

CANDIDATE COMMITTEE COVER PAGE



FOR OFFICIAL LISE ONLY

	1	Wallan.	1 At At 1 Aug At			
Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	3. This Statement of	overs From: 8 24	/ <u>2004</u> To: /0 Year Mo	Day	04 Year	
1. Committee I.D. Number 13.5880	4. Candidate Last	4	First Name		M.I.	
2. Committee Name CITIZEUS TO ELECT		nduding District # or Co Com MNSS.	ommunity Served (If appl IOMER	icable)	9	
JAMES M PERHA	4b. County of Resk		ver License # (Optional)			
5. Committee's Mailing Address 38180 SAODLE LA CULATOLI TUP M/ Area Code and Prione 586 - 286 - 350 4 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 filling official.	JAMES M SERCISA CLIMITO N Area Code & Phon	e & Residential Addres PEQUA POLE LA MI POLE LA MI POLE LA MI POLE (SSC) 2 9-6 Iptional)	- 320 Y - 4803 E			
7. Treasurer's Business Address 600 E. LAFAYETTE 057 m / 48226	Designated Record Designated Record	ord keeper's Name and keeper)	Mailing Address (If the o	committee	has a	
Area Code and Phone (3.13, 2.25- 77.55	Area Code and Pho	one <u>() </u>	<u></u>			
	Driver License # (C	ptional)			1 ·	
9, TYPE OF STATEMENT 9a. Pre-Election OR 9b. Po	st-Election	9d Amendment	ement (Cov	(Complete	e Item 9a.	. 9 6,
Pre-Election or Post-Election Statement relates to:	eneral		thich Statement is being of Candidate Committee	Striktinger)	•	
☐ Convention ☐ Sch	ool		Effective Date of Disso	lutio n		
☐ Special ☐ Ca	ncrie		Month Day	Year		
Date of Election, Convention or Caucus		By checking this item outstanding debts, in residual funds must i Page.	n, I/We certify that the co duding late tiling fees. I be reported on Schedule	mmittee h Note: The (18 and th	as no ass disposition e Summa	ets or n of nry
A committee that does not have a Reporting Waiver must file Schedules. Direct contributions, in-kind contributions, loans, if any of the information listed in items 2, 4, 5, 8, 7, or 8 has a amendment to the Statement of Organization should accomplete the filing deadline of a required campaign statement.	all required Campaig expenditures, and ou changed since the info any this Campaign S nt, that campaign sta	in Statements. The Ca istanding debts count a smartion was shown on tatement. If a request atement cannot be wal	mpaign Statements mus gainst the \$1,000 Reporting the committee's Statian for a Reporting Waiver wed.	it include a ting Walve lent of Org is not rec	all application anization.	ble ld. , an or
10. Verification: I/We certify that all reasonable diligence was myour knowledge and belief the contents are true, accurate	used in the preparat					t of
Current Treasurer or Designated Record Keeper Samos M Park	3,000		Date	10 Mo	<i>lo-</i> Day	Year
Current Treasurer or Designated Record Keeper Samos M PER HA Type or Print Name Candidate Samos M PERHA Candidate Samos M PERHA	Signat		Date	/O	/Ø Dây	Year
Lype or Print Name						

Authority granted under P.A. 388 of 1976

CFR Rev 7/1999



MICHIGAN DEPARTMENT OF STATE Bureau of Elections

1. Committee I.D. Numb	# <u>/3588</u> C_	
	CTE YAMES	

SUMMARY PAGE CANDIDATE COMMITTEE

CANDIDATE COMMITTEE		
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	
b. Uniternized (less than \$20.01 each - no Schedule)	(3b.) \$	
c. Subtotal of "Contributions"	(3c.) \$	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) s 2-32 (5.) s 2-32	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.) \$
7. In-Kind Expenditures (Schedule 18-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures	8/03/43	
a. itemized (Schedule 18, Column 6)	(8a.) \$ <u>9/92.43</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8h.) \$	
c. Uniternized (less than \$50.01 each - no Schedule)	(8c.) \$	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) s 9/92-43	(23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		,
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$	
b. Uniternized (less than \$50.01 each - no Schedule)	(10b.) \$	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	(24.) \$
DEBTS AND OBLIGATIONS 12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$	
b. Owed to the Committee (Schedule 1E)	(126.)\$ <u>55407-36</u>	
	BALANCE STATEMENT	
13. Ending Balance of last report filed	(13.) \$ <u>9286.59</u>	
/Enter zero if no previous reports have been filed.)	(4)+; 2-32	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(15)=\$ 9288-91	
15. SUBTOTAL Add lines 13 and 14	(14.)+\$ 2-32 (15.)=\$ 92FF-9/ (16.)-\$ 9/92-43	
15. Amount expended during reporting period (Add lines 9 and 11)	(17.) \$ 96-48	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	

NOTE: Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000.00 Reporting Walver threshold.

