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: July 19, 2010 to August 23, 2010

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 Commissioner

4b. County of Residence: macomb

5. Committee's Mailing Address: 38180 Saddle Lane Clinton Township, MI 48036

Area Code and Phone: 586 286 3504

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 Lane Clinton Township, MI 48036

Area Code & Phone: 586 286 3504

7. Treasurer's Business Address: 600 E. Lafayette Detroit, MI 48226

Area Code and Phone: 313 225 9756

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

Area Code and Phone

FILED
10 SEP -2 AM 11: 16
CAMELLA SABAUGH
MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

9. TYPE OF STATEMENT

9a. ☐ Pre-Election OR 9b. ☒ Post-Election

9c. ☐ Annual Statement (2010 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

Pre-Election or Post-Election Statement relates to:

☒ Primary ☐ General

☐ Convention ☐ School

☐ Special ☐ Caucus

Date of Election, Convention or Caucus: 11-2-2010

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 Perna — Signature — Date: 8/31/10

Type or Print Name

Candidate: James Perna — Signature — Date: 8/31/10

Type or Print Name

Authority granted under P.A. 388 of 1976

BUREAU OF ELECTIONS

125880

SUMMARY PAGE
CANDIDATE COMMITTEE

CTE James Perna

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) $	3200.00	
b. Unitemized (less than $20.01 each - no Schedule)	(3b.) $	NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) $	3200.00	(18.) $ 11,050.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) $	0	(19.) $ 0
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) $	3200.00	(20.) $ 11,050.00
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) $	0	(21.) $ 0
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) $	464.80	(22.) $ 960.80
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) $	5794.95	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) $	0	
c. Unitemized (less than $50.01 each - no Schedule)	(8c.) $	0	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) $	5794.95	(23.) $ 10280.90
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) $	0	
b. Unitemized (less than $50.01 each - no Schedule)	(10b.) $	0	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) $	0	(24.) $ 0
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) $	0	
b. Owed to the Committee (Schedule 1E)	(12b.) $	0	

BALANCE STATEMENT

13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) $	2703.39
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + $	3200.00
15. SUBTOTAL Add lines 13 and 14	(15.) = $	5903.39
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - $	5794.95
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) $	108.44

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 125880
2. Committee Name CTE James Perna

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 7-19-10 Name: Gary D. Alessandro Address: 21835 Erdestock Hwy Roseville, MI 48066 5. If over $100.00 cumulative, please provide: Occupation Director Employer Self employed Business Address 21835 Erdestock Hwy Roseville, MI 48066 Type of Contribution: ☐ Direct ☐ Loan from a person ■ Fund Raiser	300.00	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 7-20-10 Name: Adbulkader Baaghil Address: 7267 Miller Rd. Dearborn, MI 48126 5. If over $100.00 cumulative, please provide: Occupation Director Employer Community Care Business Address 22432 Beach ST. St Clair shores, MI 48081 Type of Contribution: ☐ Direct ☐ Loan from a person ■ Fund Raiser	500.00	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 7-21-10 Name: Paul Youngblood Address: 179 McKinley Grosse Pointe Farms, MI 48236 5. If over $100.00 cumulative, please provide: Occupation Consultant Employer Self-employed Business Address 179 McKinley Grosse Pointe Farms, MI 48236 Type of Contribution: ☐ Direct ☐ Loan from a person ■ Fund Raiser	300.00	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 7-21-10 Name: Roger Fitzpatrick Address: 5445 Shoshoni Pass Pickney, MI 48169 5. If over $100.00 cumulative, please provide: Occupation Consultant Employer Self-employed Business Address 5445 Shoshoni Pass Pickney MI 48169 Type of Contribution: ☐ Direct ☐ Loan from a person ■ Fund Raiser	200.00	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	1100.00	

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 125880

2. Committee Name CTE James Perna

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 7-21-10 Name: Roger Fachini Address: 14975 Congress DR. Sterling Heights, MI 48313 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 7-21-10 Name: Steve Orli Address: 9804 Dorian 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 7-21-10 Name: Steve Marcini Address: 37532 Hidden Valley CT. Clinton Township, 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	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 7-21-10 Name: Lisa Marcini Address: 37532 Hidden Valley CT Clinton Township, 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)	400.00	

