MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED
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CLERK'S DEPARTMENT
MT. CLEMENS, MICHIGAN

CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

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

3. This Statement covers From: 8 29 06 (Mo Day Year) to 10 22 06 (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
38180 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 PERHA
38180 SADDLE LA
CLINTON TWP MI
Area Code & Phone ( )

7. Treasurer's Business Address
38180 SADDLE LA
CLINTON TWP MI
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
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 PERHA (Type or Print Name) _____ (Signature) Date 12-11-06 (Mo Day Year)

Candidate JAMES M PERHA (Type or Print Name) _____ (Signature) Date 12-11-06 (Mo Day Year)

Authority granted under P.A. 388 of 1976

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 135990

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.) $	18805.00	(18.) $ 30,480
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) $		(19.) $
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 + Line 4)	(5.) $	18805.00	(20.) $ 30,480
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) $		(21.) $
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) $		(22.) $
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) $	18978.24	
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.) $	18978.24	(23.) $ 27063.24
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		63992.76	
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) $		
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.) $	3536.35
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + $	18805.00
15. SUBTOTAL Add lines 13 and 14	(15.) = $	22341.35
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - $	18978.24
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) $	3363.11

*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 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? ☐ YES 4. Date of Receipt 8.30.06 Name: AMY HERTEL Address: 3162 PARKVIEW DR. PETOSKEY MI. 49770 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	50,00	
3. Contribution #2 PAC Receipt? ☑ YES 4. Date of Receipt 8.29.06 Name: HEALTH ALLIANCE PLAN Address: 2850 W. GRAND BLVD. DET. MI. 48202 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	400 00	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 8.29.06 Name: JAMES STAPLETON Address: 4484 LAKE FOREST DR E. ANN ARBOR MI 48108 5. If over $100.00 cumulative, please provide: Occupation CONSULTANT Employer RETIRED Business Address _____ Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	400 00	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 8.29.06 Name: CURTIS HERTEL Address: 1464 BLAIRMOOR CT. G.P. MI 48236 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☑ Direct ☐ Loan from a person ☐ 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.

Page 1 of 14

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? ☐ YES 4. Date of Receipt 9-15-06 Name: JOHN FLANAGAN Address: 25341 CAROLTON DR FARMINGTON MI 48335 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	100 00	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 9-15-06 Name: JAMES GIFTOS Address: 27947 GROESBECK. ROSEVILLE MI 48066 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser	100 00	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 9-14-06 Name: JESSE CAROLLO Address: 21 HAWTHORNE G.P. MICH 48236 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser	100 00	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 9-14-06 Name: ZARA CAVALIERE Address: 30078 SCHOENHERR WARREN MI 48088 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☑ 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.

BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Number 135880

2. Committee Name CTC 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? ☐ YES 4. Date of Receipt 9-13-06 Name: LARRY DOE Address: 37863 W. HORSESHOE DR CLINTON TWP MI 48036 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser	50.00	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 9-13-06 Name: SHELLEY GAGNON Address: 54048 BIRCHFIELD DR. SHELBY TWP MI 48316 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser	100.00	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 9-13-06 Name: DAVID GAGON Address: 54048 BIRCHFIELD DR SHELBY TWP MI 48316 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser	100.00	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 9-10.06 Name: VINCENT BRENNAN Address: 30078 SCHOENHERR STE #160 WARREN MI 48088 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser	100.00	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	350.00	

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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 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? ☐ YES 4. Date of Receipt 9-15-06 Name: KENNETH SAFRAIN Address: 40007 CROSSWINDS NOVI MI 48375 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser	100 oc	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 9-14-06 Name: JARRED COLIN. Address: 38524 CLIPPER CT. CHESTER FIELD MI 48087 5. If over $100.00 cumulative, please provide: Occupation VALET Employer SELF. Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser	200 oc	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 9-18-06 Name: JACK WHITING JR Address: 28652 BYRIVER CLINTON TWP MI 48036 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser	50 oc	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 9-21-06 Name: ROBERT AGAR Address: 53520 OOILON AVE. SHELBY TWP MI 48316 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser	100 oc	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	450 oc	

