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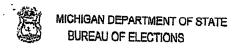


MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

3. This Statement covers Fight. 3. This Statement covers Fight. 3. This Statement covers Fight. 4. Candidate Last Name 13.5880 5. Committee Name C1772ENS TO ELECT JAMES MO Day Year MO Day Ye	an adapted in ink and signed by		7.21	- 27 to	10 20	203	22
. Committee I.D. Number 13 5 880 . Committee Name C/T724\S TO ELECT J AMES M PERHA 4. Office Sought including District # or Community Served (if applicable) HACOMD COUNTY CLERK 4. Committee's Mailing Address M PERHA 5. Committee's Mailing Address M PERHA 5. Committee's Mailing Address M PERHA 6. Committee's Mailing Address M PERHA 7. Committee's Mailing Address M PERHA 8. Committee's Mailing Address M PERHA 8. SABOLE LANG COUNTYN THE M, 4805 Area Code and Phone 3/3 320 9407 Area Code and Phone 6/3 530 9407 Area Code and Ph	Report must be legible, typed or printed in ink and signed by he treasurer (or designated record keeper) and candidate.	3. This Statement cov	EIS FIUITI.		no Day	Year	
8. Treasurer's Name & Residential Address 3818C SADOLE LANS CLINTON TUD MI, 48036 Area Code and Prione 315 320 9407 If the address in this box is different from the committee mailing address on the Sitement of Organization, mail may be sent to this address by the filth of mission of the Sitement of Organization, mail may be sent to this address by the filth of mission of the sitement of Organization, mail may be sent to this address by the filth of mission of the sitement of Organization, mail may be sent to this address by the filth of the sitement o	2. Committee Name C1772ENS TO ELECT	PERHA 4a. Office Sought Inc MACOMB	duding District # or Com	SAMES munity Served (If ERK	applicable)	M.I.	
7. Treasurer's Business Address 38/80 S ADOLE LANS CLIFTCH TUP MI 49036 Area Code and Phone (2/3) S30 9407 9. TYPE OF STATEMENT 9a. Pre-Election OR 9b. Post-Election 9d. Annual Statement (Coruplete Item 9a, 9b, 9c or 9e to Indicate which 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 Convention School Effective Date of Dissolution Special Caucus Date of Election, Convention or Caucus Month Day Year A committee that does not have a Reporting Waiver must file all required Campaign Statements, including late filing fees. Further, INVe 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 It and the Summary Page. A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statement must include all applicable, which is not promote that if the dissolution cannot be granted, that this secondary is command since the information lates of Items are formed in the Summary Page. A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statement for the Statement of Organization, and are formed in the Summary Page. A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statement for Statement for Statement for Statement in a request the Statement of Organization, and are formed fo	5. Committee's Mailing Address 38180 SADDLE LANE CLINTON TUP. M1. 48036 Area Code and Phone 313 530 9407	JAMES N 8818c S ELINTON Area Code & Phone) PERNA 4-00LE LA 1 = 14 P M L	11 an 26			
Area Code and Phone (3/3) 5/30 9/407 Area Code and Phone (7. Treasurer's Business Address	1 o Decimated Reco	rd keeper's Name and N keeper)	Aailing Address (l	f the committe	e has a	10 mm 1 m
9. TYPE OF STATEMENT 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 9e. Dissolution of Candidate Committee Effective Date of Dissolution Special Caucus Month Day Year By checking this item, INWe certify that the committee has no assets or outstanding debts, including late filing fees. Further, INWe 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 18 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. Direction instead in items 2.4, 5, 6, 7, or 8 has changed since the information was shown a gainst timether's Statement of Organization, an if any organit to the Statement of Organization should accompany this Campaign statement, that campaign statement in that campaign statement in that campaign statement cannot be waived. 10. Verification: INVe certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of myour knowledge and belief the contents are rue, accurate and complete. 10. Verification: INVe certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of myour knowledge and belief the contents are rue, accurate and complete. 10. Verification: INVe certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of myour knowledge and belief the contents are rue, accurate and complete. 10. Verification: INVe certify that all reasonable diligence was used in the preparation of this statement cannot be waived. 10. Verification: INVe certify	Area Code and Phone (313) 530 9407	Area Code and Pho	one <u>()</u>				
