



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE COVER PAGE

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FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

ANGEL A SABAUGH
CLINTON COUNTY CLERK
CLINTON COUNTY, MICHIGAN

This Statement covers From: 8 29 06 to 10 22 06
Mo Day Year Mo Day Year

<p>1. Committee I.D. Number <u>135880</u></p> <p>2. Committee Name <u>CITIZENS TO ELECT JAMES M PERNA</u></p>	<p>4. Candidate Last Name <u>PERNA</u> First Name <u>JAMES</u> M.I. <u>M</u></p> <p>4a. Office Sought Including District # or Community Served (If applicable) <u>COUNTY COMM</u></p> <p>4b. County of Residence</p>
<p>5. Committee's Mailing Address <u>38180 SADDLE LA CLINTON TWP MI.</u></p> <p>Area Code and Phone _____</p> <p>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.</p>	<p>6. Treasurer's Name & Residential Address <u>JAMES M PERNA 38180 SADDLE LA CLINTON TWP MI</u></p> <p>Area Code & Phone () _____</p>
<p>7. Treasurer's Business Address</p> <p>Area Code and Phone () _____</p>	<p>8. Designated Record keeper's Name and Mailing Address (if the committee has a Designated Record keeper)</p> <p>Area Code and Phone () _____</p>

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
11 7 06
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 Signature _____ Date 11/27/06
Type or Print Name Signature Mo Day Year

Candidate JAMES M PERNA Signature _____ 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>13505</u>	(18.) \$ <u>25080⁰⁰</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 + Line 4)	(5.) \$ <u>13505</u>	(20.) \$ <u>25080</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>132.84</u>	(21.) \$ <u>132.84</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>14088.64</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>14088.64</u>	(23.) \$ <u>22173.64</u>
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.) \$ <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>-1353.25</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>13505.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>12151.75</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>14088.64</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>-1936.89</u>	

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


 MICHIGAN DEPARTMENT OF STATE
 BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
 SCHEDULE 1A
 CANDIDATE COMMITTEE**

1. Committee I.D. Number 135880
 2. Committee Name CTE 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 <u>all</u> contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>8.30.06</u> Name: <u>AMY HERTEL</u> Address: <u>3162 PARKVIEW DR.</u> <u>PETOSKEY MI. 49770</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	50. ⁰⁰	
3. Contribution #2 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>8.29.06</u> Name: <u>HEALTH ALLIANCE PLAN</u> Address: <u>2850 W. GRAND BLVD.</u> <u>DET. MI. 48202</u> 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	400. ⁰⁰	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>8.29.06</u> Name: <u>JAMES STAPLETON</u> Address: <u>4484 LAKE FOREST DR E.</u> <u>ANN ARBOR MI 48108</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	400. ⁰⁰	
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>8.29.06</u> Name: <u>CURTIS HERTEL</u> Address: <u>1464 BLAIR MOON CT.</u> <u>G.P. MI 48235</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	100. ⁰⁰	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	950	

Enter this total on line 3 of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 135880

2. Committee Name CTE 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 <u>all</u> contributions from committees regardless of amount.	8. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES Name: <u>JOHN FLANAGAN</u> 4. Date of Receipt <u>9-15-06</u> Address: <u>25341 CAROLTON DR</u> <u>FARMINGTON MI 48335</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100 ⁰⁰ / _—	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES Name: <u>JAMES GIRTOS</u> 4. Date of Receipt <u>9-15-06</u> Address: <u>27947 GROESBECK</u> <u>ROSEVILLE MI 48066</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100 ⁰⁰ / _—	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES Name: <u>JESSE CAROLLIG</u> 4. Date of Receipt <u>9-14-06</u> Address: <u>21 HAWTHORNE</u> <u>G.P. MICH 48236</u> 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 checked="" type="checkbox"/> Fund Raiser	100 ⁰⁰ / _—	
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES Name: <u>ZARA CAUPLIERE</u> 4. Date of Receipt <u>9-14-06</u> Address: <u>30078 SCHUENHERR</u> <u>WARREN MI 48088</u> 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 checked="" type="checkbox"/> Fund Raiser	100 ⁰⁰ / _—	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	400 ⁰⁰ / _—	