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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 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? ☐ YES 4. Date of Receipt 9-21-06 Name: DIANE AGAR Address: 53520 COLON AVE SHELBY TWP MI 48316 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser	100 00	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 9-18-06 Name: MANCINI ENTERPRISES 6850 19 MI Address: STERLING HGTS MI 48314 5. If over $100.00 cumulative, please provide: Occupation CONSTRUCTION Employer SELF Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser	200.00	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 9-20-06 Name: ROBERT CONLEIN Address: 15301 12 MILE ROSEVILLE MI 48066. 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser	100.00	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 9-15-06 Name: JOHN LUDWIG TOY Address: 74 WILLISON RD. G.P. MI 48236 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser	100 00	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	500 00	

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BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Number 135880

2. Committee Name CTC 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? ☐ YES 4. Date of Receipt 9-20-06 Name: ROBERT CONLEN Address: 15301 12 MI ROSEVILLE MI 48066 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser	100 00	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 9-18-06 Name: BENNY SORRENTINO Address: 35620 ZORTON CT. CLINTON TWP MI 48035 5. If over $100.00 cumulative, please provide: Occupation CONSTRUCTION Employer SELF- Business Address SAME Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser	200 00	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 9-16-06 Name: CHARLES SOMES. Address: 3757 INDIAN TRL. ORCHARD LAKE MI 48324 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser	100 00	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 9-16-06 Name: LEE SOMES. Address: 3757 INDIAN TRL. ORCHARD LAKE MI 48324 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser	100 00	
Page Subtotal	500	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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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 TERMA

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? ☐ YES 4. Date of Receipt 9-19-06 Name: WALTER CYTACKI- Address: P/O BOX 18247 RIVER ROUGE MI 48218 5. If over $100.00 cumulative, please provide: Occupation OIL - DIST Employer SELF. Business Address S/A Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser	200 00	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 9-19-06 Name: STEVEN LEBOWSKI. Address: 323 GARNER MILFORD MI 48380 5. If over $100.00 cumulative, please provide: Occupation ATTY Employer SELF. Business Address S/A Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser	200 00	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 9-21-06 Name: JOSEPH THOMAS Address: 2600 BIG BEAVER TROY MI 48084 5. If over $100.00 cumulative, please provide: Occupation ATTY Employer SELF Business Address S/A Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser	200 00	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 9-20-06 Name: LEO SALVAGGIO Address: 27900 HARPER S.C.S. MI 48081 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser	100 00	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	700 00	

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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? ☐ YES 4. Date of Receipt 9-20-06 Name: HAZZARINA CIARAMITARO Address: 27900 HARPER STCS - MI 48081 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser	100 00	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 9-26-06 Name: DONALD FRESARD. Address: 16110 VISTA WOODS CT. CLINTON TWP MI 48036 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser	50 00	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 9-26-06 Name: CARL BECHER Address: 21035 BALFOUR ST. CLINTON TWP. MI 48036 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser	30 00	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 9-29-06 Name: CHRIS GOGO Address: 32217 NEWCASTLE WARREN MI. 48093 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☑ 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 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? ☐ YES 4. Date of Receipt 9-28-06 Name: ROBERTA OLOZIRO Address: 257 WINSLOW CIR. COMMERCE TWP MI 48390 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser	100.00	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 9-28-06 Name: STEVEN URLI Address: 9804 OORIAN DR PLYMOUTH MI 48170 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser	100.00	
3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt 9-28-06 Name: LUCIANO GIANINO Address: 40256 EMERALD LN. W. CLINTON TWP MI 48038 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser	100 00	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 9-22-06 Name: HAROLD HOLMES Address: 29481 MARIMOOR DR. SOUTH FIELD MI. 48076 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ 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 PENA

