

CANDIDATE COMMITTEE COVER PAGE

Report must be mailed, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

1. Committee I.D. Number 135850	2. Committee Name CITIZENS TO ELECT JAMES M PERNA	3. This Statement covers From 7-21-21 to 10-20-202	4. Candidate Last Name PERNA First Name JAMES M.I. M.	4a. Office Sought Including District or Community Served (if applicable) MACOMB COUNTY CLERK	4b. County of Residence MACOMB	5. Treasurer's Name & Residential Address JAMES M PERNA 38180 SAADLE LANE CLINTON TWP MI. 48036	6. Designated Record Keeper's Name and Mailing Address (if the committee has a Designated Record Keeper) 38180 SAADLE LANE CLINTON TWP MI. 48036	7. Treasurer's Business Address 38180 SAADLE LANE CLINTON TWP MI. 48036 Area Code and Phone 313 530 9407	8. Committee's Mailing Address 38180 SAADLE LANE CLINTON TWP MI. 48036 Area Code and Phone 313 530 9407	9. Designated Record Keeper's Name and Mailing Address (if the committee has a Designated Record Keeper) 38180 SAADLE LANE CLINTON TWP MI. 48036 Area Code and Phone 313 530 9407
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8. TYPE OF STATEMENT 8a. ☒ Pre-Election OR ☐ Post-Election Pre-Election or Post-Election Statement relates to: ☐ Primary ☐ Convention ☐ Special ☐ General ☐ School ☐ 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 this committee has no assets or outstanding debts, including late filing fees. Further, I/we request that 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.		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.	

11. 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
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