



**FILED**

16 OCT 28 AM 8:04

CARROLLA SABAUGH  
MACOMB COUNTY CLERK  
MT. CLEMENS. MICHIGAN

FOR OFFICIAL USE ONLY

3. This Statement covers From: 8 23 2016 to 10 23 2016  
Mo Day Year Mo Day Year

1. Committee I.D. Number <u>135880</u>	4. Candidate Last Name <u>PERNA</u> First Name <u>JAMES</u> M.I. <u>M</u>
2. Committee Name <u>CITIZENS TO ELECT JAMES PERNA</u>	4a. Office Sought Including District # or Community Served (If applicable) <u>COUNTY COMMISSIONER</u> 4b. County of Residence <u>MACOMB</u>
5. Committee's Mailing Address <u>38180 SADDLE LA.</u> <u>CLINTON TWP MI 48036</u> Area Code and Phone <u>313 5309407</u> <small>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.</small>	6. Treasurer's Name & Residential Address <u>JAMES M. PERNA</u> <u>38180 SADDLE LA.</u> <u>CLINTON TWP MI 48036</u> Area Code & Phone <u>(313) 5309407</u>
7. Treasurer's Business Address <u>38180 SADDLE LA.</u> <u>CLINTON TWP MI 48036</u> Area Code and Phone <u>(313) 5309407</u>	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  
  
☐ Convention  
  
☐ Special

☒ General  
  
☐ School  
  
☐ Caucus

Date of Election, Convention or Caucus

11      8      2016

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. 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.	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Current Treasurer or Designated Record keeper <u>JAMES PERNA</u></p> <p style="text-align: center;">Type or Print Name      Signature</p> </div> <div style="width: 45%;"> <p>Date <u>10 28 2016</u></p> <p style="text-align: center;">Mo      Day      Year</p> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <p>Candidate <u>JAMES PERNA</u></p> <p style="text-align: center;">Type or Print Name      Signature</p> </div> <div style="width: 45%;"> <p>Date <u>10 28 2016</u></p> <p style="text-align: center;">Mo      Day      Year</p> </div> </div>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------



MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

SUMMARY PAGE  
CANDIDATE COMMITTEE

1. Committee I.D. Number 135880

2. Committee Name

Citizens To Elect James M. Perna

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>6149.51</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$		
c. Subtotal of "Contributions"	(3c.) \$	<u>6149.51</u>	(18.) \$ <u>7805.51</u>
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.) \$	<u>0</u>	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u>0</u>	(22.) \$
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>6217.33</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.) \$		(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.) \$	<u>87206.27</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>133.80</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) +	<u>6149.51</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) =	<u>6283.31</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) -	<u>6217.33</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>65.98</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 13588G

2. Committee Name C-T-E. 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>10-6-16</u> Name: <u>FRANK TORRE JR</u> Address: <u>1450 GUARDIAN RD</u> <u>BLOOMFIELD, MI 48304</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTE</u> Employer <u>SELF</u> Business Address <u>1450 GUARDIAN RD BLOOMFIELD MI, 48304</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		300.00	300.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9-15-16</u> Name: <u>ALPHONSE LUCARELLI</u> Address: <u>19025 PARKE LANE</u> <u>CROSSGATE MI 48138</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>SELF</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		250.00	250.00
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9-19-16</u> Name: <u>KAY SCHWARZBERG</u> <u>37 CROCKER BLVD</u> Address: <u>MT CLEMENS MI 48042</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTY</u> Employer <u>SELF</u> Business Address <u>37 CROCKER BLVD MT. CLEMENS MI 48042</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		50.00	50.00
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9-17-16</u> Name: <u>JOHN BEISER</u> <u>26129 WINDHAM DR.</u> Address: <u>MACOMBA MI 48044</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>SELF</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		100.00	100.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		700.00	

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 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 checked="" type="checkbox"/> YES 4. Date of Receipt: <u>9-16-16</u> Name: <u>JACK BRANDENBURG LIBERTY PAC</u> Address: <u>37596 HURON POINTE DR -</u> <u>HARRISON TWP MI 48045 -</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ELECTED OFFICIAL</u> Employer <u>STATE OF MICH.</u> Business Address <u>37596 HURON POINTE DR HARRISON TWP MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		200.00	200.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt: <u>9-15-16</u> Name: <u>STEPHEN R SAPHIR</u> Address: <u>44 MACOMB PL -</u> <u>MT. CLEMENS MI 48046</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>INSURANCE</u> Employer <u>SELF</u> Business Address <u>44 MACOMB PL MT CLEMENS MI 48046</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		100.00	100.00
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt: <u>9-13-16</u> Name: <u>GRF, LLC</u> Address: <u>405 N OLD US 23</u> <u>BRIGHTON MI 48114</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>CPA</u> Employer <u>SELF</u> Business Address <u>405 N OLD US 23 BRIGHTON MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		200.00	200.00
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt: <u>9-8-16</u> Name: <u>JOSEPH. PUICARI</u> Address: <u>37523 HIDDEN VALLEY CT -</u> <u>CLINTON TWP MI 48036</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>SELF</u> Business Address <u>37523 HIDDEN VALLEY CT CLINTON TWP</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		100.00	100.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		600.00	

Enter this total on  
line 3 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 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>9-8-16</u> Name: <u>LUCIANO GIANINO</u> Address: <u>40256 EMERALD LN W.</u> <u>CLINTON TWP MI 48038</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>SELF</u> Business Address <u>39091 GARFIELD CLINTON TWP MI 48030</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100.00	100.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: <u>TOM VITALE</u> Address: <u>3585 WEDGEWOOD DR</u> <u>ROCHESTER HILLS MI 48306</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>AA&amp;AMC</u> Business Address <u>14 MI. WARREN MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	200.00	200.00
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: <u>LOUIS JAMES</u> <u>17154 FAIRWAY DR -</u> <u>DETROIT MI 48221</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>SELF</u> Business Address <u>17154 FAIRWAY DR - DET MI 48221</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	200.00	200.00
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9-6-16</u> Name: <u>DON GOLLEY</u> <u>30670 N. RIVER RD</u> <u>HARRISON TWP MI 48045</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>SELF</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100.00	100.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		600.00