All required schedules must be included with this statement. *If your ending balance is negative, please recheck your math.

CFR Rev 7/1899s-sum

** TOTAL PAGE.16 **



ITEMIZED OTHER RECEIPTS SCHEDULE 1A-1

1, Committee I.D. Number 13588C 2. Committee Name CFE VAMES

CANDIDATE COMMIT	156	5.Type of Receipt	6. Amount
3. Name & Address From Whom Received	4. Date of Receipt	3.1 Abs or Lecount	J. 751.55
Receipt #1 Name: HEALTH ONE CALC Address: 600 E LAFATETTO DET MI 48226		Loan from a Lending Institution Interest Refund Rebate Other (Specify)	2-32
Receipt #2 Name:	Date of Receipt	Loan from a Lending institution	
Address:	☐ Fund Raiser	Refund \Rebate Other (Specify)	
Receipt #3 Name:	Date of Receipt	Loan from a Lending Institution Interest Refund 'Rebate'	
Address:	Fund Raiser	Other (Specify)	
Recaipt #4 Name:	Date of Receipt	Loan from a Lending Institution Interest	
Address:	☐ Fund Raiser	Refund (Rebate Other (Specify)	
Receipt #5 Name: Address:	Date of Receipt	Losn from a Lending Institution Interest Refund (Rebate	
MAN GROOT	Fund Raiser	Other (Specify)	
Receipt #6 Name: Address:	Date of Receipt	Loan from a Lending institution Interest	
	Fund Raiser	Refund VRebate Other (Specify)	
Receipt #7 Name:	Date of Receipt	Loan from a Lending Institution	
Address:	Fund Raiser	Refund \Rebate Other (Specify)	
		Page Subtotal Grand Total of All Schedules 1A -1	2.32
		(Complete on last page of Schedule)	2.32
			Enter this total on tine 4 of Summary Page

Page ____ of ____ Authority granted under P.A. 388 of 1976

CFR 9/1989c-1a-1

10/20/04 WED 11:07 [TX/RX NO 8130]



SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number	135880
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2. Committee Name CTE Sames m TERNA

3. Name and address of person or vendor to whom paid	Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1			
Name CUHITLOCK	Purpose: MAILINE		
Address 275 6-12 ml.	Expenditure Code FA -	9-21-04	265.68
MADISULA HGRS M / 4807/	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name Macan & Courty	Purpose: FIN 6		50-
Address 40 N MAIN	Expenditure Code	7-9.04	3 -
my CLEM M1C14	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name James on PERMA -	Purpose:		5000 -00
Address 3FIFC S ADDLE LA	Expenditure Code	8.25.07	
C(1Han T~P M YF036	Check box if this expenditure is payment of debt or obligation reported on previous statement	-	
Expenditure #4			
Name James on Report Address 38180 SADDLE LAME	Purpose:		_ ಅင
	Expenditure Code	9-15.04	3-209 ac
CLUHTON TOP 47036	Check box if this expenditure is payment of debt or obligation reported on previous		
LJ Fund Raiser	statement		
Expenditure #5	3.7		
Name 6 CE TO .	Purpose: CON S ~		
Address 3241/2 & FRONT ST-	5	8.26 cy	59.68
	Expenditure Code	[•
☐ Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		:
		77.	9100112

Subtotal this page Grand Total of all Schedules 18 (Complete on last page of Schedule) 9.192.43

Enter this total on line 8a of Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

