



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED

10 OCT 22 PM 1:54

**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

CARNELLA SADAUGH
MACOMB COUNTY CLERK
CLERK'S OFFICE

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate. This Statement covers From: 08/24/10 to 10/17/10

1. Committee I.D. Number
135880

2. Committee Name
Citizens To Elect James M. Perna

4. Candidate Last Name First Name M.I.
Perna James 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) 225-9766

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
11/02/10

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

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 10/21/10

Candidate James Perna Signature Date 10/21/10

**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.) \$ <u>8764.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>8764.00</u>	(18.) \$ <u>19814.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0</u>	(19.) \$ <u>0</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>8764.00</u>	(20.) \$ <u>19814.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0</u>	(21.) \$ <u>0</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0</u>	(22.) \$ <u>962.80</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>8810.25</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>8810.25</u>	(23.) \$ <u>19791.15</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officers/holders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0</u>	(24.) \$ <u>0</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>666085.76</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>108.44</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>8764.00</u>	
	(15.) = \$ <u>8872.44</u>	
15. SUBTOTAL Add lines 13 and 14		
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>8810.25</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>62.19</u>	



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10-7-2010</u> Name: <u>Stephen Saph, JR.</u> Address: <u>44 Macomb Pl.</u> <u>P.O. Box 46907 Mtcleveans, MI 48046</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100.00		
3. Contribution # 2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10-8-10</u> Name: <u>Scott Gregory</u> Address: <u>Albdo E. Jefferson Ave.</u> <u>Detroit, MI 48214</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Gregory Boat Company</u> Business Address <u>Albdo E. Jefferson Ave Detroit, MI 48214</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100.00	300.00	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10-11-10</u> Name: <u>Dennis Morier</u> Address: <u>28 W. Adams Ave STE 300</u> <u>Detroit, MI 48226</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100.00		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10-12-10</u> Name: <u>Thomas Youngblood</u> Address: <u>55 Fordcroft St</u> <u>Grosse Pointe Shores, MI 48236</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Consultant</u> Employer <u>Self-employed</u> Business Address <u>55 Fordcroft St. Grosse Pointe Shores, MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	300.00	400.00	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		500.00	

Enter this total on line 3a of Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 1255880
2. Committee Name STE James Perna

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES Name: <u>Scott Gregory</u> Address: <u>9140 E Jefferson Ave</u> <u>Detroit, MI 48214</u> 4. Date of Receipt <u>10.9.10</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Gregory BONT Company</u> Business Address <u>9140 E Jefferson Ave Detroit, MI 48214</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100.00	400.00	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES Name: <u>Steven Leibowski</u> Address: <u>323 N. Garner</u> <u>Milford, MI 48380</u> 4. Date of Receipt <u>10.11.10</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Self-employed</u> Business Address <u>323 N. Garner Milford MI 48380</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	200.00	400.00	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES Name: <u>Luciano Gianino</u> Address: <u>410256 Emerald Ln. W</u> <u>Clinton Twp, MI 48028</u> 4. Date of Receipt <u>10.13.10</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>owner</u> Employer <u>Luciano Resturant</u> Business Address <u>37021 Garfield Clinton Twp, MI 48028</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	200.00	400.00	
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES Name: <u>Paul Buscemi</u> Address: <u>38365 Saddle Ln</u> <u>Clinton Twp, MI 48026</u> 4. Date of Receipt <u>10.11.10</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address <u>38365 Saddle Ln Clinton Twp, MI 48026</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100.00	200.00	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		600.00	

Enter this total on line 3 of Summary Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES Name: <u>Rick Goldsmith</u> Address: <u>2244 Attard St.</u> <u>Birmingham, MI 48009</u> 4. Date of Receipt <u>10.11.10</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100.00		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES Name: <u>Stephen Duoley</u> Address: <u>25711 Arcadia Dr.</u> <u>Novi MI 48374</u> 4. Date of Receipt <u>10.8.10</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100.00		
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES Name: <u>Lisa Cytaki</u> Address: <u>132 Moran</u> <u>Crosse Pointe Farms, MI 48236</u> 4. Date of Receipt <u>10.12.10</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Vice President</u> Employer <u>Michigan Marine</u> Business Address <u>P.O. Box 18247, River Rouge MI 48218</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	200.00	400.00	
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES Name: <u>Gerald Relling</u> Address: <u>51283 Pinewood</u> <u>Macomb, MI 48042</u> 4. Date of Receipt <u>10.13.10</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100.00		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		500.00	

