

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

#### FILED

### 16 OCT 28 AM 8: 04

### CANDIDATE COMMITTEE COVER PAGE

HACOMS COUNTY CLERK HE, CLEMENS, HIGHIGAN

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: 8 23 20/Go 10 23 20/G			
1. Committee I.D. Number 13588 C	4. Candidate Last Name PERHA First Name JAMES M.I. M			
2. Committee Name CITIZENS TO ELECT SAMES PERHA	4a. Office Sought Including District # or Community Served (If applicable)  COUNTY CUPT 内 i SSION GR  4b. County of Residence MACOM 3			
5. Committee's Mailing Address  38180540015 LANG  CLINTON TOP M I 48036  Area Code and Phone 3/3 5309407  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 SANDLE LA- CLINTON TUP MI 48036 Area Code & Phone (313) SIG 9407			
7. Treasurer's Business Address 38/805ADOLE LA- CLINTON TUP M; 48036	Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)			
Area Code and Phone (3/3) 530 9 4 67	Area Code and Phone (			
9. TYPE OF STATEMENT  9a.  Pre-Election OR 9b. Pos  Pre-Election or Post-Election Statement relates to:	or 9e to indicate which Statement is being amended)  9e.   Dissolution of Candidate Committee			
☐ Convention ☐ Sch	Effective Date of Dissolution			
Date of Election, Convention or Caucus  // 8 20/6  Month Day Year	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.				
	used in the preparation of this statement and attached schedules (if any) and to the best of and complete.			
Current Treasurer or Designated Record keeper James Perna Type or Print Name	Date 10 28 2016  Mo Day Year			
Candidate JAMES FERMA  Type of Print Name	Date /O 2.6 2.0 /C			

Authority granted under P.A. 388 of 1976



### MICHIGAN DEPARTMENT OF STATE Bureau of Elections

. Committee I.D. Number 135880
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2. Committee Name

Citizens To Elect James M. Perna

### SUMMARY PAGE CANDIDATE COMMITTEE

RECEIPTS	Column I	Column II
3. Contributions	This Period	Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 6149.51	
b. Uniterrized (less than \$20.01 each - no Schedule)	(3b.) \$	
c. Subtotal of "Contributions"	(3c.) \$ 6149.51	(18.)\$ 7805.51
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.) \$	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ 6217-33	<u> </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.) \$
(NCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
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.)\$ 87206.27	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
	BALANCE STATEMENT	
13. Ending Balance of last report filed	(13.)\$ <u>/33-80</u>	
(Enter zero if no previous reports have been filed.)  14. Amount received during reporting period	(14.)+6149-51	,
(Line 5, Total Contributions & Other Receipts)	(15.)= 6283-31	
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period	(16.). 62/733	
(Add lines 9 and 11) 17. ENDING BALANCE	(17.)\$ 65.98.	
(Subtract line 16 from line 15)	,	

NOTE: Direct contributions, in-kind contributions, ioans, 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



# ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Num	hber <u>/33 පිළි G</u>	_
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? YES 4. Date of Receipt 10-6-16  Name: FRANK TORRE JR  Address: 1450 GU ARTUN RD		
BLOOM FIFELD; MI 48304  5. If over \$100.00 cumulative, please provide:  Occupation Company Free Employer 5627  Business Address 1450 FUARITH RD BLOOM FIFE OM, 48304  Type of Contribution: Direct Loan from a person Fund Raiser	300.00	300.00
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 9-15-16  Name: ALPHOONSE LUCARELLI		
Address: 19025 PARKE LANE  ERCSSG ILE MI 48136  5. If over \$100.00 cumulative, please provide:  Occupation RETIREO Employer SELF	25th 0C	250.CC
Business Address  Type of Contribution: Direct Loan from a person X Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 9-19-16  Name: KAY SCHWARZBERG- 37 CROCKER BLUD  Address: MT CLEMEUS M1 48017	50,00	50.00
5. If over \$100.0 cumulative, please provide:  Occupation ATTY Employer SGZZ  Business Address 37 CROCHEN BLUD MT, CLEMENS MI 46071  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 9-17-16  Name: Sahn BECKER  26129 WINDHAM DR- Address: MACO: DA MI 48044	160.00	100,00
5. If over \$100.00 cumulative, please provide:  Occupation RETIRED Employer SEL 7  Business Address  Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of Ali Schedules 1A (Complete on last page of Schedule)	900.00	

