

CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	3. This Statement covers From: / / 20/8 To: 7 22 20/8 Mo Day Year Mo Day Year
1. Committee I.D. Number 135880	4. Candidate Last Name First Name M.I. PERNA JAMES M
2. Committee Name CITIZENS TO ELECT JAMES M PERNA	4a. Office Sought Including District # or Community Served (If applicable) MACOMB COUNTY CLERK 4b. County of Residence Driver License # (Optional) MACOMB
5. Committee's Mailing Address 38/80 SADDLE LANE CLINTON TWP, MI 48036 Area Code and Phone 3/3 530 9407 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 PERNA 38180 SADDLE LANE CLINTON, MI- 48036 Area Code & Phone (313) S30 9407 Driver License # (Optional)
7. Treasurer's Business Address 30/80 SADDLE LANE CLINTON TWP, MJ 4836	8. Designated Record keeper's Name and Mailing Address (If The committee has a Designated Record keeper)
Area Code and Phone (313) 530 940 77	Area Code and Phone ()
	Driver License # (Optional)
Pre-Election or Post-Election Statement relates to:	9c. Annual Statement (Coverage Year) 9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended) General 9e Dissolution of Candidate Committee Effective Date of Dissolution
☐ Special ☐ C	Caucus <u>Month Day Year</u>
Date of Election, Convention or Caucu	By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.
	file all required Campaign Statements. The Campaign Statements must include all applicable ns, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. as changed since the information was shown on the committee's Statement of Organization, an impany this Campaign Statement. If a request for a Reporting Waiver is not received on or ment, that campaign statement cannot be waived.
	was used in the preparation of this statement and attached schedules (if any) and to the best of ate and complete.
Current Treasurer or Designated Record keeper	
Candidate	Signature



1. Committee I.D. Number

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2. Committee Name CTE JAMES PERNA

SUMMARY PAGE CANDIDATE COMMITTEE

RECEIPTS COMMITTEE	Column I	
RESELF 13	Column I This Period	Column II Cumulative this election cycle
2. Naminad Castellusians (Cabadula d. C. C.	022666	
Itemized Contributions (Schedule 1A - Column 6)	(3.) \$ <u>8225.00</u>	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 + Line 4)	(5.) s <u>8275.00</u>	(20.) \$ <u>8225.00</u>
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.) \$ <u>6028-11</u>	
b. Itemized Get-Out-the-Vote (Schedule 18-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ 6028-11	(23.)\$ 6028.11
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$	
b. Unitemized (less than \$50.01 each - no Schedule)		
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(10b.) \$	
DEBTS AND OBLIGATIONS 12. Debts and Obligations	(11.) S	(24.) \$
a. Owed by the Committee (Schedule 1E)	(12a.) \$ 86706-27	
b. Owed to the Committee (Schedule 1E)		
	(12b.) \$BALANCE STATEMENT	
Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>342-98</u> (14.)+\$ <u>8225-00</u>	·
 Amount received during reporting period (Line 5, Total Contributions & Other Receipts) 	(14.)+\$ <u>8225-88</u> (15.)=\$ <u>8567.98</u>	
15. SUBTOTAL Add lines 13 and 14		-
16. Amount expended during reporting period (Add lines 9 and 11)	(16.)- \$ <u>6628-11</u>	-
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>2539.87</u>	

^{*}If your ending balance is negative, please recheck your math.



1. Committee I.D. Num	nber _	/	35880	2	
2. Committee Name	C-	T.E.	JAMES	m PER	V P

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 6-21-18 Name: VICTUR & MARTIN		
Address: 17180 DIX BROWNSTOWN, MJ. 48192		
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer SELF		
Business Address /7/80 O/X BROWNSTOWN M1. 48/97 Type of Contribution: Direct Loan from a person Fund Raiser	\$ 300.00	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 6-/8-/8 Name: MAHA KHALIL		
Address: 5117 VILLAGE COMMONS OR		
5. If over \$100.00 cumulative, please provide: 48322		
OccupationEmployer		
Business Address	100.00	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 6 - 18 - 18 Name: KAMAL KHALIL		
Address: 5117 VILLAGE COMMONS OR WEST BLOOM FIELD, MJ		
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address	100.00	
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 6-18-18 Name: JOHN B PEABODY JR.	,	
Address: 104 w. 4TH STREET SUITE 310 ROYAL GAK, MI 48067		
ROYAL GAR, WIT		
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser	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.