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? ☐ YES 4. Date of Receipt 9-28-06 Name: TIM MC QUINE Address: 935 N. WASHINGTON LANSING MI 48906 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser	100 00	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 10-3-06 Name: DOUGLAS RIPLEY Address: 1063 FOX HILLS EAST LANSING MI 48823 5. If over $100.00 cumulative, please provide: Occupation WORKERS COMP Employer SELF Business Address SP Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser	200 00	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10-3-06 Name: MARK MUGLIA Address: 29350 JEFFERSON S.C.S. MI 5. If over $100.00 cumulative, please provide: Occupation IAS Employer TMR ASSOC. Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser	200 00	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10-3-06 Name: CHERYL MAINIACI Address: 1859 LITTLESTONE RD. G.P. WOODS MI 48230 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	100 00	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	600	

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DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 135880

2. Committee Name CTE JAMES TENTA

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? ☐ YES 4. Date of Receipt 10-1-06 Name: MARK WOOLHISER Address: 22750 SUMMER LANE HOUI MI 48374 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser	100 00	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 10-1-06 Name: MICHELLE WOOLHISER Address: 22750 SUMMER LANE HOUI MI 48374 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser	100 00	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10-3-06 Name: COMM TO ELECT JACK BRANDENBURG Address: 25 ELDRIDGE MT CLEM. MI 48043 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser	100 00	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10-3-06 Name: DAN MC CARTHY Address: 17000 E-LEVEN CLINTON TWP MI 48036 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☑ 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 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? ☐ YES 4. Date of Receipt 10-3-06 Name: JOHN BRANDENBURG Address: 37596 HURON POINTE DR HARRISON TWP MI 48045 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser	75 00	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 10-3-06 Name: KAREN BRANDENBURG Address: 37596 HURON POINTE DR HARRISON TWP MI 48045. 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser	75 00	
3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt 10-3-02 Name: JOE MCMILLAN Address: 1333 KENSINGTON RD, BLOOMFIELD HILLS MI 48304 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser	100 00	
3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt 10-6-06 Name: JAMES M PERHA Address: 38180 SADDLE LA CLINTON TWP MI 48038 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser	5700 00	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	5950 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 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? ☐ YES 4. Date of Receipt 10-6-06 Name: WILLIAM RENC Address: 9999 MERCIER DEARBORN MI. 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	100 00	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 10-10-06 Name: JAMES M PERHA Address: 38180 CADDLE LA CLINTON TWP MI 48038 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser	1500 00	
3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt 10-10-06 Name: HELEN MARSH. Address: 1392 FAIRHOLME RD. G.P. WOODS MI 48236 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	100 00	
3. Contribution # 4 PAC Receipt? ☒ YES 4. Date of Receipt 10-12-06 Name: LOCAL PAC LOCAL 3317 PAC. Address: P/O BOX 111 WAYNE COUNTY SHERIFFS GARDEN CITY MI 48136 5. If over $100.00 cumulative, please provide: 313-961 2560 Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	100 00	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	1800 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 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? ☐ YES 4. Date of Receipt 10-17-06 Name: MARIO PETITA Address: 21307 11 MI RD. S.C.S. MI 48091 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	100 00	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 10-18-06 Name: JOHN OLIS Address: 43939 GALWAY DR NORTHVILLE MI 48167 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	100 00	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10-18-06 Name: CHRISTINE A OLIS Address: 43939 GALWAY DR NORTHVILLE MI 48167 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	25 00	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10-22-06 Name: JAMES M PERHA Address: 38180 SADDLE LA CLINTON TWP MI 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser	5300 00	
Page Subtotal	225	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	18805	18805 00