Enter this total on line 3a of Summary Page

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MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

## ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Number \_\_\_

13588C

2. Committee Name CTE JAMES PERHA

CANDIDATE COMMITTEE		
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? X YES 4. Date of Receipt 9-16-15  Name: JACK BRANDEN BURG LIBERTY PAC  37596 HURELY POINTE DR-  Address: HARRISON TWP M; 48645-	200.00	200. CG
5. If over \$100.00 cumulative, please provide:	200.00	
Occupation ELECTED CIFFICAL Employer STATE OF MICH.		
Business Address 37556 HOLES POINTS DR HARRISON TOP MI  Type of Contribution: Direct Loan from a person		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 9-15-16  Name: STEPHEN R SAPH & R  44 M ACCING PL-  Address: MT. CLEMENS M1 48046		(
5. If over \$100.00 cumulative, please provide:	100-CC	780.00
Occupation INSURANCE Employer SEL7		
Business Address 44 MAC U:M B PL M T C LEMENS M; 45C46  Type of Contribution: Direct Loan from a person X Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 9-13-16  Name: CRF., LLC  Address: 405 N OLD U.5 2 3  3RIGHTOL MI 46114  5. If over \$100.00 cumulative, please provide:	200.00	2 ლ დ. ტ Q
Occupation CPA Employer SEL 7		
Business Address 405 / 02x) 05 23 3 R 16-A47 0 x / M i  Type of Contribution: Direct Loan from a person X Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 9-8-15  Name: 1656PH 901CARI  Address: 37523 H1006N UALLEY CT-  Address: CLIHTON TWP M1 46636  5. If over \$100.00 cumulative, please provide:	100.00	/ 0 0 · C O
Occupation OWNER - Employer SEL 7		
Business Address 37523 HODE A CALLEY CT CLIFTON TWO Properties Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	606.00	

Enter this total on line 3 of Summary Page.

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MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

## ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Com	nmitte	e I.D.	Number	<i>i35</i> &&C	
	•••		C -	Cames	Penu

CANDIDATE COMMITTEE		
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? YES 4. Date of Receipt 9-8-16  Name: Luciano Gianino  Address: 40256 Emerino Linux  Climto in the 2 mi 48038  5. If over \$100.00 cumulative, please provide:	100.00	100.CC
Occupation Owner. Employer SGL 7  Business Address 39091 GARFELD CLIPTON TWO M   4903 C  Type of Contribution: Direct Loan from a person X Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt Name: 70 M - UITALE  Address: 3585 UEDGGCCC.3 DR ROCHGSTER HILLS MI - 4830 6  5. If over \$100.00 cumulative, please provide:  Occupation Cangle Employer A4 & Am C  Business Address 14 m I UARREL MI Type of Contribution: Direct Loan from a person X Fund Raiser	<b>20</b> 0. <b>C</b> C	200.CC
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt  Name: Louis Ames  17 154 FAIR AT DR  Address: i) ETRO: T IN 1 46221  5. If over \$100.00 cumulative, please provide:	200.00	200.00
Occupation Occupation Employer SGL →  Business Address 17/54 → ARR WAY DR - DST M 1 48221  Type of Contribution: Direct Loan from a person X Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 9-6-16  Name: DONE GOLLEY 30670 NURSUER 2D  Address: HARRISON TUP IN 1 46045  5. If over \$100.00 cumulative, please provide:	100.00	/00.0C
Occupation RETRES Employer SEL 7  Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtolal Grand Total of All Schedules 1A (Complete on last page of Schedule)	600,00	

Enter this total on line 3 of Summary Page.

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MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

## ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Nun	nber	13588	C
2. Committee Name_	C76	VAMES	PERNA

OANDIDATE COMMITTEE		
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? YES 4. Date of Receipt 7-11-16  Name: 70:n Ne INNES  Address: 22 46 9 REVERE ST.  S.U.S. in I 48080  5. If over \$100.00 cumulative, please provide:	100-00	100-00
Occupation RETIRED Employer SELF		
Business Address  Type of Contribution: Direct Loan from a person  Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 9-21-16  Name: ICEUIN ROCHE  Address: S.C.S M   4808C  5. If over \$100.00 cumulative, please provide:	100.00	100.00
Occupation RETIGED Employer_		
Business Address  Type of Contribution: Direct Loan from a person Y Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 9-2/-16  Name: KEN NELSON  ##662 FINESTEEL DR.  Address: STERLING HETS MI 483/3	100.00	100.00
5. If over \$100.00 cumulative, please provide:		
Occupation Ounce Employer SGL 7		
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt Name: comp for RAY CONTRIBUTE 1/68/64LLAGHER ST- Address: HAMTRAMCR M1 482/3	100.00	100.00
5. If over \$100.00 cumulative, please provide:		·
Occupation RETREID Employer		
Business Address  Type of Contribution: Direct Loan from a person X Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	400.00	
	1	(

Enter this total on line 3 of Summary Page.

