MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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: 7-17-2016 (Mo Day Year) To: 8-22-2016 (Mo Day Year)

1. Committee I.D. Number 135880

2. Committee Name CITIZENS TO ELECT JAMES PERHA

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

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

4b. County of Residence MACOMB Driver License # (Optional)

5. Committee's Mailing Address 38180 SADDLE LANE CLINTON TWP MI 48036

Area Code and Phone 3135309407

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 PERHA 38180 SADDLE LA. CLINTON TWP MI 48036

Area Code & Phone (313) 5309407

Driver License # (Optional)

7. Treasurer's Business Address 38180 SADDLE LANE. CLINTON TWP MI 48036

Area Code and Phone (313) 5309407

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

Area Code and Phone ( )

Driver License # (Optional)

FILED 16 SEP 16 AM 7:30 MACOMB COUNTY CLERK/REGISTER OF DEEDS MT. CLEMENS, MICHIGAN

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

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 PERHA (Type or Print Name) ____ (Signature) Date 9-1-16 (Mo Day Year)

Candidate JAMES PERHA (Type or Print Name) ____ (Signature) Date 9-1-16 (Mo Day Year)

Authority granted under P.A. 388 of 1976

CFR Rev 7/1999

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

1. Committee I.D. Number 135880
2. Committee Name
Citizens To Elect James M. Perna

SUMMARY PAGE
CANDIDATE COMMITTEE

		Column I This Period	Column II Cumulative this election cycle
RECEIPTS			
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) $	1500.00	
b. Unitemized (less than $20.01 each - no Schedule)	(3b.) $		
c. Subtotal of "Contributions"	(3c.) $		(18.) $ 1656.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) $		(19.) $
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) $		(20.) $
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) $	0	(21.) $
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) $		(22.) $
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) $		
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.) $		(23.) $
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.) $	8940676	
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.) $	233.80
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) +	1500.00
15. SUBTOTAL Add lines 13 and 14	(15.) =	1733.80
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) -	1600.00
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) $	133.80

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.

MICHIGAN DEPARTMENT OF STATE
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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 JAMES M PERNA Address 38180 SADDLE LA CLINTON TWP 48036 ☐ Fund Raiser	Purpose: LOAN PAY BACK ☑ Check box if this expenditure is payment of debt or obligation reported on previous statement	9-25-16	500.00
Expenditure #2 Name JAMES M PERNA Address 38180 SADDLE LA CLINTON TWP MI 48036 ☐ Fund Raiser	Purpose: LOAN PAY BACK ☑ Check box if this expenditure is payment of debt or obligation reported on previous statement	9-9-16	100.00
Expenditure #3 Name JAMES M PERNA Address 38180 SADDLE LA CLINTON TWP MI 48036 ☐ Fund Raiser	Purpose: LOAN PAY BACK ☑ Check box if this expenditure is payment of debt or obligation reported on previous statement	8-12-16	1000.00
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement		
	Subtotal this page		1600 00
	Grand Total of all Schedules 1B (Complete on last page of Schedule)		1600 00

Enter this total on line 8a of Summary Page

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