Enter this total on  
line 3 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 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>7-11-16</u> Name: <u>TOM McINNES</u> Address: <u>22469 REVERE ST.</u> <u>S.C.S. MI 48080</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>SELF</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		100.00	100.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9-21-16</u> Name: <u>KEVIN ROCHE</u> Address: <u>23041 ENGLEHARDT</u> <u>S.C.S MI 48080</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		100.00	100.00
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9-21-16</u> Name: <u>KEN NELSON</u> Address: <u>4862 FIRESTEEL DR.</u> <u>STERLING HILLS MI 48313</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>SELF</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		100.00	100.00
3. Contribution #4 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt _____ Name: <u>CONNOR RAY WOSTONICK</u> Address: <u>11681 GALLAGHER ST.</u> <u>HAMTRAMCK MI 48213</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		100.00	100.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		400.00	

Enter this total on  
line 3 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

CTG 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>9-18-16</u> Name: <u>MIKHAEL A LOCICCHIO</u> Address: <u>38202 SADDLE LA.</u> <u>CLINTON TWP MI 48036</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTY</u> Employer <u>SELF</u> Business Address <u>1800 W. BIG BEAVER RD. TROY MI 48064</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		100.00	100.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9-18-16</u> Name: <u>RAY WARNER</u> Address: <u>56707 OTTER CREEK DR.</u> <u>SHELBY TWP MI 4817</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>DIR -</u> Employer <u>BCBS INS.</u> Business Address <u>600 ELAFAYETTE DET 48220</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		100.00	100.00
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9-19-16</u> Name: <u>JOSEPH THOMAS</u> Address: <u>2600 W. BIG BEAVER RD</u> <u>TROY MI 48064</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTY</u> Employer <u>SELF</u> Business Address <u>2600 W. BIG BEAVER TROY MI 48064</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		200.00	200.00
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9-21-16</u> Name: <u>WILLIAM BLAKE JR</u> Address: <u>1002 SOMERSET AVE.</u> <u>G.P. MI 48230</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR</u> Employer <u>HEALTH CARE</u> Business Address <u>1002 SOMERSET AVE G.P. MI 48230</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		100.00	100.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		500.00	

Enter this total on  
line 3 of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number

13588C

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 <u>all</u> 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>9-17-16</u> Name: <u>TIMOTHY MCCLURE</u> <u>935 N WASHINGTON</u> Address: <u>LANSING MI 48906</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>DIR.</u> Employer <u>MAC.</u> Business Address <u>935 N WASHINGTON LANSING MI 48906</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		100.00	100.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9-12-16</u> Name: <u>DEXTER DORIS LLC</u> <u>P/O BOX 38368</u> Address: <u>DET MI 48238</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>SELF</u> Business Address <u>P/O BOX 38368 DET MI 48238</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		1000.00	1000.00
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9-16-16</u> Name: <u>QUINCE D'ALESSANDRO</u> <u>125 SG. 5TH CT.</u> Address: <u>DEERFIELD BEACH FLA. 33441</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>SELF</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		200.00	200.00
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9-19-16</u> Name: <u>PAUL STANTON</u> <u>233 STEPHENS</u> Address: <u>6-P. FARMS MI 48230</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>STANTON CATHOLIC</u> Business Address <u>21711 MICH AVE DEARBORN MI 48124</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		250.00	250.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		1550.00	

Enter this total on  
line 3 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 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>9-21-16</u> Name: <u>JOSEPH A MCNAHAN</u> Address: <u>38352 DELTA CLINTON TWP MI 48036</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>SELF</u> Business Address <u>38352 DELTA CLINTON TWP MI 48036</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		200.00	200.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9-29-16</u> Name: <u>MAHA KHALIL</u> Address: <u>5117 VILLAGE COMMONS DR. WEST BLOOMFIELD MI 48322</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ACCOUNTANT</u> Employer <u>SELF</u> Business Address <u>31500 W. 13 MI. FARMINGTON MI 48334</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		250.00	250.00
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10-3-16</u> Name: <u>MARIE WOOLHAISER</u> Address: <u>784 S. MAIN ST. PLYMOUTH MI 48170</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>SIGMA FINANCIAL</u> Business Address <u>784 S. MAIN ST. PLYMOUTH MI 48170</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		100.00	100.00
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9-15-16</u> Name: <u>WALTER CYTACKI</u> Address: <u>P/O BOX 18247 RIVER ROUGE MI 48219</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>SELF MICHIGAN MARINE</u> Business Address <u>P/O BOX 18247 RIV. ROUGE MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		200.00	200.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		750.00	

Enter this total on  
line 3 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 PERINA

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 <u>all</u> 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>9-30-16</u> Name: <u>JAMES PERINA</u> <u>38180 SADDLE LA</u> Address: <u>CLINTON TWP MI 48036</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		1049.51	
3. Contribution #2 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			
3. Contribution #3 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			
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)		1049.51	
		6149.51	

Enter this total on  
line 3 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>C &amp; G NEWSPAPER</u> Address <u>13650 11 MILE RD</u> <u>WARREN MI 48089</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>AD</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>10-2-16</u>	<u>410.00</u>
Expenditure #2 Name <u>PENINSULA STRATEGIES</u> Address <u>P/O BOX 287</u> <u>REED MI 49677</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>AD</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>9-31-16</u>	<u>150.00</u>
Expenditure #3 Name <u>PENINSULA STRATEGIES</u> Address <u>P/O BOX 287</u> <u>REED MI 49677</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>ROBO CALLS</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>10-3-16</u>	<u>200.00</u>
Expenditure #4 Name <u>PENINSULA STRATEGIES</u> Address <u>P/O BOX 287</u> <u>REED MI 49677</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>CN</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>10-5-16</u>	<u>170.00</u>
Expenditure #5 Name <u>THE ITALIAN TRIBUNE</u> Address <u>P/O BOX 380407</u> <u>CLINTON TWP MI 48038</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>AD</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>10-1-16</u>	<u>377.00</u>