Pre-Election or Post-Election Statement relates to: Primary		Post-Election	Od	Campaign State	ment (Comple	ete Item 9a	ı, 9b, 9c
Date of Election, Convention or Caucus Date of Election, Convention or Caucus By checking this item, NWe certify that the committee has no assets or outstanding debts, including late filing fees. Further, IWe request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Month Day Year 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 fireshold. Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver fireshold. Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver fireshold. Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver fireshold. Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver fireshold. Schedules. If a required against the \$1,000 Reporting Waiver fireshold. Schedules the information was shown on the committee's Statement of Organization, and if any of the information was shown on the committee's Statement of organization, and if any of the information was shown on the committee's Statement of organization, and if any of the information was shown on the committee's Statement of organization, and if any of the information was shown on the committee's Statement of organization and accompany his Campaign Statement if a required campaign statement of organization should accompany his Campaign Statement and attached schedules (If any) and to the best of the information was	Pre-Election or Post-Election Statement relates to:	General	or 9e to indica	te which Stateme	nt is being am	enaea)	
Date of Election, Convention or Caucus By checking this item, INWe certify that the committee has no assets or outstanding debts, including late filing fees. Further, IWe 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. Schedules. Direct contributions in items 2.4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, and 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, and if any of the information between 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: IWe certify that all reasonable diligence was used in the preparation of this statement and attached schedules (If any) and to the best of myour knowledge and belief the contents are true, accurate and complete. Date	Convenion						
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, passes of the statement of Corporation is the \$1,000 Reporting Waiver threshold. Schedules. Direct contributions, in-kind contributions, passes of the statement of Corporation is the statement of Corporation is the statement of Corporation should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or 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: IWe certify that all reasonable diligence was used in the preparation of this statement and attached schedules (If any) and to the best of mytour knowledge and belief the contents are true, accurate and complete. Current Treasurer or Designated Record keeper Ames in Pearly Signature Date 10 25, 2022 Candidate Ames Mearly Signature Date Mo Day Year Type or Print Name Signature	Date of Election, Convention or Cau Month Day Year		outstanding debts, in the dissolution cannot the Reporting Waive Note: The disposition 18 and the Summar	n, IWe certify that duding late filing of be granted, that r. of residual funds y Page.	the committee fees. Further t this be conside s must be repo	dered a recorded on Scientific Control	quest for chedule
10. Verification: NWe certify that all reasonable diligence was used in the preparation of this statement and attacked on the preparation of the prepa	A committee that does not have a Reporting Waiver mus Schedules. Direct contributions, in-kind contributions, in if any of the information listed in items 2, 4, 5, 6, 7, or 8 amendment to the Statement of Organization should an hefore the filling deadline of a required campaign str	st file all required Campai nans, expenditures, and o has changed since the in company this Campaign t atement, that campaign	gn Statements. The Car uistanding debts count a formation was shown on Statement. If a request statement cannot be w	mpaign Statemen against the \$1,000 the committee's for a Reporting raived.	its must includ Reporting Wi Statement of C Waiver is not	e all applic alver thres Organizatio received	able hold. on or
Candidate JAM ES M JERUA Signature Mo Day Year	10. Verification: IWe certify that all reasonable diligence myour knowledge and belief the contents are true, according to the contents ar	e was used in the prepara urate and complete.	and this statement and		Date 10	25.	2027 Year
	Type or Print Name	Signa	ature	U	Mo	Day	Year



