



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE
COVER PAGE**

FILED
15 NOV 16 AM 8:01

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: 7-21-15 to 10-20-15

1. Committee I.D. 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 # or Community Served (if applicable)
COUNTY COMMISSIONER

4b. County of Residence MACOMB

5. Committee's Mailing Address

38180 SADDLE LANE
CLINTON TWP MI
48036

6. Treasurer's Name & Residential Address

JAMES M PERNA
38180 SADDLE LANE
CLINTON TWP MI 48036

Area Code and Phone _____

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 LANE
CLINTON TWP MI
48036

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

Area Code and Phone _____

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 10-20-15
Type or Print Name Signature

Candidate JAMES M PERNA Signature [Signature] Date 10-20-15
Type or Print Name Signature



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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

1. Committee ID. Number

138550

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 guarantors, if any.	4. Type of Obligation (Description) 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: JAMES M PERNA 38180 SADDLE LA CLINTON TWP MI 48036	4. Type <u>LOAN</u> 5. Date Debt Was Incurred: <u>11-19-12</u> 6. Original Amount of Debt: <u>\$2000.00</u>	\$ \$ \$ \$ \$	\$	\$2000.00 <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: JAMES M PERNA 38180 SADDLE LA CLINTON TWP MI 48036	4. Type <u>LOAN</u> 5. Date Debt Was Incurred: <u>10-12-14</u> 6. Original Amount of Debt: <u>\$800</u>	\$ \$ \$ \$ \$	\$	\$800.00 <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: JAMES M PERNA 38180 SADDLE LA CLINTON TWP MI 48036	4. Type <u>LOAN</u> 5. Date Debt Was Incurred: <u>10-20-14</u> 6. Original Amount of Debt: <u>\$830.00</u>	\$ \$ \$ \$ \$	\$	\$830.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt)

2,716.00

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

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