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

1207.00

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

**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number 135880  
2. Committee Name CTE JAMES PERHA

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
<b>Expenditure #1</b> Name <u>SAGS RESTAURANT</u> Address <u>3647 OMORAUAN DR</u> <u>CLINTON TWP MI</u> <u>48035</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>RECEPTION</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>9-29-16</u>	<u>725.00</u>
<b>Expenditure #2</b> Name <u>AMERICAN GRAPHICS</u> Address <u>34895 GROESBECK</u> <u>CLINTON TWP MI</u> <u>48035</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>STATIONARY</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>9-26-16</u>	<u>102.82</u>
<b>Expenditure #3</b> Name <u>PENINSULA STRATEGIES</u> Address <u>P/O BOX 287</u> <u>REED MI 48677</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>CONSULTATION</u> Expenditure Code <u>CIN</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10-7-16</u>	<u>145.51</u>
<b>Expenditure #4</b> Name <u>GREAT LAKES CONS.</u> <u>2207 COLLEGE RD</u> Address <u>HOLT MI 48842</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>CONSULTATION</u> Expenditure Code <u>CIN</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9-24-16</u>	<u>100.00</u>
<b>Expenditure #5</b> Name <u>THE ITALIAN TRIBUNE</u> Address <u>P/O BOX 380407</u> <u>CLINTON TWP MI</u> <u>48038</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>AD</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>10-25-16</u>	<u>1220.00</u>

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

1350.33

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

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>C&amp;G NEWSPAPER</u> Address <u>13650 11 MILE RD.</u> <u>WARREN MI 48089</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>AD</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>9-16-16</u>	<u>410.00</u>
Expenditure #2 Name <u>JAMES PERNA</u> Address <u>38180 SADDLE LA</u> <u>CLINTON TWP MI 48036</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>LOAN PAY BACK</u> Expenditure Code <u>LO</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9-23-16</u>	<u>1000.00</u>
Expenditure #3 Name <u>JAMES PERNA</u> Address <u>38180 SADDLE LA.</u> <u>CLINTON TWP MI 48036</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>LOAN PAY BACK</u> Expenditure Code <u>LO</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9-27-16</u>	<u>750.00</u>
Expenditure #4 Name <u>JAMES PERNA</u> Address <u>38180 SADDLE LA</u> <u>CLINTON TWP MI 48036</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>LOAN PAY BACK</u> Expenditure Code <u>LO</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10-5-16</u>	<u>1500.00</u>
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)

3660.00

6217.33

Enter this total  
on line 8a of  
Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

## STATE AND COLLEGATIONS

1. Committee Number

100000

## ARTICLE 1E

2. Committee Name

CTE James Perma

## CANDIDATE COMMITTEE

Committee Name

a. I Date and obligation owed by or to the committee

(Check either a or b, the only for the purpose of this)

b. I Date and obligation owed by or to the committee

Name and Address of person, number or institution to whom debt is owed.

Check to indicate whether debt is owed to an individual person. If debt is owed to an individual person, please provide information regarding the individual or persons.

1. Type of obligation (Indicate type and amount of obligation, and date of payment)

a. Indicate date of payment

b. Indicate amount of debt

2. Indicate amount of debt payment

3. Indicate payment to date on debt

4. Indicate balance of debt as of date of payment

Is it?

Out to city: ☐ Yes ☐ No

Deborah Perma  
38180 Saddle Lane  
Clinton Twp, MI

1. Type of obligation  
a. Indicate date of payment  
b. Indicate amount of debt

Loan  
5-21-03  
\$10,000.00

2. Indicate amount of debt payment

9/15/04  
3 11513.8500.00  
11.5  
11.5  
11.5

3. Indicate payment to date on debt

2800.00

4. Indicate balance of debt as of date of payment

1200.00  
☐ Force

Committee Name, name of committee or organization

Is it?

Out to city: ☐ Yes ☐ No

James Perma  
38180 Saddle Lane  
Clinton Twp, MI

1. Type of obligation  
a. Indicate date of payment  
b. Indicate amount of debt

Loan  
5-21-03  
\$1000.00

2. Indicate amount of debt payment

11.5  
11.5  
11.5  
11.5  
11.5

3. Indicate payment to date on debt

1000.00  
☐ Force

Committee Name, name of committee or organization

Is it?

Out to city: ☐ Yes ☐ No

James Perma  
38180 Saddle Lane  
Clinton Twp, MI

1. Type of obligation  
a. Indicate date of payment  
b. Indicate amount of debt

Loan  
5-21-03  
\$40.00

2. Indicate amount of debt payment

11.5  
11.5  
11.5  
11.5  
11.5

3. Indicate payment to date on debt

40.00  
☐ Force

Committee Name, name of committee or organization

Page Total (Continuing Page)

Grand Total of all Committee 1E

(Complete on last page of 2000-2001 election year)

2240

Enter this total on the 2001 "Total" or the 2001 "Total" of the Summary Page

1. Debt or obligation must be shown on this table. If there are no outstanding amounts owed as of the closing date of the Campaign Committee or to the Campaign Committee, please check the box at the bottom of the page.

15

\$2240.00

**SCHEDULE 1E**  
**Candidate Committee**

1. Candidate ID Number 135580  
2. Candidate Name CTE James Perna

1. Name and address of the person or persons who are the committee OR 2. Name and address of the person or persons who are the committee (Check either one, the only in the parentheses)

1. Name and address of the person or persons who are the committee	2. Type of Contribution (Indicate type and amount, and date of contribution)	3. Date and amount of cash payment	4. Amount of cash payment to the committee	5. Amount of cash payment to the committee
181 Capt. <input type="checkbox"/> Tre of the <u>James M. Perna</u> <u>8880 Saddle Lane</u> <u>Linton Twp, MI</u>	1. Type of Contribution (Indicate type and amount, and date of contribution) 1. <u>1000</u> 2. <u>1250.00</u> 3. <u>1800.00</u>	<u>11.5</u> <u>11.5</u> <u>11.5</u> <u>11.5</u>	<u>1800.00</u>	<input type="checkbox"/>
242 Capt. <input type="checkbox"/> Tre <u>James M. Perna</u> <u>8880 Saddle Lane</u> <u>Linton Twp, MI</u>	1. Type of Contribution (Indicate type and amount, and date of contribution) 1. <u>Loan</u> 2. <u>25000.00</u>	<u>11.5</u> <u>11.5</u> <u>11.5</u> <u>11.5</u>	<u>25000.00</u>	<input type="checkbox"/>
242 Capt. <input type="checkbox"/> Tre <u>James M. Perna</u> <u>8880 Saddle Lane</u> <u>Linton Twp, MI</u>	1. Type of Contribution (Indicate type and amount, and date of contribution) 1. <u>Loan</u> 2. <u>500.00</u>	<u>11.5</u> <u>11.5</u> <u>11.5</u> <u>11.5</u>	<u>500.00</u>	<input type="checkbox"/>

Page 1 of 1 (Continued on page 2)

Grand Total of all Schedules 1E

(Complete on last page of Schedule 1E showing amounts used by the committee)

27300.00

I certify that the information provided on this Schedule 1E is true and correct to the best of my knowledge and belief as of the filing date of this Campaign Finance Statement or 30 days thereafter, whichever is later, and I am not aware of any information that would cause me to believe that the information provided is false or misleading.