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 13585

2. Committee Name CTE JAMES TERRA

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 JEFFERY THOMPSON MARK ADAM Address WARREN MICHIGAN ☐ Fund Raiser	Purpose: LABOR ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10-2-06	100 —
Expenditure #2 Name MICHAEL - SCHARNHORST Address 38080 ROSEDALE CLINTON TWP 48038 ☐ Fund Raiser	Purpose: LABOR ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10-2-06	100 —
Expenditure #3 Name RON REED Address 38080 ROSEDALE CLINTON TWP MI 48035 ☐ Fund Raiser	Purpose: LABOR ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10-2-06	190 00
Expenditure #4 Name ADAM SEYMOUR 19613 - SEYMOUR Address CLINTON TWP MI 48035 ☐ Fund Raiser	Purpose: LABOR ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10-2-06	110 —
Expenditure #5 Name JUSTIN HINES Address 24503 LEXINGTON EAST POINTE MI - ☐ Fund Raiser	Purpose: LABOR ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10-2-06	110 —
	Subtotal this page		520 —
	Grand Total of all Schedules 1B (Complete on last page of Schedule)		

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 135890

2. Committee Name CTE JAMES PERLA

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 CALABRIA CLUB. Address CLINTON TWP 48036 ☐ Fund Raiser	Purpose: AD ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	9-12-06	100 —
Expenditure #2 Name MACOMB COUNTY ELECTION Address 40 N. GRATIOT MT CLEMENS MI ☐ Fund Raiser	Purpose: FINE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	9-14-06	25 —
Expenditure #3 Name EAST DET WRESTLING Address 22859. HAYES EASTPOINTE MI 48021 ☐ Fund Raiser	Purpose: AD ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	9-18-06	100 —
Expenditure #4 Name WILLIAM SMITH 19693 LLOYD. Address CLINTON TWP MI ☐ Fund Raiser	Purpose: LABOR ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	9-24-06	300 —
Expenditure #5 Name DING MARELLI. Address 2598 PORTOBELLO TROY MI 48083 ☐ Fund Raiser	Purpose: MUSIC ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10-3-06	500 —
	Subtotal this page		1025 00
	Grand Total of all Schedules 1B (Complete on last page of Schedule)		

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 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 CHRIS BETHUNE Address 42845 NORTHVILLE PLACE NORTHVILLE MI 48167- ☐ Fund Raiser	Purpose: LABOR ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10-7-06	110 —
Expenditure #2 Name CHRIS GEISERT Address 22967 LAKESHORE- S.C.S- MI 48080 ☐ Fund Raiser	Purpose: LABOR ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10-7-06	100 —
Expenditure #3 WESTERN Name AMERICAN MAILERS Address 5510 33RD S.E. GRAND RAPIDS MI 49512- ☐ Fund Raiser	Purpose: MAILING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10-10-06	755.52
Expenditure #4 Name RITE TO LIFE Address 2340 PORTER SW- GRAND RAPIDS MI 49509 ☐ Fund Raiser	Purpose: MAILING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10-10-06	75.18
Expenditure #5 Name CHRIS GEISERT Address 22967 LAKESHORE- S.C.S- MI 48080 ☐ Fund Raiser	Purpose: LABOR ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10-10-06	100 —
	Subtotal this page Grand Total of all Schedules 1B (Complete on last page of Schedule)		1180.70 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 PERLA

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 AMERICAN GRAPHICS Address 34895 GROESBECK - CLINTON TWP ☐ Fund Raiser	Purpose: PRINTING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	9-25-06	1851.18
Expenditure #2 Name CAROL STEWARD Address 414 KENSINGTON ROCHESTER HILLS MICH ☐ Fund Raiser	Purpose: LABOR ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10-1-06	495
Expenditure #3 Name DIRECT MAILERS Address 2230 ELLIOTT - TROY MI - 48083 - ☐ Fund Raiser	Purpose: MAILING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10-2-06	2966.76
Expenditure #4 Name PUBLIC STRATEGIES - 29405 HOOVER Address WARREN MI 48093 ☐ Fund Raiser	Purpose: MAILING DESIGN ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10-3-06	5250
Expenditure #5 Name PINO MARELLI Address 2598 PORTOBELLI TROY MI 48083. ☐ Fund Raiser	Purpose: MUSIC ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10-3-06	500