1. Committee I.D. Num	nber		3 <i>58</i> 80	
2 Committee Name		7- <i>-</i> -	.1	Dans

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 6-16-18 Name: Tom STROBL	·	
Address: 300 E. LONG LAKE RD. BLOOMFIELD HILLS		
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser	100-00	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 6-16-20/8 Name: ROCCO PATAMIA		
Address: 18350 TARA DR. CLINTON TWP, MI 48036		
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer	•	
Business Address	100.00	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 6-16-18 Name: JOANN PATAMIA		
Address: 18350 TARA DR. CLINTON TWP, MI 48036		
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address	160.00	
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 6-19-18 Name: JACK OOERR	,	
Address: 5060 CRESTMONT DR. TROY, MI 48098		
5. If over \$100.00 cumulative, please provide:		·
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser	100-00	
Page Subtotal Grand Total of All Schedules 1A	400.00	
(Complete on last page of Schedule)	400.00	

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Enter this total on line 3 of Summary Page.



1. Committee I.D. Numl	oer	1 <i>358</i> 90		
2. Committee Name	CTE	JAMES	m	PERNA

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 6-19-18 Name: NANCY DERR		
Address: 5060 CRESTMONT DR - TROY, MI 48098		
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser	100.00	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 4-14-18 Name: LORENZO CALALIERE		
Address: 30078 SCHOENHERR WARREN MI 45088		
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address Type of Contribution: Direct Loan from a person X Fund Raiser	100-00	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 6-15-18 Name: ALPHONSE SANTINO		
Address: 20952 E-12 MI- STE ZOO 5-C.S.MI		
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser	50.00	
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 6 -/4-/8 Name: GRACE LOPEZ	· ·	
Address: 54/57 QUEENSBOROUGH DR. SHELBY TWP		
5. If over \$100.00 cumulative, please provide:		
Occupation Housewife Employer_		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser	200.00	
Page Subtotal Grand Total of All Schedules 1A	450.00	
(Complete on last page of Schedule)	450.00	_

Enter this total on line 3 of Summary Page.

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SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Number	135880	
2. Committee Name	T. E. JAMES M	PERNA

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 6-21-18 Name: STEPHEN SAPH JR.	·	
Address: 44 m ACOM B PL - MTCLEMENS MI 48046		
5. If over \$100.00 cumulative, please provide:		
Occupation //SURANCE Employer SAPH INS. CO-		
Business Address 44 m ACOMB PL_ mT.CLEMENS m / Type of Contribution: Direct Loan from a person Fund Raiser	200-00	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 6-22-/8 Name: JOHN BECKER		
Address: 20129 WIND HAM DR. MACOMB MI 48044		
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address	100-00	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 6-12-18 Name: MARY JC WOL 77		
Address: 23041 ENGLEHARDT ST. S.CS. MI 48080		
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address Type of Contribution: Direct Loan from a person	100-00	
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 6-/2-/8		
Name: HANK RIBERAS Address: 4607 BARCROFT STERLING HETS MI WASIO		
5. If over \$100.00 cumulative, please provide:		
Occupation REALESTATE Employer SEL7		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser	500.00	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	900.00	

Enter this total on line 3 of Summary Page.

