> Address <u>607 N.W. 22 ND</u> <u>PORTLAND OREGON 97210</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>DHONES</u> Expenditure Code <u>IC</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-28-04</u>	2491.84 <u>2491.84</u>
Expenditure #5 Name <u>6 COMM</u> Address <u>6928 MAYHARD RD</u> <u>PORTLAND MI</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>7-28-04</u>	<u>737.00</u>

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

5711.4

Enter this total on line 8a of Summary Pag

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 135890
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>AUTHORIZED CELLULAR</u> Address <u>40 MARKET ST MT CLEMENS MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>PORTABLE PHONE</u> Expenditure Code <u>EG</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-23-04</u>	<u>39.95</u>
Expenditure #2 Name <u>GENERAL WINE</u> Address <u>373 VICTOR AVE HIGHLAND PK MI 48203</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>FOOD EXP.</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>8-6-04</u>	<u>385.00</u>
Expenditure #3 Name <u>SAM'S CLUB</u> Address <u>GRATIOT ROSEVILLE MI.</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>FOOD EXP</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>7-31-04</u>	<u>265.57</u>
Expenditure #4 Name <u>SWACKI & SON</u> Address <u>1521 W. LAFAYETTE DET MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>SHIRTS</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>8-2-04</u>	<u>390.61</u>
Expenditure #5 Name <u>G COMM</u> Address <u>6925 MAYHARD RD PORTLAND MI</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>7-28-04</u>	<u>154.00</u>

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

1235.1

Enter this total on line 8a of Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

7 7



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 135880
2. Committee Name CTE SANG 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>MASTER CARD</u> Address <u>P/O Box 77044</u> <u>MAD. WI. 53707</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>8-23-09</u>	<u>250⁰⁰</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)

250⁰⁰
6211.4
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 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>ROTTA LAW KOWSKI</u> <u>38913 CHARTER OAKS BL.</u> <u>CLINTON TWP MI</u> <u>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>125.00</u>	<u>7/30/04</u> \$ <u>125</u> <u>11</u> \$ <u>11</u> \$ <u>11</u> \$ <u>11</u> \$	<u>125</u> ⁰⁰	<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>ITALIAN TRIBUNE</u> <u>P/O BOX 380407</u> <u>CLINTON TWP MI</u> <u>48038</u>	4. Type: <u>AD</u> Code <u>SA</u> 5. Date Debt Was Incurred: <u>7-8-04</u> 6. Original Amount of Debt: \$ <u>642.00</u>	<u>11</u> \$ <u>11</u> \$ <u>11</u> \$ <u>11</u> \$ <u>11</u> \$	<u>0</u>	<u>642</u> ⁰⁰ <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>POWELL PHONES.</u> <u>607 H.W. 22ND</u> <u>PORTLAND OREGON</u> <u>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>02/03</u> <u>7/17/04</u> <u>11</u> \$ <u>11</u> \$ <u>11</u> \$	<u>949.22</u>	<u>0</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor:		Amount Endorsed: \$		

Page Subtotal (Outstanding debt)

642.00

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 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) <input type="checkbox"/> FORGIVEN
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: <u>AMERICAN GRAPHICS</u> <u>34895 GROSBECK</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>1037.10</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 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>10-31-01</u> 6. Original Amount of Debt: <u>\$ 20000.00</u>	<u>3444</u> \$ <u>250</u> <u>33099</u> \$ <u>200</u> <u>41301</u> \$ <u>2000</u> <u>11</u> \$ <u>11</u> \$	<u>15925.24</u>	<u>4077.76</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>6 COMM</u> <u>6938 MARSHO</u> <u>DOOTZMAN MI</u> <u>48025</u>	4. Type: <u>CONS</u> Code <u>MD</u> 5. Date Debt Was Incurred: <u>7-15-04</u> 6. Original Amount of Debt: <u>\$ 450</u>	<u>71204</u> \$ <u>450</u> <u>11</u> \$ <u>11</u> \$ <u>11</u> \$ <u>11</u> \$	<u>450</u>	<u>0</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

