



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE
COVER PAGE

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MICHIGAN

FOR OFFICIAL USE ONLY

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

3. This Statement covers From: 8 24 2004 To: 10-17-04
Mo Day Year Mo Day Year

1. Committee I.D. Number

135880

2. Committee Name

CITIZENS TO ELECT
JAMES M PERNA

4. Candidate Last Name

PERNA

First Name

JAMES

M.I.

M

4a. Office Sought Including District # or Community Served (If applicable)

COUNTY COMMISSIONER #19

4b. County of Residence

MACOMB

Driver License # (Optional)

5. Committee's Mailing Address

38180 SADDLE LA
CLINTON TWP MI
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 LA
CLINTON TWP MI 48036
Area Code & Phone (586) 286-3504
Driver License # (Optional) _____

7. Treasurer's Business Address

600 E LAFAYETTE
DET MI 48226
Area Code and Phone (313) 225-9755

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

Area Code and Phone () _____

Driver License # (Optional) _____

9. TYPE OF STATEMENT

9a. ☐ Pre-Election

OR

9b. ☒ Post-Election

Pre-Election or Post-Election Statement relates to:

☒ Primary

☐ Convention

☐ Special

☐ General

☐ School

☐ Caucus

Date of Election, Convention or Caucus

AUG 3 2004
Month Day Year

9c. ☐ Annual Statement (_____ 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

Month Day Year

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in Items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper JAMES M PERNA
Type or Print Name

Signature

Date 10 18 04
Mo Day Year

Candidate JAMES M PERNA
Type or Print Name

Signature

Date 10 18 04
Mo Day Year



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

1. Committee I.D. Number

135880

2. Committee Name

C. TE JAMES TERHA

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS

Column I
This Period

Column II
Cumulative this election cycle

3. Contributions

a. Itemized (Schedule 1A - Column 6)

(3a.) \$ 0

b. Unitemized (less than \$20.01 each - no Schedule)

(3b.) \$ 0

c. Subtotal of "Contributions"

(3c.) \$ 0

4. Other Receipts (Schedule 1A -1, Column 6)

(4.) \$ 2.32

5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS
(Add Line 3c + Line 4)

(5.) \$ 2.32

(18.) \$

(19.) \$

(20.) \$

IN-KIND CONTRIBUTIONS & EXPENDITURES

6. In-Kind Contributions (Schedule 1-IK, Column 7)

(6.) \$

(21.) \$

7. In-Kind Expenditures (Schedule 1B-IK, Column 6)

(7.) \$

(22.) \$

EXPENDITURES

8. Expenditures

a. Itemized (Schedule 1B, Column 6)

(8a.) \$ 9192.43

b. Itemized Get-Out-the-Vote (Schedule 1B-G)

(8b.) \$

c. Unitemized (less than \$50.01 each - no Schedule)

(8c.) \$

9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)

(9.) \$ 9192.43

(23.) \$

INCIDENTAL EXPENSE DISBURSEMENTS
(Officeholders Only)

10. Disbursements

a. Itemized (Schedule 1C, Column 6)

(10a.) \$

b. Unitemized (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)

(12b.) \$ 55407.36

BALANCE STATEMENT

13. Ending Balance of last report filed
(Enter zero if no previous reports have been filed.)

(13.) \$ 9286.59

14. Amount received during reporting period
(Line 5, Total Contributions & Other Receipts)

(14.) + \$ 2.32

15. SUBTOTAL Add lines 13 and 14

(15.) = \$ 9288.91

16. Amount expended during reporting period
(Add lines 9 and 11)

(16.) - \$ 9192.43

17. ENDING BALANCE
(Subtract line 16 from line 15)

(17.) \$ 96.48

NOTE: Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000.00 Reporting Waiver threshold.
All required schedules must be included with this statement. *If your ending balance is negative, please recheck your math.