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MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

### ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number	13588¢

SCHEDULE 1A  CANDIDATE COMMITTEE  2. Committee Name	TE SAMES	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? YES 4. Date of Receipt 9-18-16  Name: MKHAEL A LOCKICCHIC  Address: 38202 SADOLE LA.  CLIATON TWO MI 4803 C  5. If over \$100.00 cumulative, please provide:  Occupation ATTY Employer SELZ  Business Address 1800 W Bi6- BEAUTH RD. TROY MI 48084	100.CC	/oo.c0
Type of Contribution: Direct Loan from a person Fund Raiser  3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 9-78-76  Name: RAY WARNER  Address: SC707 OTTER CREEK-10R.  SHELBY TWO MI 48312	100.CC	/00.0C
5. If over \$100.00 cumulative, please provide:  Occupation D; R = Employer B C B S IN S -  Business Address Coc E LAF AYETTE DET 4622 C  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 9-19-16  Name: JOSEPH THOMAS  Address: 2600 W. BIL BEAUER RD  5. If over \$100.00 cumulative, please provide:  Occupation A77 Y Employer SEL 7  Business Address 2600 W. BIE BEAUER TROY MI 48084	200,00	<b>2</b> 00.00
Type of Contribution: Direct Loan from a person X Fund Raiser  3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 9 - 2/-/6		
Name: 2011CIFF BLARGIR  Address: 1002 Somerson Aug.  Address: 6 P M 1 48230  5. If over \$100.00 cumulative, please provide:	100.00	100.00
Occupation Direct Employer HEALTH CARE  Business Address 1002 50 MEN SET AME G.P. M.) 98230  Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	500 00	

(Complete on last page of Schedule)

Enter this total on line 3 of Summary Page.

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MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

### SCHEDULE 1A

1. Committee I.D. Number	er	2 88 C	
2. Committee Name	CTE	JAMES	Penn

CANDIDATE COMMITTEE		
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. Curnulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 9-19-16  Name: TIMOTHY MC QUIRE  935 N WASHINGTON  Address: LAHSING MI 4870 G  5. If over \$100.00 cumulative, please provide:	100.00	100.CC
Occupation DIR Employer MAC.  Business Address 735 ~ WASHINGTON LANSING MI  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 9-12-16  Name: Dey Ten. DORIS L46-  Plo Bo'x 38368  Address: Dey mi 48238  5. If over \$100.00 cumulative, please provide:  Occupation Owler Employer Siels  Business Address Plo Box 38368 Dey mi 48238  Type of Contribution: Direct Loan from a person Fund Raiser	/000.0C	7600.CC
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7/6/16  Name: \$\frac{\partial \text{R} \text{IM C}}{\partial \text{A} \text{ICSSAMDRC}}\$  Address: \$\frac{\partial \text{C} \tex	200.CC	200.00
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 9-19-16  Name: PAUL STANTOLD  233 STEPHENS: Address: G_P FARMS M   4823 C  5. If over \$100.00 cumulative, please provide:  Occupation Owner Employer STANTOLD CASALLA C  Business Address 2/7// MICH AUE OCARBUL No. 4812 9  Type of Contribution: Direct Loan from a person I Fund Raiser	250.0C	250.0C
Page Subtotal Grand Total of Ali Schedules 1A (Complete on last page of Schedule)	1.550-00	

Enter this total on line 3 of Summary Page.