Enter this total on line 3 of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 135880

2. Committee Name CTE James Perna

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 7-21-10 Name: Mark Woolheiser Address: 22750 Summerlane Novi, 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 7-21-10 Name: Joseph Warsecke Address: 937 Riverview Lake Orion, 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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt 7-21-10 Name: Gerald Bani Address: FF3587 Rifle CT Macomb Township, MI 48042 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 7-21-10 Name: Lawrence Semczak Address: 11660 18 Mile Rd Sterling Heights, MI 48313 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 1355880

2. Committee Name CTE James Perna

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 7-21-10 Name: Thomas Youngblood Address: 55 Fordcroft ST. Grosse Pointe Shores, MI 48236 5. If over $100.00 cumulative, please provide: Occupation Consultant Employer Self-employed Business Address Type of Contribution: ☐ Direct ☐ Loan from a person ■ Fund Raiser	200.00	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 7-27-10 Name: Lisa Cytacki Address: 122 Moran Grosse Pointe Farms, MI 48236 5. If over $100.00 cumulative, please provide: Occupation Vice President Employer Michigan Marine Business Address P.O. Box 18247 River Rouge MI 48218 Type of Contribution: ☐ Direct ☐ Loan from a person ■ Fund Raiser	200.00	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 7-29-10 Name: Charles Stunko Address: 467 Lakeland ST. Grosse Pointe, 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	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 7-30-10 Name: Daniel Markey Address: 12900 Hall Road Ste 500 Sterling Hts, MI 48313 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)	600.00	

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 _____

2. Committee Name _____

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 7-30-10 Name: Joseph Ryan Address: 1313 Paddlewheel Ln Rochester Hills, MI 48306 5. If over $100.00 cumulative, please provide: Occupation Consultant Employer Self-employed Business Address 1313 Paddlewheel Ln Rochester Hills, MI 48306 Type of Contribution: ☐ Direct ☐ Loan from a person ■ Fund Raiser	200.00	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 8-4-10 Name: Conrad Sobczynski Address: 73 Hardy Rd. Grosse Pointe Farms, MI 48236 5. If over $100.00 cumulative, please provide: Occupation Director Employer Glacial Energy Business Address 24031 Jefferson St Clair Shores, MI 48080 Type of Contribution: ■ Direct ☐ Loan from a person ☐ Fund Raiser	250.00	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 8-4-10 Name: Patrick Melton Address: 924 Claremont St. Dearborn, MI 48124 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 8-4-10 Name: Dominic Abbate Address: 2500 Royal View Dr. Oakland, MI 48363 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ■ Direct ☐ Loan from a person ☐ Fund Raiser	50.00	
	Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	600.00

Enter this total on line 3 of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 125880

2. Committee Name CTE James Perry

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 8-10-10 Name: Karen Kienbaum Address: 6. Jefferson CT. Grosse Pointe Park, 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	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt _____ Name: Address: 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt _____ Name: Address: 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt _____ Name: Address: 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	100.00 3300.00	

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 1355880
2. Committee Name CTE James Perna

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name Pino Marelli Address 2598 Portobello Troy, MI 48083 ☐ Fund Raiser	Purpose: Music Expenditure Code ET ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	7.2010	400.00
Expenditure #2 Name Lasercom LLC Address 2230 ELLIOTT Troy, MI 48083 ☐ Fund Raiser	Purpose: MAILING Expenditure Code MA ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	7.21.10	1330.78
Expenditure #3 Name American Graphics Address 34895 Groesbeck Clinton Township, MI ☐ Fund Raiser	Purpose: PRINTING Expenditure Code PA ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	7.23.10	448.40
Expenditure #4 Name Techspec Systems Address P.O. Box 151 Chase, MI 49623 ☐ Fund Raiser	Purpose: Consulation Expenditure Code CN ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	7.21.10	850.00
Expenditure #5 Name Pino Marelli Address 2598 Portobello Troy, MI 48083 ☐ Fund Raiser	Purpose: Music Expenditure Code ET ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	7.21.10	100.00
	Subtotal this page		3129.18
	Grand Total of all Schedules 1B (Complete on last page of Schedule)		

Enter this total on line 8a of Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