Enter this total on line 3 of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 135880

2. Committee Name CTE 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.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES Name: <u>LARRY ODE</u> <u>37863 W. HORSEHOE DR</u> Address: <u>CLINTON TWP MI 48036</u> 4. Date of Receipt <u>9-13-06</u> 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 checked="" type="checkbox"/> Fund Raiser	50.00		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES Name: <u>SHELLEY GAGNON</u> <u>54048 BIRCHFIELD DR.</u> Address: <u>SHELBY TWP MI 48316</u> 4. Date of Receipt <u>9-13-06</u> 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 checked="" type="checkbox"/> Fund Raiser	100.00		
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES Name: <u>DAVID GAGNON</u> <u>54048 BIRCHFIELD DR</u> Address: <u>SHELBY TWP MI 48316</u> 4. Date of Receipt <u>9-13-06</u> 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 checked="" type="checkbox"/> Fund Raiser	100.00		
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES Name: <u>VINCENT BRENNAN</u> <u>30078 SCHOENHERR STE #160</u> Address: <u>WARREN MI 48088</u> 4. Date of Receipt <u>9-10-06</u> 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 checked="" type="checkbox"/> Fund Raiser	100.00		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		350.00	

Enter this total on line 3 of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 135880
2. Committee Name CTE 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.

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.	8. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9-15-06</u> Name: <u>KENNETH SAFRAN</u> Address: <u>40007 CROSSWINDS</u> <u>NOUI MI 48375</u> 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 checked="" type="checkbox"/> Fund Raiser	100 ⁰⁰ —	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9-19-06</u> Name: <u>JARRED COLIN.</u> Address: <u>38524 CLIPPER CT.</u> <u>CHESTER FIELD MI 48087</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>VALET</u> Employer <u>SELF</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	200 ⁰⁰ —	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9-18-06</u> Name: <u>JACK WHITING JR</u> <u>38652 BXRIVER</u> Address: <u>CLINTON TWP MI 48036</u> 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 checked="" type="checkbox"/> Fund Raiser	50 ⁰⁰ —	
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9-21-06</u> Name: <u>ROBERT AGAR</u> <u>53520 DOILON AVE.</u> Address: <u>SHELBY TWP MI 48316</u> 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 checked="" type="checkbox"/> Fund Raiser	100 ⁰⁰ —	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	450 ⁰⁰ —	

Enter this total on line 3 of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 135880
2. Committee Name CTE JAMES M PERIHA

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.		8. Amount	7. Cumulative for Each Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES Name: <u>DIANE AGAR</u> Address: <u>53520 OILON AVE</u> <u>SHELBY TWP MI 48316</u> 4. Date of Receipt <u>9-21-06</u> 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 checked="" type="checkbox"/> Fund Raiser		100.00	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES Name: <u>MANGINI ENTERPRISES</u> Address: <u>6850 17 MI</u> <u>STERLING HGT MI 48314</u> 4. Date of Receipt <u>9-18-06</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>CONSTRUCTION</u> Employer <u>SELF</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		200.00	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES Name: <u>ROBERT CONLEIN</u> Address: <u>15301 12 MILL</u> <u>ROSEVILLE MI 48066</u> 4. Date of Receipt <u>9-20-06</u> 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 checked="" type="checkbox"/> Fund Raiser		100.00	
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES Name: <u>JUAN LUDINGTON</u> Address: <u>74 WILLISON RD</u> <u>G.P. MI 48236</u> 4. Date of Receipt <u>9-15-06</u> 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 checked="" type="checkbox"/> Fund Raiser		100.00	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		500.00	

Enter this total on line 3 of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 135880
2. Committee Name CTE JAMES M PERHA