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MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

AU OF ELECTIONS ITEMIZED CONTRIB

## SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Numb	er	13288	<u> </u>
2. Committee Name	CTG	SAMES	PERMA

CANDIDATE COMMITTEE		
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? YES 4. Date of Receipt 7.21-16  Name: JOSEPH A MCMANAN  Address: 36352 DELTA  CLIMTON TWO MI 48036  5. If over \$100.00 cumulative, please provide:  Occupation OCOLER Employer SELF  Business Address 38352 DELTA CLIMTON TWO 49036  Type of Contribution: Direct Loan from a person Fund Raiser	200.00	2 00.CC
Type of continuous Element		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 9.29-1C  Name: MAHA KHALIL  SIIT VILLAGE COMMONS. DR -  Address: WSST ALCOMFIGED M 1 49322  5. If over \$100.00 cumulative, please provide:  Occupation Accessification Find Find Find Find Find Find Find Raiser  Business Address 3/500 W- 13 MI - JARMING-TOIN M1 48333 Y  Type of Contribution: Direct Loan from a person Fund Raiser	2.50.CC	250.CC
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10 -3-16  Name: MARI WOCKHISER  Address: PLY MOUTH MI 4870  5. If over \$100.00 cumulative, please provide:  Occupation OWNER Employer SIGMA PHIAMERAL	100-00	/ 00 - 0 C
Business Address 787 5. MAIN 57. PLYMOUTH M1 46/70  Type of Contribution: Direct Loan from a person Fund Raiser	ŕ	
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 9-15-16  Name: MALTER CYTACK!  P/C BUY 18247  Address: RIVER RODGE MI 48219  5. If over \$100.00 cumulative, please provide:  Occupation OWNER Employer SELD MICHI MARINE  Business Address P/C BOX 18 W7 RIV. ROGE MI  Type of Contribution: Direct Loan from a person X Fund Raiser	200.00	1_ပ ေ.ထ
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	150.00	

Enter this total on fine 3 of Summary Page.

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MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

## ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Number _	135680	
2. Committee Name	CTESAMES	PERMA

CANDIDATE COMMITTEE		
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? YES 4. Date of Receipt 9-30-16  Name: JAMES PERITA  38/80 SAPOLE LA  Address: CLIMTON TOUR PM 1 48036	1049-51	
5. If over \$100.00 cumulative, please provide:		
Occupation RETTRES Employer		
Business Address  Type of Contribution: Direct  Loan from a person  Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt Name:		٠
Address:		
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
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:		
OccupationEmployer		
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser		
Contribution # 4 PAC Receipt? YES 4. Date of Receipt  Name:		
Address:		
5. If over \$100.00 cumulative, please provide:		
CocupationEmployer		
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser		
Type of Contribution: Direct Loan from a person 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.

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### MICHIGAN DEPARTMENT OF STATE Bureau of Elections

## SCHEDULE 1B CANDIDATE COMMITTEE

. Committee I. D. Number_	/3 <i>58</i> 80
. COMMINUES I. D. NUMBEL_	

2. Committee Name CTE SAMES PERHA

CANDIDATE COMMITTEE			
Name and address of person or vendor to whom paid	Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1			
CAG NEWSPAPER	Purpose: AD	10-11-16	410.00
Address 13650 // MILERO			
MARREN MI 48089	Expenditure Code PA		
☐ Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Nome PENINSULA STRATEGIES	Purpose: AD	6.31-16	150.00
P/080x 287			
Address REED m/ 49677	Expenditure Code		
☐ Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement.		
Expenditure #3			
Name PENINSULA STRATEGIES PLUBOY 287	Purpose: ROSO CALLS	10.3-16	200.00
Address RE20 M1 49677	Expenditure Code _<~		
☐ Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	-	
Expenditure #4			
Name PENINSULA STRATEGIES PLO BOX DET	Purpose:	105-16	120.00
Address Rezo MJ 49677	Expenditure Code		
☐ Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name THE ITALIAN TRIBUNE PLO BOX 380407	Purpose: A D	10-1-16	377.00
Address CLINTON TUP MI 48038	Expenditure Code		
☐ Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		·
			1207.00
	Subtotal this Grand Total of all Schedu (Complete on last page of Sc	iles 1B	

Enter this total on line 8a of Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