5114.86

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

135880

1. Committee I.D. Number CTE JAMES M TERMA
2. Committee Name CT

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>WHITLOCK</u> <u>275 12 MI</u> <u>MAOISOL 14075 MI</u>	4. Type: <u>MALINTP</u> Code <u>MA</u> 5. Date Debt Was Incurred: <u>6-30-04</u> 6. Original Amount of Debt: <u>\$ 340.87</u>	7. Date and amount of each payment <u>7/10/04 \$340.87</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u>	8. Cumulative payment to date on debt <u>340.87</u> <u>0</u>	9. Outstanding Balance at close of this period (Item 6 minus item 8) <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>MIRAGE HALL</u> <u>16980 18 MI</u> <u>CLINTON TWP MI</u>	4. Type: <u>SPAG OMBOR</u> Code <u>PP</u> 5. Date Debt Was Incurred: <u>6-10-04</u> 6. Original Amount of Debt: <u>\$ 2500.00</u>	7. Date and amount of each payment <u>6/19/04 \$2500.00</u> <u>8/23 \$5000.00</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u>	8. Cumulative payment to date on debt <u>2500.00</u> <u>0</u>	9. Outstanding Balance at close of this period (Item 6 minus item 8) <u>0</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>ANDIAMO</u> <u>2096 E 14 MI</u> <u>WARREN MI</u>	4. Type: <u>FURNITURE</u> Code <u>FF</u> 5. Date Debt Was Incurred: <u>6-29-04</u> 6. Original Amount of Debt: <u>\$ 1750</u>	7. Date and amount of each payment <u>8/13/04 \$1750</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u>	8. Cumulative payment to date on debt <u>1750.00</u> <u>0</u>	9. Outstanding Balance at close of this period (Item 6 minus item 8) <u>0</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

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>WHITLOCK</u> <u>275 E. 12 MI.</u> <u>MADISON HILLS MI</u> <u>48071</u>	4. Type: <u>MAILING</u> Code <u>PA</u> 5. Date Debt Was Incurred: <u>7-20-04</u> 6. Original Amount of Debt: <u>\$ 291.44</u>	<u>11</u> \$ <u>11</u> \$ <u>11</u> \$ <u>11</u> \$ <u>11</u> \$	\$	<u>291.44</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>WHITLOCK</u> <u>275 E 12 MI</u> <u>MADISON HILLS MI</u> <u>48071</u>	4. Type: <u>MAILING</u> Code <u>PA</u> 5. Date Debt Was Incurred: <u>7-21-04</u> 6. Original Amount of Debt: <u>\$ 291.44</u>	<u>11</u> \$ <u>11</u> \$ <u>11</u> \$ <u>11</u> \$ <u>11</u> \$	\$	<u>291.44</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>ITALIAN TRIBUNE</u> <u>P/O BOX 380407</u> <u>CLINTON TWP</u> <u>48039</u>	4. Type: <u>AD</u> Code <u>SA</u> 5. Date Debt Was Incurred: <u>7-23-04</u> 6. Original Amount of Debt: <u>\$ 214</u>	<u>11</u> \$ <u>11</u> \$ <u>11</u> \$ <u>11</u> \$ <u>11</u> \$		<u>214.00</u> \$ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor:		Amount Endorsed: \$		

Page Subtotal (Outstanding debt)

796.88

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 Ferris

This Schedule contains:

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) 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 GRAPHS</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>738.35</u>	<u>115</u> <u>115</u> <u>115</u> <u>115</u>	\$ <u>0</u>	\$ <u>738.35</u> <input type="checkbox"/> FORGIVEN

Amount Enclosed: \$

If bank loan, name of endorser or guarantor:

Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: <u>AMERICAN GRAPHS</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>115</u> <u>115</u> <u>115</u> <u>115</u>	\$ <u>0</u>	\$ <u>757.90</u> <input type="checkbox"/> FORGIVEN
--	---	--	-------------	---

Amount Enclosed: \$

If bank loan, name of endorser or guarantor:

Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: <u>AMERICAN GRAPHS</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>115</u> <u>115</u> <u>115</u> <u>115</u>	\$ <u>0</u>	\$ <u>952.23</u> <input type="checkbox"/> FORGIVEN
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Amount Enclosed: \$

If bank loan, name of endorser or guarantor:

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.