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.				6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	<u>9-20-06</u>	100 ⁰⁰	
Name: <u>ROBERT CONLEN</u>	Address: <u>15301 12 MI ROSEVILLE MI 48066</u>				
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 checked="" type="checkbox"/> Fund Raiser					
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	<u>9-18-06</u>	200 ⁰⁰	
Name: <u>BEHNY SORRENTINO</u>	Address: <u>35626 FORTON CT. CLINTON TWP MI 48035</u>				
5. If over \$100.00 cumulative, please provide:					
Occupation <u>CONSTRUCTION</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					
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	<u>9-18-06</u>	100 ⁰⁰	
Name: <u>CHARLES SONGS</u>	Address: <u>3757 INDIAN TRL. ORCHARD LAKE MI 48324</u>				
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 checked="" type="checkbox"/> Fund Raiser					
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	<u>9-16-06</u>	100 ⁰⁰	
Name: <u>LEE SONGS</u>	Address: <u>3757 INDIAN TRI. ORCHARD LAKE MI 48324</u>				
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 checked="" type="checkbox"/> Fund Raiser					
Page Subtotal				500 ⁰⁰	
Grand Total of All Schedules 1A (Complete on last page of Schedule)					

Enter this total on line 3 of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 135880
2. Committee Name CTE JAMES TERHA

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.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 Name: <u>WALTER CYTACKI</u> Address: <u>P/O BOX 18247</u> <u>RIVER ROUGE MI 48218</u> 4. Date of Receipt <u>9-19-06</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>OIL-DIST</u> Employer <u>SELF</u> Business Address <u>S/A</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	200 ⁰⁰		
3. Contribution #2 Name: <u>ETBUEN LEBOWSKI</u> Address: <u>323 GARNER</u> <u>MIDORD MI 48380</u> 4. Date of Receipt <u>9-19-06</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTY</u> Employer <u>SELF</u> Business Address <u>S/A</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	200 ⁰⁰		
3. Contribution #3 Name: <u>JOSEPH THOMAS</u> Address: <u>2600 BIR BEAUGA</u> <u>TROY MI 48084</u> 4. Date of Receipt <u>9-21-06</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTY</u> Employer <u>SELF</u> Business Address <u>S/A</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	200 ⁰⁰		
3. Contribution #4 Name: <u>LEO SALVAGGIO</u> Address: <u>27900 HARPER</u> <u>S.C.S. MI 48081</u> 4. Date of Receipt <u>9-20-06</u> 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 checked="" type="checkbox"/> Fund Raiser	100 ⁰⁰		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		700 ⁰⁰	

Enter this total on line 3 of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 135980

2. Committee Name CTE JAMES PERHA

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.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES Name: <u>HAZZARINA CIARAMITARO</u> 4. Date of Receipt <u>9-20-06</u> Address: <u>27900 HARPER</u> <u>S-C S. MI 48091</u> 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 checked="" type="checkbox"/> Fund Raiser		100 ⁰⁰	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES Name: <u>DONALD FRESARD</u> 4. Date of Receipt <u>9-26-06</u> Address: <u>16110 VISTA WOODS CT.</u> <u>CLINTON TWP MI 48036</u> 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 checked="" type="checkbox"/> Fund Raiser		50 ⁰⁰	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES Name: <u>CARL BECKER</u> 4. Date of Receipt <u>9-26-06</u> Address: <u>21035 BALFOUR CT.</u> <u>CLINTON TWP - MI 48036</u> 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 checked="" type="checkbox"/> Fund Raiser		30 ⁰⁰	
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES Name: <u>CHRIS GOGO</u> 4. Date of Receipt <u>9-29-06</u> Address: <u>32217 NEWCASTLE</u> <u>WARREN MI 48093</u> 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 checked="" type="checkbox"/> Fund Raiser		100 ⁰⁰	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		280 ⁰⁰	

Enter this total on line 3 of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 135880