CFR Rev 7/1999c-sum

Authority granted under P.A. 388 of 1976

** TOTAL PAGE.16 **



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED OTHER RECEIPTS
SCHEDULE 1A-1
CANDIDATE COMMITTEE

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

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name: <u>HEALTH ONE CL UN</u> Address: <u>600 E LAFAYETTE</u> <u>DET MI 48226</u>	Date of Receipt <u>9-30-04</u>	<input type="checkbox"/> Loan from a Lending Institution <input checked="" type="checkbox"/> Interest <input type="checkbox"/> Refund / Rebate <input type="checkbox"/> Other (Specify) _____	<u>2.32</u>
Receipt #2 Name: _____ Address: _____	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund / Rebate <input type="checkbox"/> Other (Specify) _____	
Receipt #3 Name: _____ Address: _____	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund / Rebate <input type="checkbox"/> Other (Specify) _____	
Receipt #4 Name: _____ Address: _____	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund / Rebate <input type="checkbox"/> Other (Specify) _____	
Receipt #5 Name: _____ Address: _____	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund / Rebate <input type="checkbox"/> Other (Specify) _____	
Receipt #6 Name: _____ Address: _____	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund / Rebate <input type="checkbox"/> Other (Specify) _____	
Receipt #7 Name: _____ Address: _____	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund / Rebate <input type="checkbox"/> Other (Specify) _____	

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

2.32

2.32

Enter this total on
line 4 of Summary
Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 135890
2. Committee Name CTE JAMES M PERNA

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>WHITLOCK</u> Address <u>275 E. 12 MI.</u> <u>MADISON HILLS MI</u> <u>48071</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>MAILING</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>9-21-04</u>	<u>\$52.00</u>
Expenditure #2 Name <u>MACOMB COUNTY</u> Address <u>40 N MAIN</u> <u>MT CLEM MI 48</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>FINE-</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9-9-04</u>	<u>\$0.00</u>
Expenditure #3 Name <u>JAMES M PERNA -</u> Address <u>38180 SADDLE LA</u> <u>CLINTON TWP MI</u> <u>48036</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>LOAN-</u> Expenditure Code <u>LO</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-25-04</u>	<u>\$500.00</u>
Expenditure #4 Name <u>JAMES M PERNA</u> Address <u>38180 SADDLE LA</u> <u>CLINTON TWP MI</u> <u>48036</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>LOAN</u> Expenditure Code <u>LO</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9-15-04</u>	<u>\$350.00</u>
Expenditure #5 Name <u>G C C M.</u> Address <u>324 1/2 E FRONT ST.</u> <u>GRAND LEDGE MI</u> <u>48837</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>CON S -</u> Expenditure Code <u>CIV-</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-26-04</u>	<u>\$59.68</u>

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

9192.43
9192.43
Enter this total
on line 8a of
Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

Page 1 of 1

Authority granted under P.A. 388 of 1976

CFR Rev 7/1999c-1b



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections
DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 135880
2. Committee Name CTE JAMES TERNA

This Schedule itemizes:

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

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the 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>ROTH JAN KOWSKI</u> <u>38913 CHARTER OAKS BL.</u> <u>CLINTON TWP MI</u> <u>48035</u>	4. Type: <u>RENTAL</u> Code <u>RE</u> 5. Date Debt Was Incurred: <u>7-13-04</u> 6. Original Amount of Debt: \$ <u>125.00</u>	<u>7/31/04 125</u> 1 / 1 \$ 1 / 1 \$ 1 / 1 \$ 1 / 1 \$	<u>125.00</u>	<u>0</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>ITALIAN TRIBUNE</u> <u>P/O BOY 350407</u> <u>CLINTON TWP MI</u> <u>48035</u>	4. Type: <u>AD</u> Code <u>SA</u> 5. Date Debt Was Incurred: <u>7-8-04</u> 6. Original Amount of Debt: \$ <u>642.00</u>	1 / 1 \$ 1 / 1 \$ 1 / 1 \$ 1 / 1 \$	<u>0</u>	<u>642.00</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>POWELL PHONES.</u> <u>607 H.W. 22ND</u> <u>PORTLAND OREGON</u> <u>97210</u>	4. Type: <u>PHONES</u> Code <u>IC</u> 5. Date Debt Was Incurred: <u>7-14-04</u> 6. Original Amount of Debt: \$ <u>949.22</u>	<u>21506</u> 1 / 1 \$ 1 / 1 \$ 1 / 1 \$	<u>949.22</u>	<u>0</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