Page \_\_/\_ of \_\_3\_\_\_

Authority granted under P.A. 388 of 1976

CFR Rev 7/1999c-1b

#### MICHIGAN DEPARTMENT OF STATE **Bureau of Elections**

### ITEMIZED EXPENDITURES SCHEDULE 1B

1, Committee I. D. Number	/3 588 0
2. Committee Name	JAMES PERHA

CANDIDATE COMMITTEE			
Name and address of person or vendor to whom paid	Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1  Name SAJOS RESTAURANT  Address 3647 OMORAUMAN DR  CLIMTON TWO MI  48035	Purpose: RECEPTION  Expenditure Code FE  Check box if this expenditure is payment of debt or obligation reported on previous statement	9-29-16	725.0°
Expenditure #2			-
Name AM ERICAN GRAPHICS  34895 GROESBECK.  CLINTON TUDO MI  48035	Purpose: 57AT7U4AQV  Expenditure Code PA  Check box if this expenditure is payment	9-26-16	102-82
Fund Raiser	of debt or obligation reported on previous statement		
Expenditure #3			
Name PEHANASULA STRATEGIES	Purpose:COMSTDLTATICAL  Expenditure CodeCIY	16.9-16	145-51
iR€€0 m   49€77	☐ Check box if this expenditure is payment of debt or obligation reported on previous statement		
Name GREAT LARES CONS - D207 COLLEGE ILD	Purpose:	9-24-16	100.0C
Address HOLT MI 48842	Expenditure Code _C^/	]	1
☐ Fund Raiser	☐ Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5  Name THE ITALIANA TRIBUNE  Address Plo 3 0's 360 407  CHATRA TUP MI-  48038	Purpose:	10-25-16	19722 C
	Subtotal thi Grand Total of all Schedi (Complete on last page of Sc	ules 1B	/350-33

Enter this total on line 8a of Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

Page \_\_\_\_\_ of \_\_\_\_\_ Authority granted under P.A. 388 of 1976

CFR Rev 7/1999c-1b



#### MICHIGAN DEPARTMENT OF STATE **Bureau of Elections**

ITEMIZED EXPENDITURES	ì
SCHEDULE 1B	
CANDIDATE COMMITTEE	

1. Committee I. D. Number	135880	<u> </u>
2. Committee Name C7G	SAMES	PERH A

Name and address of person or vendor to whom paid	Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1  Name CAS HGUS PAPGE	Purpose: AD	9.1616	410.00
Address 13650 11 MILE RD. WARREN MI 48089	Expenditure Code PA		4,5,-
☐ Fund Raiser	<ul> <li>Check box if this expenditure is payment of debt or obligation reported on previous statement</li> </ul>		
Expenditure #2  Name JAMES PERNA  Address 38184 SADOLE LA	Purpose: LOALS PAY BACK	9-2316	/000. GC
CUNTOWN TUD MI  48036  Fund Raiser	Expenditure Code  Check box if this expenditure is payment of debt or obligation reported on previous statement		·
Expenditure #3  Name JAMES PERHA	Purpose: LOAL PAY BACK	927-16	750.00
Address 3818C SAPOLE LA-  CLIMTON TWO MI  48036	Expenditure Code  Check box if this expenditure is payment of debt or obligation reported on previous statement		
Name Sames PERMA 38186 SADDLE CA	Purpose: Land Phy Back	10-5-16	/500.0C
Address  CLIPITOLA TO MI  U8036	Expenditure Code  Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name	Purpose:		
Address	Expenditure Code		
☐ Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
	Subtotal th		3660.00

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

Enter this total on line 8a of Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

Authority granted under P.A. 388 of 1976

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MECHOAN DEPARTMENT OF STATE

**DEBTS AND OBLIGATIONS** 

SCHEDULE 1E

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MICHBAN DEPARTMENT OF STATE BUREAU OF ELECTIONS DEBTS AND OBLIGATIONS 1. Commission LD. Nimber SCHEDULE 1E 2 Committee Name CTE CANDIDATE COMMITTEE chairfe Bushes: a. I Dates and obligations could be or longicen the committee œ b. I Debts and obligations would to or forgiven by the committee. (Cheskellera or b. Use only for the propose checked.) a. Name and Mailing Address of passon, waster or 4. Type of Obligation B. Commission 7. Date and anomal of Prancis is surject to whom debt to const. (notice type and you may assign an appending code) 6. Indiguis date delivers each payment Check bux to indicate whether debt is could to en incorporated traciasse. If debt to a bent toen, places provide information regarding the continuous or 6. Indicate orbital amount gustantes, Fany. of delt Coupt TYE Cettéi 4 Time LOGIO Carditoorby S. Date Beld Tag Insured: 25000 if bank han, name of emiorser or guerentor. Amount Budgeset S Debt #2 Outdoor by:

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### MECHEGAN DEPARTMENT OF STATE \* BUREAU OF ELECTRONS

#### **DEBTS AND COLIGATIONS** SCHEDULE 1E

1. Complice UD. No.		13000	<u>)</u>	
2. Committee Name	CIE	James	4	erna

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DEBTS AND OBLIGATIONS	1. Committee LD. Number	130330		
SCHEDULE: 1E	~~ <u>~</u>	JAMES F.	EDUD	
CANDIDATE COMMITTEE	2. Committee Name	Verious /	<u> </u>	
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B_Debts and obligations owedby or forgiven the (	committee OR b. Debt Check either a or b. Use only for the pu	s and obligations owed <u>to</u> or spose chacked.)	forgiven by the co	nmiliae.
3. Name and Mailing Address of person, ventor 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 team, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Occuription) 5. indicate date debt was incurred 6. Indicate original amount of debt	7. Date and arrount of each payment	8. Commitative payment to date on debt	9. Outstanding Balance at close of this period (liam 6 minus Itum 8)
Debt #1 Corp? Yes Owed to or by:	4 Type LOAN	\$		•
JAMES M PERNA	5. Date Debt Was Incorrect:	\$		
38180 SADOLE LA	11-19-12	•		
CLINTON THE P MI	6. Original Amount of Debt	2	\$	\$3.00d.00
48036	\$2000.00			FORGIVEN
MS		<u> </u>	_	
If bank loan, name of endorser or guarantor.		AGRO	unt Endorsed: \$	
Defit 52 Corp? Yes Owarf to or by:	4. Type Loan	8		
JAMES M. PERNA-	5. Date Beht Was Incurred:	\$		
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Debt #3 Corp? Yes	4. Type: LO Avia	s		
Owed to or by:	5. Date Beht Was Incorred:	<u> </u>		
sames in Peaus	10-26-14			
22180 SAND LE CAME	6. Original Amount of Debt		<b>s</b> .	<b>\$</b> 830.00
CLIHTON TWP BA!	830,00	<u> </u>	~ <u></u>	FORGIVEN
<del>48</del> 036		\$		Target - Grandelle
If bank toan, name of endorser or guarantor:		An	ount Endorsed: \$_	
	•			2.7/6.00
		Page Subtotal (	Outstanding debt)	
	(Complete on last page of Schedule si	Grand Total o toviko amounte owed by o	fall Schedules 1E	en for Votas en en en en
A debt or obligation must be shown on this Scho	vinita II thoma was an ariestandhan an	result owned on that the ele		Enter this total on line 12a "owed by" or line 12b "owed to" of the
this Compaign Statement or it was forgiven during	ny uso pennod covered by filile Camp:	age Saloment.		Summary Page
Page 14 of 16	•			

Oct 28 16 10:17a



Debts	AND	OBL	IGA	TIQ	NS
	A 40 Am		. —		

*1358*86 1. Committee I.D. Number

SCHEDULE 1E

2 Committee Name CITIZENS to ELECT SAMES IN PERMA CANDIDATE COMMITTEE This Schedule itemizes: Debts and obligations owed by or forgiven the committee CR 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 4. Type of Obligation 7. Date and amount of 8. Cumulative 9. Outstanding payment to Balance at close financial institution to whom debt is owed. each payment (Description) 5. Indicate date debt was date on debi of this period Check box to indicate whether debt is owed to an incurred (llem 8 minus 6. Indicate original amount incorporated business. If debt is a bank loan, please provide information regarding the endorsers or of debt guarantors, if any. Debt #1 Corp? Yes 4. Type: LOAN Owed to or by: JAMES MPERNA S. Date Debt Was Incurred: 38180 SADDLE LA-10-1-14. CLIMTON TWO ms 6. Original Amount of Debt 48036 FORGIVEN 100.00 If bank loan, name of endorser or guarantor. Amount Endorsed: \$ Debt #2 Owed to ar by: JAMES M PERGAR BERGER 5. Date Debt Was Incurred: 10-10-14 6. Original Amount of Debt 48035 \$ 30000 FORGIVEN if bank loan, name of endorser or guarantor: Amount Endorsed: \$ Deht #3 4 Type: LLAW Owed to or by: \$100.00 JAMES IN PERMA 5. Date Debt Was Incorred: 7-30-14 38:80 Sassie LA. CUHTUM THE MI WEBESC 6. Original Amount of Deht \$100.00 S 100.00 FORGIVEN if bank loan, name of endorser or guarantor: Amount Endorsed: \$

Page Subtotal (Outstanding debt)

Grand Total of all Schedules 1. (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 falls Campaign Statement.

