





MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

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.

1. Committee I.D. Number <b>135880</b>		3. This Statement covers From: <b>7-23-18</b> to <b>8-27-18</b>	
2. Committee Name <b>CITIZENS TO ELECT JAMES M PERNA</b>		4. Candidate Last Name <b>PERNA</b> First Name <b>JAMES</b> M.I. <b>M</b> 4a. Office Sought Including District # or Community Served (If applicable) <b>MACOMB COUNTY CLERK</b> 4b. County of Residence	
5. Committee's Mailing Address <b>38180 SADDLE LANE CLINTON TWP, MI 48036</b> Area Code and Phone <b>313 530 9407</b> <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 <b>JAMES M PERNA 38180 SADDLE LA. CLINTON TWP, MI. 48036</b> Area Code & Phone <b>313 530 9407</b>	
7. Treasurer's Business Address <b>38180 SADDLE LN. CLINTON TWP MI 48036</b> Area Code and Phone _____		8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) <b>MACOMB COUNTY CLERK MT. CLEMENS, MICHIGAN</b> <b>18 SEP - 6 AM 10:13</b> <b>FILED</b> Area Code and Phone _____	
9. TYPE OF STATEMENT 9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election  Pre-Election or Post-Election Statement relates to:  <input type="checkbox"/> Primary <input 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 _____		9c. <input type="checkbox"/> Annual Statement ( _____ Coverage 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 _____  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.	
<small>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.</small>			
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 <b>JAMES PERNA</b> Type or Print Name		Signature  Date <b>8-27-18</b>	
Candidate <b>JAMES PERNA</b> Type or Print Name		Signature  Date <b>8-27-18</b>	



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number

135880

2. Committee Name

CTE JAMES PERNA

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	750.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$	750.00	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	-	(19.) \$
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$	750.00	(20.) \$ 8975.00
<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.) \$		(22.) \$
<b>EXPENDITURES</b>			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	2655.90	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$		
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$		
<b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)	(9.) \$	2655.90	(23.) \$ 8684.01
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$		
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$		
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$		(24.) \$
<b>DEBTS AND OBLIGATIONS</b>			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$		
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.) \$	2539.87	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	750.00	
	(15.) = \$	3289.87	
15. SUBTOTAL Add lines 13 and 14			
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	2655.90	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$	633.97	



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 135880  
2. Committee Name C-T-E-JAMES M 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>7-30-18</u> Name: <u>RYAN SALATA</u> Address: <u>16158 EDGEWOOD DR</u> <u>LIVONIA, MI 48154</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>TECH</u> Employer <u>SELF.</u> <u>48154</u> Business Address <u>16158 EDGEWOOD DR LIVONIA, MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		350.00	
3. Contribution # 2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7-25-18</u> Name: <u>VERONICA BRADLEY</u> Address: <u>14369 METTETAL</u> <u>DET. MI. 48227</u> 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 checked="" type="checkbox"/> Fund Raiser		100.00	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>8-7-18</u> Name: <u>BORN LAGERFELDT.</u> Address: <u>155 W. CONGRESS</u> <u>DET. MI. 48226</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGER.</u> Employer <u>LONDON CHOP HOUSE.</u> Business Address <u>155 W. CONGRESS DET. MI 48226</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		200.00	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>8-7-18</u> Name: <u>AVERY WILLIAMS</u> <u>16766 WARWICK ST</u> Address: <u>DETROIT, MI 48219</u> 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 checked="" type="checkbox"/> Fund Raiser		100.00	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		750.00	
		750.00	

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>S STAR</u> Address <u>P/O BOX 252755</u> <u>WEST BLOOMFIELD, MI</u> <u>48325</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>SIGN</u> Expenditure Code <u>SA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-25-18</u>	<u>750.00</u>
Expenditure #2 Name <u>GREAT LAKES CONSULTING</u> Address <u>10035 E. 40TH ST.</u> <u>CHASE, MI 49623</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>CONSULTING</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>7-28-18</u>	<u>50.00</u>
Expenditure #3 Name <u>DAN SLOAN</u> Address <u>10035 E. 40TH ST</u> <u>CHASE, MI. 49623</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>ROBO CALLS</u> Expenditure Code <u>OE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-28-18</u>	<u>568.00</u>
Expenditure #4 Name <u>AMERICAN GRAPHICS</u> <u>34895 GROESBECK.</u> Address <u>CLINTON TWP, MI</u> <u>48035</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING</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>8-8-18</u>	<u>95.40</u>
Expenditure #5 Name <u>AMERICAN GRAPHICS</u> Address <u>34895 GROESBECK.</u> <u>CLINTON TWP, MI</u> <input type="checkbox"/> Fund Raiser <u>48035</u>	Purpose: _____ Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-8-18</u>	<u>1192.50</u>

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

2655.90  
2655.90

Enter this total  
on line 8a of  
Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES



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

1. Committee I.D. Number 135880  
2. Committee Name C.T.E. 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 Corp? <input type="checkbox"/> Yes Owed to or by: <u>JAMES M PERNA</u> <u>38180 SADDLE LAKE</u> <u>CLINTON TWP, MI 48836</u>	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>1-1-96 - 12-31-17</u> 6. <u>Original Amount of Debt:</u> <u>\$ 86706.27</u>	<u>1 / 1 \$</u> <u>1 / 1 \$</u> <u>1 / 1 \$</u> <u>1 / 1 \$</u> <u>1 / 1 \$</u>	\$ _____	<u>\$ 86706.27</u> <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: _____ _____ _____	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	<u>1 / 1 \$</u> <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 Corp? <input type="checkbox"/> Yes Owed to or by: _____ _____ _____	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	<u>1 / 1 \$</u> <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)

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

86706.27

86706.27

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.