

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: 10-19-14 to 11-24-14

1. Committee LD. Number 135880

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

2. Committee Name
CITIZENS TO ELECT
JAMES M PERNA

4a. Office Sought Including District 5 or Community Served (if applicable)
COUNTY COMMISSIONER

4b. County of Residence MACOMB

5. Committee's Mailing Address
38180 SADDLE LA
CLINTON TWP MI
49036

6. Treasurer's Name & Residential Address
JAMES M PERNA
38180 SADDLE LA
CLINTON TWP MI 49036

Area Code and Phone 313 530 9407
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.

Area Code & Phone _____

7. Treasurer's Business Address
38180 SADDLE LA
CLINTON TWP MI
49036

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

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

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

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 12-1-14
Type or Print Name Signature Date

Candidate JAMES M PERNA Signature [Signature] Date 12-1-14
Type or Print Name Signature Date

FILED
14 DEC -8 AM 7:23
CLINTON COUNTY CLERK
MACOMB, MICHIGAN



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 135880

2. Committee Name CTE JAMES M 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>916.00</u>	(18.) \$
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	(19.) \$
c. Subtotal of "Contributions"	(3c.) \$		(20.) \$ <u>1416.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)			
	(4.) \$		
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)			
	(5.) \$	<u>916.00</u>	
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)			
	(6.) \$		(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)			
	(7.) \$		(22.) \$
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>746.00</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$		
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$		
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)			
	(9.) \$	<u>746.00</u>	(23.) \$ <u>1258.62</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$		
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$		
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)			
	(11.) \$		(24.) \$
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>91106.76</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$		
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>42.80</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>916.00</u>	
	(15.) = \$	<u>958.80</u>	
15. SUBTOTAL Add lines 13 and 14	(16.) - \$	<u>746.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(17.) \$	<u>212.80</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)			



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

REVISED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 138550
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 regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10-15-14</u>	
Name & Address: <u>JAMES M PERNA</u> <u>38180 SADDLE LA.</u> <u>CLINTON TWP. MI 48036</u>		\$ <u>86.00</u>	\$ <u>586.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>SELF</u>		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: ☐ Direct	☒ Loan from a person	☐ Fund Raiser	
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10-26-14</u>	
Name & Address: <u>JAMES M PERNA</u> <u>38180 SADDLE LA</u> <u>CLINTON TWP MI 48036</u>		\$ <u>830.00</u>	\$ <u>1416.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>SELF</u>		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: ☐ Direct	☒ Loan from a person	☐ Fund Raiser	
3. Contribution #3	PAC Receipt? ☐ YES	4. Date of Receipt _____	
Name & Address: _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: ☐ Direct	☐ Loan from a person	☐ Fund Raiser	
3. Contribution #4	PAC Receipt? ☐ YES	4. Date of Receipt _____	
Name & Address: _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: ☐ Direct	☐ Loan from a person	☐ Fund Raiser	

Page Subtotal

916.00

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

916.00

Enter this total on
line 3a of Summary
Page

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