2. Committee Name CTE JAMES 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.

	8. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES Name: <u>ROBERTA OLD FORD</u> Address: <u>257 WINSLOW CIR. COMMERCE TWP MI 48390</u> 4. Date of Receipt <u>9-28-06</u> 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 checked="" type="checkbox"/> Fund Raiser	100.00	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES Name: <u>STEVEN URLI</u> Address: <u>9804 DORIAN DR PLYMOUTH MI 48170</u> 4. Date of Receipt <u>9-28-06</u> 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 checked="" type="checkbox"/> Fund Raiser	100.00	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES Name: <u>LUCIANO GIANNING</u> Address: <u>40256 EMERALD LN.W. CLINTON TWP MI 48038</u> 4. Date of Receipt <u>9-28-06</u> 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 checked="" type="checkbox"/> Fund Raiser	100.00	
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES Name: <u>HAROLD HOLMES</u> Address: <u>29481 MARIMOUR DR. SOUTH FIELD MI. 48076</u> 4. Date of Receipt <u>9-22-06</u> 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 checked="" type="checkbox"/> Fund Raiser	100.00	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	400.00	

Enter this total on line 3 of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 135880
2. Committee Name CTE JAMES 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.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES Name: <u>TIM MCQUIRE</u> Address: <u>935 N. WASHINGTON LANSING MI 48906</u> 4. Date of Receipt <u>9-28-06</u> 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 checked="" type="checkbox"/> Fund Raiser	100 ⁰⁰		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES Name: <u>DOUGLAS RIPLEY</u> Address: <u>1063 FOX HILLS EAST LANSING MI 48823</u> 4. Date of Receipt <u>10-3-06</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>WORKERS COMP</u> Employer <u>SELF</u> Business Address <u>SA</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	200 ⁰⁰		
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES Name: <u>MARK MUELLER</u> Address: <u>27350 JEFFERSON S.C.S. MI</u> 4. Date of Receipt <u>10-3-06</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>IRS</u> Employer <u>TMR ASSOC</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	200 ⁰⁰		
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES Name: <u>CHERYL MAINIACI</u> Address: <u>1859 LITTLESTONE RD. G.P. WOODS MI 48230</u> 4. Date of Receipt <u>10-3-06</u> 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 checked="" type="checkbox"/> Fund Raiser	100 ⁰⁰		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		600 ⁰⁰	

Enter this total on line 3 of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 135880
2. Committee Name CTE JAMES TERRA

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.

	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10-1-06</u> Name: <u>MARK WOOLHISER</u> Address: <u>22750 SUMMER LAKE</u> <u>HOU1 MI 48374</u> 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 checked="" type="checkbox"/> Fund Raiser	100 ⁰⁰	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10-1-06</u> Name: <u>MICHELLE WOOLHISER</u> Address: <u>22750 SUMMER LAKE</u> <u>HOU1 MI 48374</u> 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 checked="" type="checkbox"/> Fund Raiser	100 ⁰⁰	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10-3-06</u> Name: <u>COMM TO ELECT JACK BRANDENBURG</u> Address: <u>25 ELDRIDGE</u> <u>MT-CLEM. MI 48043</u> 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 checked="" type="checkbox"/> Fund Raiser	100 ⁰⁰	
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10-3-06</u> Name: <u>DAN MC CARTHY</u> Address: <u>17600 E-18 MI</u> <u>CLINTON TWP MI 48036</u> 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 checked="" type="checkbox"/> Fund Raiser	100 ⁰⁰	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	400	

Enter this total on line 3 of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 135880
2. Committee Name CTE JAMES 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 <u>all</u> contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES Name: <u>JOHN BRADBENBURG</u> Address: <u>37596 HURON POINTE DR HARRISON TWP MI 48045</u> 4. Date of Receipt <u>10-3-06</u> 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 checked="" type="checkbox"/> Fund Raiser	75 ⁰⁰ —		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES Name: <u>KAREN BRADBENBURG</u> Address: <u>37596 HURON POINTE DR HARRISON TWP MI 48045</u> 4. Date of Receipt <u>10-3-06</u> 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 checked="" type="checkbox"/> Fund Raiser	75 ⁰⁰ —		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES Name: <u>JOE McMILLAN</u> Address: <u>1333 KEESINGTON RD. BLOOMFIELD HILLS MI 48304</u> 4. Date of Receipt <u>10-3-02</u> 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 checked="" type="checkbox"/> Fund Raiser	100 ⁰⁰ —		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES Name: <u>JAMES M PERNA</u> Address: <u>38180 SADDLE LA CLINTON TWP MI 48036</u> 4. Date of Receipt <u>10-6-06</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	5700 ⁰⁰ —		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		5950 ⁰⁰ —	