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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 Perna

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10-13-10</u> Name: <u>Martin McInerney</u> Address: <u>1855 Rattmor Rd Bloomfield Hills, MI 48304</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>McInerney Toyota</u> Business Address <u>3444 Grand Clinton Twp MI 48036</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	300.00	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10-14-10</u> Name: <u>Daniel Markey</u> Address: <u>12900 Hall Rd Suite 500 Sterling Heights, MI 48313</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100.00	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10-13-10</u> Name: <u>James Giftos</u> Address: <u>27947 Groesbeck Hwy Roseville, MI 48066</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100.00	
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10-12-10</u> Name: <u>Edward Deeb</u> Address: <u>27700 Hoover Rd Warren MI 48093</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100.00	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	500.00	

Enter this total on line 3 of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 135880

2. Committee Name CTE James Perna

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9-1-10</u> Name: <u>James Perna</u> Address: <u>38180 Saddle Ln</u> <u>Clinton Twp, MI 48036</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>Health One Credit Union</u> Business Address <u>1000 E. Lafayette Detroit, MI 48226</u> Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	3500.00	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9-27-10</u> Name: <u>James Perna</u> Address: <u>38180 Saddle Ln</u> <u>Clinton Twp, MI 48036</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>Health One Credit Union</u> Business Address <u>1000 E. Lafayette Detroit, MI 48226</u> Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	3000.00	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10-17-10</u> Name: <u>James Perna</u> Address: <u>38180 Saddle Ln</u> <u>Clinton Twp, MI 48036</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>Health One Credit Union</u> Business Address <u>1000 E. Lafayette Detroit, MI 48226</u> Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	510.00	
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: <u>James Perna</u> Address: <u>38180 Saddle Ln</u> <u>Clinton Twp, MI 48036</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>Health One Credit Union</u> Business Address <u>1000 E. Lafayette Detroit, MI 48226</u> Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	277.00	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	6287.00	

Enter this total on line 3 of Summary Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: <u>James Perna</u> Address: <u>38180 Saddle Ln</u> <u>Clinton Twp, MI 48036</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>Health One Credit Union</u> Business Address <u>600 E. Lafayette Detroit, MI 48226</u> Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		277.00	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10.13.10</u> Name: <u>Ann Relling</u> Address: <u>51388 Pinewood</u> <u>Macomb MI 48042</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		100.00	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: _____ Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: _____ Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

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

377.00
87164.00

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 135880
2. Committee Name C.TE James Perina

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>The Italian Tribune</u> Address <u>PO Box 380407</u> <u>Clinton Twp, MI 48038</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>AD</u> Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-21-10</u>	<u>277.00</u>
Expenditure #2 Name <u>Red Pine Communications</u> Address <u>P.O. Box 151</u> <u>Clase, MI 491623</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>consultation</u> Expenditure Code <u>CN</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-30-10</u>	<u>500.00</u>
Expenditure #3 Name <u>LASERCOM LLC</u> Address <u>2230 Elliott</u> <u>Troy, MI 48083</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Mailing-Printing</u> Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-30-10</u>	<u>870.78</u>
Expenditure #4 Name <u>LASERCOM LLC</u> Address <u>2230 Elliott</u> <u>Troy, MI 48083</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Printing</u> Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-30-10</u>	<u>745.57</u>
Expenditure #5 Name <u>American Graphics</u> Address <u>34845 Groesbeck</u> <u>Clinton Twp, MI 48035</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Printing</u> Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-30-10</u>	<u>1294.90</u>

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

3,708.36

Enter this total
on line 8a of
Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

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

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>Mirage</u> Address <u>16780 18 mile Road</u> <u>Clinton Twp, MI 48038</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>FOOD</u> Expenditure Code <u>FE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10-13-10</u>	<u>3000.00</u>
Expenditure #2 Name <u>Joseph Smith</u> Address <u>2870 Whispering Hills</u> <u>Washington, MI 48094</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>SALARIES</u> Expenditure Code <u>SW</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9-23-10</u>	<u>625.00</u>
Expenditure #3 Name <u>Red Pine Communications</u> Address <u>P.O. Box 151</u> <u>Chase, MI 49623</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>CONSULTATION</u> Expenditure Code <u>CN</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9-14-10</u>	<u>500.00</u>
Expenditure #4 Name <u>Zerili Bakery</u> Address <u>42171 Garfield</u> <u>Clinton Twp, MI 48038</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>FOOD</u> Expenditure Code <u>FE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9-24-10</u>	<u>75.00</u>
Expenditure #5 Name <u>Joseph Smith</u> Address <u>2870 Whispering Hills</u> <u>Washington, MI 48094</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>SALARIES</u> Expenditure Code <u>SW</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10-14-10</u>	<u>625.00</u>