Form 5 in 18 Authority granted under P.A. 308 of 1976

CPR REV 7/1999-10



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 135880.

2. Committee Name CTE SANGS M PERMA

This Schedule identifies:

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.)

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)
Debt #1 Owed to or by: <u>AMERICAN GRAPHICS</u> <u>34895 CROSS BECK</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>194.75</u> 8. <u>194.75</u>	<u>115</u> <u>115</u> <u>115</u> <u>115</u>	<u>0</u>	<u>194.75</u> <input type="checkbox"/> FORGIVEN

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)
Debt #2 Owed to or by: <u>AMERICAN GRAPHICS</u> <u>34895 CROSS BECK</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> 8. <u>181.26</u>	<u>115</u> <u>115</u> <u>115</u> <u>115</u>	<u>0</u>	<u>181.26</u> <input type="checkbox"/> FORGIVEN

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)
Debt #3 Owed to or by: <u>AMERICAN GRAPHICS</u> <u>34895 CROSS BECK</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> 8. <u>162.98</u>	<u>115</u> <u>115</u> <u>115</u> <u>115</u>	<u>0</u>	<u>162.98</u> <input type="checkbox"/> FORGIVEN

(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)

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 PFO
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 endorser or guarantor, 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 (Lines 8 minus line 9) <input type="checkbox"/> FORGIVEN
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: <u>DEBRAH 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>115</u> <u>115</u> <u>115</u> <u>115</u>	\$ _____	<u>\$ 10,000</u> <input type="checkbox"/> FORGIVEN
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>8 P/B 10% 5000 DC</u> <u>115</u> <u>115</u> <u>115</u>	\$ <u>5000.00</u>	<input type="checkbox"/> FORGIVEN
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>115</u> <u>115</u> <u>115</u> <u>115</u>	_____	<u>1000.00</u> <input type="checkbox"/> FORGIVEN
Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

11000

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 12b of the Summary Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

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

This Schedule itemize:

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 guarantor, 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>115</u> <u>115</u> <u>115</u> <u>115</u>	\$ <u> </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>6.26.03</u> 6. Original Amount of Debt: <u>\$ 2700</u>	<u>8190⁰⁰ 2500⁰⁰</u> <u>8 239⁰⁰ 200⁰⁰</u> <u>115</u> <u>115</u> <u>115</u>	\$ <u>2700⁰⁰</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>115</u> <u>115</u> <u>115</u> <u>115</u>	\$ <u> </u>	\$ <u>500.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

540

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 12b 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 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 (from 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>\$ 500.00</u>	<u>118</u> <u>118</u> <u>118</u> <u>118</u>	\$ _____	\$ <u>500.00</u> <input type="checkbox"/> FORGIVEN
Amount Enclosed: \$ _____				

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>\$ 6500.00</u>	<u>118</u> <u>118</u> <u>118</u> <u>118</u>	\$ _____	\$ <u>6500.00</u> <input type="checkbox"/> FORGIVEN
Amount Enclosed: \$ _____				

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>\$ 1000.00</u>	<u>118</u> <u>118</u> <u>118</u> <u>118</u>	\$ _____	\$ <u>1000.00</u> <input type="checkbox"/> FORGIVEN
Amount Enclosed: \$ _____				