642.00

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

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

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



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections
**DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE**

1. Committee I.D. Number 135880
2. Committee Name 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>AMERICAN GRAPHICS</u> <u>34895 GROESBECK</u> <u>CLINTON TWP MI</u>	4. Type: <u>PRINTING</u> Code <u>MA</u> 5. Date Debt Was Incurred: <u>5-24-04</u> 6. Original Amount of Debt: <u>\$ 1037.10</u>	<u>1 1 \$</u> <u>1 1 \$</u> <u>1 1 \$</u> <u>1 1 \$</u> <u>1 1 \$</u>		<u>1037.10</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: <u>JAMES M PERNA</u> <u>38180 SANDGATE</u> <u>CLINTON TWP MI</u>	4. Type: <u>LOAN</u> Code <u>LO</u> 5. Date Debt Was Incurred: <u>10-31-01</u> 6. Original Amount of Debt: <u>\$ 2000.00</u>	<u>3448 \$ 250</u> <u>3308 \$ 200</u> <u>4124 \$ 200</u> <u>1 1 \$</u> <u>1 1 \$</u>	<u>1595.24</u>	<u>4077.76</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>G COMA</u> <u>6938 MAYNARD</u> <u>DOOTMAN MI</u> <u>40025</u>	4. Type: <u>CONS</u> Code <u>MA</u> 5. Date Debt Was Incurred: <u>7-15-04</u> 6. Original Amount of Debt: <u>\$ 450</u>	<u>7120 \$ 450</u> <u>1 1 \$</u> <u>1 1 \$</u> <u>1 1 \$</u> <u>1 1 \$</u>	<u>450</u>	<u>0</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

5114.86

Grand Total of all Schedules 1E

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

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

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

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



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections
DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number

135880

CTE JAMES M TERESA

2. Committee Name

CT

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>UNITLOCK.</u> <u>275 12 MI</u> <u>MAOISCU 14ETS MI</u>	4. Type: <u>MAINT</u> Code <u>MA</u> 5. Date Debt Was Incurred: <u>6-30-04</u> 6. Original Amount of Debt: <u>\$ 340.87</u>	<u>7/17/04 \$340.87</u> <u>1 1 \$</u> <u>1 1 \$</u> <u>1 1 \$</u> <u>1 1 \$</u>	<u>340.87</u> <u>0</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>MIRAGE HALL.</u> <u>16980 15 MI</u> <u>CLINTON TWP MI</u>	4. Type: <u>SPAC QUIT</u> Code <u>PP</u> 5. Date Debt Was Incurred: <u>6-10-04</u> 6. Original Amount of Debt: <u>\$ 2500.00</u>	<u>6/17/04 \$2500.00</u> <u>8/23/04 \$500.00</u> <u>1 1 \$</u> <u>1 1 \$</u> <u>1 1 \$</u>	<u>2500.00</u> <u>0</u>	<input type="checkbox"/> FORGIVEN
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If bank loan, name of endorser or guarantor:

Amount Endorsed: \$

Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: <u>ANDIAMO.</u> <u>2096 E 14 MI</u> <u>WARREN MI</u>	4. Type: <u>FURNITURE</u> Code <u>FE</u> 5. Date Debt Was Incurred: <u>6-29-04</u> 6. Original Amount of Debt: <u>\$ 1750.00</u>	<u>9/13/04 \$1750.00</u> <u>1 1 \$</u> <u>1 1 \$</u> <u>1 1 \$</u> <u>1 1 \$</u>	<u>1750.00</u> <u>0</u>	<input type="checkbox"/> FORGIVEN
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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)

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.