1. Committee I.D. Number _

13588G

SUMMARY PAGE CANDIDATE COMMITTEE	2. Committee Name CITIZENL	
RECEIPTS	Column I	Column II
3. Centributions	This Period	Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	
b. Unitemized (less than \$20.01 each - no Schedule) .	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3¢.) \$	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4) S	(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. Remized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Uniternized (less than \$50.01 each - no Schedule)	(8c.) \$	
8. 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)		
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(10b.) \$	
DEBTS AND OBLIGATIONS 12. Debts and Obligations	(11.) \$	(24.) \$
a. Owed by the Committee (Schedule 1E)	(12a.) \$	
b. Owed to the Committee (Schedule 1E)	(12b.)\$ 95748-9C	
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	BALANCE STATEMENT (13.) \$ 3 \$ 2 \$	
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period (Add lines 9 and 11) 17. ENDING BALANCE	(15.) = \$	
(Subtract line 16 from line 15)	(17.) s 381-38.	

----135889 DEETS AND OBLIGATIONS 1 Committee I.D. Number CTE JAMES 2. Committee Name SCHEDULE 1E 1 CANDIDATE COMMITTEE b. Debts and obligations owed to or forgiven by the committee. This Schedule itemizes: OR a. Doebts and obligations owed by or forgiven the committee (Check either a or b. Use only for the purpose checked.) 8. Cumulative 9 Outstanding 7. Date and amount of 4. Type of Obligation 3. Name and Malling Address of person, vendor or Balance at payment to each payment findicate type and you may financial institution to whom debt is owed. close of this date on debt assign an expenditure code) period (liem 6 5. Indicate date debt was Check box to indicate whether debt is owed to an minus liem 8) incomporated business. If debt is a bank loan, please incurred 6. Indicate original amount provide information regarding the endorsers or of debt quarantors, if any. 4. Type: <u>LC4</u> Com? TYES Deht#1 Owed to or by: PETRILIA JAMES 5. Date Debt Was Incurred: \$86706.27 7-1-76 - 12-31-17 6. Original Amount of Debt. 28/805400LE EMIE ☐ FORGIVEN Mi 48036 86706.29 Amount Endorsed: S lf bank loan, name of endorser or guarantor. 4. Type: Criade Corp? TYes Debt#2 Owed to or by: Code James PerzuA 8431.63 5. Date Debt Was Incurred: 10-20-16 6. Original Amount of Debt: 38180 SAMBLE LN T FORGIVEN 48036 MI Amount Endorsed: S If bank loan, name of endorser or guarantor: 4. Type: Lock Com? TYes Debt#3 Owed to or by: Code 211.00 5. Dale Debt Was Incurred: 70-10 6. Oripinal Amount of Debt. TWO MI 1803E ☐ FORGIVEN 211-00 Amount Endorsed: 5 If bank loan, name of endorser or guarantor: Page Subtotal (Outstanding debt) 95348-90

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE GODES

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.