Page ______ of _____

Authority granted under P.A. 388 of 1976

CFR Rev 7/1999c-1b



MICHIGAN DEPARTMENT OF STATE

Eureau of Elections

DEBTS AND OBLIGATIONS SCHEDULE 1E CANDIDATE COMMITTEE

1. Committee I.D. Numi		
2. Committee Name	CTE JAMES	TERNA

This Schedule itemizes:			<u> </u>	
a. Debts and obligations owed by or forgiven the c	ommittee OR b. Do	ebts and obligations owed to	or forgiven <u>by</u> the	committee.
3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt#1 Corp? [Yes Owed to or by: Dott Mikuusit 38913 CHARTED DANS BL. CLIHTOH TUF MI 48035	4. Type: Research Code RE 5. Date Debt Was Incurred: 7-12-04 6. Original Amount of Debt: \$ 125-00	7,30,6%/25 _/_/_\$ _/_/_\$ _/_/_\$	125 ⁰⁰	FORGIVEN
If bank loan, name of endorser or guarantor:	1	Amou	int Endorsed: \$	T
Debt #2 Corp? Tes Owed to or by: ITALIAN TRIBUNE PLO BUY 350 407 CLIMAN TED M1 4863 5	4. Type: AD Code SA 5. Date Debt Was Incurred: Debt: Original Amount of Debt: \$ 6. Original Amount of Debt:	_ /	~	G Y2 □
If bank loan, name of endorser or guarantor:		Amou	unt Endorsed: \$	1
Debt #3 Corp? Yes Owed to or by: Powell Pikri ES. GOT Him '22 HD PORTLAND ORECON 972/0	4. Type: PAROLES Code /C 5. Date Debt Was Incurred: 7 4 4 9 4 6. Original Amount of Debt: 8 949 2 2	7/9/0/s -1/5 -1/5 -//5	949.22	. — — — — — — — — — — — — — — — — — — —
If bank loan, name of endorser or guarantor:		Arno	unt Endorsed: \$	
	<u> </u>	Page Subtotal (Outstand	ding debt)	642.00
(D1-)	on lost name of Cakadula aboute	Grand Total of all Sche		
(Compete	e on last page of Schedule showing	g amounts owed by or to the	ommet)	Enter this total

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.

Page ____ of _____ Authority granted under P.A. 388 of 1976

CFR REV 7/1999c-1e

"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	135860	
	CTE JAMES	PERUS

This Schedule itemizes:	ommittee OR b. De	ebis and obligations owed to	or forgiven by the o	ommittee.
a. Debts and obligations owed by or forgiven the co	ck either a or b. Use only for the pu		- 101911011 <u>21</u> 010 0	
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 quarantors, 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. Dale 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? Tyes Owed to or by: ###################################	4. Type: Plassyres A Code MA 5. Date Debt Was Incurred: 5. 2409 6. Original Amount of Debt: 8 1037.15			/037_/0
	V	.	 	•
If bank loan, name of endorser or guarantor:		Amou	int Endorsed: \$	
Debt #2 Corp? Yes Owed to or by:	4. Type:	34 9/5 200		
JAMES M PERMA	5. Date Debt Was Incurred:	412 1918700	15925.24	4077.76
CLUSTELS TEXP MI	6. Original Amount of Debt:	<u> </u>		FORGIVEN
	ī ~	Amo	unt Endorsed: \$	-
If bank loan, name of endorser or guarantor.				
Debt #3 Corp? ☐ Yes	4. Type:	7,2945 450	•	
Owed to or by:	Code MA	11\$	450	
6938 marianeo.	5. Date Debt Was Incurred:	<u> 1 1 \$</u>		
6938 marianes.	6. Original Amount of Debt:			
PORTERSO MI	s 450			☐ FORGIVEN 1
40025		- Am	ount Endorsed: \$	
If bank loan, name of endorser or guarantor:		Page Subtotal (Outstar		5114.86
		Grand Total of all Sch		3117.00
(Comple	te on last page of Schedule showi	ng amounts owed by or to the	e committee)	Fates this total

2. Committee Name

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.

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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

1, Committee I.D. Number

13	5	පිපි	C
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CTE SAMES MIGRISA