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 135880

2. Committee Name CTE JAMES TERHA

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 # 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	4. Date of Receipt	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES Name: <u>WILLIAM RENG</u> Address: <u>9999 MERCIER DEARBORN MI</u> 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	<u>10-6-06</u>	<u>100.⁰⁰</u>	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES Name: <u>JAMES M PERHA</u> Address: <u>39190 CADDLE LA CLINTON 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>10-10-06</u>	<u>1500.⁰⁰</u>	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES Name: <u>HELEN MARSH</u> Address: <u>1392 FAIRHOLME RD. C-P. WOODS MI 48236</u> 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	<u>10-10-06</u>	<u>100.⁰⁰</u>	
3. Contribution #4 PAC Receipt? <input checked="" type="checkbox"/> YES Name: <u>LOCAL PAC</u> Address: <u>P/O BOX 111 GARDEN CITY MI 48136</u> 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	<u>10-12-06</u>	<u>100.⁰⁰</u>	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		<u>1900.⁰⁰</u>	

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 135880

2. Committee Name CTE JAMES FERITA

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.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES Name: <u>MARIO FERITA</u> Address: <u>21307 11 MI RD.</u> <u>S.C.S. MI 48081</u> 4. Date of Receipt <u>10-17-06</u> 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		100 ⁰⁰	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES Name: <u>JOHN OLIS</u> Address: <u>43939 GALWAY DR</u> <u>NORTHVILLE MI 48167</u> 4. Date of Receipt <u>10-18-06</u> 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		100 ⁰⁰	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES Name: <u>CHRISTINE A OLIS</u> Address: <u>43939 GALWAY DR</u> <u>NORTHVILLE MI 48167</u> 4. Date of Receipt <u>10-18-06</u> 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		25 ⁰⁰	
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES Name: _____ Address: _____ 4. Date of Receipt _____ 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)		225 [—]	
		13505 [—]	

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

**ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 1-IK
CANDIDATE COMMITTEE**

1. Committee I. D. Number 135880
2. Committee Name CTC JAMES TERHA

3. Name and Address from whom received <small>If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.</small>	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name <u>RITE TO LIFE</u> Address: <u>2340 PURTEL - GRANDRAAS MI 49507</u> If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>MAILING -</u> 5. Date Of Receipt: <u>10-18-06</u> 6. Vendor Name & Address: <u>RITE TO LIFE -</u>	132.87	132.87
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name Address: If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address: _____		
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name Address: If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address: _____		
Page Subtotal Grand Total of all Schedules 1-IK (Complete on last page of Schedule)		132.87	

Enter this total on line 6 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 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>JEFFERY THOMPSON</u> Address <u>MARK ADAM</u> <u>WARREN MICHIGAN</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>LABOR</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10-2-06</u>	<u>100</u>
Expenditure #2 Name <u>MICHAEL SCHARNHORST</u> Address <u>38080 ROSEDALE</u> <u>CLINTON TWP 48038</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>LABOR</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10-7-06</u>	<u>100</u>
Expenditure #3 Name <u>RON REED</u> Address <u>38080 ROSEDALE</u> <u>CLINTON TWP MI</u> <u>48038</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>LABOR</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10-7-06</u>	<u>100⁰⁰</u>
Expenditure #4 Name <u>ADAM SEYMOUR</u> Address <u>17023 SEYMOUR</u> <u>CLINTON TWP MI</u> <u>48035</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>LABOR</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10-7-06</u>	<u>110</u>
Expenditure #5 Name <u>JUSTIN HINES</u> Address <u>24503 LEXINGTON</u> <u>EAST POINTE MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>LABOR</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10-7-06</u>	<u>110</u>

