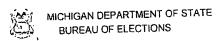


CANDIDATE COMMITTEE COVER PAGE

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 co	vers From: 10 2		12 3/ Mo Day	2 2 Yea	
1. Committee I.D. Number	4. Candidate Last I	Name PERHA	First Name	ames	M.I.	m
135880 2. Committee Name CITIZENS TO ELECT PROPERTY OF THE		cluding District # or Com	CLERI			
JAMES M PERNA		7 1 17 2 2 1 .	······································	1		
5. Committee's Mailing Address 38180 SADDLE LAME CLINTON TWP M1- 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.	JAMES	Residential Address MPERNA ADDLE LAA 17010 MI- 1803 530				
7. Treasurer's Business Address 38180 SAODLE LANE CLINTON TWP M1. 48036	8. Designated Record Designated Record	ord keeper's Name and I keeper)	Mailing Address	(If the committ	ee has a	1. White
CLINTON TWP ### 407 Area Code and Phone <u>B13</u> 530 9407	Area Code and Pho	one ()		: '	<u>-</u>	1 min
		9c. Annual Statem	nent (202	ZC overage Ye	ar)	
9. TYPE OF STATEMENT	!					
5a	ost-Election	9d. Amendment to or 9e to Indica	c Campaign Sta te which Staten	itement (Compl nent is being ar	ete Item 9 nended)	ia, 9b, 9c
Pre-Election or Post-Election Statement relates to:		9e. Dissolution of	Candidate Com	mittee		
☐ Primary ☐ Ge	eneral			•	, -	
Convention S	n School		Effective Date of Dissolution			
☐ Special ☐ Caucus			Month Da	v Year		
Date of Election, Convention or Caucus		By checking this item, IWe 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				
Month Day Year	_	the Reporting Waive Note: The disposition 1B and the Summan	of residual fun Page.	· · ·	· ·	
A committee that does not have a Reporting Waiver must f Schedules. Direct contributions, Indian of the information listed in items 2, 4, 5, 6, 7, or 8 has amendment to the Statement of Organization should accordance the filling deadline of a required campaign state	ile all required Campaig s, expenditures, and oi s changed since the inf npany this Campaign S ment, that campaign	on Statements. The Cau uistanding debts count a comation was shown on statement. If a request statement cannot be w	npaign Stateme gainst the \$1,0 the committee's for a Reporting aived.	ents must include the control of the	ie all appl aiver thre Organizat t received	cable shold, on, an i on or
 Verification: I/We certify that all reasonable diligence w mylour knowledge and belief the contents are true, accura 	ras used in the prepara	tion of this statement an	d attached sche	edules (If any) a	ind to the	best of
Current Treasurer or Designated Record keeper James m Pacul	A I Signa			Date Mo	Day	Year Year
Current Treasurer or Designated Record keeper Ames m Page 1 Type or Print Name Candidate SAMES M PERA	JA SIGNE	2	į	Date /	15	2023
Candidate	Signa	fure		Mo	Day	Year
Authority granted under P.A. 388 of 1976						



	RY PAGE
CANDIDATE	COMMITTEE

2. Committee Name CITIZENS TO ELECT

CANDIDATE COMMITTEE	JAMES III	Column II
RECEIPTS	Column I This Period	Cumulative this election cycle
3. Contributions	`	
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) S 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		(21.) \$
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(22.) \$
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.) \$	(23.) \$
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	(23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
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.) § <u>95748.96</u>	-
b. Owed to the Committee (Schedule 1E)	(12b.) \$BALANCE STATEMENT	
		•
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>381-38</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	
	(15.) = \$	
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period	(16.) - S (17.) S 381.38	
(Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) S 387.38	•

DÉSTS AND OBLIGATIONS

SCHEDULE 1E

1. Committee I.D. Number

2. Committee Name

CANDIDATE COMMITTEE

This Schedule Itemizee:				
a. Doebts and obligations owed by or forgiven the con		Debts and obligations owed	io or forgiven by the	committee.
	elihera or b. Use only for t	he purpose checked.)		
3. Name and Mailing Address of pason, 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 quarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure cod 5. Indicate date debt was incurred 6. Indicate original amoun of debt	e) .	6. Cumulative payment to date on debt	8. Outstanding Balance at close of this pariod (liem 6 minus liem 8)
Debt#1 Comp? Tes Owed to or by: JAMES PERMA 38180520015 Lowe CLIMPON TAUP, MI 48036	4. Type: Lower Code 5. Date Debt Was Incurre F—F2-3 5. Original Amount of D \$ 96705-2	1 / S 	-8	\$ <u>86766-2</u>) I forgiven
lf bank loan, name of endorser or guarantor:			Amount Endorsed:	
Debt#2 Corp? [] Yes Owed to or by:	4. Type: Local Code 5. Date Debt Was Louin 10 - 20 - / 5 6. Original Amount of S & 73 / 63	Debt: [[S	5	3431.63
If bank loan, name of endorser or guarantor:			Amount Endorse	d: \$
Debi#3 Carp? [] Yes Owed to ar by:	Code 5. Date Debt Was Inc. 6. Original Amount	orred: // S of Debt: // S		211.00
	- 3 211-00			☐ FORGIVEN
If bank loan, name of endorser or guarantor.			Amount Endo	
	(Complete on lest gage of S	•	iotal (Ouislanding del otal of all Schedules I by or to the committ	75378-76
;	familiare arrives bally as a		,	Enterthis total

