

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

FILED

20 OCT 29 AM 9: 19

## CANDIDATE COMMITTEE

	OVER PAGE	COTTO CONTACT	CHIGAN	1000000	AL USE UNLT
Report must be legible, to the treasurer (or designation)	ped or printed in ink and signed by the ed record keeper) and candidate.	3Cline Statement	covers From:	7- 212025	10.16.2020
1. Committee I.D. Number		4. Candidate La	et Name		10-16-2020
	135880	PER		First Name  SAMES	W.T.
0.0	]	4a. Office Sought	Including Distri	ict # or Community Served (	familicable)
	TO ELECT		m B C		
JAMES M	•	4b. County of Res	idence	MACOMB	
5. Committee's Mailing Ad	•	6. Treasurer's Na	me & Resident	ial Address	
ļ. —	ADDLE LA-	SAME	es m	PERNA	
CLIMITON	JENP MI	t – .		HODLE LA-	i i
	3135369407	CLIM	470M	TupM	48036
mailing address in this box is mailing address on the St be sent to this address by	different from the committee ternent of Organization, mail may the filing official.	Area Code & Pho	ne 3/2	3 530.940	フ
7. Treasurer's Business A		8. Designated Re	cord keeners	Name and Mailing Address (	716 4 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
3 <i>818</i> 0 SA	ODLE LA-	Designated Reco	ord keeper)	realise and moning Audress (	n uie communee has a
CLINTOR	0DLE LA- U-TWP M) 48036		!		
	48036				
;					
Area Code and Phone		Area Code and P	hone		
9. TYPE OF STATEMEN	т	<u> </u>			
9a. Pre-Elec	tion OR 9b. Post	-Election	9c. Anni	ual Statement (	Coverage Year)
Pre-Election or Post-Ele	ction Statement relates to:		9d. Amer or 9e	ndment to Campaign Statem to indicate which Statement	ent (Complete Item 9a, 9b, 9c is being amended)
Priman	Gen	eral		Nution of Candidate Committ	, i
Canven	tion Sch	lool		Effective Date of Diss	clution
Specia	Caur	cus			
Date	of Election, Convention or Caucus		the dissolution the Reporting	neots, including late filing feel in cannot be granted, that this   Waiver.	e committee has no assets or s. Further, I/We request that if s be considered a request for
					ist be reported on Schedule
A committee that does no Schedules. Direct contril if any of the information if amendment to the Stater before the filling deadling	It have a Reporting Walver must file all re outlons, in-kind contributions, loans, expe sted in items 2, 4, 5, 6, 7, or 8 has chang level of Organization should accompany to se of a required campaign statement, the	equired Campaign S inditures, and outsti ed since the information state his Campaign State	tatements, Ti	ie Campaign Statements mu	ist include all applicable orting Waiver threshold. ment of Organization, an or is not received on or
10. Verification: I/We certimy/our knowledge and be	y that all reasonable diligence was used lief the contents are true, accurate and or	in the preparation o	of this statemen	nt and attached schedules (if	any) and to the best of
Current Treasurer or	1		<del></del>		
Designated Record keeps	Type or Print Name			Date	10-29/2020
	· Joo of Link Links	Signatura		)	
Candidate	JAMES PERNA			Date	10.292020
A.#	Type or Print Name	Signature		Date	
Authority granted under	P.A. 388 of 1976				



MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

1. Committee I.D. Number

*1358*86

SUMMARY PAGE		CITIZES	IS TO ELECT
CANDIDATE COMMITTEE	2. Committee Name	JAME.	S PERNA
RECEIPTS	Colu This F	mn ( Period	Column II Cumulative this election cycle
3. Contributions	Tille		Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	-	
b. Uniternized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APP	LICABLE	
c. Subtotal of "Contributions"	(3c.) \$		(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$		(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$		(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$		(21.) \$
7. In-Kind Expenditures (Schedule 18-IK, Column 6)	(7.) \$		(22.) \$
EXPENDITURES		,	
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>;                                    </u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$		
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<del></del>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$		(23.) \$
NCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) S		
b. Unitemized (less than \$50.01 each - no Schedule)			
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS	(10b.) \$		
(Add Line 10a + Line 10b)	(11.) \$		(24.) \$
DEBTS AND OBLIGATIONS 12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$		
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>957</u> BALANCE STATER	48.90	:
			<u> </u>
13. Ending Balance of last report filed	(13.) s 38	7. 38	
(Enter zero if no previous reports have been filed.)  14. Amount received during reporting period	(14.) + \$		
(Line 5, Total Contributions & Other Receipts)	(15.) = \$		
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period			
(Add lines 9 and 11) 17. ENDING BALANCE	(16.)- \$	1-38.	•
(Subtract line 16 from line 15)			

