

CANDIDATE COMMITTEE COVER PAGE

FILED 14 JAN 2024 AM 11:45

MACOMB COUNTY CLERK MT. CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

| Report must be legible, typed | or printed in ink and si | aned hy | 3. This Statement covers Fron | n: | | |
|--|--|--|--|---|---|--|
| Report must be legible, typed the treasurer (or designated r | ecord keeper) and can | didate. | 3. This Statement covers From | 10/21/2023 to | 12/31/2023 | |
| 1. Committee I.D. Number | | | 4. Candidate Last Name | First Name | M.I. | |
| 135880 | | | PERNA | JAMES | M | |
| 2. Committee Name | | 4a. Office Sought Including District # or Community Served (If applicable) CLERK/REGISTER OF DEEDS, MACOMB COUNTY | | | | |
| CITIZENS TO ELEC | CT JAMES M P | PERNA | 4b. County of Residence MA | COMB COUNTY | | |
| 5. Committee's Mailing Addres | S | | 6. Treasurer's Name & Residential Address | | | |
| 38180 SADDLE LANE CLINTON TWP, MI 48036 | | JAMES M PERNA 38180 SADDLE LANE CLINTON TWP, MI 48036 | | | | |
| Area Code and Phone (313) If the address in this box is diffinable address on the Statembe sent to this address by the f | erent from the committe ent of Organization, ma | ee iil may | Area Code & Phone (586) | 286-3504 | | |
| 7. Treasurer's Business Addres | ss | | Designated Record keeper Designated Record keeper) | 's Name and Mailing Addres | s (If the committee has a | |
| 38180 SADDLE LANE CLINTON TWP, MI 48036 | | JAMES M PERNA 38180 SADDLE LAI CLINTON TWP, MI | | | | |
| Area Code and Phone (586 | 3) 286-3504 | | Area Code and Phone (58 | 86) 286-3504 | | |
| 9. TYPE OF STATEMENT | | | | 9e. Dissolution of Candi | date Committee | |
| 9a. Pre-Election OR 9b | . Post-Election | Required ON is not on the current year: | | By checking this item I/We certify any outstanding by the committee to the candidate or his or her spouse | | |
| Pre-Election or Post-Election S Primary | tatement relates to: | July Quart | erly | | n, and no longer collectible from ittee has no oustanding assets, | |
| General | | October Q | uarterly | owes no lates lees of has a | any oustaining debt. | |
| | | | | Further, if the dissolution ca considered a request for the | annot be granted, that this be | |
| Convention | | | | oonolaaraa a raqaaat lar tir | Troporting Trainer. | |
| Special School | 9 | C. X Annua | al Statement (2023) Coverage Year | Effective date of | dissolution | |
| Caucus | 9 | 9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.) | | Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page. | | |
| Date of Election, Convention | n or Caucus | | | | | |
| | | | | | | |
| 10. Verification: I\We certify that my\our knowledge and belief the | | | | | | |
| Current Treasurer or | | | 1 | Submitted electronically signature on file | 01/14/2024 | |
| Designated Record keeper | Type or Print Name | | Signature | ——— Date | <u> </u> | |
| Candidate | | | / | Submitted electronically signature on file Date | ()1/14/2()24 | |
| | Type or Print Name | | Signature | Date | | |

1. Committee I.D. Number 135880

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name CITIZENS TO ELECT JAMES M PERNA