Enter this total on line 12a "owed by or line 12b ent to "of bewo" Summary Page

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#### MICHIGAN DEPARTMENT OF STATE

Bureau of Elections

## DEBTS AND OBLIGATIONS SCHEDULE 1E CANDIDATE COMMITTEE

1. Committee I.D. Number	/358	원 C
2. Committee Name	CTE SAM	ES PERNA

This Schedule itemizes:				
a. LiDebts and obligations owed <u>by</u> or forgiven the co	ommittee OR b. L. De ck either a or b. Use <b>o</b> nly for the pu	bts and obligations owed to	or forgiven by the	committee.
Name and Mailing Address of person, vendor or financial institution to whom debt is owed.	4. Type of Obligation (Indicate type and you may)	7. Date and amount of each payment	8. Cumulative payment to	9. Outstanding Balance at close
manical manacion to whom best is sweet.	assign an expenditure code)	Cadir payment	date on debt	of this period
Check box to indicate whether debt is owed to an	5. Indicate date debt was			(Item 6 minus
incorporated business. If debt is a bank loan, please provide information regarding the endorsers or	incurred 6. Indicate original amount			Item 8)
guarantors, if any.	of debt			
			<del></del>	
Debt #1 Corp? ☐ Yes	4. Type: <b>LOAN</b>			
Owed to or by:		/ / \$	1	
JAMES IN PERILA	Code			1049.51
	5. Date Debt Was Incurred:		ļ	
3818C SADDLE LA	6. Original Amount of Debt:	/ / <b>s</b>		
CLINTON TWO MI 48036				FORGIVEN
	\$ 1049-51			1 1
If bank loan, name of endorser or guarantor:		Amou	nt Endorsed: \$	
in bank toars, frame or encorser or guarantor.		Allou	III E ROUSSE.	
Debt #2 Corp? ☐ Yes	4. Type:			
Owed to or by:	0-1-	//\$		
	Code			
	5. Date Debt Was Incurred:			
	6. Original Amount of Debt:			
	\$	\$		FORGIVEN
		ı	,	,
if bank loan, name of endorser or guarantor:		Amou	unt Endorsed: \$	
Debt#3 Como? ☐ Yes	4. Type:	/ / \$		
Owed to ar by:			Í	
·	Code			
	5. Date Debt Was Incurred:	\$		
	6. Original Amount of Debt:			
	\$			FORGIVEN
	1			•
If bank loan, name of endorser or guarantor:			unt Endorsed: \$	
		Page Subtotal (Outstan	ding debt)	1049.51
(Complete	le on last page of Schedule showin	Grand Total of all Scho		81206-27
Сопре	or save page of Contentie allowin	a amount of the by or to the		Enter this total
				on line 12a "owed by™ or

#### 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.

Page 16 of 16 Authority granted under P.A. 388 of 1976

CFR REV 7/1999c-1e

iine 12b "owed

Summary Page

to" of the



### FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

1. Committee I.D. Number	<u> </u>
2 Committee Name (	TE SAMES PERNA

	- USE A SEPARATE SH	IEET FOR EACH EVENT	
3. Date Event Was Held  9 21 2016  Month Day Year	4. Number of Individuals Attending or Participating (whichever is greater)  3.5	5. Type of Fund Raising Activity	6. Address and Name (If any) of the place where the activity was held SAJOS RESTAURANT 36470 MCRAU IAN TURN Private Residence
7. Total Contributions	5100.	oc	:
8. Other Receipts	***************************************		
9. Gross Receipts (Add lines 7	and 8)5/00_C		
10. Total Cost of Event (Total Cost includes In-Kind Co		) 0	
and All Expenditures Made Fo	•		
11. Check if event was a ju	oint fund raiser and complete the	e following:	
Co-Sponsor(s)	Contribution (%)	Split	Expenditure Split (%)
		***************************************	
	:		
			ett. )
<ul> <li>period covered by the</li> <li>Receipts and expendit</li> </ul>	ired to file a separate Fund Rais Campaign Statement. ures listed on a Fund Raiser Sc ed In-Kind Contributions Schedu	hedule must also be reported o	n the Itemized Contributions
• •	articipated in a joint fund raiser	must file a Fund Raiser Schedu	ile for the event.
Page of			