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1. Committee I.D. Number	<i>1358</i> 80

SCHEDULE 1A CANDIDATE COMMITTEE 2. Committee Name C-T-	E- SAME	s in 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 6~8-18 Name: PATHONY THOMPS	·	
Address: 8751 MARY ANN. STERLING HETS, MI		
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer	ļ	
Business Address Type of Contribution: Direct Loan from a person Fund Raiser	50-00	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 6-11-18 Name: JOSEPH VICAR /		
Address: 37523 HIDDEN UPLLEY CT. CLINTON TWP		
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address Loan from a person	100.00	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 6-12-18 Name: JAMES GABRYSH		
Address: 42233 LOCHMOOR. CLINTON TWP M)		
5. If over \$100.00 cumulative, please provide:		
Occupation WATER DEPT Employer WHATON TWP		
Business Address 4070 CROME PLANK RO. CLINTON TWP Type of Contribution: Direct Loan from a person Fund Raiser 48038	20000	
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt C-11-18 Name: Louis James		
Address: 7140 w FORT ST. DET- M1-48209		
5. If over \$100.00 cumulative, please provide:		·
Occupation OWNER Employer LIASCO - 114 C -		
Business Address 7146 ω · 70RT 5T DET M 1 4820 9 Type of Contribution: □ Direct □ Loan from a person ☑ Fund Raiser	300.00	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	300.00	

Enter this total on line 3 of Summary Page.

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1. Committee I.D. Nur	mber	<u> </u>	
2 Committee Name	C.T.E. JAMES	m	PERNA

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 6-13-18 Name: WALTER CYTACK!		
Address: 157 MERRIWEATHER G.P. MI 48236		
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser	100.00	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 6-13-18 Name: MICHAEL CYTACK!		
Address: 1383 WHITTIER G.P. M) 48236		
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address	100.00	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 6-13-18 Name: ALICIA KRALL		
Address: 122 MORAN RD. G-P. JARMS MI 48236		
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser	60-0C	
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 6-14-18 Name: MARTHA 7-RANEY		
Address: ZO738 YOUNG LANE G.P. WOODS MI		
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser	100.00	
Page Subtotal	350.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	350-00	

Enter this total on line 3 of Summary Page.

Page <u>6</u> of <u>13</u>



1. Committee I.D. Numb	oer	5880		
2. Committee Name	C-T.E-	SAMES	m	PERNA

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 6-19-18 Name: GORDON FOLLMER		
Address: 405 N. OLD US 23 BRIGHTON, MI		
5. If over \$100.00 cumulative, please provide:		
Occupation OWNER Employer UHY		
Business Address 12 900 IHALL RD STERLINE HETS MI Type of Contribution: Direct Loan from a person Fund Raiser48313	200-00	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 6-2/-18		
Name: PAUL STANFORD Address: 191 LOTHROP RD- G-P- FARMS M1		
48236		
5. If over \$100.00 cumulative, please provide:		
Occupation OWNER Employer STANFORD CADILLAC		
Business Address 21730 MICHIEAN AUE - DEARBORN MI Type of Contribution: Direct Loan from a person Fund Raiser 48124	250-00	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 6-25-/8		
Name: PAUL MI COWELL Address: 1089 NORTHERN TRAIL ALGER, MI 48610		
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person	50.00	
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 6-23-/8 Name: ERIC J. MACK.	`	
Address: 31711 SHAWNI DR. WARREN MI		
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser	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.



1. Committee I.D. Num	nber	135000	<u>د</u>	
2 Committee Name	C.T.E.	SAMES	m	PERNA

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 6-27-18 Name: THOMAS MARCETT!		
Address: 222 FRASER ST. YALE, MI 48097		
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser	100-00	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 6-27-/8 Name: ∠∪C/ANO G/AN/NO		
Address: 40256 EMERALO LN_ W. CLINTON TWP		
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser	100.00	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 6、2フェS		
Address: 40256 EMERALD LN. W. CLINTONTUP	,	
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser	100-00	
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 6-27-76	,	
Name: KEUIN NOWLAND Address: 13699 GREENVILLE DR. SHELBY TWP		
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser	100-00	
Page Subtotal Grand Total of All Schedules 1A	400.00	
(Complete on last page of Schedule)	-7-00.00	
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Enter this total on line 3 of Summary Page.

