



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.

3. This Statement covers From: 12-31-19 to 7-20-2020

1. Committee I.D. Number 135880

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

5. Committee's Mailing Address  
38180 SADDLE LANE  
CLINTON TWP, MI 48036

6. Treasurer's Name & Residential Address  
JAMES M PERNA  
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.

Area Code & Phone 313 530 9407

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

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

Area Code and Phone

Area Code and Phone

**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 Signature [Signature] Date 7/29/2020

Candidate JAMES M PERNA Signature [Signature] Date 7-20-2020

FILED  
20 JUL 27 AM 9:20  
MACOMB COUNTY CLERK  
MT. CLEMENS, MICHIGAN



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1. Committee I.D. Number

13588G

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

2. Committee Name

CTE JAMES M PERNA

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>6</u>	(18.) \$ _____
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	(19.) \$ _____
c. Subtotal of "Contributions"	(3c.) \$ _____	(20.) \$ _____
<b>4. Other Receipts</b> (Schedule 1A -1, Column 6)	(4.) \$ _____	(19.) \$ _____
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ <u>150.00</u>	(20.) \$ _____
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
<b>6. In-Kind Contributions</b> (Schedule 1-IK, Column 7)	(6.) \$ _____	(21.) \$ _____
<b>7. In-Kind Expenditures</b> (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
<b>EXPENDITURES</b>		
<b>8. Expenditures</b>		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>48.00</u>	
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.) \$ <u>48.00</u>	(23.) \$ <u>48.00</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)		
<b>10. Disbursements</b>		
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>		
<b>12. Debts and Obligations</b>		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ _____	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>95748.90</u>	
<b>BALANCE STATEMENT</b>		
<b>13. Ending Balance</b> of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>279.38</u>	
<b>14. Amount received</b> during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>150.00</u>	
	(15.) = \$ _____	
<b>15. SUBTOTAL</b> Add lines 13 and 14	(16.) - \$ <u>48.00</u>	
<b>16. Amount expended</b> during reporting period (Add lines 9 and 11)	(17.) \$ <u>381.38</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)		



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# DEBTS AND OBLIGATIONS

## SCHEDULE 1E

### CANDIDATE COMMITTEE

1. Committee I.D. Number

135880

2. Committee Name

CTE JAMES M 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 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:

JAMES M PERNA  
38180 SADDLE LA.  
CLINTON TWP MI 48036

4. Type: LOAN

5. Date Debt Was Incurred:

1-29-20  
6. Original Amount of Debt:

\$ 50.00

1 / 1 \$

1 / 1 \$

1 / 1 \$

1 / 1 \$

1 / 1 \$

\$

\$ 50.00

☐ FORGIVEN

If bank loan, name of endorser or guarantor:

Amount Endorsed: \$

Debt #2 Corp? ☐ Yes  
Owed to or by:

JAMES M PERNA  
38180 SADDLE LA.  
CLINTON TWP MI 48036

4. Type: LOAN

5. Date Debt Was Incurred:

6. Original Amount of Debt:

\$ 100.00

1 / 1 \$

1 / 1 \$

1 / 1 \$

1 / 1 \$

1 / 1 \$

\$

100.00

☐ FORGIVEN

If bank loan, name of endorser or guarantor:

Amount Endorsed: \$

Debt #3 Corp? ☐ Yes  
Owed to or by:

4. Type: \_\_\_\_\_

5. Date Debt Was Incurred:

6. Original Amount of Debt:

\$ \_\_\_\_\_

1 / 1 \$

1 / 1 \$

1 / 1 \$

1 / 1 \$

1 / 1 \$

☐ FORGIVEN

If bank loan, name of endorser or guarantor:

Amount Endorsed: \$

Page Subtotal (Outstanding debt)

150.00

Grand Total of all Schedules 1E

(Complete on last page of Schedule showing amounts owed by or to the committee)

95748.90

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.

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**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

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

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>PSCU.</u> Address <u>7665 MERRIMAN</u> <u>ROMULUS MI</u> <u>48174</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>SER 7EE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6-30-20</u>	<u>48.00</u>
Expenditure #2 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		
Expenditure #3 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		
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		
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		

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

48.00  
48.00  
Enter this total  
on line 8a of  
Summary Page