



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

### CANDIDATE COMMITTEE COVER PAGE

FILED  
06 DEC 11 PM 12:24  
JAMES PERNA  
CITY CLERK  
MICHIGAN

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 7-24-06 To 8-28-06  
Mo Day Year Mo Day Year

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

4. Candidate Last Name PERNA First Name JAMES M.I. M  
4a. Office Sought Including District # or Community Served (if applicable)  
COUNTY COMM  
4b. County of Residence \_\_\_\_\_ Driver License # (Optional) \_\_\_\_\_

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 M PERNA  
38180 SADDLE LA NE  
CLINTON TWP MI  
Area Code & Phone ( ) \_\_\_\_\_  
Driver License # (Optional) \_\_\_\_\_

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

8. Designated Record keeper's Name and Mailing Address (if the committee has a Designated Record keeper)  
Area Code and Phone ( ) \_\_\_\_\_  
Driver License # (Optional) \_\_\_\_\_

9. TYPE OF STATEMENT  
9a.  Pre-Election OR 9b.  Post-Election  
Pre-Election or Post-Election Statement relates to:  
 Primary  General  
 Convention  School  
 Special  Caucus  
Date of Election, Convention or Caucus  
8-8-06  
Month Day Year

9c.  Annual Statement ( \_\_\_\_\_ Coverage Year)  
9d.  Amendment to Campaign Statement (Complete Item 8a, 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. 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 12-11-06  
Type or Print Name Signature Mo Day Year  
Candidate JAMES M PERNA Signature \_\_\_\_\_ Date 12-11-06  
Type or Print Name Signature Mo Day Year



MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

Citizens To Elect James M. Perna

SUMMARY PAGE  
CANDIDATE COMMITTEE

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>4400<sup>00</sup></u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ _____	
c. Subtotal of "Contributions"	(3c.) \$ <u>4400<sup>00</sup></u>	(18.) \$ <u>11575</u>
<b>4. Other Receipts (Schedule 1A -1, Column 6)</b>	(4.) \$ _____	(19.) \$ _____
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ <u>4400<sup>00</sup></u>	(20.) \$ <u>11575</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
<b>6. In-Kind Contributions (Schedule 1-IK, Column 7)</b>	(6.) \$ <u>0</u>	(21.) \$ <u>0</u>
<b>7. In-Kind Expenditures (Schedule 1B-IK, Column 6)</b>	(7.) \$ <u>0</u>	(22.) \$ <u>0</u>
<b>EXPENDITURES</b>		
<b>8. Expenditures</b>		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>6730<sup>00</sup></u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ _____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ _____	
<b>9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)</b>	(9.) \$ <u>6730<sup>00</sup></u>	(23.) \$ <u>8085<sup>00</sup></u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)</b>		
<b>10. Disbursements</b>		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0</u>	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$ <u>0</u>	(24.) \$ _____
<b>DEBTS AND OBLIGATIONS</b>		
<b>12. Debts and Obligations</b>		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>61,682.36</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _____	
<b>BALANCE STATEMENT</b>		
<b>13. Ending Balance of last report filed</b> (Enter zero if no previous reports have been filed.)	(13.) \$ <u>5866.35</u>	
<b>14. Amount received during reporting period</b> (Line 5, Total Contributions & Other Receipts)	(14.) + <u>4400.00</u>	
<b>15. SUBTOTAL Add lines 13 and 14</b>	(15.) = <u>10266.35</u>	
<b>16. Amount expended during reporting period</b> (Add lines 9 and 11)	(16.) - <u>6730.00</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$ <u>3536.35</u>	

NOTE: Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000.00 Reporting Waiver threshold. All required schedules must be included with this statement. If your ending balance is negative, please recheck your math.  
CPR Rev 7/1999-3um Authority granted under P.A. 388 of 1976



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

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

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

3. Contribution # 1 PAC Receipt?  YES 4. Date of Receipt 9-2-06  
Name: MAIA ANTHONY  
Address: 15808 MENOTA ST.  
DET MICHIGAN  
i. If over \$100.00 cumulative, please provide:  
Occupation CONS Employer SELF  
Business Address SAME  
Type of Contribution:  Direct  Loan from a person  Fund Raiser

