



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

FILED

**CANDIDATE COMMITTEE  
COVER PAGE**

17 AUG -3 AM 8:09

FOR OFFICIAL USE ONLY

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

<p>1. Committee I.D. Number <u>135880</u></p> <p>2. Committee Name <u>CITIZENS TO ELECT JAMES PERNA</u></p> <p>5. Committee's Mailing Address <u>38180 SADDLE LA</u> <u>CLINTON TWP MICH 48036</u> Area Code and Phone _____ If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.</p> <p>7. Treasurer's Business Address <u>38180 SADDLE LA</u> <u>CLINTON TWP MI 48036</u> Area Code and Phone <u>(313) 530 9407</u></p>		<p>3. This Statement covers from: <u>11 28 16</u> to <u>7 20 2017</u> Mo Day Year Mo Day Year</p> <p>4. Candidate Last Name <u>PERNA</u> First Name <u>JAMES</u> M.I. <u>M</u></p> <p>4a. Office Sought Including District # or Community Served (If applicable) <u>COUNTY COMMISSIONER</u></p> <p>4b. County of Residence <u>MACOMB</u></p> <p>6. Treasurer's Name &amp; Residential Address <u>JAMES M PERNA</u> <u>38180 SADDLE LA</u> <u>CLINTON TWP MI 48036</u> Area Code &amp; Phone <u>(313) 530 9407</u></p> <p>8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) _____ Area Code and Phone ( ) _____</p>	
<p>9. TYPE OF STATEMENT</p> <p>9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election</p> <p>Pre-Election or Post-Election Statement relates to:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Convention <input type="checkbox"/> School</p> <p><input type="checkbox"/> Special <input type="checkbox"/> Caucus</p> <p>Date of Election, Convention or Caucus <u>11</u> Month Day Year</p>		<p>9c. <input type="checkbox"/> Annual Statement ( _____ Coverage Year)</p> <p>9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)</p> <p>9e. <input type="checkbox"/> Dissolution of Candidate Committee</p> <p>Effective Date of Dissolution _____ Month Day Year</p> <p>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.</p>	
<p>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.</p>			
<p>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.</p> <p>Current Treasurer or Designated Record keeper <u>JAMES PERNA</u> Signature _____ Date <u>8 2 2017</u> Type or Print Name Signature Mo Day Year</p> <p>Candidate <u>JAMES PERNA</u> Signature _____ Date <u>8 2 2017</u> Type or Print Name Signature Mo Day Year</p>			

Authority granted under P.A. 388 of 1976



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 135880

2. Committee Name CTE JAMES M PERNA

### SUMMARY PAGE CANDIDATE COMMITTEE

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Itemized Contributions (Schedule 1A - Column 6)	(3.) \$		(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$		(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 + Line 4)	(5.) \$	<u>e</u>	(20.) \$
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$		(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u>e</u>	(22.) \$
<b>EXPENDITURES</b>			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$		
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$		
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$		
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>e</u>	(23.) \$
<b>INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)</b>			
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.) \$
<b>DEBTS AND OBLIGATIONS</b>			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>86706.27</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$		
<b>BALANCE STATEMENT</b>			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>342.98</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>—</u>	
	(15.) = \$	<u>—</u>	
15. SUBTOTAL Add lines 13 and 14	(16.) - \$	<u>—</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(17.) \$	<u>342.98</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)			

\*If your ending balance is negative, please recheck your math.