Page 2 of 15

\$ 27,300

# **CANDIDATE STATEMENTS**

## **SCHEDULE 1E**

### **INDIVIDUAL COMMITTEE**

#### **Committee Name:**

1. Committee ID Number 135880  
 2. Committee Name CTE James Perna

Provide and signatures must be signed by the committee OR a. Provide and signatures must be signed by the committee.  
 (Check either a or b. Use only for the purpose checked.)

Provide and signatures must be signed by the committee OR a. Provide and signatures must be signed by the committee. (Check either a or b. Use only for the purpose checked.)	2. Type of Disbursement (Provide type and year and provide all disbursements of cash) 4. Indicate date of disbursement 5. Amount 6. Amount of cash payment	7. Date and amount of cash payment	8. Committee payment to date on date	9. Balance of cash on date (Provide date of cash on date)
Name and address of person, member or valid institution to whom disbursement was made. If disbursement was made to an individual, provide full name, address, phone and information regarding the nature of disbursement. Name: <u>James Perna</u> Address: <u>3880 Saddle Lane</u> <u>Inton Twp, MI</u>	1. Type: <u>Loan</u> 2. Date: <u>10-1-02</u> 3. Amount: <u>\$4500.00</u>	<u>11.2</u> <u>11.2</u> <u>11.2</u> <u>11.2</u> <u>11.2</u>	<u>\$</u>	<u>\$4500</u> <input type="checkbox"/> FOREIGN
Name and address of person, member or valid institution to whom disbursement was made. If disbursement was made to an individual, provide full name, address, phone and information regarding the nature of disbursement. Name: <u>James Perna</u> Address: <u>3880 Saddle Lane</u> <u>Inton Twp, MI</u>	1. Type: <u>Loan</u> 2. Date: <u>11-24-02</u> 3. Amount: <u>\$11600.00</u>	<u>11.2</u> <u>11.2</u> <u>11.2</u> <u>11.2</u> <u>11.2</u>	<u>\$</u>	<u>11600.00</u> <input type="checkbox"/> FOREIGN
Name and address of person, member or valid institution to whom disbursement was made. If disbursement was made to an individual, provide full name, address, phone and information regarding the nature of disbursement. Name: <u>James Perna</u> Address: <u>3880 Saddle Lane</u> <u>Inton Twp, MI</u>	1. Type: <u>Loan</u> 2. Date: <u>10-21-01</u> 3. Amount: <u>\$20,000.00</u>	<u>24122.35</u> <u>38006.700</u> <u>41026.700</u> <u>10,000.00</u> <u>11.2</u>	<u>15,922.31</u>	<u>40177.7</u> <input type="checkbox"/> FOREIGN

(Complete on last page of statement showing amounts paid by or to the committee)

A debt or obligation must be shown on this schedule if there was an outstanding amount owed on the closing date of the campaign or if it was forgiven during the period covered by the campaign statement.

Page 3 of 15

10,177.76



## DATE AND OBLIGATIONS

## SCHEDULE 1E

## IMMEDIATE COMMITTEE

1. Committee ID Number

135280

2. Committee Name

CIE James Perna

## Committee Address

Printed address and type of business of committee on 2. Date and obligations must be as follows for the committee.  
(Check either a or b. Use only for the purpose of this report.)

Printed address of person, business or other institution to whom debt is owed.

Printed name of person to whom debt is owed. If the person is a corporation, please also include the name of the officer or owner.

Is the person a: ☐ Corp ☐ Indiv

James Perna  
38180 Saddle Lane  
Linton Twp, MI

1. Type of Obligation  
(Check type of obligation and complete as applicable)  
a. Loan  
b. Other debt  
c. Interest on debt

1. Type Loan  
2. Date of payment 5/24/04  
3. Amount of debt \$ 5000.00

2. Date and amount of each payment

1. 1.1.2  
1. 1.1.2  
1. 1.1.2  
1. 1.1.2

3. Outstanding balance of debt as of date

5000.00  
☐ Future

4. Outstanding balance of debt as of date

5000.00  
☐ Future

## Committee Address

Is the person a: ☐ Corp ☐ Indiv

James Perna  
38180 Saddle Lane  
Linton Twp, MI

1. Type Loan  
2. Date of payment 4/26/06  
3. Amount of debt \$ 175.00

6,12/16,18/100  
1. 1.1.2  
1. 1.1.2  
1. 1.1.2

100  
75.00  
☐ Future

75.00  
☐ Future

## Committee Address

Is the person a: ☐ Corp ☐ Indiv

James Perna  
38180 Saddle Lane  
Linton Twp, MI

1. Type Loan  
2. Date of payment 1/24/06  
3. Amount of debt \$ 7000.00

1. 1.1.2  
1. 1.1.2  
1. 1.1.2

7000.00  
☐ Future

7000.00  
☐ Future

## Committee Address

Page 1 of 1 (Indicate page)

Grand Total of all obligations

(Complete on last page of Committee filing statement and by or to the committee)

12,075.00

1. Date and obligations must be shown on this schedule if there was an outstanding amount owed on that the filing date of the Campaign Statement. If no amount was owed on that date, the filing date of the Campaign Statement.

4 a 16

Enter the total  
of the  
"Total" or  
the "Total"  
of the  
Summary Page

12,075.00

**FINANCIAL STATEMENTS**  
**DISBURSEMENTS**  
**SCHEDULE 1E**  
**AMENDMENT COMMITTEE**

1. Committee ID Number

13588U

2. Committee Name

CTE James Perna

(Data on this page and page 1E must be identical to the data on page 1E of the original statement.)  
 (Check all that apply. Use only for the purpose indicated.)