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

520

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on line 8a 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 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>COLABRIA CLUB.</u> Address <u>CLINTON TWP 48036</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>AD</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9-20-06</u>	<u>100</u>
Expenditure #2 Name <u>MACOMB COUNTY ELECTNS</u> Address <u>40 H. GRANT MT CLEMENS MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>FINE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9-14-06</u>	<u>25</u>
Expenditure #3 Name <u>EAST DET WRESTLING</u> Address <u>2289 HAYES EASTPOINTE MI 48021</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>AD</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9-18-06</u>	<u>100</u>
Expenditure #4 Name <u>WILLIAM SMITH 19693 LLOYD.</u> Address <u>CLINTON TWP MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>LABOR</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9-24-06</u>	<u>300</u>
Expenditure #5 Name <u>PING MARELLI.</u> Address <u>2598 PORTOBELLO TROY MI 48063</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>MUSIC</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10-3-06</u>	<u>500</u>

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

1025⁰⁰

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 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>CHRIS BETHUNE</u> Address <u>42845 NORTHVILLE PLACE</u> <u>NORTHVILLE MI 48167-</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>LABOR</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10-2-06</u>	<u>110 -</u>
Expenditure #2 Name <u>CHRIS GEISERT</u> Address <u>22967 LAKESHORE-</u> <u>S-C-S-MI 48080</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>LABOR</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10-2-06</u>	<u>100 -</u>
Expenditure #3 Name <u>WESTERN AMERICAN MAILERS</u> Address <u>5510 33 RD S.E.</u> <u>GRAND RAPIDS MI 49152 -</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>MAILING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10-10-06</u>	<u>755.52</u>
Expenditure #4 Name <u>RITE TO LIFE</u> Address <u>2340 PORTER SW -</u> <u>GRAND RAPIDS MI 49509</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>MAILING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10-10-06</u>	<u>75.18</u>
Expenditure #5 Name <u>CHRIS GEISERT</u> Address <u>22967 LAKESHORE-</u> <u>S-C-S-MI 48080</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>LABOR</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10-10-06</u>	<u>100 -</u>

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

11807.0

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 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>84895 GROESBECK</u> <u>CLINTON TWP</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9-25-06</u>	<u>1851.18</u>
Expenditure #2 Name <u>CAROL STEWARD</u> Address <u>414 KENSINGTON</u> <u>ROCHESTER HILLS MICH</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>LABOR</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10-1-06</u>	<u>495</u>
Expenditure #3 Name <u>DIRECT MAILERS</u> Address <u>2230 ELLIOTT</u> <u>TROY MI 48063</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>MAILING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10-2-06</u>	<u>2966.76</u>
Expenditure #4 Name <u>PUBLIC STRATIL</u> <u>29405 HOOVER</u> Address <u>WARREN MI</u> <u>48093</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>MAILING DESIGN</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10-3-06</u>	<u>5250</u>
Expenditure #5 Name <u>PIHO MARELLI</u> Address <u>2598 PORTUGELLI</u> <u>TROY MI 48083</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>MUSIC</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10-3-06</u>	<u>500</u>

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

11062.94

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 135880

2. Committee Name CTE JAMES PERHA

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>MIDNITE OIL PROD</u> Address <u>15135 CHARLEUON</u> <u>G.P PK. 48230</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>ART DESIGN</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10.17.06</u>	<u>300</u>
Expenditure #2 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 #3 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 #4 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 #5 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		

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

300
14088.64

Enter this total
on line 6a 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. <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>DEBORAH 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>8-27-02</u> 6. Original Amount of Debt: <u>\$ 10,000.00</u>	<u>9,150⁰⁰</u> \$ <u>11</u> \$ <u>11</u> \$ <u>11</u> \$ <u>11</u> \$	<u>\$ 8000</u>	<u>\$ 2000</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>9-24-02</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
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>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