CANDIDATE COMMITTEE 2. C	Committee Name			
This Schedule Itemizes:	_		1.00	' <u>.,' .,</u> -
a. Dabts and obligations owed by or forgiven the of (Che	ommittee OR b. Deck either a or b. Use only for the p	abts and obligations owed <u>to</u> urpose checked.)	or forgiven <u>by</u> the	committee.
3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt#1 Corp? Yes Owed to or by: LIMITLOCK- 275 12 m MAOISCIL 14875 M If bank loan, name of endorser or guarantor:	4. Type: MAIGHA Code MA 5. Date Debt Was Incurred: 6.30-09 6. Original Amount of Debt: 5.340-87	718 \$340.87 1 1 \$ 1 1 \$ 1 1 \$ 1 1 \$ Amount	3 40 .87	□ FORGIVEN ·
II odak logik hotile of chigospar of gostalitor.				
Debt #2 Corp? \(\text{Yes}\) Owed to or by: MIRAGE HAL: [6980 F m] CLIHTOH Jup M]	4. Type: SPAC OILES Code PP 5. Date Debt Was Incurred: C-10-04 6. Original Amount of Debt: \$ 7500	6 1916 2500 8 123 5000 1 1 5 1 1 5	∕500°E	☐ FORGIVEN
	•	Amou	int Endorsed: \$	
Debt #3 Corp? Yes Owed to or by: ANDIAMO: DO 96 E 14 MI WARREA MI	4. Type: Francisca Code FE 5. Date Debt Was Incurred: 6. Original Amount of Debt: \$ _/'750	2 13 0% 1250 - 1 1 \$ - 1 1 \$ - 1 1 \$	/250 =	- ← ← FORGIVEN
If bank loan, name of endorser or guarantor;		Amo	unt Endorsed: \$	
II Dank (Val), Figure of eneotion of guarantee.		Page Subtotal (Outstand		
		Grand Total of all Sche	dules 15	
(Complete	e on last page of Schedule showin			Enter this total on line 12a "owed by" or line 12b "owed

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.

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to" of the

Summary Page





DEBTS AND OBLIGATIONS SCHEDULE 1E

1, Committee I.D. Number

2. Committee Name

CTE SAMES TE

TERMA

CANDIDATE COMMITTEE

This Schedule itemizes:					
a. Debts and obligations owed by or forgiven the o		Debts and obligations owed to	<u>to</u> or forgiven <u>by</u> the	committee.	
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.	A. 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? Tyes Owed to or by: Lintlock- 275 E-12 M1- MADISON Hers M1 4807/	4. Type: <u>MAIUME</u> Code <u>PA</u> 5. <u>Date Debt Was Incurred:</u> 7. 20-B4 6. <u>Original Amount of Debt:</u> \$ 291.44	9 121 1 dfs 291. 44 1 1 \$ 1 1 \$ 1 1 \$	s <u>291.44</u>	S	
If bank loan, name of endorser or guarantor.			MOUNT ENGOISEU: 3		
Debt#2 Corp? [] Yes Owed to or by: WHITLOUT. 275 & 12 m/ MADISULI HATS m/ 4807/	4. Type: May 1.16. Code MA 5. Date Debt Was incurred: Code MA 6. Original Amount of Debt: S 29/. UY	91211045 291.44	\$ 341-47.	☐ FORGIVEN	
if bank loan, name of endorser or guarantor:		A	Vmount Endorsed: \$	<u> </u>	
Debt#3 Corp? [] Yes Owed to or by: ITAHAH TRIBUME POBOX 3 FO 467 CLIMPON TUP 48038	4. Type: AD Code SA 5. Date Debt Was Incurred: 7-230% 6. Original Amount of Debt: \$ 214			21400 D FORGIVEN	
If bank loan, name of endorser or guarantor:			Amount Endorsed:	\$	
		Page Subtotal (Ou	standing debt)	214.00	

Grand Total of all Schedules 1E

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

Enter this total

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.