If bank loan, name of endorser or guarantor: _____

Page Subtotal (Outstanding debt) 8000.00

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 if it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12b of Form 120 "used by" and line 12c "amount" of the Summary Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 135 F & C
2. Committee Name CTR 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 M PERNA</u> <u>38180 SADDLE LA</u> <u>CLINTON TWP MI</u> <u>48036</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>8/3/04</u> _____ <u>11</u> \$ _____ <u>11</u> \$ _____ <u>11</u> \$	<u>500.00</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 PERNA</u> <u>38180 SADDLE LA</u> <u>CLINTON TWP MI</u> <u>48036</u>	4. Type: <u>LOAN</u> Code <u>LO</u> 5. Date Debt Was Incurred: <u>8-29-04</u> 6. Original Amount of Debt: <u>\$ 5000.00</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: _____ _____ _____	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> \$	_____ \$ _____	_____ \$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

5000.00

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 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> If bank loan, name of endorser or guarantor:	4. Type: <u>LOAN</u> Code <u>LO</u> 5. Date Debt Was Incurred: <u>10-7-03</u> 6. Original Amount of Debt: <u>\$ 4500.00</u>	<u>115</u> <u>115</u> <u>115</u> <u>115</u>	\$ _____	<u>4500</u> <input type="checkbox"/> FORGIVEN
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> If bank loan, name of endorser or guarantor:	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>115</u> <u>115</u> <u>115</u> <u>115</u>	\$ _____	<u>5000</u> <input type="checkbox"/> FORGIVEN
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> If bank loan, name of endorser or guarantor:	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>115</u> <u>115</u> <u>115</u> <u>115</u>	\$ _____	<u>1600</u> <input type="checkbox"/> FORGIVEN

Page Subtotal (Outstanding debt)

11100

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.

11/10



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 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 endorser or guarantor, 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 (from 6 minus item 8)		
Debt #1 Owed to or by: <u>JAMES PERNA</u> <u>38180 SADDLE LA</u> <u>CLINTON TWP MI</u> Corp? <input type="checkbox"/> Yes	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>500.00</u>	<u>118</u> <u>118</u> <u>118</u> <u>118</u> <u>118</u>	\$ _____	\$ <u>500.00</u> <input type="checkbox"/> FORGIVEN		
If bank loan, name of endorser or guarantor: _____						
Debt #2 Owed to or by: <u>JAMES PERNA</u> <u>38180 SADDLE LA</u> <u>CLINTON TWP MI</u> Corp? <input type="checkbox"/> Yes	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>6500.00</u>	<u>118</u> <u>118</u> <u>118</u> <u>118</u> <u>118</u>	\$ _____	\$ <u>6500.00</u> <input type="checkbox"/> FORGIVEN		
If bank loan, name of endorser or guarantor: _____						
Debt #3 Owed to or by: <u>DEBORAH PERNA</u> <u>38180 SADDLE LA</u> <u>CLINTON TWP MI</u> Corp? <input type="checkbox"/> Yes	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>1000.00</u>	<u>118</u> <u>118</u> <u>118</u> <u>118</u> <u>118</u>	\$ _____	\$ <u>1000.00</u> <input type="checkbox"/> FORGIVEN		
If bank loan, name of endorser or guarantor: _____						

Page Subtotal (Outstanding debt)

8000.00

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 12b "owed by" on the 12b "owed to" of the Summary Page

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 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 TERHA</u> <u>38180 SADDLE LA</u> <u>CLINTON TWP</u> <u>48036</u>	4. Type: <u>LOAN</u> Code <u>LO</u> 5. Date Debt Was Incurred: <u>12-27-03</u> 6. Original Amount of Debt: <u>\$ 1800.00</u>	<u>11</u> \$ <u>11</u> \$ <u>11</u> \$ <u>11</u> \$	\$	<u>\$ 1800</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 TERHA</u> <u>38180 SADDLE LA</u> <u>CLINTON TWP MI</u> <u>48036</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>25000</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 TERHA</u> <u>38180 SADDLE LA</u> <u>CLINTON TWP</u> <u>48036</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> \$		<input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor:		Amount Endorsed: \$		

Page Subtotal (Outstanding debt)

27300
30490.24

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

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