

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 **135000**

2. Committee Name  
**CITIZENS TO ELECT  
JAMES M. PERNA**

3. Committee's Mailing Address  
**38180 SADDLE LA.  
CLINTON TWP, MI 48036**

Area Code and Phone **313 530 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.

3. This Statement covers From: **7-1-2019 to 7-20-2019**

4. Candidate Last Name **PERNA** First Name **JAMES** M.I. **M**

4a. Office Sought Including District & or Community Servant (if applicable)  
**MACOMB COUNTY CLERK**

4b. County of Residence **MACOMB**

6. Treasurer's Name & Residential Address  
**JAMES M PERNA  
38180 SADDLE LA NE  
CLINTON TWP, MI- 48036**

Area Code & Phone **313 530 9407**

7. Treasurer's Business Address  
**38180 SADDLE LA NE  
CLINTON TWP, MI 48036**

Area Code and Phone **313 530 9407**

8. Designated Record keeper's Name and Mailing Address (if the committee has a Designated Record keeper)

Area Code and Phone \_\_\_\_\_

FILED  
 19 JUL 23 AM 8:03  
 MACOMB COUNTY CLERK  
 JAMES PERNA

9. TYPE OF STATEMENT

9a.  Pre-Election OR 9b.  Post-Election

Pre-Election or Post-Election Statement relates to:

Primary  General  
 Convention  School  
 Special  Caucus

Date of Election, Convention or Caucus \_\_\_\_\_

9c.  Annual Statement (\_\_\_\_\_) (Coverage Year)

9d.  Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e.  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.

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: **JAMES M PERNA** Type or Print Name  Signature Date **7/20/2019**

Candidate: **JAMES M PERNA** Type or Print Name  Signature Date **7/20/2019**

Authority granted under P.L.A. 388 of 1978



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

1. Committee LD. Number 135880  
2. Committee Name CTE JAMES PERNA

	Column I This Period	Column II Cumulative this election cycle
<b>RECEIPTS</b>		
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>8892.63</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>8892.63</u>	
4. Other Receipts (Schedule 1A-1, Column 6)	(4.) \$ <u>-</u>	(18.) \$ <u>17867.63</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>8892.63</u>	(19.) \$ _____ (20.) \$ <u>17867.63</u>
<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 8)	(7.) \$ _____	(22.) \$ _____
<b>EXPENDITURES</b>		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>9247.22</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.) \$ <u>9247.22</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>95598.90</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>633.97</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>8892.63</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>9526.60</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>9247.22</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>279.38</u>	

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 135886  
2. Committee Name CTE 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? <input type="checkbox"/> YES Name: <u>JAMES PERNA</u> 4. Date of Receipt <u>10-20-18</u> Address: <u>38180 SADDLE LAKE</u> <u>CLINTON TWP, MI 48036</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		8431.63	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES Name: <u>JAMES PERNA</u> 4. Date of Receipt <u>9-10-18</u> Address: <u>38180 SADDLE LAKE</u> <u>CLINTON TWP, MI 48036</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		211.00	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES Name: <u>JAMES PERNA</u> 4. Date of Receipt <u>9-24-18</u> Address: <u>38180 SADDLE LAKE</u> <u>CLINTON TWP, MI 48036</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		250.00	
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES Name: _____ 4. Date of Receipt _____ Address: _____ 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 type="checkbox"/> Fund Raiser			
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		8892.63	
		8892.63	

Enter this total on  
line 3 of Summary  
Page.

**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>AMERICAN GRAPHICS</u> Address <u>34895 GROESBECK.</u> <u>CLINTON TWP, MI 48035</u>  <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING/MAILING</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11-2-18</u> Date	<u>\$ 8431.63</u>  Click Here for Memo Itemization Type
Expenditure #2 Name <u>AMERICAN GRAPHICS</u> Address <u>34895 GROESBECK</u> <u>CLINTON TWP, MI 48035</u>  <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9-25-18</u> Date	<u>\$ 752.39</u>  Click Here for Memo Itemization Type
Expenditure #3 Name <u>AMERICAN GRAPHICS</u> Address <u>34895 GROESBECK.</u> <u>CLINTON TWP, MI 48035</u>  <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9-20-18</u> Date	<u>\$ 63.60</u>  Click Here for Memo Itemization Type
Expenditure #4 Name _____ Address _____  <input type="checkbox"/> Fund Raiser	Purpose: _____  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____  Click Here for Memo Itemization Type
Expenditure #5 Name _____ Address _____  <input type="checkbox"/> Fund Raiser	Purpose: _____  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____  Click Here for Memo Itemization Type

Subtotal this page 9247.22  
Grand Total of all Schedules 1B (Complete on last page of Schedule) 9247.22

Enter this total on line 8a of Summary Page