DEBTS AND O	BLIGATIONS
SCHEN	11 F 15

1. Committee I.D. Number

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SOUERHIE JE	2 (************************************		<del></del>	
CANDIDATE COMMITTEE	2. Committee Name	E SAMES	PERK	JA.
This Schedule itemizes:		_	,	
a. Debts and obligations owed by or forgive	- 4L	i	<u></u>	
<u> </u>	(Charle atthern a	Debis and obligations owed	to or foreign but	
3. Name and Mailing Address of person, vendor		urpose checked.)	™ or in Ainet DA (	ne committee.
financial institution to whom debt is owed.	4. Type of Obligation	7. Date and amount of	8. Cumulative	
1	(Indicate type and you may assign an expenditure code)	each payment	payment to	9. Outstanding Balance at
Check box to indicate whether debt is owed to a	n 5. Indicate date debt was		date on debt	close of this
incorporated business. If debt is a bank loan, pl provide information regarding the endorsers or ouaranters if any	ease incurred			period (item 6
guarantors, if any.	6. Indicate original amount			minus Item 8)
	of debt			
Debt #1 Corp? Yes	4. Type: Loga			<del>                                     </del>
Oxed to or by:	- 13pm			
JAMES PERINA	Code			
381805400LE CANE	5. Date Debt Was Incurred:			
CLINTON TOP MI 480	6. Original Amount of Debt	_ / / \$	. \$	\$86706.27
	\$ 96706-29			☐ FORGIVEN
	1	_/ / S	1	L 1 OKBIVEN
If bank loan, name of endorser or guarantor:			}	}
		Α	mount Endorsed: 5	
Debt #2 Corp? ☐ Ye	es 4. Type: CCIAN			
Owed to or by:		<u> </u>		
JAMES PEZUA	Code			
38180 SAUNE LN.	5. Date Debt Was Incurred:	is		8431.63
CLIHTON T-07 MI 4803	6. Original Amount of Debt:		s	
	\$ 8431-63			_
		<u> </u>		FORGIVEN
If bank loan, name of endorser or guarantor.		· — ·	ı	j
			unount Endorsed: S	<u> </u>
Debt#3 Corp? ☐ Yes	4. Type: <u>ioan</u>			
Owed to or by:				,
JAMES PERRA-	Code			
38180 6400LE LA	5. Date Debt Was Incurred:			
CHUTON THO MI 48036		1 1 5		211.00
7 -10- 10- 10- 10- 10- 10- 10- 10- 10- 10	s 211-00			
]		116		☐ FORGIVEN
if bank loan, name of endorser or guarantor:	•	1	l	
design of enduration of guarantor:			Amount Endorsed:	
		Page Subtotal (Ou		J
		i		95348-90
1	Complete on last page of Schedule sho	Grand Total of al	Schedules 1E	
1	. 4 31101	was amounts away by or to	the committee)	
				Enter this total
PLEASE REFER TO INSTRUCTIONS FOR LIST	OF EXPENDITURE CORES			on line 12a "owed by" or
A daht as able to	ENDITONE CODES			line 12b coxed
A debt or obligation must be shown on this So Campaign Statement or it was forgiven during	hedule if there was an outstanding an	TOUR! CHAPT ON H =1 111-		to" of the
Campaign Statement or it was forgiven during	the period covered by this Campaign	Statement.	sing date of this	Summary Page