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GFR REY 7/1999c-1c

MICHIGAN DEPARTMENT OF STATE Burner of Elections DEBTS AND OBLIGATIONS 1. C.	ommittee t.D. Number	135840	· ·	
	onydiae Namo	CTE V	mes !	<u> </u>
CANDIDATE COMMITTEE				
The COL	militie OR b. Debis ik other a or b. Use only for the pu	and obligations cased <u>to</u> or t	onByen \$7. gue cour	militaria.
(Check box to indicate whether debt is owned to an exceporated business. If debt is a burst town, please provide information regarding the undersors or quarantees, if day.	4. Type of Obligation (stricted type and you may sealign an expenditure code) Si indicate date debt was indicate original amount of debt	7. Date and amount of each payment	8. Currulative payment to date on debt	9. Outstanding Balance at close of this pariod (than 6 minus Num 9)
Debt 81 Cop7 Ves Deed to or by AMERICANA CRAMMISS 34895 CROSS BIECK- CUMTUS TO F	Type: Accordant Code MA 1 Date Date Was incomed: 7-9-04 1 Original Amounts of Date: 3 739.34		s <u>-0</u>	s <u>736-36</u> -
	2 732 00	[•
If bank loan, risms of endorser or guaranter:	1. 753-100	Am	ount Endorset: \$	
H bank loan, name of endorser or guarantor: Debt #2 Corp? Yes Owed to a by: AMERICAN GRAPHICS 24875 GRAS AGCK CLIMPTOIS TUP 48035	4. Type: PRILYTOUL Code BR A 3. Date Date Was Incurred: 2-9-Cit 3. Original Amount of Date: 3-75-7-90	Am	s	25-2-90 FORGIVEN
Debt #2 Corp? Yes Owed to a by: AMERICANA GRAPHUS 34875 GROSS BECK CLIMPTOIS TUP 48035	4. Type: PRILIPTONE Code BR A 5. Date Date Was Incurred: 2-9-04 6. Original Amount of Date:			
Debt #2 Corp? Yes Owed to a by: AMERICANA GRAPHUS 34875 GRAS BECK	4. Type: PRILIPTONE Code BR A 5. Date Date Was Incurred: 2-9-04 6. Original Amount of Date:		,	
Debt #2 Corp? Yes Owed to a by: A M FALCADA GRAPHUS 3 4875 GRAPH BECK CLIMPTON TUP YEC & S If bank foun, some of endorser or quaranter: Debt #3 Owed to a by: Americana Graphics 34895 Graphics CLIMPTON TUP	A. Type: PRINTIPLE Code Bu A S. Done Date Was Incurred: Description Amount of Date: TOTO-90 A. Type: Printiple Code MA S. Done Date Was Incurred: TOTO-04 S. Oriologi Amount of Date:		S C Sound Endormed: S	SSD-23

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

A debt or opligation must be shown on this Schedule If there was an outstanding amount awed on it at the closing date of this Compaign Statement or it was forgiven during the period covered by this Compaign Statement.

Para 5 12 Authority coursed under P.A. 388 of 1976

CPR REV 7/1988-10

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

MC HIGAN DEPARTMENT OF STATE	.			. `	٠
	committee I.D. Number	135880			_
	omenidae Name	CTE SA	uss m F	ERMA	_
CANDIDATE COMMITTEE		•		•	
Nis Schedule Burizos:					
3. Dubts and obligations oved by or forgiven the com	emilide OR b Dabit ok eliger a or b. Use only for the p	s and obligations could <u>be</u> or i surpose chacked.)	prodynau pří gya ceru		
Name and Mailing Address of person, vendor or reposed institution to whom debt is could. Theci; box to indicate whether debt is could to an accorporated buildness. If debt is a bent form, please rovide information regarding the undorsers or	4. Type of Obligation (trafficule type and you stay) autign an expensiture code) 5. Indicate date debt was incurred 8. Indicate original amount	7. Date and amount of each payment	8. Cumulative payment to date on dabt	9. Outstand Belance at of Sile parts (Norm S min Hom S)	ر محتد اد
carantes, if any.	of dealt			 	
tebs 81 Corp? Yes Swed to or by:	4. Type Browsout				
American Caremis	CodeA				
3489 5 GO 65 BECK	5. Date Date Was Incurred:			s /28-	25
CHATCH TUP	6. Ortoinal Amount of Dale:			FORG	MEN
4403.5	\$ 198.75				
bank loan, name of endorser or guarantor.		Am	ount Endorsed: \$		
Nabl #2 Corp? Yes Owed to or ly:	4. Type: DRINTING	-11-5			
AMERICAN FREEHILL	tote MA				
34895 Gener Beeck	5. Date Date Was incorred:		, ~=	151-20	د
CLIMAS TUP	6. Orland Amount of Date				ļ
480 5.5	\$ 181-26			☐ Forter	VEN
/ bank loan, harne of endorser or guarantor:		An An	nount Endorsed: \$		
Note #3 Corp? Ves Owed to or by:	4. Type: <u>PR 1017704</u>				
DAGREATS FRADENCE	Code 19.4				
34825 GROWEBECK	5. Date Date Was Incurred:			1629	<u>ප</u>
		ł .			
CUMTOIS TRP	6 Original Amount of Date:				
CUMTOIS TEP	6. Original Amount of Date:	113		Forter	MEN
44082	6 Original Amount of Date:		nound Endoract S		MEN
	6 Original Amount of Date:	1 1 S. A. Page Sublated (Outer			_
1 bank loan, name of endorser or guarantor.	6. Original Amount of Data	Page Sublished (Outer Grand Total of all 5	bending debit) Ichadulee 1E	Fores	_
1 bank loan, name of endorser or guarantor.	6. Original Amount of Data 162-95 Internal Property of Schedule after EXPERIENTURE CODES	Page Subicited (Quantification of all 8 amounts could by or to the amounts could be at the common of the state of the common of the state of the county could be at the common of the state of the county county could be at the county county county county the county coun	tending debt) ichedulee 1E be committee)	Fores	95 cr