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1. Committee I.D. Number			3588	0		
2 Committee Name					PERNA	

CANDIDATE COMMITTEE	6 Amount	7 Cumulative for
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 6-27-18		
Name: TERRY DEUTCH		
Address: 41140 CHANCELLOR CT- CLINTON TWO MI		
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address	4. 00	
Type of Contribution: Direct Loan from a person Fund Raiser	100.00	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 6-28-18		
Name: ROBERT AGAR		
Address: 53520 ODILON AVE. SHELBY TWP, MI 48316		
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address	100-00	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 6-28-18		
Name: THOMAS MC/NAS		
Address: 22469 REVERE. 5.C.S. M/ 48080		
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address	100.00	
Business Address Type of Contribution: Direct Loan from a person X Fund Raiser	100.00	<u> </u>
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 6-28-18 Name: KEN LAMERS		
Address: 42952 GREYSTONE- DR STERLING HOTS		
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address	100 00	
Type of Contribution: Direct Loan from a person Fund Raiser	100-00	
Page Subtotal Grand Total of All Schedules 1A	400-00	
(Complete on last page of Schedule)	400-00	
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Enter this total on line 3 of Summary Page.

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1. Committee I.D. Nur	nber/	3 <i>58</i> 60	<u> </u>	
2. Committee Name	C.T.E_	JAMES	m	PERNA

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 6-28-18		
Name: KEN NELSON	٠.	
A -1 -1		
5. If over \$100.00 cumulative, please provide: STERLING HETS MI. 48313		
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser	100.00	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 6-26-/8		
Name: KARFAL KIEN BAUM		
Address: 6 SEFFERSON CT. G. P. PARK, MI 5. If over \$100.00 cumulative, please provide: 4823 G		
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser	50-00	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 6-29-18 Name: CTE JACK BRANDENBURG		
Address: 25 ELDREDGE ST- MT-CLEMENS MI		
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer	1	
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser	100.00	
3. Contribution #4 PAC Receipt? X YES 4. Date of Receipt 6-26-18 Name: BRANDENBURG LIBERTY PAC-		
Address: 37596 HURON POINTE OR. HARRISON TWP		
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser	100.00	
Page Subtotal	,	
Grand Total of All Schedules 1A	350-00	
(Complete on last page of Schedule)	330,-06	4
		1

Enter this total on line 3 of Summary Page.

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1.	Comn	nittee	I.D.	Number	~		3	588	C		_
_	_				_	-	t			\circ	_

	-L- JAMES	MILERNH
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 6-28-18 Name: MARIA OOCKINS	٠,	
Address: 10466 RUNYAN LAKE PT. FENTON MI		
5. If over \$100.00 cumulative, please provide: 48430		
OccupationEmployer		
Business Address Direct Loan from a person Fund Raiser	100-00	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 6-29-18 Name: J RUSSELL LABARGE JR.		
Address: 43087 WKIRKWOOD DR.		
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address	100-00	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 6 - 28 - 1.0		
Name: FRANK PERNA. TRUST Address: 26802 MALIBU COUE COLONY DR		·
malley CA - Gran		
o. Il over \$100.00 cumulative, piease provide:		
Occupation VETTRED Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
T , and reaser	500-00	
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 6-28-/8 Name: MONICA PERNA TTE		
Address: 26802 MALIBU- COUE COLONY DR.		
5. If over \$100.00 cumulative, please provide: mALIBU, CA 90265		
Occupation RETIRED Employer -		
Business Address		
Type of Contribution: Direct Loan from a person 🔀 Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	1200.00	
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Enter this total on line 3 of Summary Page.

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1. Committee I.D. Nun	nber <u>/3</u>	<u>500 C</u>	
2 Committee Name		SAMES M	PERNA