Page 1 of 3 Authority granted under P.A. 388 of 1976

CFR REV7/1999c-18

DEBTS AND O	BLIGATIONS
SCHED	ULF 1F

1. Committee LD. Number \_\_\_\_\_/3588C

SCHED	PLE 1E	- HOUDE	13208C			
CANDIDATE	COMMITTEE	Committee Name CTG	SAMES P	7214 A		
I nis Schedule ilemizer		<u>.                                    </u>		12:477		
a Debts and obliga	ations owed by or forgiven the			1		
}	and the street of the street o	committee OR b			<del></del>	_
3. Name and Mailing A	(Che	eck either a or b. Use only for the	Debts and obligations ower purpose checked.)	ito or forciven by	the community	
financial institution to w	press of person, vendor or	4. Type of Obligation		<u></u>	ale continutes.	
	, our depris owed.	(Indicate type and you may	7. Date and amount of			
Check box to indicate w	mether debt is owed to an	assign an expenditure code)	each payment	8. Cumulative payment to	9. Outstanding	-
incorporated business.	f debt is a bank loan, please	5. Indicate date debt was		date on debt	Balance at	
provide information regreguerantors, if any	ding the endorsers or	I IIICUITED		dare out field	close of this period (Item 6	
guarantors, if any.		6. Indicate original amount			minus Item 8)	
Dalu ka		of debt			The second	
Oebt #1 Owed to or by:	Corp? ☐ Ýes	4.7				ŀ
}	· ·	4. Type: 60 AN	<u>/ / s</u>			i
SAMES PE	b - r4	Code				l
3000	1-1-1-1					Į
381805ADE	LE LA-	5. Date Debt Was Incurred:		1	•	
Chikitan		470-10	<u> </u>	1_		Ì
	CP M1 4836	6. Original Amount of Debt	_// / s	-\$	\$ <u>3.20~00</u>	ļ
	] ——	5 230.00		1	1	Ì
lf h		1		ļ	FORGIVEN	l
If bank loan, name of en	orser or guarantor:			1		l
i					•	١
Debt #2	Corp? ☐ Yes	1 7-	A	mount Endorsed: \$		l
Owed to ar by:	1 163	4- Type:	_1_1_5			ĺ
		Code			1	
	-	··- <del></del>	_/_/_s			
		5. Date Debt Was Incurred:	s	Ì		
1		6 Original Ammuni ca		ا	[	
		6. Original Amount of Debt	/	s	<del></del>	
1	j	s			1	
If how to		- <del></del>	/		☐ FORGIVEN	
If bank loan, name of end	orser or guarantor.			İ		
1 5-11-5-			A	mount Endorsed: \$		
Debt #3	Corp? ☐ Yes	4. Type:	1	TOOK ENDOISEU: 5		
Owed to or by:			/			
	}	Code	_/_/ S	1	1	
				1		
		5. Date Debt Was Incurred:	_/ / s	1		
		6. Original Amount of Debt:		1	j	
		C	<u> </u>			
<b>†</b>	1	>			_	
If bank loan, name of ende	Trene en en	ł			FORGIVEN	
Land Station	noci of Briggariot:		· · · · · · · · · · · · · · · · · · ·	ļ	į	
			A	mount Endorsed: \$		
:			Page Sublotal (Out	standing debt)		
	(Comple	fo on less			250.00	
	Biginoci	te on last page of Schedule show	ing amontie owey by octa-	ochedules 1E		
•			area by ar (0 E	re committee)	1	
PLEASE REFER TO INCH	PINCTIONS FOR 1 11-				Enter this total	
	RUCTIONS FOR LIST OF EXP	PENDITURE CODES			on line 12a	
A delif or obligation	is be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Summary Page					
vempaign Statement or i	was forgiven during the part	in there was an outstanding amo	uni owed on it at the air		to" of the	
	=	ou covered by this Campaign S	tatement.	ng date of this	Summary Page	
Page 4 of 3-Author	ity granted under P.A. 388 of 1				-	
	w sharited under P.A. 388 of 1	1976 CFI				
		CF6	REV 7/19990-1e			



MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

## DEBTS AND OBLIGATIONS SCHEDULE 1E

1. Committee LD. Number 13586

CANDIDATE COMMITTEE	ommittee Name	JAMES MC	PERMA	
This Schedule itemizes:				
a. Thebis and obligations owed by or forgiven the co	ommittee OR b. $\Gamma$ Deck either a or b. Use only for the p	obts and obligations owed to	or forgiven by the o	committee.
financial institution to whom debt is owed.  Check box to indicate whather debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or quarantors, 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	S. Cumulative     payment to     date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Owed to or by:	4. Type: <u>LOAN</u>	_/ / \$		
JAMES M PERNA 38180 SADDLE LA- CLINTON TO P MI 48036	5. Date Debt Was Incarred: /- 29 - 20 6. Original Amount of Debt: \$ 50.00	/ / \$ / / \$	\$	\$50-00
If bank loan, name of endorser or guarantor.		_/_/_\$		L. FORGIVEN
Debt #2 Com2 Voc		Am	ount Endorsed: \$	 
Owed to or by:  JAMES M PERMA  38180 SAIDDLE LA.  CLIMTON TWO MI 48036	4. Type: LOAN  5. Date Debt Was Incurred:  6. Original Amount of Debt:  \$ 100.00	_/_/_\$	\$	100 .00
If bank loan, name of endorser or guarantor:		/_/_\$		FORGIVEN
Debt #3 Corp? Yes		Am	ount Endorsed: \$	
Owed to or by:	4. Type:  5. <u>Date Debt Was Incurred:</u>			
	6. Original Amount of Debt	_/_ /_ \$		
	\$			<del></del>
if bank loan, name of endorser or guarantor:		/SArr	ount Endorsed: \$	FORGIVEN
		Page Subtotal (Outst	anding debt)	
(Complet	te on last page of Schedule showi	011		150 — 95748_90
A debt or obligation must be shown on this Schedule this Campaign Statement or it was forgiven during the Page 3 of 3	e if there was an outstanding an ne period covered by this Camp	nount awed on it at the cic algn Statement	sing data of	Enter this total on line 12s "owed by" or line 12b "owed to" of the Summary Page