Subtotal this page 11062.94
Grand Total of all Schedules 1B (Complete on last page of Schedule)

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 GERHA

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 MIDNITE OIL PROD Address 15135 CHARLEVOIX G.P PK. 48230 ☐ Fund Raiser	Purpose: ART DESIGN ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10.12.06	300
Expenditure #2 Name Address ☐ Fund Raiser	Purpose: ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3 Name Address ☐ Fund Raiser	Purpose: ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement		

Subtotal this page	300
Grand Total of all Schedules 1B (Complete on last page of Schedule)	14088.64

Enter this total on line 8a of Summary Page

Page 5 of 7

** TOTAL PAGE.10 **

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 135888C

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 AMERICAN GRAPHICS Address 34895 GROESBECK CLINTON TWP MI ☐ Fund Raiser	Purpose: PRINTING ☑ Check box if this expenditure is payment of debt or obligation reported on previous statement		739.38
Expenditure #2 Name AMERICAN GRAPHICS Address 34895 GROESBECK. CLINTON TWP, MI ☐ Fund Raiser	Purpose: PRINTING ☑ Check box if this expenditure is payment of debt or obligation reported on previous statement		757.90
Expenditure #3 Name AMERICAN GRAPHICS Address 34895 GROESBECK CLINTON TWP, MI ☐ Fund Raiser	Purpose: PRINTING ☑ Check box if this expenditure is payment of debt or obligation reported on previous statement		957.23
Expenditure #4 Name AMERICAN GRAPHICS Address 34895 GROESBECK. CLINTON TWP MI ☐ Fund Raiser	Purpose: PRINTING ☑ Check box if this expenditure is payment of debt or obligation reported on previous statement		198.75
Expenditure #5 Name AMERICAN GRAPHICS Address 34895 GROESBECK CLINTON TWP MI ☐ Fund Raiser	Purpose: PRINTING ☑ Check box if this expenditure is payment of debt or obligation reported on previous statement		191.26
	Subtotal this page Grand Total of all Schedules 1B (Complete on last page of Schedule)		2833.52

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 TERHAAR

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 AMERICAN GRAPHICS Address 34895 GRATIOT CLINTON TWP MI ☐ Fund Raiser	Purpose: PRINTING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement		162.98
Expenditure #2 Name AMERICAN GRAPHICS Address 34895 GRATIOT CLINTON TWP MI ☐ Fund Raiser	Purpose: PRINTING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement		1037.10
Expenditure #3 Name ITALIAN TRIBUNE Address P/C BOX 380407 CLINTON TWP, MI ☐ Fund Raiser	Purpose: AD ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement		642
Expenditure #4 Name ITALIAN TRIBUNE Address P/C BOX 380407 CLINTON TWP MI ☐ Fund Raiser	Purpose: AD ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement		214
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement		