| CANDIDATE COMMITTEE | | + |
|---|--------------------------|--|
| RECEIPTS | Column I This Period | Column II Cumulative this election cycle |
| 3. Contributions | 0.00 | , |
| a. Itemized (Schedule 1A - Column 6) | (3a.) \$ 0.00 | |
| b. Unitemized (less than \$20.01 each - no Schedule) | (3b.) \$ NOT APPLICABLE | |
| c. Subtotal of "Contributions" | (3c.) \$ 0.00 | (18.) \$ 0.00 |
| 4. Other Receipts (Schedule 1A -1, Column 6) | (4.) \$ 0.00 | (19.) \$ 0.00 |
| 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4) | (5.) \$ 0.00 | (20.) \$ 0.00 |
| IN-KIND CONTRIBUTIONS & EXPENDITURES | | |
| 6. In-Kind Contributions (Schedule 1-IK, Column 7) | (6.) \$ 0.00 | (21.) \$ 0.00 |
| 7. In-Kind Expenditures (Schedule 1B-IK, Column 6) | (7.) \$ 0.00 | (22.) \$ 0.00 |
| EXPENDITURES | | |
| 8. Expenditures | | |
| a. Itemized (Schedule 1B, Column 6) | (8a.) \$ 0.00 | |
| b. Itemized Get-Out-the-Vote (Schedule 1B-G) | (8b.) \$ _0.00 | |
| c. Unitemized (less than \$50.01 each - no Schedule) | (8c.) \$ 0.00 | |
| 9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c) | (9.) \$ 0.00 | (23.) \$ 0.00 |
| INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only) | | |
| 10. Disbursements a. Itemized (Schedule 1C, Column 6) | (10a.) \$ 0.00 | |
| b. Unitemized (less than \$50.01 each - no Schedule) | (10b.) \$ 0.00 | |
| 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b) | | |
| DEBTS AND OBLIGATIONS | (11.) \$ 0.00 | (24.) \$ 0.00 |
| 12. Debts and Obligations | | |
| a. Owed by the Committee (Schedule 1E) | (12a.) \$ 95,748.90 | |
| b. Owed to the Committee (Schedule 1E) | (12b.) \$ 0.00 | |
| | BALANCE STATEMENT | |
| 13. Ending Balance of last report filed | (13.) \$ 381.38 | |
| (Enter zero if no previous reports have been filed.) 14. Amount received during reporting period | (14.) + \$ 0.00 | |
| (Line 5, Total Contributions & Other Receipts) | (15.) = \$ <u>381.38</u> | |
| 15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period | | |
| (Add lines 9 and 11) 17. ENDING BALANCE | (16.) - \$ 0.00 | |
| (Subtract line 16 from line 15) | (17.) \$ 381.38 | * |
| | | |



DEBTS AND OBLIGATIONS SCHEDIII F 1F

1. Committee I.D. Number ______135880

| SOLIED | OLL IL |
|------------------|-----------|
| CANDIDATE | COMMITTEE |

2. Committee Name CITIZENS TO ELECT JAMES M PERNA

| CANDIDATE COMMITTEE | | | | |
|---|--|---|--|--|
| This Schedule itemizes: | | | | |
| a Debts and obligations owed by or forgiven the composition (Check | mittee OR b. Debts ck either a or b. Use only for the pu | s and obligations owed <u>to</u> o rpose checked.) | r forgiven <u>by</u> the cor | nmittee. |
| 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 | 4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount | 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) |
| provide information regarding the endorsers or guarantors, if any. | of debt | | | |
| Debt #1 Corp? Yes Owed to or by: JAMES M PERNA | 4. Type: LOAN | \$ | | |
| 38180 SADDLE LN | 5. <u>Date Debt Was Incurred</u> : | \$ | | |
| CLINTON TWP, MI 48036 | 01/01/1996 | \$ | . 0.00 | _{\$} 86,706.27 |
| | 6. Original Amount of Debt | \$ | \$ 0.00 | \$ |
| | \$ <u>86,706.27</u> | | | FORGIVEN |
| If hard, large grows of and server are grown to the | | \$ | | |
| If bank loan, name of endorser or guarantor: | 1 | Am | ount Endorsed: \$ | |
| Debt #2 Corp? Yes Owed to or by: JAMES M PERNA | 4. Type: LOAN | \$ | | |
| 38180 SADDLE LN | 5. <u>Date Debt Was Incurred</u> : | \$ | | |
| CLINTON TWP, MI 48036 | 09/10/2018 | \$ | | 011.00 |
| SERVICIVITY WIN 10000 | 6. Original Amount of Debt: | <u> </u> | \$ 0.00 | \$ <u>211.00</u> |
| | _{\$} 211.00 | | | FORGIVEN |
| | | \$ | | |
| If bank loan, name of endorser or guarantor: | | Ar | nount Endorsed: \$_ |) |
| Debt #3 Corp? Yes Owed to or by: | 4. Type: LOAN | \$ | | |
| JAMES M PERNA 38180 SADDLE LN | 5. <u>Date Debt Was Incurred</u> : | \$ | | |
| CLINTON TWP, MI 48036 | 09/24/2018 | \$ | | 050.00 |
| CLINTOIN TWF, WII 40030 | 6. Original Amount of Debt: | \$ | \$_0.00 | \$_250.00 |
| | <u>\$ 250.00</u> | Ψ | | FORGIVEN |
| | | \$ | | |
| If bank loan, name of endorser or guarantor: | | A | mount Endorsed: \$_ | 0 |
| | | Page Subtota | (Outstanding debt) | 87,167.27 |
| (Co | omplete on last page of Schedule s | Grand Total showing amounts owed by a | of all Schedules 1E or to the committee) | |
| | | | | Enter this total on line 12a "owed |