DEBTS AND OBLIGATIONS

135 880

Constitue Name	CTE	AMES	TERN
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CANDIDATE COMMITTEE	<u> </u>			
This School is itemized:				-
a. Debte and obligations oved by or torgiven the co		and obligations and ig or	endyany (17, gas com	i i
	ck either a or b. Use only for the p	7. Date and amount of	8 Cumulative	0.000000
3. Name and Meding Address of person, various or fregular institution to whom debt is owned.	4, Type of Coligation (Indicate type and you may	each payment	payment to	Referen at close
1 7 1	assign an expansiture code)		date on date	of this period
Check box to indicate whether debt is ound to an incorporated familiess. If dubt is a bank teen, please	5. indicate date debt was incurred			Aujo S)
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guaranton Fany.	of debt	0.5		
Dubt 91 Corp? Yes	1. Type: LOAN	9 15108 8000 OC		
DEBURALL PERMA	Case LO	115		
DEGRAM TERMS	1)		<u>e</u>	2000
38180 SADLE LA	5. Date Date Was Incurred:		\$ F000	\$ 5000
CLINTON TEUP MI	6. Original Amount of District			
	. 10000.0C			
·				
If bank loss, name of endorser or guarantor.		Am	ount Endomnd: \$_	j
		a may a sec		
Debt #2 Corp? Yes	4. Type: LOAX!	<u> 8 13 10% 5000 €</u>	,	
JAMES MYERHA	Code LO			
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38180 SHONLE LA	5. Date Dold Was Incurred:		\$ 2000 00	
CLATON TUP M)	6. Ortoinal Amount of Date:			
	1 5000			PORSNER
			,	4
		An	cent Endoment: \$	-
If bank lost, name of endorser of quarantor: Date #3 Corp? Yes				
Debt #3 Corp? Yes	4. Type: LOAX			
JAMES WETERHA	Code			.:
	i i			00
SARO SAROLE LA	5. Date Date Was Incertal: 9-24-02			COOC :
CLINTON TWP MI	6. Original Amount of Date:			
	, 1000.00			- FORONDE
If bank toon, name of endorser or gueranion.		A	mount Endonesi: &	
is the state of a service or Assessment		Page Subtotal (Cubi	ending debit)	3000
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(Corre	ste on last page of Schedule show	ing amounts contil by or to t	he contribue)	- A
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PLEASE REPER TO INSTRUCTIONS FOR LIST OF	EXPENDITURE CODES	_		to of the
	de Maham was an cristmatica	mount owed on it at the cl	paing date of	Summery Page
Western Character and an arrangement white	the period covered by this Camp	ر المراجع (الأراز). التركيم (الأراز)		

MICHIGAN DEPARTMENT OF STATI		<u> </u>		
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CANDIDATE COMMITTEE This Schools itemines: aDate and obligations could by or larghum the co	resilitée OR b Debis ck eliter a cr b. Lise only for the p	and obligations owed <u>to</u> or upone charled.)		
3. Name and Mailing Address of parson, various or financial heliution to whom debt is count. Check took to indicate whether debt is count to an incorporated business. If debt is a back form, please provide information regarding the endorsets or	4. Type of Obligation (Indicate type and you may sasign an expenditure code) 5. indicate date date was incurred 6. Indicate original amount of date	7. Date and amount of each payment	8. Completive payment to date on date	© Culaturding Palance at class of this paried (them 6 salmus than 5)
Detail of Corp? Yes Count to prop. JAMES PERNA 38/80 SADOLE CA CLINTON TUP M)	4. Type: LOAN Code LO 5. Date Date Was Incarred: 5. 24.03 6. Original Amount of Date: 5. 40 0C		\$	40 00 FORGMEN
If bank idea, name of endorser or guarantor:		8/1908 2500°	ount Endorset: 5	
COUNTON TWO M	4. Type: COAR! Code: LC 5. Date Date Was Incurred: 6. Original Associate of Date: 5. DOCU	8 23p4 200	3700°E	- Dronaves
If bank Man, rigme of endorser or guaranton	,		novet Endorset: 5	
DAMES CONT VES CONT VES	6. Type: LOAN Code LO 5. Date Date Wee Incorrect 6. 30 - 02 6. Original Amount of Date: 5 500,00	118 118 118	500	Concession
If bank ban, name of endorser or gueranion.			mourt Endorset:	7. 2.0
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ICHIGAN DEPARTMENT OF STATE