Inter contributor's name and address. If contribution is from an individual, enter last rialle, instrume, address. If contribution is from a individual, enter last rialle, instrume, individual, enter last rialle, instrume, instrume, instrume, individual, enter last rialle, instrume, instrument, inst	CANDIDATE COMMITTEE		7 Cumulative for
Compation #3 PAC Receipt? YES 4. Date of Receipt 6-7-18	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	Contributor (Through
S. If over \$100.00 cumulative, please provide: Cocupation	3. Contribution #1 PAC Receipt? □ YES 4. Date of Receipt フーらー/ら Name: ヲスヰハド TORE JR -		
Docupation OWNER Employer S/GNAL Susiness Address 2496 INDUSTRIAL ROW DR. TROY MI Susiness Address 2496 INDUSTRIAL ROW DR. TROY MI Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 6-10-18 Address: 3585 WE OGE WOOD DR. ROCHESTER HILLS MI 48306 5. If over \$100.00 cumulative, please provide: Occupation PARTHER Employer AIN DIA MO Business Address 7966 E-14 MIL WAREH MI 48092 Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 6-9-18 Name: DUNALO GCOLEY Address: 30670 N_RIUER RD- JHARRISOLUTURE Business Address Type of Contribution: Direct Loan from a person Fund Raiser Type of Contribution #4 PAC Receipt? YES 4. Date of Receipt 6-9-18 Name: MKHAEL LOCRICKHO Address: 38202 SADDLE LN- CLINTON TUP 5. If over \$100.00 cumulative, please provide: Occupation Fund Raiser Type of Contribution: Direct Loan from a person Fund Raiser Type of Contribution: Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser Type of Contribution: Fund Raiser Type of Contribution: Direct Loan from a person Fund Raiser Type of Contribution: Direct Loan from a person Fund Raiser Type of Contribution: Direct Loan from a person Fund Raiser Type of Contribution: Direct Loan from a person Fund Raiser Type of Contribution: Direct Loan from a person Fund Raiser Type of Contribution: Direct Loan from a person Fund Raiser Type of Contribution: Direct Loan from a person Fund Raiser Type of Contribution: Direct Loan from a person Fund Raiser Type of Contribution: Direct Loan from a person Fund Raiser Type of Contribution: Direct Loan from a person Fund Raiser Type of Contribution: Direct Loan from a person Fund Raiser Type of Contribution: Direct Loan from a person Fund Raiser Type of Contribution: Direct Loan from a person Fund Raiser Type of Contribution: Direct Loan from a person Fund Raiser Type of Contribution: Direct Loan from a person Fund Raiser Type o	Address: 1450 & WARTON RD. BLOOMFIELD, M)		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 6-/0-/8 Name: CARTANO VITALE Address: 3585 WEOGEWOOD DR. ROCHETER HILLS: MI 48306 5. If over \$100.00 cumulative, please provide: Occupation PARTNER Employer AIN DIA MO Business Address 7096 E-14 MI. WARREIN MI 48092 Type of Contribution: Direct Loan from a person Fund Raiser 7096 Occupation #3 PAC Receipt? YES 4. Date of Receipt 6-7-18 Name: DONALO GOLEY Address: 30670 N. RIVER RD. HARRIS OIN TWP MI 48045 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 6-9-18 Name: MKHAGL - LOCRICCHIO Address: 38202 SADDLE LN. CLINTON TWP 6. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser Type of Contribution: Direct Loan from a person Fund Raiser Type of Contribution: Direct Loan from a person Fund Raiser Type of Contribution: Direct Loan from a person Fund Raiser Type of Contribution: Direct Loan from a person Fund Raiser Type of Contribution: Direct Loan from a person Fund Raiser Type of Contribution: Direct Loan from a person Fund Raiser Type of Contribution: Direct Loan from a person Fund Raiser Type of Contribution: Direct Loan from a person Fund Raiser Type of Contribution: Direct Loan from a person Fund Raiser Type of Contribution: Direct Loan from a person Fund Raiser Type of Contribution: Direct Loan from a person Fund Raiser Type of Contribution: Direct Loan from a person Fund Raiser Type of Contribution: Direct Loan from a person Fund Raiser Type of Contribution: Direct Loan from a person Fund Raiser Type of Contribution: Direct Loan from a person Fund Raiser Type of Contribution: Direct Loan from a person Fund Raiser Type of Contribution: Direct Loan from a person Fund Raiser Type of Contribution Raiser Type of Contribution Raiser Type of Contribution Raiser Type of Contribution Rais			
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Address: 3 5 8 5 WE OGEWOOD DR. ROCHETER HILLS 5. If over \$100.00 cumulative, please provide: Occupation PARTNER Employer AIN DIA MO Business Address 7096 E-14 M1_ WARREN M1 48092 Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 6-9-18 Name: DONALD GOLEY Address: 30670 N_RIVER RD_ HARRISUNL TWP 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser Occupation #4 PAC Receipt? YES 4. Date of Receipt 6-9-18 Name: MICHAEL LOCRICCHIO Address: 38202 SADDLE LN- CUNTON TWP 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal Grand Total of All Schedules 1A	3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 6-10-18		
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Business Address 7096 E-14 M1_ WARREN M1 48092 Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 6-9-78 Name: DONALO GCOLEY Address: 30670 N_ RIVER RD_ HARRISULY TWP M1 48045 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 6-9-78 Name: MICHAEL LOCRICCHIO Address: 38202 SADDLE LN- CLINTON TWP M1 46036 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal Grand Total of All Schedules 1A			
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 6-9-/8 Name: Dowald G-OLEY Address: 30670 N_RIVER RD_ HARRISOLL TWP MI 46045 5. If over \$100.00 cumulative, please provide: Occupation	7096 F 14 M L ARREIN M1 48092		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 6-9-/8 Name: Dowald G-OLEY Address: 30670 N_RIVER RD_ HARRISOLL TWP MI 46045 5. If over \$100.00 cumulative, please provide: Occupation	Type of Contribution: Direct Loan from a person Fund Raiser	200-00	
5. If over \$100.00 cumulative, please provide: Occupation	3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 6-9-18		
5. If over \$100.00 cumulative, please provide: Occupation	Address: 306/0 N. KIUGR N. 148045		
Business Address Type of Contribution: Direct Loan from a person X Fund Raiser 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 6-9-18 Name: MKHAGL - LOCRICCHIO Address: 38202 SADDLG LN- CLINTON TUP MI 48036 5. If over \$100.00 cumulative, please provide: OccupationEmployer Business Address Type of Contribution: Direct Loan from a person X Fund Raiser Page Subtotal Grand Total of All Schedules 1A	5. If over \$100.00 cumulative, please provide:		
Type of Contribution: Direct Loan from a person X Fund Raiser 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 6-9-18 Name: MKHAEL - LOCRICCHIO Address: 38202 SADDLE LN - CLINTON TWP MI 48036 5. If over \$100.00 cumulative, please provide: OccupationEmployer Business Address Type of Contribution: Direct Loan from a person X Fund Raiser Page Subtotal Grand Total of All Schedules 1A	OccupationEmployer		
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5. If over \$100.00 cumulative, please provide: OccupationEmployer Business Address Type of Contribution: Direct	Address: 38202 SADDLE LN- CLINTON TWP		
Business Address Type of Contribution: Direct Loan from a person X Fund Raiser Page Subtotal Grand Total of All Schedules 1A			·
Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal Grand Total of All Schedules 1A	OccupationEmployer		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		100-00	
	Page Subtotal Grand Total of All Schedules 1A	600-00	5