 Authority granted under P.A. 388 of 1976 CFR Rev 7/1999c-1b

Bureau of Elections

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 1355880

2. Committee Name CTE James Perna

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name American Graphics Address 34895 Groesbeck Clinton Township, MI ☐ Fund Raiser	Purpose: PRINTING Expenditure Code PA ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	7.23.10	703.78
Expenditure #2 Name The Italian Tribune Address P.O. Box 380407 Clinton Township, MI 48038 ☐ Fund Raiser	Purpose: AD Expenditure Code PA ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	7.26.10	277.00
Expenditure #3 Name The Italian Tribune Address P.O. Box 380407 Clinton Township, MI 48038 ☐ Fund Raiser	Purpose: AD Expenditure Code PA ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	7.26.10	277.00
Expenditure #4 Name Pino Marelli Address 2598 Portobello Troy, MI 48083 ☐ Fund Raiser	Purpose: music Expenditure Code ET ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	8.9.10	300.00
Expenditure #5 Name Dan Valik Address 31234 St. Margaret St. Clair Shores, MI 48082 ☐ Fund Raiser	Purpose: LABOR Expenditure Code FE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	8.3.10	150.00
	Subtotal this page Grand Total of all Schedules 1B (Complete on last page of Schedule)		1706.78 Enter this total on line 6a of Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

Authority granted under P.A. 388 of 1976

CFR Rev 7/1999c-1b

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 135280

2. Committee Name CTE James Perna

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name MICH GOP Address PO. Box 182345 Shelby Township, MI 48318 ☐ Fund Raiser	Purpose: endorsement E7 ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	8.10.10	550.00
Expenditure #2 Name Meijer Address 31835 UTICA Road Fraser, MI ☐ Fund Raiser	Purpose: food FE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	7-31-10	154.07
Expenditure #3 Name PITA Address 39900 Garfield Road Clinton Township, MI 48038 ☐ Fund Raiser	Purpose: food FE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	8.3.10	214.22
Expenditure #4 Name UTICA One BP Address 35511 Utica Road Clinton Township, MI ☐ Fund Raiser	Purpose: Gas FE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	8.3.10	40.70
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 958.99
Grand Total of all Schedules 1B (Complete on last page of Schedule) 5794.95
Enter this total on line 8a of Summary Page

Bureau of Elections

ITEMIZED IN-KIND EXPENDITURES
SCHEDULE 1B - IK
CANDIDATE COMMITTEE

1. Committee I. D. Number 135880

2. Committee Name CTE James Perna

3. Name and Address of person to whom goods or services were donated or transferred.	4. Type of In-Kind Expenditure (Check appropriate box and fill in description)	5. Date:	6. Fair Market Value
Expenditure #1 Name Frank Paturna Address 15894 19 Mile Road Clinton Township, MI 48038	4. ☒ Donation of goods or services to a Ballot Question Committee ☐ Donation of assets to tax exempt charitable institution ☐ Donation of assets to Political Party Committee ☐ Other Description fundraiser	7.21.10	404.80
Expenditure #2 Name Address	4. ☐ Donation of goods or services to a Ballot Question Committee ☐ Donation of assets to tax exempt charitable institution ☐ Donation of assets to Political Party Committee ☐ Other Description		
Expenditure #3 Name Address	4. ☐ Donation of goods or services to a Ballot Question Committee ☐ Donation of assets to tax exempt charitable institution ☐ Donation of assets to Political Party Committee ☐ Other Description		

Page Subtotal	404.80
Grand Total of all Schedules 1B-IK (Complete on last page of Schedule	404.80

Enter this total on line 7 of the Summary Page

Bureau of Elections

FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE

1. Committee I.D. Number 135880

2. Committee Name CE. James Perna

- 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
July 31 2010 (Month / Day / Year)	40	reception	16980 18 mile Rd Clinton Township, MI ☐ Private Residence

7. Total Contributions of $20.00 or less 0

8. Total Contributions of $20.01 or more 2700.00

9. SUBTOTAL (Add lines 7 and 8) 2700.00

10. Other Receipts 0

11. Gross Receipts (Add lines 9 and 10) 2700.00

12. Total Cost of Event* 0

*Includes In-Kind Contributions and All Expenditures Made For the Event

13. ☐ 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 Schedu (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.