Sureau of Elections

DEBT\$ AND OBLIGATIONS

1. Committee I.D. Number

CAN	DIDATE COMMITTEE	<u> </u>			
This School	he harricos:	contrattue QR b. Debts	and obligations could be or	palmen jik iya com	
		mark either a or b. Use only for the pu	apose chadad.)	8. Canalates	2. Craticadas
3, Name &	of Mailing Address of parson, vendor or Mulion to whom debt is owed.	4. Type of Obligation (indicate type and you may assign an expenditure code)	7. Dule and amount of . each payment	payment to date on debt	Referço at close of this paried
Shoul hou	southern whether debt is could to an	5, Indicate data data was			Court 6 minus James 87)
provide inicomposition	i business. If debt is a bank form, phene metion regarding the endorsers or	6, indicate original amount of debt			
Debt #1 Oued to 0	Corp? Yes	4. Type: LOAN	8 12/03 500 00		
	ES PERHA	Code	-11-8		
381	BUSAADLE LA	5. Date Date Was lacuted:		8 <u>seo ec</u>	8
CLI	HTON TUP MI	6. Original Amount of Debt.			- FORGIVEN
	· ·	18. 300-		İ	
			Are	curt Endorant: \$	
If bank loss	name of endorser or guarantor.		635		
Dubt #2 Owed to	Carp? Yes	4. Type: LOAN	8 125 108 \$ 4000 000		
JAM	65 PERNA	Code LO	9 15/4/2500		
381	80 SADOLE LA	5. Date Date Was Incorrect		\$ <u> </u>	
CLU	STON TUP M	8. Original Amount of Date	-1-1-5		FORGINE
	•	: 6500-			
	, name of endorser or gustranior.		An An	out Entered: 5	,
Debt #3	Corp? Yes	4. Type: LOAN	9 15104 1000		
Ound	BORALL PERMA	11			ئىۋۇ.
384	30 SADDLE LA	5. Date Date Was Incurred:		1000	-
CU	STON TUP MI	6. Original Amount, of Dates			
		5_/000-	-4-4-8		
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if bank too	n, nume of emborser or guaranter.		Page Subtotal (Outs	tending debt)	
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PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

tt en this Schools if there was an custanding amount owed on it at the clo n during the period covered by this Campaign Statement.



DEBTS AND OBLIGATIONS SCHEDULE 1E

CANDIDATE COMMITTEE

This Schedule itemizes:				
a. Debts and obligations owed by or forgiven the o	committee OR b. Cl	Debts and obligations owed urpose checked.)	<u>to</u> or forgiven <u>by</u> th	e committee.
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 8 minus Item 8)
Debt#1 Corp? \(\subseteq Yes\) Owed to or by: JAMES IN PERM	4. Type: LONG	►KS10\$ 500 °	2∞ 00	~
38180 SADDLE LA CLIHTOLA TUP MI LEO 36	5. Date Debt Was Incurred: F-/- U Z 6. Original Amount of Debt: \$	/ / \$ _/ / \$	· \$	\$
If bank loan, name of endorser or guarantor:	I	A	! mount Endorsed: \$	
Debt #2 Corp? Tes Owed to or by: JAMES OF PIERFIA 38180. SADDLE LA CLIHTCHA TWD MI 4826	4. Type:	/ / \$ / / \$ / / \$ / / \$ / / \$	\$	Socio —
If bank loan, name of endorser or guarantor:	·		Amount Endorsed: \$	
Debt #3 Corp? ☐ Yes Owed to or by:	4. Type: Code 5. Date Debt Was Incurred: 6. Original Amount of Debt: \$	/ / \$ // \$ // \$ // \$		☐ FORGIVEN
If bank loan, name of endorser or guarantor:	ŀ	-/	Amount Endorsed:	l s
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Grand Total of all Schedules 1E

Enter this total on line 12a "owed by" or

line 12b "owed to" of the

Summary Page

(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.