1. Name of person, vendor or other entity to whom funds were disbursed	2. Type of Disbursement (Indicate type and purpose of disbursement. If disbursement is for a specific purpose, indicate the purpose.)	3. Amount of disbursement (Indicate amount of disbursement.)	4. Date of disbursement (Indicate date of disbursement.)	5. Amount of disbursement (Indicate amount of disbursement.)	6. Amount of disbursement (Indicate amount of disbursement.)	7. Amount of disbursement (Indicate amount of disbursement.)	8. Amount of disbursement (Indicate amount of disbursement.)
Name: <u>James Perna</u> Address: <u>3880 Saddle Lane</u> City: <u>Inton Twp, MI</u>	1. Type of Disbursement: <u>Loan</u> 2. Amount of disbursement: <u>4,115.00</u> 3. Amount of disbursement: <u>\$ 100.00</u>	4. Date of disbursement: <u>11.1.12</u> 5. Amount of disbursement: <u>11.12</u> 6. Amount of disbursement: <u>11.12</u> 7. Amount of disbursement: <u>11.12</u> 8. Amount of disbursement: <u>11.12</u>	9. Amount of disbursement: <u>100.00</u> 10. Amount of disbursement: <u>100.00</u> 11. Amount of disbursement: <u>100.00</u> 12. Amount of disbursement: <u>100.00</u>	13. Amount of disbursement: <u>100.00</u> 14. Amount of disbursement: <u>100.00</u> 15. Amount of disbursement: <u>100.00</u> 16. Amount of disbursement: <u>100.00</u>	17. Amount of disbursement: <u>100.00</u> 18. Amount of disbursement: <u>100.00</u> 19. Amount of disbursement: <u>100.00</u> 20. Amount of disbursement: <u>100.00</u>	21. Amount of disbursement: <u>100.00</u> 22. Amount of disbursement: <u>100.00</u> 23. Amount of disbursement: <u>100.00</u> 24. Amount of disbursement: <u>100.00</u>	25. Amount of disbursement: <u>100.00</u> 26. Amount of disbursement: <u>100.00</u> 27. Amount of disbursement: <u>100.00</u> 28. Amount of disbursement: <u>100.00</u>
Name: <u>James Perna</u> Address: <u>3880 Saddle Lane</u> City: <u>Inton Twp, MI</u>	1. Type of Disbursement: <u>Loan</u> 2. Amount of disbursement: <u>3,350.00</u> 3. Amount of disbursement: <u>4,000.00</u>	4. Date of disbursement: <u>9.12.12</u> 5. Amount of disbursement: <u>7.27.12</u> 6. Amount of disbursement: <u>10.5.12</u> 7. Amount of disbursement: <u>11.12</u> 8. Amount of disbursement: <u>11.12</u>	9. Amount of disbursement: <u>1000.00</u> 10. Amount of disbursement: <u>750.00</u> 11. Amount of disbursement: <u>1500.00</u> 12. Amount of disbursement: <u>11.12</u> 13. Amount of disbursement: <u>11.12</u>	14. Amount of disbursement: <u>8250.00</u> 15. Amount of disbursement: <u>750.00</u> 16. Amount of disbursement: <u>11.12</u> 17. Amount of disbursement: <u>11.12</u>	18. Amount of disbursement: <u>11.12</u> 19. Amount of disbursement: <u>11.12</u> 20. Amount of disbursement: <u>11.12</u> 21. Amount of disbursement: <u>11.12</u>	22. Amount of disbursement: <u>11.12</u> 23. Amount of disbursement: <u>11.12</u> 24. Amount of disbursement: <u>11.12</u> 25. Amount of disbursement: <u>11.12</u>	26. Amount of disbursement: <u>11.12</u> 27. Amount of disbursement: <u>11.12</u> 28. Amount of disbursement: <u>11.12</u> 29. Amount of disbursement: <u>11.12</u>
Name: _____ Address: _____ City: _____	1. Type of Disbursement: _____ 2. Amount of disbursement: _____ 3. Amount of disbursement: _____	4. Date of disbursement: _____ 5. Amount of disbursement: _____ 6. Amount of disbursement: _____ 7. Amount of disbursement: _____	8. Amount of disbursement: _____ 9. Amount of disbursement: _____ 10. Amount of disbursement: _____ 11. Amount of disbursement: _____	12. Amount of disbursement: _____ 13. Amount of disbursement: _____ 14. Amount of disbursement: _____ 15. Amount of disbursement: _____	16. Amount of disbursement: _____ 17. Amount of disbursement: _____ 18. Amount of disbursement: _____ 19. Amount of disbursement: _____	20. Amount of disbursement: _____ 21. Amount of disbursement: _____ 22. Amount of disbursement: _____ 23. Amount of disbursement: _____	24. Amount of disbursement: _____ 25. Amount of disbursement: _____ 26. Amount of disbursement: _____ 27. Amount of disbursement: _____

Page 1 of 1 (Continued on page 1E)

Grand Total of all Disbursements: 1E

(Complete on last page of statement showing amounts owed by or to the committee)

8500X

Audit of the Committee's financial records on this statement shall be an continuing process, and shall be the duty of the Committee to keep the records up to date and to the satisfaction of the Committee.

Page 5 of 16

Committee  
 on the 28th  
 day of  
 October  
 2012

**135880 AND CANDIDATE**

**SCHEDULE 1E**

**CANDIDATE COMMITTEE**

1. Committee ID Number 135880  
 2. Committee Name CTE James Perna

1. Name and address of the person, partner or member of the committee who is the treasurer of the committee. (Check either one or both. Use only for the purpose checked.)

