

CANDIDATE COMMITTEE COVER PAGE

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 <u>10-19-20</u> to <u>11-23-2020</u>		
4. Candidate Last Name PERNA	First Name JAMES	M.I. M
4a. Office Sought Including District # or Community Served (if applicable) COUNTY COMMISSIONER		
4b. County of Residence		
6. Treasurer's Name & Residential Address JAMES M PERNA 38180 SADDLE LANE CLINTON TWP, MI 48036		
Area Code & Phone 313 530 9407		
8. Designated Record keeper's Name and Mailing Address (if the committee has a Designated Record keeper)		

1. Committee I.D. Number 139932
2. Committee Name CTE JAMES M PERNA
5. Committee's Mailing Address 38180 SADDLE LANE CLINTON TWP MI 48036
Area Code and Phone 313 530 9407
7. Treasurer's Business Address 38180 SADDLE LANE CLINTON TWP. MI. 48036
Area Code and Phone 313 530 9407

9. TYPE OF STATEMENT		9c. ☐ Annual Statement (_____ Coverage Year)	
9a. ☐ Pre-Election	OR	9b. ☒ Post-Election	9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)
Pre-Election or Post-Election Statement relates to:		9e. ☐ Dissolution of Candidate Committee	
☐ Primary	☒ General	Effective Date of Dissolution	
☐ Convention	☐ School		
☐ Special	☐ Caucus		
Date of Election, Convention or Caucus		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	<u>JAMES M PERNA</u>	Signature	<u>[Signature]</u>	Date	<u>12-3-2020</u>
Candidate	<u>JAMES M PERNA</u>	Signature	<u>[Signature]</u>	Date	<u>12-3-2020</u>

Authority granted under P.A. 388 of 1976



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**SUMMARY PAGE
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139932

2. Committee Name CTE JAMES M PERNA

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>2827.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	<u>9780.53</u>
c. Subtotal of "Contributions"	(3c.) \$	<u>2827.00</u>	(18.) \$ <u>8253.53</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u></u>	(19.) \$ <u></u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>2827.00</u>	(20.) \$ <u>13048.85</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>-</u>	(21.) \$ <u>791.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u>-</u>	(22.) \$ <u></u>
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>5427.00</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u>-</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u>-</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>5427.00</u>	(23.) \$ <u>12983.14</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u></u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u></u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	<u></u>	(24.) \$ <u>-</u>
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>2418.85</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u></u>	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>2665.71</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>1300.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>3965.71</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>3900.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>65.71</u>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

139932

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 Name: <u>HOWARD HANSON III</u> Address: <u>2987 FRANKLIN ST.</u> <u>DETROIT MI. 48207</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser	PAC Receipt? ☐ YES 4. Date of Receipt <u>10-24-2020</u>	100.00	
3. Contribution # 2 Name: <u>JOHN JOHNSON</u> Address: <u>68337 THOMAS ST.</u> <u>NEW HAVEN MI. 48048</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>SELF</u> Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	PAC Receipt? ☐ YES 4. Date of Receipt <u>10-24-2020</u>	500.00	
3. Contribution # 3 Name: <u>RONALD LEWICKI</u> Address: <u>8147 RIVER RD</u> <u>COTTRELLVILLE, MI 48039</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	PAC Receipt? ☐ YES 4. Date of Receipt _____	500.00	
3. Contribution # 4 Name: <u>MAT DUNASKISS</u> Address: <u>535 CUSHING ST.</u> <u>LAKE ORION, MI. 48362</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	PAC Receipt? ☐ YES 4. Date of Receipt <u>10-25-2020</u>	150.00	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		1250.00	

Enter this total on
line 3 of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139932
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 Name: <u>SCOTT ALLEN</u> Address: <u>37464 CARSON ST</u> <u>FARMINGTON HILLS, MI 48331</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	PAC Receipt? ☐ YES 4. Date of Receipt <u>10-26-2020</u>	50.00	
3. Contribution #2 Name: <u>JAMES PERNA</u> Address: <u>38180 JARBLE LANE</u> <u>CLINTON TWP, MI 48036</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser	PAC Receipt? ☐ YES 4. Date of Receipt <u>11-23-2020</u>	1527.00	
3. Contribution # 3 Name: _____ Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	PAC Receipt? ☐ YES 4. Date of Receipt _____		
3. Contribution # 4 Name: _____ Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	PAC Receipt? ☐ YES 4. Date of Receipt _____		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		50.00	
		2827.00	

Enter this total on
line 3 of Summary
Page.

