



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

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: 7-21-22 to 10-20-2022
Mo Day Year Mo Day Year

1. Committee I.D. Number

135880

2. Committee Name

CITIZENS TO ELECT
JAMES M PERNA

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. 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 LA
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. ☒ Pre-Election

OR

9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

☐ Primary

☐ General

☐ Convention

☐ School

☐ Special

☐ Caucus

Date of Election, Convention or Caucus

Month Day Year

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

Month Day Year

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 25 2022
Mo Day Year

Candidate

JAMES M PERNA
Type or Print Name

Signature

Date 10 25 2022
Mo Day Year

Authority granted under P.A. 388 of 1976



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**SUMMARY PAGE
CANDIDATE COMMITTEE**

1. Committee I.D. Number

13588C

2. Committee Name

CITIZENS TO ELECT
JAMES PERNA

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
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.) \$	381.88	
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 LAKE

CLINTON TWP, MI 48036

4. Type: LOAN

Code

5. Date Debt Was Incurred:

1-1-76 - 12-31-77

6. Original Amount of Debt:

\$ 86706.29

1 1 \$

1 1 \$

1 1 \$

1 1 \$

1 1 \$

Amount Endorsed: \$

\$ 86706.29

☐ FORGIVEN

If bank loan, name of endorser or guarantor:

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:

10-20-78

6. Original Amount of Debt:

\$ 8431.63

1 1 \$

1 1 \$

1 1 \$

1 1 \$

1 1 \$

Amount Endorsed: \$

\$ 8431.63

☐ FORGIVEN

If bank loan, name of endorser or guarantor:

Debt #3

Corp? ☐ Yes

Owed to or by:

JAMES PERNA

38180 SADDLE LN.

CLINTON TWP MI 48036

4. Type: LOAN

Code

5. Date Debt Was Incurred:

8-10-78

6. Original Amount of Debt:

\$ 211.00

1 1 \$

1 1 \$

1 1 \$

1 1 \$

1 1 \$

Amount Endorsed: \$

211.00

☐ FORGIVEN

If bank loan, name of endorser or guarantor:

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)

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.

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

SCHEDULE 1E

CANDIDATE COMMITTEE

1. Committee I.D. Number 13588C

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 Owed to or by: <u>JAMES PERNA</u> <u>39180 SADDLE LA.</u> <u>CLINTON TWP MI 48836</u> Corp? <input type="checkbox"/> Yes If bank loan, name of endorser or guarantor:	4. Type: <u>LOAN</u> Code _____ 5. Date Debt Was Incurred: <u>9-24-18</u> 6. Original Amount of Debt: <u>\$ 250.00</u>	<u>1 1 \$</u> <u>1 1 \$</u> <u>1 1 \$</u> <u>1 1 \$</u>	<u>\$</u>	<u>\$250.00</u> <input type="checkbox"/> FORGIVEN
Debt #2 Owed to or by: _____ Corp? <input type="checkbox"/> Yes If bank loan, name of endorser or guarantor:	4. Type: _____ Code _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: _____ \$ _____	<u>1 1 \$</u> <u>1 1 \$</u> <u>1 1 \$</u> <u>1 1 \$</u>	<u>\$</u>	Amount Endorsed: \$ _____ <input type="checkbox"/> FORGIVEN
Debt #3 Owed to or by: _____ Corp? <input type="checkbox"/> Yes If bank loan, name of endorser or guarantor:	4. Type: _____ Code _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: _____ \$ _____	<u>1 1 \$</u> <u>1 1 \$</u> <u>1 1 \$</u> <u>1 1 \$</u>	<u>\$</u>	Amount Endorsed: \$ _____ <input type="checkbox"/> FORGIVEN

Page Subtotal (Outstanding debt)

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

Grand Total of all Schedules 1E

250.00

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.

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



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number

135880

2. Committee Name

CITE 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 Corp? ☐ Yes

Owed to or by:

JAMES M PERNA
38180 SADDLE LA.
CLINTON TWP MI 48036

4. Type: LOAN

5. Date Debt Was Incurred:

1-29-20

6. Original Amount of Debt:

\$ 50.00

11 \$

11 \$

11 \$

11 \$

11 \$

\$

\$ 50.00

☐ FORGIVEN

If bank loan, name of endorser or guarantor:

Amount Endorsed: \$

Debt #2 Corp? ☐ Yes

Owed to or by:

JAMES M PERNA
38180 SADDLE LA.
CLINTON TWP MI 48036

4. Type: LOAN

5. Date Debt Was Incurred:

6. Original Amount of Debt:

\$ 100.00

11 \$

11 \$

11 \$

11 \$

11 \$

\$

100.00

☐ FORGIVEN

If bank loan, name of endorser or guarantor:

Amount Endorsed: \$

Debt #3 Corp? ☐ Yes

Owed to or by:

4. Type:

5. Date Debt Was Incurred:

6. Original Amount of Debt:

\$

11 \$

11 \$

11 \$

11 \$

11 \$

\$

☐ 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)

150.00

95748.90

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.