



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE
COVER PAGE

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FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

MACOMB COUNTY CLERK
JAMES PERNA, MICHIGAN

The 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>	
5. Committee's Mailing Address <u>38180 SADDLE LA - CLINTON TWP MI 48036</u> Area Code and Phone <u>313 5309407</u>		4b. County of Residence <u>MACOMB</u>	
6. Treasurer's Name & Residential Address <u>JAMES M. PERNA</u> <u>38180 SADDLE LA - CLINTON TWP MI 48036</u> Area Code & Phone <u>(313) 5309407</u>		6. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) Area Code and Phone ()	
7. Treasurer's Business Address <u>38180 SADDLE LA - CLINTON TWP MI 48036</u> Area Code and Phone <u>(313) 5309407</u>		9c. <input type="checkbox"/> Annual Statement (Coverage Year)	
8. TYPE OF STATEMENT 9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> School <input type="checkbox"/> Special <input type="checkbox"/> Caucus Date of Election, Convention or Caucus <u>11 8 2016</u> Month Day Year		9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended) 9e. <input type="checkbox"/> 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.			
Current Treasurer or Designated Record keeper <u>JAMES PERNA</u> Type or Print Name		Signature <u>[Signature]</u> Date <u>10 28 2016</u> Mo Day Year	
Candidate <u>JAMES PERNA</u> Type or Print Name		Signature <u>[Signature]</u> Date <u>10 28 2016</u> Mo Day Year	

Authority granted under P.A. 388 of 1976



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>CTE 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>9-22-16</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