



CANDIDATE COMMITTEE COVER PAGE

FILED

06 NOV 29 AM 10:27

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 the period from 24 06 to 8 -28- 06
Mo Day Year Mo Day Year

1. Committee I.D. Number 135880
2. Committee Name CITIZENS TO ELECT JAMES M PERHA.

4. Candidate Last Name PERHA First Name JAMES M.I. M
4a. Office Sought Including District # or Community Served (If applicable) COUNTY COMM
4b. County of Residence

5. Committee's Mailing Address 88180 SADDLE LA CLINTON TWP MI
Area Code and Phone _____
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 PERHA 88180 SADDLE LA CLINTON TWP MI
Area Code & Phone () _____

7. Treasurer's Business Address _____
Area Code and Phone () _____

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
8 8 06
Month Day Year

9c. Annual Statement (_____ Coverage Year)
9d. Amendment to Campaign Statement (Completes 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 PERHA Date 11/27 06
Type or Print Name Signature Mo Day Year
Candidate JAMES M PERHA Date 11/27 06
Type or Print Name Signature Mo Day Year

Authority granted under P.A. 388 of 1976



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

2. Committee Name CTE JAMES PERNA

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Itemized Contributions (Schedule 1A - Column 6)	(3.) \$ <u>4400^{oc}</u>	(18.) \$ <u>11575⁻</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 + Line 4)	(5.) \$ <u>4400^{oc}</u>	(20.) \$ <u>11575⁻</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0</u>	(21.) \$ <u>0</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0</u>	(22.) \$ <u>0</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>11619.60</u>	
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.) \$ <u>11619.60</u>	(23.) \$ <u>12774.60</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0</u>	(24.) \$ _____
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>56792.76</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>5866.35</u>	
14. Amount received during reporting period (Line 5. Total Contributions & Other Receipts)	(14.) + \$ <u>4400.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>10266.35</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>11619.60</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>-1353.25</u>	

*If your ending balance is negative, please recheck your math.

** TOTAL PAGE.13 **



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 135880
2. Committee Name CITIZENS TO ELECT JAMES M PERNA

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.

3. Contribution #	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
1. Name: <u>MAIA ANTHONY</u> Address: <u>15808 MENOTA ST.</u> <u>DET MICHIGAN</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>CONS.</u> Employer <u>SELF</u> Business Address <u>SAME</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<u>9-2-06</u>	<u>400⁰⁰</u>	<u>400⁰⁰</u>
2. Name: <u>JAMES M PERNA</u> Address: <u>3918C SAADOLE LAKE</u> <u>CANTON TWP MI 48036</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<u>9-28-06</u>	<u>4000⁰⁰</u>	
3. Name: _____ Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser				
3. Name: _____ Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser				

Page Subtotal
Grand Total of All Schedules 1A
(Complete on last page of Schedule)

4400
4400

Enter this total on line 3 of Summary Page.

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 135880
2. Committee Name CITIZENS TO ELECT JAMES M PERNA

Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>IACS</u> Address <u>43843 ROMEO PLANK.</u> <u>CLINTON TWP MI</u> <u>48038</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>AD</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement.	<u>7-24-06</u>	<u>100⁰⁰</u>
Expenditure #2 Name <u>C PERNA</u> Address <u>54243 IRONGUOIS</u> <u>SHELBY TWP MI</u> <u>48315</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>LABOR</u> Expenditure Code <u>S/A</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement.	<u>7-24-06</u>	<u>300⁰⁰</u>
Expenditure #3 Name <u>JAMES M PERNA</u> Address <u>38180 SADDLE LANE</u> <u>CLINTON TWP MI</u> <u>48038</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>LOAN</u> Expenditure Code <u>SA</u> <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement.	<u>7-24-06</u>	<u>5000⁰⁰</u>
Expenditure #4 Name <u>PHIL LINSALATA</u> Address <u>16921 E. JEFFERSON</u> <u>G.P. MI 48230</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>LABOR</u> Expenditure Code <u>SA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement.	<u>8-9-06</u>	<u>500⁰⁰</u>
Expenditure #5 Name <u>MIKE SCHARNHORST</u> Address <u>3808 ROSEDALE</u> <u>CLINTON TWP MI 48038</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>LABOR</u> Expenditure Code <u>S/A</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement.	<u>8-9-06</u>	<u>100⁰⁰</u>
Subtotal this page Grand Total of all Schedules 1B (Complete on last page of Schedule)			<u>6000⁰⁰</u> Enter this total on line 8a of Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number _____
2. Committee Name _____