Subtotal this page: 2056.08

Grand Total of all Schedules 1B (Complete on last page of Schedule): 18978.24

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 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 endorsers or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? ☐ Yes Owed to or by: DEBORAH PERHA 38180 SADDLE LA. CLINTON TWP MI If bank loan, name of endorser or guarantor:	4. Type: LOAN 5. Date Debt Was Incurred: 8-22-02 6. Original Amount of Debt: $ 10,000.00	9/25/04 $ / / $ / / $ / / $ / / $ Amount Endorsed: $	$ 6000	$ 2000 ~ ☐ FORGIVEN
Debt #2 Corp? ☐ Yes Owed to or by: JAMES M PERHA 38180 SADDLE LA CLINTON TWP MI If bank loan, name of endorser or guarantor:	4. Type: LOAN 5. Date Debt Was Incurred: 9-24-02 6. Original Amount of Debt: $ 1000	/ / $ / / $ / / $ / / $ / / $ Amount Endorsed: $	$	1000 ☐ FORGIVEN
Debt #3 Corp? ☐ Yes Owed to or by: JAMES M PERHA 38180 SADDLE LA CLINTON TWP MI If bank loan, name of endorser or guarantor:	4. Type: LOAN 5. Date Debt Was Incurred: 5-25-03 6. Original Amount of Debt: $ 40 ~	/ / $ / / $ / / $ / / $ / / $ Amount Endorsed: $		40 ~ ☐ 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 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? ☐ Yes Owed to or by: JAMES M PERNA 38180 SADDLE LA CLINTON TWP MI	4. Type: LOAN 5. Date Debt Was Incurred: 12-29-03 6. Original Amount of Debt: $ 1800 —	/ / $ / / $ / / $ / / $ / / $	$	$ 1800 — ☐ FORGIVEN
If bank loan, name of endorser or guarantor:			Amount Endorsed: $	
Debt #2 Corp? ☐ Yes Owed to or by: JAMES M PERNA CLINTON TWP MI 38180 SADDLE LA	4. Type: LOAN 5. Date Debt Was Incurred: 12-31-03 6. Original Amount of Debt: $ 2500 —	/ / $ / / $ / / $ / / $ / / $	$	$ 2500 — ☐ FORGIVEN
If bank loan, name of endorser or guarantor:			Amount Endorsed: $	
Debt #3 Corp? ☐ Yes Owed to or by: JAMES PERNA 38180 SADDLE LA CLINTON TWP MI	4. Type: LOAN 5. Date Debt Was Incurred: 8-1-02 6. Original Amount of Debt: $ 500 —	/ / $ / / $ / / $ / / $ / / $		$ 500 — ☐ FORGIVEN
If bank loan, name of endorser or guarantor:			Amount Endorsed: $	

Page Subtotal (Outstanding debt) $ 2230 —

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 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 endorsers or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? ☐ Yes Owed to or by: JAMES PERHA 38180 SADDLE LA CLINTON TWP If bank loan, name of endorser or guarantor:	4. Type: LOAN 5. Date Debt Was Incurred: 10-2-03 6. Original Amount of Debt: $ 4500 —	/ / $ / / $ / / $ / / $ / / $ Amount Endorsed: $	$	4500 — $ ☐ FORGIVEN
Debt #2 Corp? ☐ Yes Owed to or by: JAMES PERHA 38180 SADDLE LA CLINTON TWP MI If bank loan, name of endorser or guarantor:	4. Type: LOAN 5. Date Debt Was Incurred: 11-24-03 6. Original Amount of Debt: $ 1600 —	/ / $ / / $ / / $ / / $ / / $ Amount Endorsed: $	$	1600 — ☐ FORGIVEN
Debt #3 Corp? ☐ Yes Owed to or by: JAMES PERHA 38180 SADDLE LA - CLINTON TWP If bank loan, name of endorser or guarantor:	4. Type: LOAN 5. Date Debt Was Incurred: 10-31-01 6. Original Amount of Debt: $ 20,000	3 14 KYS $ 250 — 3 10/04 $ 200 — 4 10 KY $ 7000 10/03 $ 7922.24 / / $ Amount Endorsed: $	15922.24	4077.76 ☐ FORGIVEN
		Page Subtotal (Outstanding debt)		10177.76
		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