6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
400 <sup>00</sup>	400 <sup>00</sup>

3. Contribution # 2 PAC Receipt?  YES 4. Date of Receipt 9-2-06  
Name: JAMES M PERNA  
Address: 38180 SADDLE LAKE  
CLINTON TWP MI 48036  
i. If over \$100.00 cumulative, please provide:  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Business Address \_\_\_\_\_  
Type of Contribution:  Direct  Loan from a person  Fund Raiser

4000 <sup>00</sup>	
--------------------	--

3. Contribution # 3 PAC Receipt?  YES 4. Date of Receipt \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
i. If over \$100.00 cumulative, please provide:  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Business Address \_\_\_\_\_  
Type of Contribution:  Direct  Loan from a person  Fund Raiser

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3. Contribution # 4 PAC Receipt?  YES 4. Date of Receipt \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
i. If over \$100.00 cumulative, please provide:  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Business Address \_\_\_\_\_  
Type of Contribution:  Direct  Loan from a person  Fund Raiser

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

4400<sup>00</sup>  
4400<sup>00</sup>

Enter this total on  
line 3 of Summary  
Page.

MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections



ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE

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

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>IACS</u> Address <u>43843 ROMEO PLANK. CLINTON TWP MI 48038</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>AD</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-24-06</u>	<u>100<sup>00</sup></u>
Expenditure #2 Name <u>C PERNA</u> Address <u>54243 IROQUOIS SHELBY TWP MI 48315</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>LABOR</u> Expenditure Code <u>S/A</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-24-06</u>	<u>300<sup>00</sup></u>
Expenditure #3 Name <u>JAMES M PERNA</u> Address <u>38180 SADDLE LANE CLINTON TWP MI 48036</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>LOAN</u> Expenditure Code <u>SA</u> <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-24-06</u>	<u>5000<sup>00</sup></u>
Expenditure #4 Name <u>PHIL LINSALATA</u> Address <u>16931 E. JEFFERSON G.P. MI 48930</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>LABOR</u> Expenditure Code <u>SA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-9-06</u>	<u>500<sup>00</sup></u>
Expenditure #5 Name <u>MIKE SCHARNHORST</u> Address <u>3808 ROSEDALE CLINTON TWP MI 48038</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>LABOR</u> Expenditure Code <u>S/A</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-9-06</u>	<u>100<sup>00</sup></u>
Subtotal this page Grand Total of all Schedules 1B (Complete on last page of Schedule)			<u>6000<sup>00</sup></u>

Enter this total on line 8a of Summary Page.

EASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections



**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number \_\_\_\_\_  
2. Committee Name \_\_\_\_\_

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>JEFFERY THOMPSON</u> Address <u>32148 MARK ADAM</u> <u>WARREN MI</u> <u>48093</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>LABOR S/A</u> Expenditure Code <u>S/A</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement.	<u>8-9-06</u>	<u>100.00</u>
Expenditure #2 Name <u>CHARLES PERNA</u> Address <u>54243 1209UOLS</u> <u>SHELBY TWP MI</u> <u>48315</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>LABOR S/A</u> Expenditure Code <u>S/A</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement.	<u>8-9-06</u>	<u>75.00</u>
Expenditure #3 Name <u>CHRIS GEISERT</u> Address <u>22967 LAKESHORE DR</u> <u>S.C.S. MI</u> <u>48080</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>LABOR S/A</u> Expenditure Code <u>S/A</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement.	<u>8-16-06</u>	<u>215.00</u>
Expenditure #4 Name <u>CHRIS GEISERT</u> Address <u>22967 LAKESHORE DR</u> <u>S.C.S. MI</u> <u>48080</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>LABOR</u> Expenditure Code <u>S/A</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement.	<u>8-16-06</u>	<u>140.00</u>
Expenditure #5 Name <u>MIKE SCHARNHORST</u> Address <u>38080 ROSDALE</u> <u>CLINTON TWP MI</u> <u>48034</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>LABOR</u> Expenditure Code <u>S/A</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement.	<u>8-16-06</u>	<u>100.00</u>

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

630.00

Enter this total on the back of Summary Page

EASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections



**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

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

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

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

100.00  
6730.00  
Enter amount on line 15 of Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