Name and address of person, partner or member of committee who is treasurer of committee	4. Type of Contribution (Indicate type and give any other information such as: a. Indicate date of contribution b. Amount c. Source of contribution d. Date	7. Date and amount of contribution	8. Contribution payment to date	9. Contribution balance of date of this report (Sum of line 9)
Name: <u>James Perna</u> Address: <u>38180 Saddle Lane</u> <u>Clinton Twp, MI</u> Date: <u>10/16/16</u> Amount: <u>\$5300.00</u>	4. Type: <u>Loan</u> 5. Date: <u>10/16/16</u> 6. Amount: <u>\$5300.00</u>	7. Date: <u>12/19/16</u> Amount: <u>\$500.00</u> <u>3/15/17</u> <u>4750</u> <u>1/1/18</u> <u>1/1/18</u> <u>1/1/18</u>	8. Contribution payment to date: <u>\$5250.00</u>	9. Contribution balance of date of this report: <u>\$50.00</u> <input type="checkbox"/> Repaid
Name: <u>James Perna</u> Address: <u>38180 Saddle Lane</u> <u>Clinton Twp, MI</u> Date: <u>10/31/16</u> Amount: <u>\$1800.00</u>	4. Type: <u>Loan</u> 5. Date: <u>10/31/16</u> 6. Amount: <u>\$1800.00</u>	7. Date: <u>1/1/18</u> <u>1/1/18</u> <u>1/1/18</u> <u>1/1/18</u> <u>1/1/18</u>	8. Contribution payment to date: <u>\$0.00</u>	9. Contribution balance of date of this report: <u>\$1800.00</u> <input type="checkbox"/> Repaid
Name: <u>James Perna</u> Address: <u>38180 Saddle Lane</u> <u>Clinton Twp, MI</u> Date: <u>11/3/16</u> Amount: <u>\$389.00</u>	4. Type: <u>Loan</u> 5. Date: <u>11/3/16</u> 6. Amount: <u>\$389.00</u>	7. Date: <u>1/1/18</u> <u>1/1/18</u> <u>1/1/18</u> <u>1/1/18</u> <u>1/1/18</u>	8. Contribution payment to date: <u>\$0.00</u>	9. Contribution balance of date of this report: <u>\$389.00</u> <input type="checkbox"/> Repaid

Page 1 of 1 (Continuing data)

2739.00

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

1. Date of contribution must be shown on this schedule. If there was an outstanding amount owed as of the starting date of the Campaign Statement or if there was a payment during the period covered by the Campaign Statement.

on 10/16

Signature of the Treasurer of the Committee  
 Date of the Statement  
 Page

2739.00



**MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS  
DEBTS AND OBLIGATIONS  
SCHEDULE 1E  
CANDIDATE COMMITTEE**

1. Committee ID Number 135880  
2. Committee Name CTE James Perna

This Schedule includes:

a. ☒ Debts and obligations owed by or to the committee OR b. ☐ Debts and obligations owed to or 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. <small>Check box to indicate whether debt is owed to an incorporated business. If debt is to a bank, please provide information regarding the endorser or guarantor, if any.</small>	4. Type of Obligation <small>(Indicate type and you may assign an expenditure code)</small> 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. Current Balance of this debt (Item 5 min 0)
Debt #1 Owed to or by: <input checked="" type="checkbox"/> Yes <u>James Perna</u> <u>38180 Saddle Lane</u> <u>Clinton Twp, MI 48036</u>	4. Type <u>Loan</u> 5. Date Debt Was Incurred <u>9-1-10</u> 6. Original Amount of Debt <u>\$ 3500.00</u>	<u>115</u> <u>115</u> <u>115</u> <u>115</u> <u>115</u>	\$ <u>        </u>	\$ <u>350</u> <input type="checkbox"/> FOREIGN
If bank loan, name of endorser or guarantor: _____ Amount Enclosed \$				
Debt #2 Owed to or by: <input checked="" type="checkbox"/> Yes <u>James Perna</u> <u>38180 Saddle Lane</u> <u>Clinton Twp, MI 48036</u>	4. Type <u>Loan</u> 5. Date Debt Was Incurred <u>9-27-10</u> 6. Original Amount of Debt <u>\$ 2000.00</u>	<u>115</u> <u>115</u> <u>115</u> <u>115</u> <u>115</u>	\$ <u>        </u>	\$ <u>2000</u> <input type="checkbox"/> FOREIGN
If bank loan, name of endorser or guarantor: _____ Amount Enclosed \$				
Debt #3 Owed to or by: <input checked="" type="checkbox"/> Yes <u>James Perna</u> <u>38180 Saddle Lane</u> <u>Clinton Twp, MI 48036</u>	4. Type <u>Loan</u> 5. Date Debt Was Incurred <u>10-17-10</u> 6. Original Amount of Debt <u>\$ 510.00</u>	<u>115</u> <u>115</u> <u>115</u> <u>115</u> <u>115</u>	\$ <u>        </u>	\$ <u>510.</u> <input type="checkbox"/> FOREIGN
If bank loan, name of endorser or guarantor: _____ Amount Enclosed \$				

Page 1 of 16 (Outstanding debt)

6010.

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

Page 7 of 16

Enter this on the 12a "total by" of the 12b "total by" of the Summary P.

6010.00



1  
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

11a Schedule 1E

a. I Debt and obligations owed by or for the committee OR b. I Debt and obligations owed to or for the committee.  
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or creditor 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 year 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: James Perna 3880 Saddle Lane Clinton Twp, MI 48026	4. Type _____ 5. Date Debt Was Incurred: 8-31-10 6. Original Amount of Debt: \$ 277.00	11 S 11 S 11 S 11 S 11 S	\$ _____	\$ 277.00 <input type="checkbox"/> FORGIVE

If bank loan, name of endorser or guarantor:

Amount Enclosed: \$

Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: James Perna 3880 Saddle Lane Clinton Twp, MI 48026	4. Type _____ 5. Date Debt Was Incurred: 8-31-10 6. Original Amount of Debt: \$ 277.00	11 S 11 S 11 S 11 S 11 S	\$ _____	277.00 <input type="checkbox"/> FORGIVE
--------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------	--------------------------------------	----------	--------------------------------------------

If bank loan, name of endorser or guarantor:

Amount Enclosed: \$

Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: James Perna 3880 Saddle Lane Clinton Twp, MI	4. Type: LOAN 5. Date Debt Was Incurred: 11-19-10 6. Original Amount of Debt: \$ 800.00	11 S 11 S 11 S 11 S 11 S	\$ _____	800.00 <input type="checkbox"/> FORGIVE
--------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------	--------------------------------------	----------	--------------------------------------------

If bank loan, name of endorser or guarantor:

Amount Enclosed: \$

Page Subtotal (Outstanding debt)

1354.00

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 that the closing date of this Campaign Statement or 2 days before during the period covered by this Campaign Statement.