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 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 endorsers or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus item 8)
Debt #1 Corp? ☐ Yes Owed to or by: JAMES M PERHA 38180 SADDLE LA CLINTON TWP MI	4. Type: LOAN 5. Date Debt Was Incurred: 8.24.04 6. Original Amount of Debt: $ 5000	/ / $ / / $ / / $ / / $ / / $	$	$ 5000 ☐ FORGIVEN
If bank loan, name of endorser or guarantor:			Amount Endorsed: $	
Debt #2 Corp? ☐ Yes Owed to or by: JAMES M PERHA 38180 SADDLE LA CLINTON TWP MI	4. Type: LOAN 5. Date Debt Was Incurred: 4-26-06 6. Original Amount of Debt: $ 175	/ / $ / / $ / / $ / / $ / / $	$	175 ☐ FORGIVEN
If bank loan, name of endorser or guarantor:			Amount Endorsed: $	
Debt #3 Corp? ☐ Yes Owed to or by: JAMES M PERHA 38180 SADDLE LA CLINTON TWP MI	4. Type: LOAN 5. Date Debt Was Incurred: 7-12-06 6. Original Amount of Debt: $ 7000	/ / $ / / $ / / $ / / $ / / $		7000 ☐ FORGIVEN
If bank loan, name of endorser or guarantor:			Amount Endorsed: $	

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 135880

2. Committee Name CTE JAMES M 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 endorsers or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? ☐ Yes Owed to or by: JAMES M PERHA 38180 SADDLE LANE CLINTON TWP If bank loan, name of endorser or guarantor:	4. Type: LOAN 5. Date Debt Was Incurred: 4-14-05 6. Original Amount of Debt: $ 100	/ / $ / / $ / / $ / / $ / / $ Amount Endorsed: $	$	$ 100 ~ ☐ FORGIVEN
Debt #2 Corp? ☐ Yes Owed to or by: JAMES M PERHA 38180 SADDLE LN CLINTON TWP MI If bank loan, name of endorser or guarantor:	4. Type: LOAN 5. Date Debt Was Incurred: 8-28-06 6. Original Amount of Debt: OC $ 4000	/ / $ / / $ / / $ / / $ / / $ Amount Endorsed: $	$	4000 OC ☐ FORGIVEN
Debt #3 Corp? ☐ Yes Owed to or by: JAMES M PERHA 38180 SADDLE LN CLINTON TWP. MI If bank loan, name of endorser or guarantor:	4. Type: LOAN 5. Date Debt Was Incurred: 10-6-06 6. Original Amount of Debt: $ 5700 OC	/ / $ / / $ / / $ / / $ / / $ Amount Endorsed: $		5700 ☐ FORGIVEN

Page Subtotal (Outstanding debt) 4100

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.

DEBTS AND OBLIGATIONS

SCHEDULE 1E

CANDIDATE COMMITTEE

1. Committee I.D. Number 135880

2. Committee Name CTE JAMES PERMA

This Schedule itemizes:

a. ☐ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.

(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? ☐ Yes Owed to or by: JAMES M PERMA 3818 SADDLE LA CLINTON TWP MI	4. Type: LOAN Code 5. Date Debt Was Incurred: 10-10-06 6. Original Amount of Debt: $ 1500	/ / $ / / $ / / $ / / $	$	$ 1500 ☐ FORGIVEN
If bank loan, name of endorser or guarantor:			Amount Endorsed: $	
Debt #2 Corp? ☐ Yes Owed to or by:	4. Type: Code 5. Date Debt Was Incurred: 6. Original Amount of Debt: $	/ / $ / / $ / / $ / / $ / / $	$	☐ FORGIVEN
If bank loan, name of endorser or guarantor:			Amount Endorsed: $	
Debt #3 Corp? ☐ Yes Owed to or by:	4. Type: Code 5. Date Debt Was Incurred: 6. Original Amount of Debt: $	/ / $ / / $ / / $ / / $ / / $		☐ FORGIVEN
If bank loan, name of endorser or guarantor:			Amount Endorsed: $	

Page Subtotal (Outstanding debt) 1500 00

Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee) 63992 76

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

FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE

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

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held	4. Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity	6. Address and Name (If any) of the place where the activity was held
10 (Month) 3 (Day) 06 (Year)	70	RECEPTION	MIRAGE HALL 16980 18 MI. CLINTON TWP ☐ Private Residence

7. Total Contributions 4830
8. Other Receipts 0
9. Gross Receipts (Add lines 7 and 8) 4830
10. Total Cost of Event 1590.00
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.