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

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

This Schedule itemizes:

a.  Debts and obligations owed by or forgiven the committee OR b.  Debts and obligations owed to or forgiven by the committee.  
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: <u>DEBORAIL PERNA</u> <u>38180 SADDLE LA.</u> <u>CLINTON TWP MI</u>	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>	9,150 <sup>00</sup> \$ _____ 11 \$ _____ 11 \$ _____ 11 \$ _____ 11 \$	\$ <u>6000</u>	\$ <u>2000</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: <u>JAMES M PERNA</u> <u>38180 SADDLE LA</u> <u>CLINTON TWP MI</u>	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>9-24-02</u> 6. Original Amount of Debt: <u>\$ 1000</u>	11 \$ _____ 11 \$ _____ 11 \$ _____ 11 \$ _____ 11 \$	\$ _____	<u>1000</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: <u>JAMES M PERNA</u> <u>38180 SADDLE LA</u> <u>CLINTON TWP MI</u>	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>5-25-03</u> 6. Original Amount of Debt: <u>\$ 40</u>	11 \$ _____ 11 \$ _____ 11 \$ _____ 11 \$ _____ 11 \$	_____	<u>40</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

3040

Grand Total of all Schedules 1E

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

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

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

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

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

This Schedule itemizes:

a.  Debts and obligations owed by or forgiven the committee OR b.  Debts and obligations owed to or forgiven by the committee.  
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.	4. Type of Obligation (Indicate type and you may assign an expenditure code)	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)
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. Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: <u>JAMES PERNA</u> <u>38180 SADDLE LA</u> <u>CLINTON TWP</u>	5. Indicate date debt was incurred 6. Indicate original amount of debt 4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>10-7-03</u> 6. <u>Original Amount of Debt:</u> <u>\$ 4500</u>	7. Date and amount of each payment <u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u>	8. Cumulative payment to date on debt \$ _____	9. Outstanding Balance at close of this period (Item 6 minus Item 8) <u>4500</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: <u>JAMES PERNA</u> <u>38180 SADDLE LA</u> <u>CLINTON TWP #1</u>	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>11-24-03</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1600</u>	7. Date and amount of each payment <u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u>	8. Cumulative payment to date on debt \$ _____	9. Outstanding Balance at close of this period (Item 6 minus Item 8) <u>1600</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: _____ _____ _____	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	7. Date and amount of each payment <u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u>	8. Cumulative payment to date on debt \$ _____	9. Outstanding Balance at close of this period (Item 6 minus Item 8) _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____				

Page Subtotal (Outstanding debt)

6100

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 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 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 TERNA</u> <u>38180 SADDLE LA</u> <u>CLINTON TWP MI</u>	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>12-29-03</u> 6. Original Amount of Debt: <u>\$ 1800</u>	<u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u>	\$ _____	<u>\$ 1800</u> <input type="checkbox"/> FORGIVEN
Amount Enclosed: \$				
If bank loan, name of endorser or guarantor: Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: <u>JAMES M TERNA</u> <u>CLINTON TWP MI</u> <u>38180 SADDLE LA</u>	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>12-31-03</u> 6. Original Amount of Debt: <u>\$ 2500</u>	<u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u>	\$ _____	<u>\$ 2500</u> <input type="checkbox"/> FORGIVEN
Amount Enclosed: \$				
If bank loan, name of endorser or guarantor: Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: <u>JAMES TERNA</u> <u>38180 SADDLE LA</u> <u>CLINTON TWP MI</u>	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>8-1-02</u> 6. Original Amount of Debt: <u>\$ 500</u>	<u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u>	\$ _____	<u>\$ 500</u> <input type="checkbox"/> FORGIVEN
Amount Enclosed: \$				

Page Subtotal (Outstanding debt)

22300

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.