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

4825.00

Enter this total
on line 8a of
Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

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

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>The Italian Tribune</u> Address <u>P.O. Box 380407</u> <u>Clinton Twp, MI 48038</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>AD</u> Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10-1-10</u>	<u>277.00</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)

277.00
8810.25
Enter this total
on line 8a of
Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

DEBTS AND OBLIGATIONS

1. Committee I.D. Number

10778XU

2. Committee Name

CTE James Perna

SCHEDULE 1E

CANDIDATE COMMITTEE

This Schedule Reconciles:

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 mercantile 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 8 minus item 8) <input type="checkbox"/> FORGIVEN
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: <u>Deborah Perna</u> <u>38180 Saddle Lane</u> <u>Clinton Twp, MI</u>	4. Type: <u>Loan</u> 5. Date Debt Was Incurred: <u>8-27-09</u> 6. Original Amount of Debt: <u>\$ 10,000.00</u>	<u>9,150.00</u> <u>11.00</u> <u>11.00</u> <u>11.00</u>	<u>\$ 8000.00</u>	<u>\$ 2000.00</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 Perna</u> <u>38180 Saddle Lane</u> <u>Clinton Twp, MI</u>	4. Type: <u>Loan</u> 5. Date Debt Was Incurred: <u>9-24-09</u> 6. Original Amount of Debt: <u>\$ 1000.00</u>	<u>11.00</u> <u>11.00</u> <u>11.00</u> <u>11.00</u>	<u>\$</u>	<u>1000.00</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 Perna</u> <u>38180 Saddle Lane</u> <u>Clinton Twp, MI</u>	4. Type: <u>Loan</u> 5. Date Debt Was Incurred: <u>5-26-03</u> 6. Original Amount of Debt: <u>\$ 40.00</u>	<u>11.00</u> <u>11.00</u> <u>11.00</u> <u>11.00</u>	<u>\$</u>	<u>40.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

3040.00

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

BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS

SCHEDULE 1E

CANDIDATE COMMITTEE

1. Committee I.D. Number

135880

2. Committee Name

CTE James Perna

is Schedule number:

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 intended.)

Name and Mailing Address of person, vendor or other 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 filing period (Item 6 minus Item 8)
Debt box to indicate whether debt is owed to an organized business. If debt is a bank loan, please write information regarding the endorser or guarantor, if any. Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: James M. Perna 38180 Saddle Lane Vinton Twp, MI	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>12-29-03</u> 6. Original Amount of Debt: <u>\$ 1800.00</u>	<u>118</u> <u>118</u> <u>118</u> <u>118</u>	\$ _____	\$ <u>1800.00</u> <input type="checkbox"/> FORGIVEN
bank loan, name of endorser or guarantor: Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: James M. Perna 38180 Saddle Lane Vinton Twp, MI	4. Type: <u>Loan</u> 5. Date Debt Was Incurred: <u>12-21-03</u> 6. Original Amount of Debt: <u>\$ 25,000.00</u>	<u>118</u> <u>118</u> <u>118</u> <u>118</u>	\$ _____	\$ <u>25,000.00</u> <input type="checkbox"/> FORGIVEN
bank loan, name of endorser or guarantor: Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: James M. Perna 38180 Saddle Lane Vinton Twp, MI	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>8-1-03</u> 6. Original Amount of Debt: <u>\$ 500.00</u>	<u>118</u> <u>118</u> <u>118</u> <u>118</u>	\$ _____	\$ <u>500.00</u> <input type="checkbox"/> FORGIVEN

Page Subtotal (Outstanding debt)

27300.00

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 if was forgiven during the period covered by this Campaign Statement.

BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS

SCHEDULE 1E

CANDIDATE COMMITTEE

1. Committee I.D. Number 135880

2. Committee Name CTE James Perna

Is Schedule Itemize:

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 vendor 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)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: <u>James Perna</u> <u>3880 Saddle Lane</u> <u>Clinton Twp, MI</u>	4. Type: <u>Loan</u> 5. Date Debt Was Incurred: <u>10-7-03</u> 6. Original Amount of Debt: <u>\$ 4500.00</u>	7. Date and amount of each payment <u>118</u> <u>118</u> <u>118</u> <u>118</u>	8. Cumulative payment to date on debt \$ _____	9. Outstanding Balance at close of this period (Item 6 minus Item 8) <u>\$ 4500.00</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>3880 Saddle Lane</u> <u>Clinton Twp, MI</u>	4. Type: <u>Loan</u> 5. Date Debt Was Incurred: <u>11-24-03</u> 6. Original Amount of Debt: <u>\$ 11000.00</u>	7. Date and amount of each payment <u>118</u> <u>118</u> <u>118</u> <u>118</u>	8. Cumulative payment to date on debt \$ _____	9. Outstanding Balance at close of this period (Item 6 minus Item 8) <u>1600.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: <u>James Perna</u> <u>3880 Saddle Lane</u> <u>Clinton Twp, MI</u>	4. Type: <u>Loan</u> 5. Date Debt Was Incurred: <u>10-31-01</u> 6. Original Amount of Debt: <u>\$ 20,000.00</u>	7. Date and amount of each payment <u>3/4/04 250.-</u> <u>3/30/04 700.-</u> <u>4/17/04 7000.-</u> <u>10/09/08 797224</u> <u>118</u>	8. Cumulative payment to date on debt <u>15,922.24</u>	9. Outstanding Balance at close of this period (Item 6 minus Item 8) <u>4,077.76</u> <input type="checkbox"/> FORGIVEN

Page Subtotal (Outstanding debt)

10,777.76

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 the 12b "paid 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 Perna

via Schedule flowline:

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 social 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 8 minus Item 9)
debt 01 Corp? <input type="checkbox"/> Yes Owed to or by: <u>James Perna</u> <u>38180 Saddle Lane</u> <u>Clinton Twp, MI</u> bank loan, name of endorser or guarantor:	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>8-24-09</u> 6. Original Amount of Debt: <u>5000.00</u>	<u>118</u> <u>118</u> <u>118</u> <u>118</u> <u>118</u>	\$ _____	<u>\$ 5000.00</u> <input type="checkbox"/> FORGIVEN
debt 02 Corp? <input type="checkbox"/> Yes Owed to or by: <u>James Perna</u> <u>38180 Saddle Lane</u> <u>Clinton Twp, MI</u> bank loan, name of endorser or guarantor:	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>4-26-06</u> 6. Original Amount of Debt: <u>175.00</u>	<u>118</u> <u>118</u> <u>118</u> <u>118</u> <u>118</u>	\$ _____	<u>175.00</u> <input type="checkbox"/> FORGIVEN
debt 03 Corp? <input type="checkbox"/> Yes Owed to or by: <u>James Perna</u> <u>38180 Saddle Lane</u> <u>Clinton Twp, MI</u> bank loan, name of endorser or guarantor:	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>7-12-06</u> 6. Original Amount of Debt: <u>7000.00</u>	<u>118</u> <u>118</u> <u>118</u> <u>118</u> <u>118</u>	\$ _____	<u>7000.00</u> <input type="checkbox"/> FORGIVEN

Page Subtotal (Outstanding debt)

12,175.00

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.

STATE OF MICHIGAN

**DEBTS AND OBLIGATIONS
SCHEDULE 1E**

1. Committee I.D. Number 135884U
 2. Committee Name CTE James Perna

CANDIDATE COMMITTEE

is Schedule Number:

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 credit 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 8 minus Item 9)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: <u>James Perna</u> <u>38180 Saddle Lane</u> <u>Clinton Twp, MI</u>	4. Type: <u>Loan</u> 5. Date Debt Was Incurred: <u>4-11-05</u> 6. Original Amount of Debt: <u>\$ 100.00</u>	<u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u>	\$ _____	<u>\$ 100.00</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 Lane</u> <u>Clinton Twp, MI</u>	4. Type: <u>Loan</u> 5. Date Debt Was Incurred: <u>3-28-06</u> 6. Original Amount of Debt: <u>\$ 4000.00</u>	<u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u>	\$ _____	<u>4000.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: _____ _____ _____	4. Type: _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: _____ \$ _____	<u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u>	_____	<input type="checkbox"/> FORGIVEN

Page Subtotal (Outstanding debt)

4100.00

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.

BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS

SCHEDULE 1E

CANDIDATE COMMITTEE

1. Committee I.D. Number

135880

2. Committee Name

CTE James Perna

In Schedule format:

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 service institution to whom debt is owed.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: <u>James Perna</u> <u>38180 Saddle Lane</u> <u>Clinton Twp, MI</u>	4. Type: <u>Loan</u> 5. Date Debt Was Incurred: <u>10-23-06</u> 6. Original Amount of Debt: <u>\$ 5300.00</u>	<u>12/9/06 \$ 500.-</u> <u>3/15/07 \$ 4750</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u>	<u>\$ 5250.00</u>	<u>\$ 50.00</u> <input type="checkbox"/> FORGIVEN
I bank loan, name of endorser or guarantor: _____ Amount Enclosed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: <u>James Perna</u> <u>38180 Saddle Lane</u> <u>Clinton Twp, MI</u>	4. Type: <u>Loan</u> 5. Date Debt Was Incurred: <u>10-31-06</u> 6. Original Amount of Debt: <u>\$ 1800.00</u>	<u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u>		<u>1800.00</u> <input type="checkbox"/> FORGIVEN
I bank loan, name of endorser or guarantor: _____ Amount Enclosed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: <u>James Perna</u> <u>38180 Saddle Lane</u> <u>Clinton Twp, MI</u>	4. Type: <u>Loan</u> 5. Date Debt Was Incurred: <u>11-8-06</u> 6. Original Amount of Debt: <u>\$ 889.00</u>	<u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u>		<u>889.00</u> <input type="checkbox"/> FORGIVEN
I bank loan, name of endorser or guarantor: _____ Amount Enclosed: \$ _____				

Page Subtotal (Outstanding debt)

2739.00

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 15b "owed by" or line 15c "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 1355880
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 Perna</u> <u>38180 Saddle Lane</u> <u>Clinton Twp, MI 48036</u>	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>9-1-10</u> 6. <u>Original Amount of Debt:</u> <u>\$ 3500.00</u>	<u>11</u> \$ <u>11</u> \$ <u>11</u> \$ <u>11</u> \$ <u>11</u> \$	\$ _____	\$ <u>3500.00</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 Perna</u> <u>38180 Saddle Lane</u> <u>Clinton Twp, MI 48036</u>	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>9-27-10</u> 6. <u>Original Amount of Debt:</u> <u>\$ 2000.00</u>	<u>11</u> \$ <u>11</u> \$ <u>11</u> \$ <u>11</u> \$ <u>11</u> \$	\$ _____	\$ <u>2000.00</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 Perna</u> <u>38180 Saddle Lane</u> <u>Clinton Twp, MI 48036</u>	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>10-17-10</u> 6. <u>Original Amount of Debt:</u> <u>\$ 510.00</u>	<u>11</u> \$ <u>11</u> \$ <u>11</u> \$ <u>11</u> \$ <u>11</u> \$	\$ _____	\$ <u>510.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

6010.00

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 125880
2. Committee Name CTE James Perna

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

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: <u>James Perna</u> <u>38180 Saddle Lane</u> <u>Clinton Twp, MI 48026</u>	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> <u>8-31-10</u> 6. <u>Original Amount of Debt:</u> \$ <u>277.00</u>	<u>11</u> \$ <u>11</u> \$ <u>11</u> \$ <u>11</u> \$ <u>11</u> \$	\$ _____	\$ <u>277.00</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 Perna</u> <u>38180 Saddle Lane</u> <u>Clinton Twp, MI 48026</u>	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> <u>10-1-10</u> 6. <u>Original Amount of Debt:</u> \$ <u>277.00</u>	<u>11</u> \$ <u>11</u> \$ <u>11</u> \$ <u>11</u> \$ <u>11</u> \$	\$ _____	\$ <u>277.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: _____ _____ _____	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	<u>11</u> \$ <u>11</u> \$ <u>11</u> \$ <u>11</u> \$ <u>11</u> \$	_____	_____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

544.00

Grand Total of all Schedules 1E

66085.76

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

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

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