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 135890
 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 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>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>11 \$</u>	\$ _____	<u>\$ 1800</u> <input type="checkbox"/> FORGIVEN
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> If bank loan, name of endorser or guarantor:	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>11 \$</u>	\$ _____	<u>\$ 2500</u> <input type="checkbox"/> FORGIVEN
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> If bank loan, name of endorser or guarantor:	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>11 \$</u>	\$ _____	<u>\$ 500</u> <input type="checkbox"/> FORGIVEN

Page Subtotal (Outstanding debt):

27300

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 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 SAODLE LA</u> <u>CLINTON TWP</u> If bank loan, name of endorser or guarantor:	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>10-7-03</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
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: <u>JAMES PERNA</u> <u>38180 SAODLE LA</u> <u>CLINTON TWP #1</u> If bank loan, name of endorser or guarantor:	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
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: <u>JAMES PERNA</u> <u>38180 SAODLE LA -</u> <u>CLINTON TWP</u> If bank loan, name of endorser or guarantor:	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>10-31-01</u> 6. Original Amount of Debt: <u>\$ 20,000</u>	<u>3 14 PYS 250</u> <u>3 0010 PYS 200</u> <u>4 12 PYS 2000</u> <u>10 10 PYS 57922.24</u> <u>11 \$</u>	<u>15922.24</u>	<u>4077.76</u> \$ _____ <input type="checkbox"/> FORGIVEN

Page Subtotal (Outstanding debt)

10172.26

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
in 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 CTE JAMES TERNA

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 TERNA</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>	\$ _____ Amount Endorsed: \$	<u>\$ 5000</u> <input type="checkbox"/> FORGIVEN
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: <u>JAMES M TERNA</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>	\$ _____ Amount Endorsed: \$	<u>175</u> <input type="checkbox"/> FORGIVEN
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: <u>JAMES M TERNA</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>	\$ _____ Amount Endorsed: \$	<u>2000</u> <input type="checkbox"/> FORGIVEN

Page Subtotal (Outstanding debt)

12175

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 135980
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 M PERNA</u> <u>38180 SADDLE LANE</u> <u>CLINTON TWP</u>	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>4-11-05</u> 6. Original Amount of Debt: <u>\$ 100</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 #2 Corp? <input type="checkbox"/> Yes Owed to or by: <u>JAMES M PERNA</u> <u>38180 SADDLE LN</u> <u>CLINTON TWP MI</u>	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>8-28-05</u> 6. Original Amount of Debt: <u>\$ 4000⁰⁰</u>	<u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u>	\$ _____	<u>4000⁰⁰</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: _____ _____ _____	4. Type: _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: _____ \$ _____	<u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u>	_____	<input type="checkbox"/> 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)

4100

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.

**DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE**

1. Committee I.D. Number 135880
2. Committee Name CTE JAMES PERHA

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 PERHA</u> <u>38180 SADDLE LA</u> <u>CLINTON TWP 48036</u>	4. Type: <u>LOAN</u> Code _____ 5. Date Debt Was Incurred: <u>10-23-06</u> 6. Original Amount of Debt: <u>\$ 5300⁰⁰</u>	<u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u>	\$ _____	<u>\$ 5300⁰⁰</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 PERHA</u> <u>38180 SADDLE LA</u> <u>CLINTON TWP 48036</u>	4. Type: <u>LOAN</u> Code _____ 5. Date Debt Was Incurred: <u>10-31-06</u> 6. Original Amount of Debt: <u>\$ 1800⁰⁰</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: _____	Amount Endorsed: \$ _____			
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: <u>JAMES PERHA</u> <u>38180 SADDLE LA</u> <u>CLINTON TWP 48036</u>	4. Type: <u>LOAN</u> Code _____ 5. Date Debt Was Incurred: <u>11-8-06</u> 6. Original Amount of Debt: <u>\$ 889⁰⁰</u>	<u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u>	\$ _____	<u>889⁰⁰</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____	Amount Endorsed: \$ _____			

Page Subtotal (Outstanding debt)

7989⁰⁰
64781.76

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