Enter this total on line 3 of Summary Page.

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SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Nun	nber	/3	5889	<u>ٽ</u>	
2 Committee Name	C -T.	E_J	AM ES	m	PERNY

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 6-8-78 Name: PAUL PALKA		
Address: 40882 HAMILTON DR. STERLING HETS		
5. If over \$100.00 cumulative, please provide: m1. 483/3		
OccupationEmployer		
Business Address	_	
Type of Contribution: Direct Loan from a person A Fund Raiser	100-00	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 6-13-18 Name: DANIEL PETERS		
Address: 25828 THOMAS WARREN MI		
5. If over \$100.00 cumulative, please provide: 46091		
OccupationEmployer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
Type of Contribution: Direct Loan from a person A Fund Raiser	25-00	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 6-/2-/8 Name: JOHN SLIFCO		
Address: 54211 CARRINGTON OR. SHELBY TWP		
5. If over \$100.00 cumulative, please provide: 483/6		
Occupation OWNER - Employer SLIF CO ELECTRIC		
Business Address 1904 woods IDE DR TROY M 1 48083		
Type of Contribution: Direct Loan from a person Fund Raiser	1600.00	
3. Contribution # 4 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		
Page Subtotal Grand Total of All Schedules 1A	112===	
(Complete on last page of Schedule)	822500	_
	1877500	o I

Enter this total on line 3 of Summary Page.