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE GODES

A debt or obligation must be shown on this Schedule if there was an optatanding 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 <u>**</u> of <u>\$\frac{3}{2}\text{Authority granted under P.A. 388 of 1976}</u>

CFR REVT/19990-1e

on line 122 fowed by or line 12b "owed to of the Summary Page

1. Committee I.D. Number SCHEDULE 18 2. Committee Name CANDIDATE COMMITTEE PERMA 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. (Chack aither a or b. Use only for the purpose chacked.) 3. Name and Mailing Address of passon, vandor or financial institution to whom debt is owed. 4. Type of Obligation 7. Date and amount of (Indicate type and you may 8. Cumulative Check box to indicate whether debt is owed to an 4. Quislanding each payment assign an expenditure code) paymentio prophorased presuesar it dept is a pauk inau' blesse Balance et 5. Indicate date debiwas date on debt provide information regarding the endorsers or Close of this Incurred querantors, if any. period (liem 6 6. Indicate original amount minus liem 8) of debt Debt#1 Corp? ☐ Ÿes 4. Type: Lo An Owed to or by: / / S JAMES PERIND Code / / S 5. Date Debt Was Incurred: 9-24-4 CLINITON FLO MI 4836 6. Orlainal Amount of Debic 50,00 s 250-00 III FORGIVEN if bank loan, name of endorser or guaranior: Amount Endorsed: \$ Debt 設 Corp? ☐ Yes 4. Type: Owed to or by: 1 i s Cade 5. Date Debt Was Incurred: 6. Original Amount of Debt I FORGIVEN if bank loan, name of endorser or guarantor. Amount Endorsed: S Debt #3 Como? Tyes 4. Type: Owed to or by: 1 5 J. Date Debt Was incurred: 6. Original Amount of Debis TORGIVEN li 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) Enter this total PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES on line 12a "hired by" or the 126 Powed of me 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 forgiver during the period covered by this Campaign Statement.

Page 3_of 3_Authority granted under P.A. 388 of 1976

CFR REV 7H9990-1e

MICHIGAN DEPARTMENT OF STATE BURBAU OF ELECTIONS

DEBTS AND OBLIGATIONS SCHEDULE 15

aumedule 18				-
CANDIDATE COMMITTEE	Committee Name 6.76	SAMES M	PERMA	
This Schedule liemizes;				
e. Debis and obligations over the				
a. I Dabis and obligations owed by or forgiven the or	immiltee OR b. T.D.	ebis and obligations owed <u>to</u> wrose of seked !		
S. Name and Mallian R. J.	ok aimer a or b. Use only for the o	mbose checked?	or milliness pr the c	ommittee
medial insultion to whom debt is owed.	(Indicate type and type	7. Date and amount of	8. Cumulativa	
Check box to indicate whether debt is owed to an	I design an expenditure much	each payment	Dayment to	9. Outstanding Balance at close
provide information reporting a Dank loan, please	increed debt was		date on debt	of this period (liem 6 minus
	6. Inditate original amount of debt			tem 8)
Debt #t Corp? ☐ Yes Owed to or by:	·			
	4. Type: LOAN	_/_/ &		
JAMES M PERHA		1 1 6		
38180 SADDLE LA.	5. Date Debt Was Incorred:	2		
CLIMPON TOOP MI 48036	6. Original Amount of Dabt	<u>. / / 8</u>		50-00
1.00	\$ 50.00	_/ / \$.	\$	\$200
IS hearts to				FORGIVEN
if bank loan, name of endorser or guarantor.	f	118	-	
Debt #2 Corp? Yes Owed to or by:		Am	ount Endorsed: \$	L
JAMES M PERMA	4. Type: Cody	_/_/_8		
38180 SA-00LE LA.	5. Bate Debt Was Incorred	_/_/_s		
- CLISTON TWP M) 48036	6. Original Amount of Debt			
	\$ 100.0C	// \$	\$	100.00
if bank loan, name of endorser or querentor:		_/_/_\$	'	FORGIVEN
Debt #3 Corp? Yes		Am	ount Endorsed: &	
	4. Type:	_1_1 \$		
	5. Date Debt Was Incorred.	, ,		
	6. Original Amount of Deat			
	8	_/_f_s		
If bank loan, name of and				
if bank loan, name of endorser or guarantor.		S		FORGIVEN
		Page Subinial (Oxidate	iouni Endorsed: \$_	<u> </u>
Page Subiotal (Outstanding debit)				150
(Comple	ate on last page of Schedule show	Grand Total of all 9: ing amounts owed by or to ti	thedules 12	95748-90
•		¥ -3 40 W		Enter this total
. A debt or obligation must be share as about				on line 122 "owed by" or
. A debt or obligation must be shown on this Schedu this Campaign Statement or it was forgiven during t Page 3_ of 3_	le if there was an outstanding a	Rount owed on It at the at	wine dain of	line 12b "numri
Page 2. of 3	contains and the Camp	selgn Sielement.	was cons or	to of the Summary Page
	1			7 - 49