1. Committee I.D. Number

135880

### SCHEDULE 1E

2. Committee Name

CTE JAMES PERHA

### CANDIDATE COMMITTEE

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 PERHA</u> <u>38180 SADDLE LA</u> <u>CLINTON TWP MI</u>	4. Type: <u>LOAN</u> Code _____ 5. Date Debt Was Incurred: <u>10.31.01</u> 6. Original Amount of Debt: <u>\$ 2,000.00</u>	<u>3,149 \$ 250</u> <u>3,309 \$ 700</u> <u>4,170 \$ 700</u> <u>2,159 \$ 792.24</u> <u>11 \$</u>	\$ _____	<u>\$ 4077.76</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: <u>JAMES M PERHA</u> <u>38180 SADDLE LA</u> <u>CLINTON TWP MI</u>	4. Type: <u>LOAN</u> Code _____ 5. Date Debt Was Incurred: <u>9-11-05</u> 6. Original Amount of Debt: <u>100</u>	<u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u>	Amount Endorsed: \$ _____ \$ _____	<u>100</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: <u>JAMES M PERHA</u> <u>38180 SADDLE LA</u> <u>CLINTON TWP MI</u>	4. Type: <u>LOAN</u> Code _____ 5. Date Debt Was Incurred: <u>7-28-06</u> 6. Original Amount of Debt: <u>4000.00</u>	<u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u>	Amount Endorsed: \$ _____	<u>4000</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____				

Page Subtotal (Outstanding debt)

8177.76

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

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

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

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

1. Committee I.D. Number 135880  
2. Committee Name GTE SALES TERRA

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>ITALIAN TRIBUNE</u> <u>P/O BOX 38047</u> <u>CLINTON TWP MI</u> <u>48135</u>	4. Type: <u>AD/SA</u> 5. Date Debt Was Incurred: <u>7-28-04</u> 6. Original Amount of Debt: <u>\$ 642</u>	<u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u>	\$ _____	\$ <u>642</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>AMERICAN GRAPHICS</u> <u>34895 GROSBECK</u> <u>CLINTON TWP MI</u>	4. Type: <u>PRINTING</u> 5. Date Debt Was Incurred: <u>5-24-04</u> 6. Original Amount of Debt: <u>\$ 1037.10</u>	<u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u>	\$ _____	\$ <u>1037.10</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>ITALIAN TRIBUNE</u> <u>P/O BOX 38047</u> <u>CLINTON TWP MI</u>	4. Type: <u>AD</u> 5. Date Debt Was Incurred: <u>7-23-04</u> 6. Original Amount of Debt: <u>\$ 214</u>	<u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u>	\$ _____	\$ <u>214</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____	Amount Endorsed: \$ _____			

Page Subtotal (Outstanding debt)

1873.10

Grand Total of all Schedules 1E

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

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

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



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 W PERMA

This Schedule consists:

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.)

Name and Mailing Address of person, vendor or racial 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 guarantor, 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 Owed to or by: <u>AMERICAN GRAPHICS</u> <u>34895 GROESBECK</u> <u>CLINTON TWP</u> <u>48035</u> Corp? <input type="checkbox"/> Yes	4. Type: <u>PRINTING</u> Code: <u>MA</u> 5. Date Debt Was Incurred: <u>6-14-04</u> 6. Original Amount of Debt: <u>198.75</u>	<u>118</u> <u>118</u> <u>118</u> <u>118</u>	<u>0</u>	<u>198.75</u> <input type="checkbox"/> FORGIVEN

bank loan, name of endorser or guarantor: \_\_\_\_\_ Amount Endorsed: \$

Debt #2 Owed to or by: <u>AMERICAN GRAPHICS</u> <u>34895 GROESBECK</u> <u>CLINTON TWP</u> <u>48035</u> Corp? <input type="checkbox"/> Yes	4. Type: <u>PRINTING</u> Code: <u>MA</u> 5. Date Debt Was Incurred: <u>6-14-04</u> 6. Original Amount of Debt: <u>181.26</u>	<u>118</u> <u>118</u> <u>118</u> <u>118</u>	<u>0</u>	<u>181.26</u> <input type="checkbox"/> FORGIVEN
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bank loan, name of endorser or guarantor: \_\_\_\_\_ Amount Endorsed: \$

Debt #3 Owed to or by: <u>AMERICAN GRAPHICS</u> <u>34895 GROESBECK</u> <u>CLINTON TWP</u> <u>48035</u> Corp? <input type="checkbox"/> Yes	4. Type: <u>PRINTING</u> Code: <u>MA</u> 5. Date Debt Was Incurred: <u>6-14-04</u> 6. Original Amount of Debt: <u>162.98</u>	<u>118</u> <u>118</u> <u>118</u> <u>118</u>	<u>0</u>	<u>162.98</u> <input type="checkbox"/> FORGIVEN
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bank loan, name of endorser or guarantor: \_\_\_\_\_ Amount Endorsed: \$

Page Subtotal (Outstanding debt) 542.99  
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.