Page <u>13</u> of <u>13</u>



ITEMIZED EXPENDITURES **SCHEDULE 1B**

SCHEDULE 1B	mmittee Name <u>C-T-E-JAMES</u>	MFE	RNH
CANDIDATE COMMITTEE	4. Purpose (Describe specific purpose and you	5. Date 6	. Amount
3. Name and address of person or vendor to whom paid	may assign an Expenditure Code)		
C. Marine San	may doorgin		
Expenditure #1	5 22.56		
Name MIRAGE HALL	Purpose: FUND RAIS ER	6-28-10	
		6200	
Address 16980 18 MILE	Expenditure Code	}	
CLINITON TUP MI			
40030	Check box if this expenditure is payment of debt or obligation reported on previous	╽.	2544.00
☐ Fund Raiser	statement	4	2377.00
	Succession		
Expenditure #2	(10 - 0		
Expenditure #2 Name ANTHOMY MOROSO	Purpose: LABOR		
Name //			ĺ
Address 3836 5 SADDLE LA-	Expenditure Code <u>SA</u>	1	
Address SCLINTON TOUP M) 48036			ļ
7000	Check box if this expenditure is payment of debt or obligation reported on previous	0	070 00
☐ Fund Raiser	statement	7-5-18	970.00
	Statemont		
Expenditure #3	SIGNI		
Name /ACS	Purpose: S/G-/V		
Name /ACJ	0.0		
Address 43843 Rumec PLANK RD.	Expenditure Code PA		
ELIHTON TWP MI	☐ Check box if this expenditure is payment		
48030	of debt or obligation reported on previous	700	300-00
Fund Raiser	statement	1-7-18	300-00
Expenditure #4	Purpose: PRIHTIN G	}	
Name AMERICAN GRAPHICS	Purpose:	}	
Address 34895 GROES BECK.	Expenditure Code		
1 //wtoki Twr	Check box if this expenditure is payment	1	
48035	of debt or obligation reported on previous	2-9-1A	1166-11
☐ Fund Raiser	statement	1,00	1
Expenditure #5	Purpose: S/G/V		
Name S STAR-	Purpose.		
0/2 BOY 252755	Expenditure Code 5A		1000.00
Address MC 1000	Expenditure Code	7-12-18	1,000,00
Name 5 STAR- Address P/C BOX 252755 WEST BLOOMFIELD M/ 48325	☐ Check box if this expenditure is payment	1	
Fund Raiser	of debt or obligation reported on previous	1	
1 UIU TUINO.	statement		+
	Subtotal this pa	age	5980.11
	Count Total of all Schedules	s 1B	
	(Complete on last page of Sche	aule)	

Enter this total on line 8a of Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

Page _____ of ______



ITEMIZED EXPENDITURES **SCHEDULE 1B**

. Oina I D Mu	mber 13588	30	
1. Committee I. D. Nu	ITIDEI		
2 Committee Name	C-T.E. JAM	ES M	PERNI

CANDIDATE COMMITTEE 2. Co	ommittee Name	5. Date	6. Amount
Name and address of person or vendor to whom paid	Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	0. / 1100111
Expenditure #1 Name P. S. C. U. Address 3044 W. GRAHD BLUD	Purpose: SER. ZEE. Expenditure Code 13 K		
DET_MI_ 482°2	Check box if this expenditure is payment of debt or obligation reported on previous statement	7-1-18	48.00
Expenditure #2 Name	Purpose:		
Address	Expenditure Code		
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement.		
Expenditure #3 Name	Purpose:		
Address	Expenditure Code	<u>.</u>	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4 Name	Purpose:		
Address	Expenditure Code	of	
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5 Name	Purpose:		
Address	Expenditure Code		
Fund Raiser	Check box if this expenditure is payment debt or obligation reported on previous statement	of	
	Subtot Grand Total of all S	al this page	48.00 6028.1
	(Complete on last page	of Schedule)	6028.1