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	MICHIGAN DEPARTMENT OF S	TA	E
	Bureau of Elections		
DEB	TS AND OBLIGATIONS	1.	Co

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	SCHEDULE 1E	2	Constitue Name	CTE	VAMES
A	INDATE COMMITTEE	•	<u>[</u>		

			•	:			
CAMBIDATE COMMITTEE							
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a. Detain and obligations used by or forgiven the d		and obligations could by or	jadyes 环 🗫 cos				
(Clock either a or h. Use only for the purpose chaldren.)							
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Check ber to indicate whether debt is gued to an	5. Indicate date date was	ĺ	į	(tare 6 minus			
incorporated business. If debt is a bank loan, please provide Mismasion regarding the endorsers or	incurred 6. indicate original amount						
provide Mismailon regarding the encorsess or querentite, if any.	of debt			<u> </u>			
Debt \$1 Corp? Yes							
Ound Mor by:	4. Type: LOAN			 			
JAMES PERNA	Code LO						
	<u> </u>			22			
38180 SADOLE LA	5. Date Date Was Secured:		2	* 2000			
CLINTON TWP MI	6. Orlains Amount & Date						
	, 450000			FOROMEN			
	\$ 4000-	118					
	1		'	<u> </u>			
if bank ben, name of endorser or guarantor.			cont Endowat: \$				
Debt #2 Corp? Yes	15-15-44	, , ,					
Quantity or by:	4. Type: LOAN						
JAMES FERNA	case LO						
· · · · · · · · · · · · · · · · · · ·				95			
38180 SABOLE LA	5. Date Data Was Incurred: 11-24-0-3		\$	<u>5000</u>			
CLINTON TWO MI	6. Original Amount of Date:						
	. 5000 CO			Technology.			
	1 2000 CD						
į	•		cost Endorset \$_				
if bank less, name of endorser or guarantor:	والمتحدد وال		Committee of the Commit				
Date 43 Corp? Yes	1000						
One baby:	4. Type: LOAXI			;			
JAMES TERMA	Coès 10			3.4			
		118		00			
38180 SADOLECA	5. <u>Date Date Was Incurred:</u> 17:24-03			1600			
CONTON TOUP MI	6. Original Amount of Data:						
	. 1600.00	•		Technology.			
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if bank ban, name of endorser or guarantor.			lond Sulphot: ("				
		Page Subiotal (Cutal	ending dabit)	111000			
1		Grand Total of all Si	hedules 1E	** 6			
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PLEASE REFER TO DISTRUCTIONS FOR LIST OF EXPENDITURE CODES							
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DEBTS AND OBLIGATIONS SCHEDULE 1E

1. Committee I.D. Number 13588C

2 Committee Name CTE SAMES TERHA

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 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? Dyes Owed to or by: JAMES M TERMA 3860 SADDIE LA CLIMPTIS TELP	4. Type: LOA-X/ Code LO 5. Date Debt Was Incurred: (2-29-C3) 6. Original Amount of Debt: \$ 1800 QE		·\$	s <u>/800</u> ☐ FORGIVEN			
If bank loan, name of endorser or guarantor;	. 100 -	A	mount Endorsed; \$				
<u> </u>	4						
Debt #2 Corp? \(\text{Yes} \) Owed to or by: Ames m TeasA	4. Type: LONG. Code LO 5. Date Debt Was Incurred:			ටුගතුල			
CLIMACIA TEA IN / 48036	6. Original Amount of Debt:	_	\$	☐ FORGIVEN			
if bank loan, name of endorser or guarantor:	,	,	Amount Endorsed: \$				
Debt #3 Corp? Tyes Owed to or by:	4. Type: <u>LC/A45</u> Code <u>LC</u>		•	oc			
CLILITOIS TRE F 4803 6	5. Date Debt Was Incurred: 6. Original Amount of Debt: 5 SOCO			SOO -			
, , , , , , , , , , , , , , , , , ,							
if bank loan, name of endorser or guarantor: Amount Endorsed: \$							
Page Subtotal (Outstanding debt)							

Grand Total of all Schedules 1E

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

5407.36 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.

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PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

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