



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE
COVER PAGE

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

FILED
10 NOV -5 PM 1:02
CARMELA SABAUGH
COMB COUNTY CLERK
HUNTSVILLE, MICHIGAN

FOR OFFICIAL USE ONLY

1. Committee I.D. Number 135880		2. Committee Name Citizens To Elect James M. Perna	
3. Committee's Mailing Address 38180 Saddle Lane Clinton Township, MI 48036 Area Code and Phone (586) 286-3504 <small>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.</small>		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. Treasurer's Business Address 600 E. Lafayette Detroit, MI 48226 Area Code and Phone (313) 225-9755		6. Treasurer's Name & Residential Address James M. Perna 38180 Saddle Lane Clinton Township, MI 48036 Area Code & Phone (586) 286-3504	
9. TYPE OF STATEMENT 9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> School <input type="checkbox"/> Special <input type="checkbox"/> Caucus Date of Election, Convention or Caucus 11/02/10		9c. <input type="checkbox"/> Annual Statement (_____ Coverage Year) 9d. <input checked="" type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended) 9e. <input type="checkbox"/> 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 Type or Print Name		Signature Date 11/5/10	
Candidate James Perna Type or Print Name		Signature Date 11/5/10	

Authority granted under P.A. 388 of 1976



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 135880

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE James Perna

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>8,764.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>8,764.00</u>	(18.) \$ <u>\$19,814.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>\$0.00</u>	(19.) \$ <u>\$0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>\$8,764.00</u>	(20.) \$ <u>\$19,814.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>\$0.00</u>	(21.) \$ <u>\$0.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>\$0.00</u>	(22.) \$ <u>\$962.80</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$8,810.25</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>\$0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>\$0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>\$8,810.25</u>	(23.) \$ <u>\$19,791.15</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>\$0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>\$0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>\$0.00</u>	(24.) \$ <u>\$0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>\$66,095.76</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>\$0.00</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>8,764.00</u>	
	(15.) = \$ <u>\$8,872.44</u>	
15. SUBTOTAL Add lines 13 and 14	(16.) - \$ <u>\$8,810.25</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(17.) \$ <u>\$62.19</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)		



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 3A
POLITICAL PARTY COMMITTEE

1. Committee I.D. Number 135880

2. Committee Name CTE James Perna

If contribution is from an individual, enter last name first and street address. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC). If contribution is from a committee, enter committee name, street address and treasurer's name. Report all contributions, regardless of amount.		6. Amount	7. Cumulative for Calendar Year for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>09/01/10</u> Contributor Name & Address: James Perna 38180 Saddle Lane Clinton Township, MI 48036</p> <p>If from a committee, enter the committee treasurer's Name: _____ 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</p>		\$ <u>3500.00</u>	\$ _____
<p>3. Contribution # 2 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>09/27/10</u> Contributor Name & Address: James Perna 38180 Saddle Lane Clinton Township, MI 48036</p> <p>If from a committee, enter the committee treasurer's Name: _____ 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</p>		\$ <u>2000.00</u>	\$ _____
<p>3. Contribution # 3 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>10/17/10</u> Contributor Name & Address: James Perna 38180 Saddle Lane Clinton Township, MI 48036</p> <p>If from a committee, enter the committee treasurer's Name: _____ 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</p>		\$ <u>510.00</u>	\$ _____
<p>3. Contribution # 4 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>08/31/10</u> Contributor Name & Address: James Perna 38180 Saddle Lane Clinton Township, MI 48036</p> <p>If from a committee, enter the committee treasurer's Name: _____ 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</p>		\$ <u>277.00</u>	\$ _____

Page Subtotal **\$6,287.00**

Grand Total of All Schedules 3A
(Complete on last page of Schedule)



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 3A
POLITICAL PARTY COMMITTEE

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

If contribution is from an individual, enter last name first and street address. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC). If contribution is from a committee, enter committee name, street address and treasurer's name. Report all contributions, regardless of amount.		6. Amount	7. Cumulative for Calendar Year for Each Contributor (Through date of receipt)
3. Contribution # 1 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>10/01/10</u> Contributor Name & Address: <u>James Perna</u> <u>38180 Saddle Lane</u> <u>Clinton Township, MI 48036</u>		\$ <u>277.00</u>	\$ _____
If from a committee, enter the committee treasurer's Name: _____ 6. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>Health One Credit Union</u> Click Memo Itemization Type 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			
3. Contribution # 2 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>10/13/10</u> Contributor Name & Address: <u>Ann Reling</u> <u>51388 Pinewood</u> <u>Macomb, MI 48042</u>		\$ <u>100.00</u>	\$ _____
If from a committee, enter the committee treasurer's Name: _____ 5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>Health One Credit Union</u> Click Memo Itemization Type 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			
3. Contribution # 3 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt _____ Contributor Name & Address: _____			
If from a committee, enter the committee treasurer's Name: _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Click Memo Itemization Type Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person			
3. Contribution # 4 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt _____ Contributor Name & Address: _____			
If from a committee, enter the committee treasurer's Name: _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Click Memo Itemization Type Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person			

Page Subtotal **\$377.00**

Grand Total of All Schedules 3A
(Complete on last page of Schedule) **\$8,764.00**