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.

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

Page 1 of 2



DEBTS AND OBLIGATIONS SCHEDULE 1E

1. Committee I.D. Number

135880

CANDIDATE COMMITTEE

Committee Name CITIZENS TO ELECT JAMES M PERNA

| This Schedule itemizes: | | | | |
|--|--|---|---------------------------------------|--|
| a Debts and obligations owed by or forgiven the cor (Ch | mmittee OR b. Debtseck either a or b. Use only for the pu | s and obligations owed <u>to</u> rpose checked.) | or forgiven <u>by</u> the cor | nmittee. |
| 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 (Description) 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 | 4. Type: LOAN | \$ | - | |
| 38180 SADDLE LN | 5. <u>Date Debt Was Incurred</u> : | \$ | - | |
| CLINTON TWP, MI 48036 | 10/20/2018 | \$ | \$ 0.00 | _{\$} 8,431.63 |
| | 6. Original Amount of Debt | \$ | \$ 0.00 | Φ |
| | \$ <u>8,431.63</u> | · · · · · · · · · · · · · · · · · · · | - | FORGIVEN |
| Mhardalan area of and area area area. | | \$ | 0 | ' |
| If bank loan, name of endorser or guarantor: | | Ar | mount Endorsed: \$ 0 | <u>'</u> T |
| Debt #2 Corp? Yes Owed to or by: JAMES M PERNA | 4. Type: LOAN | \$ | | |
| 38180 SADDLE LN | 5. <u>Date Debt Was Incurred</u> : | \$ | | |
| CLINTON TWP, MI 48036 | 01/27/2020 | \$ | 0.00 | \$ 50.00 |
| , | 6. Original Amount of Debt: | \$ | \$ 0.00 | \$_50.00_ |
| | <u>\$ 50.00</u> | | | FORGIVEN |
| | | \$ | | |
| If bank loan, name of endorser or guarantor: | | <i>F</i> | mount Endorsed: \$_ | |
| Debt #3 Corp? Yes Owed to or by: | 4. Type: LOAN | \$ | | |
| JAMES M PERNA | 5. Date Debt Was Incurred: | \$ | | |
| 38180 SADDLE LN | 01/29/2020 | Ψ | | |
| CLINTON TWP, MI 48036 | 6. Original Amount of Debt: | \$ | _{\$ 0.00} | \$ 100.00 |
| | \$ 100.00 | \$ | \$_0.00 | |
| | \$ <u>100.00</u> | \$ | | FORGIVEN |
| If bank loan, name of endorser or guarantor: | | | Amount Endorsed: \$_ | |
| | | Page Subtot | al (Outstanding debt) | 8,581.63 |
| ((| Complete on last page of Schedule s | Grand Tota showing amounts owed by | al of all Schedules 1E | 95,748.90 |
| | | | | Enter this total |

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.

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

Page 2 of 2