Authority granted under P.A. 388 of 1976

CFR 96V71000-10

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

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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 endorser or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: <u>JAMES M PERNA</u> <u>38180 SADDLE LA</u> <u>CLINTON TWP MI</u>	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>8-24-06</u> 6. Original Amount of Debt: <u>\$ 5000</u>	<u>11</u> \$ <u>11</u> \$ <u>11</u> \$ <u>11</u> \$ <u>11</u> \$	\$ _____	<u>\$ 5000</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____	Amount Endorsed: \$ _____			
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: <u>JAMES M PERNA</u> <u>38180 SADDLE LA</u> <u>CLINTON TWP MI</u>	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>4-26-06</u> 6. Original Amount of Debt: <u>\$ 175</u>	<u>11</u> \$ <u>11</u> \$ <u>11</u> \$ <u>11</u> \$ <u>11</u> \$	\$ _____	<u>175</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____	Amount Endorsed: \$ _____			
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: <u>JAMES M PERNA</u> <u>38180 SADDLE LA</u> <u>CLINTON TWP MI</u>	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>2-12-06</u> 6. Original Amount of Debt: <u>\$ 2000</u>	<u>11</u> \$ <u>11</u> \$ <u>11</u> \$ <u>11</u> \$ <u>11</u> \$	\$ _____	<u>2000</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____	Amount Endorsed: \$ _____			
Page Subtotal (Outstanding debt)				<u>12175<sup>00</sup></u>

Grand Total of all Schedules 1E

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

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

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.



MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

DEBTS AND OBLIGATIONS  
SCHEDULE 1E  
CANDIDATE COMMITTEE

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

135880  
CTE JAMES PERISA

This Schedule reflects:

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 guarantor, if any.  Debt #1 Owed to or by:  Debt #1 Corp? <input type="checkbox"/> Yes	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)  <input type="checkbox"/> FORGIVEN
AMERICAN GRAPHICS 34895 GROESBECK- CLINTON TWP	Type: <u>PRINTING</u> Code: <u>MA</u> Date Debt Was Incurred: <u>7-9-04</u> Original Amount of Debt: <u>738.38</u>	<u>118</u> <u>118</u> <u>118</u> <u>118</u>	<u>0</u>	<u>738.38</u> <input type="checkbox"/> FORGIVEN

Amount Enclosed: \$

If bank loan, name of endorser or guarantor:

Debt #2 Owed to or by:  Debt #2 Corp? <input type="checkbox"/> Yes	4. Type: <u>PRINTING</u> Code: <u>MA</u> 5. Date Debt Was Incurred: <u>7-9-04</u> 6. Original Amount of Debt: <u>757.90</u>	<u>118</u> <u>118</u> <u>118</u> <u>118</u>	<u>0</u>	<u>757.90</u> <input type="checkbox"/> FORGIVEN
AMERICAN GRAPHICS 34895 GROESBECK CLINTON TWP 48035				

Amount Enclosed: \$

If bank loan, name of endorser or guarantor:

Debt #3 Owed to or by:  Debt #3 Corp? <input type="checkbox"/> Yes	4. Type: <u>PRINTING</u> Code: <u>MA</u> 5. Date Debt Was Incurred: <u>7-12-04</u> 6. Original Amount of Debt: <u>952.23</u>	<u>118</u> <u>118</u> <u>118</u> <u>118</u>	<u>0</u>	<u>952.23</u> <input type="checkbox"/> FORGIVEN
AMERICAN GRAPHICS 34895 GROESBECK CLINTON TWP 48035				

Amount Enclosed: \$

If bank loan, name of endorser or guarantor:

Page Subtotal (Outstanding debt)

Grand Total of all Schedules 1E

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

2453.51  
61682.36  
Enter this total on the 12b "owed by" or the 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.

Form B-18 Author: created under P.A. 306 of 1976

OR REV 7/2004-10