Page 8 of 16

Enter name on the 12b "owed by" or the 12b "owed to" of the Summary Page

1354.00

DEPARTMENT OF STATE  
BUREAU OF ELECTIONS  
**DEBTS AND OBLIGATIONS**

**SCHEDULE 1E**

**CANDIDATE COMMITTEE**

1. Committee ID Number 135880

2. Committee Name CTE James Perna

This Schedule includes:

☒ I. Debts and obligations owed by or to the committee OR ☐ II. Debts and obligations owed to or by the committee.  
(Check either a or b, the only for the purpose checked.)

3. Name and Mailing Address of person, tender or creditor to whom debt is owed.  Click here to indicate whether debt is owed to an individual business. If debt is a bank loan, please provide information regarding the institution or guarantor, if any.	4. Type of Obligation (Indicate type and any other relevant information) 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 5 minus Item 8)
<b>Debt #1</b> <input type="checkbox"/> Conf <input type="checkbox"/> Yes <b>Creditor to:</b> <u>James Perna</u> <u>38180 Saddle Lane</u> <u>Clinton Twp, MI</u>	<b>4. Type</b> <u>Loan</u> <b>5. Date Debt Was Incurred:</b> <u>10-18-10</u> <b>6. Original Amount of Debt:</b> <u>\$ 2000.00</u>	<u>111 \$</u> <u>111 \$</u> <u>111 \$</u> <u>111 \$</u>	<u>\$</u>	<u>8000.00</u> <input type="checkbox"/> FORGIVE
Amount Enclosed \$				
<b>Debt #2</b> <input type="checkbox"/> Conf <input type="checkbox"/> Yes <b>Creditor to:</b> <u>James Perna</u> <u>38180 Saddle Lane</u> <u>Clinton Twp, MI</u>	<b>4. Type</b> <u>Loan</u> <b>5. Date Debt Was Incurred:</b> <u>10-19-10</u> <b>6. Original Amount of Debt:</b> <u>\$ 30.00</u>	<u>111 \$</u> <u>111 \$</u> <u>111 \$</u> <u>111 \$</u>	<u>\$</u>	<u>30.00</u> <input type="checkbox"/> FORGIVE
Amount Enclosed \$				
<b>Debt #3</b> <input type="checkbox"/> Conf <input type="checkbox"/> Yes <b>Creditor to:</b> <u>James Perna</u> <u>38180 Saddle Lane</u> <u>Clinton Twp, MI</u>	<b>4. Type</b> <u>Loan</u> <b>5. Date Debt Was Incurred:</b> <u>11-16-10</u> <b>6. Original Amount of Debt:</b> <u>\$ 2500.00</u>	<u>9 11/12/10 \$ 1000.00</u> <u>10 10/12/10 \$ 1500.00</u> <u>111 \$</u> <u>111 \$</u> <u>111 \$</u>	<u>2500.00</u>	<input type="checkbox"/> FORGIVE
Amount Enclosed \$				

Page Submitted (Outstanding debt)

2030

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 that the closing date of this Campaign Statement or if was forgiven during the period covered by this Campaign Statement.

Page 9 of 16

See also on the 12th "used by" or the 12th "used by" of the Summary Page

\$ 2030.00

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

1. Committee I.D. Number 135980

2. Committee Name CTE James Perna

This Schedule Requires:

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 to 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. Outstand Balance as of this part (Item 6 min Item 8)
<b>Debt #1</b> Corp? <input type="checkbox"/> Yes Owed to or by: <u>James Perna</u> <u>38180 Saddle Lane</u> <u>Clinton Twp, MI</u>	<b>4. Type:</b> <u>Loan</u> <b>5. Date Debt Was Incurred:</b> <u>3-1-11</u> <b>6. Original Amount of Debt:</b> <u>\$ 2500.00</u>	<u>1 1 \$</u> <u>1 1 \$</u> <u>1 1 \$</u> <u>1 1 \$</u>	\$ <u>          </u>	<u>\$ 250</u> <input type="checkbox"/> FOREIGN
If bank loan, name of endorser or guarantor: _____ Amount Enclosed: \$				
<b>Debt #2</b> Corp? <input type="checkbox"/> Yes Owed to or by: <u>James Perna</u> <u>38180 Saddle Lane</u> <u>Clinton Twp, MI</u>	<b>4. Type:</b> <u>Loan</u> <b>5. Date Debt Was Incurred:</b> <u>4-8-11</u> <b>6. Original Amount of Debt:</b> <u>\$ 165.00</u>	<u>1 1 \$</u> <u>1 1 \$</u> <u>1 1 \$</u> <u>1 1 \$</u>	\$ <u>          </u>	<u>165.</u> <input type="checkbox"/> FOREIGN
If bank loan, name of endorser or guarantor: _____ Amount Enclosed: \$				
<b>Debt #3</b> Corp? <input type="checkbox"/> Yes Owed to or by: <u>James Perna</u> <u>38180 Saddle Lane</u> <u>Clinton Twp, MI</u>	<b>4. Type:</b> <u>Loan</u> <b>5. Date Debt Was Incurred:</b> <u>4-29-11</u> <b>6. Original Amount of Debt:</b> <u>\$ 5300.00</u>	<u>1 1 \$</u> <u>1 1 \$</u> <u>1 1 \$</u> <u>1 1 \$</u>	\$ <u>          </u>	<u>5300</u> <input type="checkbox"/> FOREIGN
If bank loan, name of endorser or guarantor: _____ Amount Enclosed: \$				

Page Subtotal (Outstanding debt)

5715

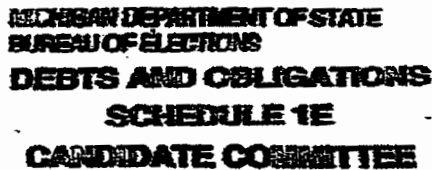
Grand Total of all Schedules 1E  
 (Complete on last page of Schedules showing amounts used by or to the committee)

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.

