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MACOMB COUNTY CLERK

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: 7-20-21 to 10-17-2021

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

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.

6. Treasurer's Name & Residential Address:
JAMES M PERNA
38180 SADDLE LANE
CLINTON TWP MI. 48036

Area Code & Phone: 313 530-9407

7. Treasurer's Business Address:
38180 SADDLE LANE
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

9. TYPE OF STATEMENT

9a. [X] Pre-Election OR 9b. [ ] Post-Election

9c. [ ] Annual Statement (_____ Coverage Year)

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:

[ ] Primary [X] General
[ ] Convention [ ] School
[ ] Special [ ] Caucus

Date of Election, Convention or Caucus

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: 10-29-2021

Candidate: JAMES M PERNA (Type or Print Name) _____ (Signature) Date: 10-29-2021

Authority granted under P.A. 388 of 1976

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

SUMMARY PAGE
CANDIDATE COMMITTEE

1. Committee I.D. Number 135886

2. Committee Name CITIZENS TO ELECT JAMES PERNA

	Column I This Period	Column II Cumulative this election cycle
RECEIPTS		
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) $	
b. Unitemized (less than $20.01 each - no Schedule)	(3b.) $ NOT APPLICABLE	
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 1B-IK, Column 6)	(7.) $	(22.) $
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) $	
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.) $	(23.) $
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
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.) $
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) $	
b. Owed to the Committee (Schedule 1E)	(12b.) $ 95748.90	

BALANCE STATEMENT

13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) $ 381.38
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + $
15. SUBTOTAL Add lines 13 and 14	(15.) = $
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - $
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) $ 381.38

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 135880

2. Committee Name CTE 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 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 PERNA 38180 SADDLE LANE CLINTON TWP, MI 48036	4. Type: LOAN Code 5. Date Debt Was Incurred: 1-1-96 - 12-31-17 6. Original Amount of Debt: $ 96706.29	/ / $ / / $ / / $ / / $ / / $	$	$ 86706.29 ☐ FORGIVEN
If bank loan, name of endorser or guarantor:			Amount Endorsed: $	
Debt #2 Corp? ☐ Yes Owed to or by: JAMES PERNA 38180 SADDLE LN. CLINTON TWP MI 48036	4. Type: LOAN Code 5. Date Debt Was Incurred: 10-20-18 6. Original Amount of Debt: $ 8931.63	/ / $ / / $ / / $ / / $ / / $	$	8931.63 ☐ FORGIVEN
If bank loan, name of endorser or guarantor:			Amount Endorsed: $	
Debt #3 Corp? ☐ Yes Owed to or by: JAMES PERNA 38180 SADDLE LA. CLINTON TWP MI 48036	4. Type: LOAN Code 5. Date Debt Was Incurred: 9-10-18 6. Original Amount of Debt: $ 211.00	/ / $ / / $ / / $ / / $ / / $		211.00 ☐ FORGIVEN
If bank loan, name of endorser or guarantor:			Amount Endorsed: $	

Page Subtotal (Outstanding debt) 95348.90

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

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.

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 135880

2. Committee Name CTE JAMES PERRY

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 Owed to or by: JAMES PERRY 38180 SADDLE LA. CLINTON TWP MI 48036 Corp? ☐ Yes	4. Type: LOAN Code 5. Date Debt Was Incurred: 9-24-18 6. Original Amount of Debt: $ 250.00	/ / $ / / $ / / $ / / $ / / $	- $	$250.00 ☐ FORGIVEN
If bank loan, name of endorser or guarantor: Amount Endorsed: $				
Debt #2 Owed to or by: Corp? ☐ Yes	4. Type: Code 5. Date Debt Was Incurred: 6. Original Amount of Debt: $	/ / $ / / $ / / $ / / $ / / $	$	☐ FORGIVEN
If bank loan, name of endorser or guarantor: Amount Endorsed: $				
Debt #3 Owed to or by: Corp? ☐ Yes	4. Type: Code 5. Date Debt Was Incurred: 6. Original Amount of Debt: $	/ / $ / / $ / / $ / / $ / / $		☐ FORGIVEN
If bank loan, name of endorser or guarantor: Amount Endorsed: $				

Page Subtotal (Outstanding debt) 250.00

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

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.

 Authority granted under P.A. 388 of 1976

CFR REV 7/1999c-1e

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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 If bank loan, name of endorser or guarantor:	4. Type: LOAN 5. Date Debt Was Incurred: 1-29-20 6. Original Amount of Debt: $ 50.00	/ / $ / / $ / / $ / / $ / / $ Amount Endorsed: $	$	$ 50.00 ☐ FORGIVEN
Debt #2 Corp? ☐ Yes Owed to or by: JAMES M PERNA 38180 SADDLE LA. CLINTON TWP MI 48036 If bank loan, name of endorser or guarantor:	4. Type: LOAN 5. Date Debt Was Incurred: 6. Original Amount of Debt: $ 100.00	/ / $ / / $ / / $ / / $ / / $ Amount Endorsed: $	$	100.00 ☐ FORGIVEN
Debt #3 Corp? ☐ Yes Owed to or by: If bank loan, name of endorser or guarantor:	4. Type: 5. Date Debt Was Incurred: 6. Original Amount of Debt: $	/ / $ / / $ / / $ / / $ / / $ Amount Endorsed: $		☐ FORGIVEN

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) 95748.70

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.