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>JEFFERY THOMPSON</u> Address <u>32148 MARK ADAM</u> <u>WARREN MI</u> <u>48093</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>LABOR S/A</u> Expenditure Code <u>S/A</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement.	<u>8-9-06</u>	<u>100 00</u>
Expenditure #2 Name <u>CHARLES PERNA</u> Address <u>54243 IROQUOIS</u> <u>SHELBY TWP MI</u> <u>48315</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>LABOR S/A</u> Expenditure Code <u>S/A</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement.	<u>8-9-06</u>	<u>75 00</u>
Expenditure #3 Name <u>CHRIS GEISERT</u> Address <u>22967 LAKESHORE DR</u> <u>S.C.S. MI</u> <u>48080</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>LABOR S/A</u> Expenditure Code <u>S/A</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement.	<u>8-16-06</u>	<u>215.00</u>
Expenditure #4 Name <u>CHRIS GEISERT</u> Address <u>22967 LAKESHORE DR</u> <u>S.C.S. MI</u> <u>48080</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>LABOR</u> Expenditure Code <u>S/A</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement.	<u>8-16-06</u>	<u>140 00</u>
Expenditure #5 Name <u>MIKE SCHARNHORST</u> Address <u>38080 ROSEDALE</u> <u>CLINTON TWP MI</u> <u>48034</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>LABOR</u> Expenditure Code <u>S/A</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement.	<u>8-16-06</u>	<u>100 00</u>

Subtotal this page
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

630 00

Enter this total on line 8c of Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 135880
2. Committee Name CITIZENS TO ELECT JAMES M PERNA

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>JEFFERY THOMPSON</u> Address <u>32148 MARK ADAM WARREN MI 48093</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>LABOR</u> Expenditure Code <u>SA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement.	<u>8/14/06</u>	<u>100.00</u>
Expenditure #2 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement.		
Expenditure #3 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement.		
Expenditure #4 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement.		
Expenditure #5 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement.		

Subtotal this page
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

100.00
6730.00

Enter amount of this page
Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 135880

2. Committee Name CTE JAMES PERNA

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>AMERICAN GRAPHICS</u> Address <u>34895 GROESBECK.</u> <u>CLINTON TWP MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING</u> <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-23-06</u>	<u>757.90</u>
Expenditure #2 Name <u>AMERICAN GRAPHICS</u> Address <u>34895 GROESBECK.</u> <u>CLINTON TWP MI</u> <u>48035</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING</u> <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-23-06</u>	<u>181.26</u>
Expenditure #3 Name <u>AMERICAN GRAPHICS</u> Address <u>34895 GROESBECK.</u> <u>CLINTON TWP MI</u> <u>48035</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING</u> <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-23-06</u>	<u>162.98</u>
Expenditure #4 Name <u>ITALIAN TRIBUNE</u> Address <u>P/O BOX 3 F047</u> <u>CLINTON TWP MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>AD</u> <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-23-06</u>	<u>642.00</u>
Expenditure #5 Name <u>ITALIAN TRIBUNE</u> Address <u>P/O BOX 3 F047</u> <u>CLINTON TWP MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>AD</u> <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-23-06</u>	<u>214.00</u>

Subtotal this page
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

1958.14

Enter this total on line 8a of Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 13588C
2. Committee Name CTE JAMES TERHA

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2 Name <u>AMERICAN GRAPHICS</u> Address <u>34895 GROESBECK - CLINTON TWP. MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING</u> <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-23-06</u>	<u>1037.10</u>
Expenditure #3 Name <u>AMERICAN GRAPHICS</u> Address <u>34895 GROESBECK - CLINTON TWP MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING</u> <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-23-06</u>	<u>238.98</u>
Expenditure #4 Name <u>AMERICAN GRAPHICS</u> Address <u>34895 GROESBECK - CLINTON TWP MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING</u> <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-23-06</u>	<u>957.23</u>
Expenditure #5 Name <u>AMERICAN GRAPHICS</u> Address <u>34895 GROESBECK - CLINTON TWP MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING</u> <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-23-06</u>	<u>198.75</u>

Subtotal this page
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

2931.46
11619.60

Enter this total on line 8a of 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 CTE 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) <input type="checkbox"/> FORGIVEN
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Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: <u>DEBORAH PERNA</u> <u>38180 SADDLE LA.</u> <u>CLINTON TWP MI</u>	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>8-22-02</u> 6. Original Amount of Debt: <u>\$ 10,000.00</u>	<u>9,15⁰⁴</u> \$ <u>11</u> \$ <u>11</u> \$ <u>11</u> \$ <u>11</u> \$	<u>\$ 8000</u>	<u>\$ 2000</u> <input type="checkbox"/> FORGIVEN
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If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____

Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: <u>JAMES M PERNA</u> <u>38180 SADDLE LA</u> <u>CLINTON TWP MI</u>	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>9-29-02</u> 6. Original Amount of Debt: <u>\$ 1000</u>	<u>11</u> \$ <u>11</u> \$ <u>11</u> \$ <u>11</u> \$ <u>11</u> \$	\$ _____	<u>1000</u> <input type="checkbox"/> FORGIVEN
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If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____

Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: <u>JAMES M PERNA</u> <u>38180 SADDLE LA</u> <u>CLINTON TWP MI</u>	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>5-25-03</u> 6. Original Amount of Debt: <u>\$ 40</u>	<u>11</u> \$ <u>11</u> \$ <u>11</u> \$ <u>11</u> \$ <u>11</u> \$	_____	<u>40</u> <input type="checkbox"/> FORGIVEN
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If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____