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 139932
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>DAN SLOAN</u> Address <u>10035 E 40TH ST</u> <u>CHASE, MI- 48623</u> ☐ Fund Raiser	Purpose: <u>CONSULTANT</u> <u>DOING IN HOUSE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type	<u>10.20.20</u> Date	\$ <u>25.00</u>
Expenditure #2 Name <u>ITALIAN TRIBUNE</u> Address <u>P/O BOX 380467</u> <u>CLINTON TWP MI</u> <u>48038</u> ☐ Fund Raiser	Purpose: <u>AD</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type	<u>10.30.20</u> Date	\$ <u>252.00</u>
Expenditure #3 Name <u>MACOMB COUNTY</u> Address <u>120 N. MAIN ST.</u> <u>MT CLEMENS, MI</u> <u>48043</u> ☐ Fund Raiser	Purpose: <u>RECOUNT</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type	<u>11.23.2020</u> Date	\$ <u>1,200.00</u>
Expenditure #4 Name _____ Address _____ ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type	_____ Date	\$ _____
Expenditure #5 Name _____ Address _____ ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type	_____ Date	\$ _____

Subtotal this page 1527.00

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

1527.00

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 139932
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 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 Owed to or by: <u>JAMES M PERNA</u> <u>38180 SADDLE LA</u> <u>CLINTON TWP MI</u> <u>48036</u> Corp? ☐ Yes	4. Type: <u>LOAN</u> Code _____ 5. Date Debt Was Incurred: <u>10-15-2020</u> 6. Original Amount of Debt: <u>\$ 1523.53</u>	<u>10/29/20 1523.53</u> <u>1 1 \$</u> <u>1 1 \$</u> <u>1 1 \$</u>	<u>\$ 1523.53</u>	<u>\$ 0</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Owed to or by: <u>JAMES M PERNA</u> <u>38180 SADDLE LA</u> <u>CLINTON TWP MI</u> <u>48036</u> Corp? ☐ Yes	4. Type: <u>LOAN</u> Code _____ 5. Date Debt Was Incurred: <u>8-1-2020</u> 6. Original Amount of Debt: <u>\$ 3268.32</u>	<u>10/29/20 476.47</u> <u>10/31/20 900.00</u> <u>1 1 \$</u> <u>1 1 \$</u> <u>1 1 \$</u>	<u>\$ 1376.47</u>	<u>1891.85</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Owed to or by: <u>JAMES M PERNA</u> <u>38180 SADDLE LA</u> <u>CLINTON TWP MI</u> <u>48036</u> Corp? ☐ Yes	4. Type: <u>LOAN</u> Code _____ 5. Date Debt Was Incurred: <u>8-1-2020</u> 6. Original Amount of Debt: <u>\$ 3268.32</u>	<u>11/6/20 1000.</u> <u>1 1 \$</u> <u>1 1 \$</u> <u>1 1 \$</u>	<u>1000.00</u>	<u>891.85</u> ☐ 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)

891.85
Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

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.



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number

139932

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 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

Owed to or by:

Corp? ☐ Yes4. Type: LOAN

11/12/20

Code

1 / 1 \$

5. Date Debt Was Incurred:

11-23-2020

6. Original Amount of Debt:

\$ 1527.00

1 / 1 \$

1 / 1 \$

\$

\$1527.00

☐ FORGIVEN

If bank loan, name of endorser or guarantor:

Amount Endorsed: \$

Debt #2

Owed to or by:

Corp? ☐ Yes

4. Type:

1 / 1 \$

Code

1 / 1 \$

5. Date Debt Was Incurred:

1 / 1 \$

6. Original Amount of Debt:

1 / 1 \$

\$

1 / 1 \$

\$

☐ FORGIVEN

If bank loan, name of endorser or guarantor:

Amount Endorsed: \$

Debt #3

Owed to or by:

Corp? ☐ Yes

4. Type:

1 / 1 \$

Code

1 / 1 \$

5. Date Debt Was Incurred:

1 / 1 \$

6. Original Amount of Debt:

1 / 1 \$

\$

1 / 1 \$

\$

☐ FORGIVEN

If bank loan, name of endorser or guarantor:

Amount Endorsed: \$

Page Subtotal (Outstanding debt)

1527.00

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

2418.85

Enter this total
on line 12a
"owed by" or
line 12b "owed
to" of the
Summary Page

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.