Page 10 of 16

Enter this 1  
 on line 12a  
 "used by"  
 line 12b "to"  
 of the  
 Summary I

\$ 5715.00



## 2 Committee Name

CTE James Perna

### **This Schedule Reimburses:**

If bank loan, name of lender or organization		Amount Repaid \$	
Date: <u>88</u> Cashed <input type="checkbox"/> Yes	1. Type of loan: <u>LOAN</u> 2. Date first payment: <u>8-27-92</u> 3. Original amount of debt: <u>\$ 250.00</u>	<u>115</u> <u>115</u> <u>115</u> <u>115</u> <u>115</u>	<u>250</u> <input type="checkbox"/> FOR
Owed to or by: <u>JAMES PERNA</u> <u>3518 SPOOLE LA</u> <u>CLINTON TWP NJ</u>			

\$2500.00



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

1. Committee I.D. Number 138550  
2. Committee Name CTE JAMES M. PERNA

This Schedule includes:

a. ☐ Debts and obligations owed by or to 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 (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of cash payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Line 5 minus line 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> 5. Date Debt Was Incurred: <u>11-2-12</u> 6. Original Amount of Debt: <u>\$ 2,500.00</u>	\$ \$ \$ \$ \$	\$ \$ \$ \$ \$	\$ <u>2500</u> <sup>00</sup> <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> 5. Date Debt Was Incurred: <u>10-25-12</u> 6. Original Amount of Debt: <u>\$ 1,500.00</u>	<u>8/2/16 \$ 500.00</u> <u>8-15-16 \$ 1000.00</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: <u>JAMES M PERNA</u> <u>38180 SADDLE LA</u> <u>CLINTON TWP MI</u> <u>48036</u>	4. Type <u>LOAN</u> 5. Date Debt Was Incurred: <u>11-5-12</u> 6. Original Amount of Debt: <u>\$ 800.00</u>	\$ \$ \$ \$ \$	\$ \$ \$ \$ \$	\$ <u>800</u> <sup>00</sup> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

3300<sup>00</sup>

Grand Total of all Schedules 1E

(Complete on last page of Schedules 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

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 contains:

☐ Debts and obligations owed by or forgiven the committee OR ☐ Debts and obligations owed by 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>10-29-12</u> 6. Original Amount of Debt: <u>\$ 2500.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>2500</u> 18 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Enforced: \$ _____				
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>10-31-12</u> 6. Original Amount of Debt: <u>\$ 600.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>600</u> 00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Enforced: \$ _____				
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>11-1-12</u> 6. Original Amount of Debt: <u>\$ 3456.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>3456</u> 00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Enforced: \$ _____				

Page Subtotal (Outstanding debt)

6550.00

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

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 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 guarantor, 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 Owed to or by: <input type="checkbox"/> Corp? <input type="checkbox"/> Yes 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 Owed to or by: <input type="checkbox"/> Corp? <input type="checkbox"/> Yes 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 Owed to or by: <input type="checkbox"/> Corp? <input type="checkbox"/> Yes JAMES M PERNA 38180 SADDLE LA CLINTON TWP MI 48036	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>10-26-14</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)

2,976.00

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

Page 14 of 16



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

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

1. Committee I.D. Number

135880

2. Committee Name

CITIZENS TO ELECT JAMES M 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 8 minus item 6)
Debt #1 Owed to or by: Corp? <input type="checkbox"/> Yes JAMES M PERNA 38180 SADDLE LA. CLINTON TWP MI 48036	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>10-1-14</u> 6. Original Amount of Debt: <u>\$ 100.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>100.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #2 Owed to or by: Corp? <input type="checkbox"/> Yes JAMES M PERNA 38180 SADDLE LA. CLINTON TWP MI 48036	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>10-10-14</u> 6. Original Amount of Debt: <u>\$ 300.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>300.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #3 Owed to or by: Corp? <input type="checkbox"/> Yes JAMES M PERNA 38180 SADDLE LA. CLINTON TWP MI 48036	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>7-30-14</u> 6. Original Amount of Debt: <u>\$ 100.00</u>	1-8-15 \$ <u>100.00</u> \$ \$ \$ \$	\$ <u>100.00</u>	\$ <u>0</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt)

400.00

Grand Total of all Schedules 1.  
(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

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 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 Owed to or by: <u>JAMES M PERNA</u> <u>38180 SADDLE LA</u> <u>CLINTON TWP MI 48036</u> Corp? <input type="checkbox"/> Yes	4. Type: <u>LOAN</u> Code _____ 5. Date Debt Was Incurred: <u>10-25-16</u> 6. Original Amount of Debt: <u>\$ 1049.51</u>	<u>1 / 1</u> \$ <u>1 / 1</u> \$ <u>1 / 1</u> \$ <u>1 / 1</u> \$		<u>1049.51</u>  <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #2 Owed to or by: _____ _____ _____ Corp? <input type="checkbox"/> Yes	4. Type: _____ Code _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: _____ \$ _____	<u>1 / 1</u> \$ <u>1 / 1</u> \$ <u>1 / 1</u> \$ <u>1 / 1</u> \$		<input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #3 Owed to or by: _____ _____ _____ Corp? <input type="checkbox"/> Yes	4. Type: _____ Code _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: _____ \$ _____	<u>1 / 1</u> \$ <u>1 / 1</u> \$ <u>1 / 1</u> \$ <u>1 / 1</u> \$		<input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt)

1049.51

Grand Total of all Schedules 1E

(Complete on last page of Schedule showing amounts owed by or to the committee)

87206.27

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

**FUND RAISER SCHEDULE 1F  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 13588C  
2. Committee Name CTE JAMES PERNA

**- USE A SEPARATE SHEET FOR EACH EVENT -**

3. Date Event Was Held <u>9</u> <u>21</u> <u>2016</u> Month Day Year	4. Number of Individuals Attending or Participating (whichever is greater) <u>35</u>	5. Type of Fund Raising Activity <u>RECEPTION</u>	6. Address and Name (if any) of the place where the activity was held <u>SAJOS RESTAURANT</u> <u>36470 MORAVIAN</u> <u>CUNYON TWP</u> <input type="checkbox"/> Private Residence
----------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------	------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

7. Total Contributions

5100.00

8. Other Receipts

—

9. Gross Receipts (Add lines 7 and 8)

5100.00

10. Total Cost of Event

(Total Cost includes In-Kind Contributions  
and All Expenditures Made For the Event)

750.00

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)

Contribution Split  
(%)

Expenditure Split  
(%)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.

Page 1 of 1