Page Subtotal (Outstanding debt) 3040
Grand Total of all Schedules 1E

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

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.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS
DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 135880
2. Committee Name CTE 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 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? <input type="checkbox"/> Yes Owed to or by: <u>JAMES PERNA</u> <u>38180 SADDLE LA</u> <u>CLINTON TWP</u>	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>10-2-03</u> 6. Original Amount of Debt: <u>\$ 4500</u>	<u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u>	\$ _____	<u>4500</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: <u>JAMES PERNA</u> <u>38180 SADDLE LA</u> <u>CLINTON TWP MI</u>	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>11-24-03</u> 6. Original Amount of Debt: <u>\$ 1600</u>	<u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u>	\$ _____	<u>1600</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: _____ _____ _____	4. Type: _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: _____ \$ _____	<u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u>	\$ _____	<input type="checkbox"/> FORGIVEN
Amount Endorsed: \$ _____				Page Subtotal (Outstanding debt) <u>6100</u>

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

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.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS

SCHEDULE 1E

CANDIDATE COMMITTEE

1. Committee I.D. Number 135880
2. Committee Name CTE 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? <input type="checkbox"/> Yes Owed to or by: <u>JAMES M PERNA</u> <u>38180 SADDLE LA</u> <u>CLINTON TWP MI</u>	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>12-29-03</u> 6. Original Amount of Debt: <u>\$ 1800</u>	<u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u>	\$ _____	<u>\$ 1800</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: <u>JAMES M PERNA</u> <u>CLINTON TWP MI</u> <u>38180 SADDLE LA</u>	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>12-31-03</u> 6. Original Amount of Debt: <u>\$ 2500</u>	<u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u>	\$ _____	<u>\$ 2500</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: <u>JAMES PERNA</u> <u>38180 SADDLE LA</u> <u>CLINTON TWP MI</u>	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>8-1-02</u> 6. Original Amount of Debt: <u>\$ 500</u>	<u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u>	\$ _____	<u>\$ 500</u> <input type="checkbox"/> FORGIVEN
Page Subtotal (Outstanding debt)				<u>22300</u>

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

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

**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? <input type="checkbox"/> Yes Owed to or by: <u>JAMES M PERNA</u> <u>38180 SADDLE LA</u> <u>CLINTON TWP MI</u>	4. Type: <u>LOAN</u> Code _____ 5. Date Debt Was Incurred: <u>10.31.01</u> 6. Original Amount of Debt: <u>\$ 2000.00</u>	<u>31489 \$ 250</u> <u>32098 \$ 200</u> <u>41704 \$ 2000</u> <u>21397 \$ 222.24</u> <u>11 \$</u>	\$ _____	<u>\$ 4077.76</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: <u>JAMES M PERNA</u> <u>38180 SADDLE LA</u> <u>CLINTON TWP MI</u>	4. Type: <u>LOAN</u> Code _____ 5. Date Debt Was Incurred: <u>7-11-05</u> 6. Original Amount of Debt: <u>100</u>	<u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u>	\$ _____	<u>100</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: <u>JAMES M PERNA</u> <u>38180 SADDLE LA</u> <u>CLINTON TWP MI</u>	4. Type: <u>LOAN</u> Code _____ 5. Date Debt Was Incurred: <u>9-28-06</u> 6. Original Amount of Debt: <u>4000.00</u>	<u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u>	\$ _____	<u>4000</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt) 9177.76
 Grand Total of all Schedules 1E
 (Complete on last page of Schedule showing amounts owed by or to the committee)

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

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.



**MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS
DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE**

1. Committee I.D. Number 135080
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. <small>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.</small>	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? <input type="checkbox"/> Yes Owed to or by: <u>JAMES M PERNA</u> <u>38180 SADDLE LA</u> <u>CLINTON TWP MI</u> If bank loan, name of endorser or guarantor:	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>8-24-04</u> 6. Original Amount of Debt: <u>\$ 5000</u>	<u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u>	\$ _____	<u>\$ 5000</u> <input type="checkbox"/> FORGIVEN
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: <u>JAMES M PERNA</u> <u>38180 SADDLE LA</u> <u>CLINTON TWP MI</u> If bank loan, name of endorser or guarantor:	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>4-26-06</u> 6. Original Amount of Debt: <u>\$ 175</u>	<u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u>	\$ _____	<u>175</u> <input type="checkbox"/> FORGIVEN
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: <u>JAMES M PERNA</u> <u>38180 SADDLE LA</u> <u>CLINTON TWP MI</u> If bank loan, name of endorser or guarantor:	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>7-12-06</u> 6. Original Amount of Debt: <u>\$ 2000</u>	<u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u>	\$ _____	<u>2000</u> <input type="checkbox"/> FORGIVEN

Page Subtotal (Outstanding debt) 12175
Grand Total of all Schedules 1E 56792.76
(Complete on last page of Schedule showing amounts owed by or to the committee)

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.