Page of 2 Authority granted under P.A. 388 of 1976

CFR REV 7/19996-1e

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

Grand Total of all Schedules 1E

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

	Annues D. Number		<i>58</i> 8c		
CANDIDATE COMMITTEE	Committee Name	JE.	lames.	PERM A	
this Schedule itemizes:					
a. Debts and obligations owed by or forgiven the				t .	
	ck either a or b. Use only	b. Li Def	is and obligations	owed to or forgiven by th	e committee
Name and Mailing Address of person, vendor or financial institution to whom debt is owed.	4. Type of Obligation				o ominitare,
. POMPE AND THE PROPERTY OF TH	(Indicate type and vn	ni more	7. Date and amoun	of 8. Cumulative	9. Outstanding
Check box to indicate whether debt is owed to an	assion an expenditure	D. condail	each payment	paymentio	Balance at
	5. Indicate date debit incurred	was	:	date on debt	close of this
provide information regarding the endorsers or quarantors, if any.	6. Indicate original ar	mount	_		period (Item 6 minus Item 8)
Debitte	Of debt				
Debt#1 Corp? ☐ Ÿeş Owed to or by:	4. Type: £6 Ans		/ 1		
_	1 !		// \$		
SAMES PERINT	Code	_ .	/ / S		•
38180 SADOLE LA-	5. Date Dent Was Inc	curred:	_ <i>[</i>		
CLINTON TOO MI 48036	6. Original Amount	of Dahi			\$250_00
25/23/01/21/21/21/21/21/21/21/21/21/21/21/21/21	s 250-Cc	OF DEDC	1 1 %		
	8 230.00		[] \$		U FORGIVEN
if bank loan, name of endorser or guarantor:		,]
Debten				Amount Endorsed: S	
Debt #2 Corp? ** Corp? ** Yes	4. Typa:		1 1 1		
when in the	Code	— l·	115		
			/ / S		
	5. Date Debt Was Inc	curred:	<u>/ / 8</u>		
	6. Original Amount	of Debt		- s	1
			1 1 5		
	3		_/ / S		FORGIVEN
if bank loan, name of endorser or guarantor:		1 -	1 1 3		- Ottest A EM
				Amount Endorsed: 9	
Debt#3 Corp? ☐ Yes Owed to or by:	4. Турс:		, , ,		
Over 10 of py:			<u> </u>		
	Code		<u> </u>		
	5. Date Debt Was Inc	cured:			
	6. <u>Original Amount</u>	of Dohin			
	6	at DEDE.	1 5		
	*		_ / / S		FORGIVEN
If bank loan, name of endorser or guarantor:		1			1-OKGIVEN
3-4(1)				Amount Endorsed:	2
			Page Subto	tel (Outstanding debt)	T T
	piote en la c			· · · · · · · · · · · · · · · · · · ·	250.00
. (Com	plete on last page of Sc	thedule showi	g amounts owed b	at of all Schedules 1E by or to the committee!	
	. 1				Enter this total
PLEASE REFER TO INSTRUCTIONS FOR LIST OF	EXPENDITION	_			on line 12=
A dabt or obligation must be at	į.				"owed by" or line 12b "owed
A debt or obligation must be shown on this Sched Campaign Statement or it was forgiven during the	ule if there was an outs	standing amo	uni owari an 16-44	fro alastes a second	io of the
The same and the s	hands coasied by this	Campaign S	atement.	are civeing date of this	Summary Page
Page 🗸 of Z_Authority granted under P.A. 388	OF 1070				
	OI IRLE	CF	REV 7/5000.4.		

CFR REV 7/1999c-1e

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS SCHEDULE 1E

1. Committee I.D. Number

CAMPIDATE COMMITTEE	minimes Name C /	· 2 JA	tmes :	my T.	ERMA	
This Schedule itemizes:						
a. I Debis and obligations owed <u>by</u> or forgiven the co	mmilitee OR k either a or b. Use only	b. T. Debis a Vior the purpos	nd obligations (ie cherked)	owed <u>to</u> or	forgiven by the co	mmittee
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. Debt #1 Corp? Ves	4. Type of Obligation (Indicate type and you assign an expenditure 5. Indicate date debt incurred 6. Indicate original an of debt	u may e code) was	Date and amor each payment	ent of	8. Cumulative payment to date on debt	9. Outstanding Salance at close of this periori (Item 6 minus Item 8)
Owed to or by: JAMES M PERNA 38180 SADDCE CA- CLINTON TOO P M 1 48036	4. Type: LOAN 5. Date Debt Was Inc. 6. Original Amount \$ 50.00	of Dabe	/ / S		\$	S -OO FORGIVEN
If bank loan, name of endorser or guaranter: Debt #2 Corp? Yes		etca .	/ / S	Amoi	unt Endomed: \$	L ONGIVER
JEMES M PERMA 38180 SANDLE CA. CLIMFON TWP MI 48036	4. Type: Lo And 5. Date Debt Was Income 6. Original Amount § 100 -00	of Debt:	/ / \$ / / \$ / / \$ / / \$	ALIAN TORRINAND		/OO LOC
If bank loan, name of endorser or guarantor: Debt #3 Corp? Yes Owed to or by:	4. Type:				unt Endorsed: \$	J. Gridiver
	5. <u>Date Debt Was Inc</u> 6. <u>Original Amount</u> 8	mred:	/ / \$` / / \$ / / \$			
If bank loan, name of endorser or guarantor.			/ / \$		ount Endorsed: \$_	FORGIVEN
Compi	ete on last page of Sch	edule showing	Page Subto Grand Tot amounts owed			7.57 48_90 Enter this total on line 12e gwed by a or

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.

owed by or or line 12b owed to of the Summary Page