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 3/2002-1b

MICHIGAN DEPARTMENT OF STATE **Bureau of Elections**

DEBTS AND OBLIGATIONS SCHEDULE 1E

1. Committee I.D. Number 135880

2. Committee Name CITIZEUS TO ELECT JAMES IN PERNA

CANDIDATE COMMITTEE

CANDIDATE COMMITTEE				
his Schedule itemizes:		and obligations owed <u>to</u> or f	orgiven by the com	mittee.
aDebts and obligations owed <u>by</u> or forgiven the com	mittee OR b Debts a k either a or b. Use only for the pur	ing obligations owed <u>to</u> or r pose checked.)	Orgiven by the com	
C. Name and Mailing Address of person, vendor or inancial 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 endorsers 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 Corp? Yes Owed to or by:	4. Type: <u>/ O A N</u>			
JAMES M PERNA	Code			
38180 SADOLE LANE	5. <u>Date Debt Was Incurred</u> : 7-1-96 -12-31-7		\$	\$ <u>86706.2</u> 7
CLINTON TWO, MI. 48036	6. Original Amount of Debt:			FORGIVEN
	V - V	\$		l
If bank loan, name of endorser or guarantor:		Ar	nount Endorsed: \$	
Debt #2 Corp? Yes Owed to or by:	4. Type:	<u> </u>		
	Code			
	5. Date Debt Was Incurred:		\$	
	6. Original Amount of Debt:			Tropon/FAL
,	\$	\$		FORGIVEN
If bank loan, name of endorser or guarantor:			Amount Endorsed: \$	
Debt #3 Corp? Yes Owed to or by:	4. Type:	_ / _ / _\$		
Owed to 0. 5).	Code	/ / \$		
	5. Date Debt Was Incurred:			
:	6. Original Amount of Debt:		-	
	\$	_ / / \$	_	FORGIVEN
	,		Amount Endorsed:	\$
If bank loan, name of endorser or guarantor:		Page Subtotal (O	utstanding debt)	86706-2
		Grand Total of a	III Schedules 1E	26706.2
(Con	nplete on last page of Schedule sho	owing amounts owed by or	to the committee)	Enter this total

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 ___ of ___ Authority granted under P.A. 388 of 1976

CFR REV 7/1999c-1e

on line 12a "owed by"" or line 12b "owed

to" of the

Summary Page



FUND RAISER SCHEDULE 1F

1. Committee I.D. Number	
2. Committee Name CITIZENS TO E	LECT JAMES M PERNA
TE SHEET FOR EACH EVENT -	

•	CANDIE	ATE CO	MMITTE		mittee Name CITIZE		ZECT GAMES	
			- USE A	SEPARATE SH	EET FOR EACH	EVENT -	. 1	
3. Date Ev	vent Was Held	2018 Year	or Participat greater)	f Individuals Attending ing (whichever is	5. Type of Fund Raising		6. Address and Name place where the activity MIRAGE 44/6980 18 m	ity was held ALL ILE
8. Other 9. Gross	Contribution Receipts Receipts (Add lines 7	and 8)	\$ 8225 -6- 8225 2544	5.00	- - -		
(Total Coand All	Expenditure	s In-Kind C es Made F vent was a	ontributions or the Even joint fund ra		ne following:		Expenditure S (%)	plit
			 	(%)	· · · · · · · · · · · · · · · · · · ·			
• Pane	period co Receipts Schedul	overed by t and exper e (1A), Iten	ne Campaiç nditures liste nized In-Kin	ed on a Fund Raiser d Contributions Sch	Raiser Schedule for e Schedule must also edule (1-IK), Itemized ser must file a Fund I	be reported d Expenditu	on the Itemized C res Schedule (1B)	and the