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 135880
2. Committee Name CTE JAMES TERNA

This Schedule itemizes:

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

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the 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>WHITLOCK</u> <u>275 E. 12 MI.</u> <u>MADISON HILLS MI</u> <u>48071</u>	4. Type: <u>MAINT</u> Code <u>PA</u> 5. Date Debt Was Incurred: <u>7-20-04</u> 6. Original Amount of Debt: <u>\$ 291.44</u>	<u>9/21/04 \$ 291.44</u> <u>1 1 \$</u> <u>1 1 \$</u> <u>1 1 \$</u>	<u>\$ 291.44</u>	<u>\$</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>WHITLOCK</u> <u>275 E 12 MI</u> <u>MADISON HILLS MI</u> <u>48071</u>	4. Type: <u>MAINT</u> Code <u>MA</u> 5. Date Debt Was Incurred: <u>7-21-04</u> 6. Original Amount of Debt: <u>\$ 291.44</u>	<u>9/21/04 \$ 291.44</u> <u>1 1 \$</u> <u>1 1 \$</u> <u>1 1 \$</u>	<u>\$ 291.44</u>	<u>_____</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: <u>ITALIAN TRIBUNE</u> <u>P/O BOX 380407</u> <u>CLINTON TWP</u> <u>48038</u>	4. Type: <u>AD</u> Code <u>SA</u> 5. Date Debt Was Incurred: <u>7-23-04</u> 6. Original Amount of Debt: <u>\$ 214</u>	<u>1 1 \$</u> <u>1 1 \$</u> <u>1 1 \$</u> <u>1 1 \$</u>	<u>_____</u>	<u>214.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

214.00

Grand Total of all Schedules 1E

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

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

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

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



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number

135880

2. Committee Name

CTE JAMES PERINA

This Schedule provides:

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

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.

Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantor, if any.

Debt #1 Corp? ☐ Yes
Owed to or by:

AMERICAN GRAPHICS
34895 GROESBECK-
CLINTON TWP

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

4. Type: PRINTING
Code: MA
5. Date Debt Was Incurred: 7-9-04
6. Original Amount of Debt: 738.38

7. Date and amount of each payment

115
115
115
115

8. Cumulative payment to date on debt

0

9. Outstanding Balance at close of this period (Item 6 minus Item 8)

738.38
☐ FORGIVEN

If bank loan, name of endorser or guarantor:

Debt #2 Corp? ☐ Yes
Owed to or by:

AMERICAN GRAPHICS
34895 GROESBECK-
CLINTON TWP
48035

4. Type: PRINTING
Code: MA

5. Date Debt Was Incurred: 7-9-04
6. Original Amount of Debt: 757.90

115
115
115
115

0

757.90
☐ FORGIVEN

If bank loan, name of endorser or guarantor:

Debt #3 Corp? ☐ Yes
Owed to or by:

AMERICAN GRAPHICS
34895 GROESBECK-
CLINTON TWP
48035

4. Type: PRINTING
Code: MA

5. Date Debt Was Incurred: 7-12-04
6. Original Amount of Debt: 952.23

115
115
115
115

0

952.23
☐ FORGIVEN

If bank loan, name of endorser or guarantor:

Page Subtotal (Outstanding debt)

2453.51

Grand Total of all Schedules 1E

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

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

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

Page 5 of 12 Authority created under P.A. 308 of 1976

CPR REV 7/1990-10

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



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

DEBTS AND OBLIGATIONS
SCHEDULE 1E

CANDIDATE COMMITTEE

1. Committee I.D. Number

135880

2. Committee Name

CTE James M PERMA

See Schedule Summary:

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 financial institution to whom debt is owed.

4. Type of Obligation
(Indicate type and you may assign an expenditure code)

7. Date and amount of each payment

8. Cumulative payment to date on debt

9. Outstanding Balance at close of this period (Item 9 minus Item 8)

Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.

5. Indicate date debt was incurred

6. Indicate original amount of debt

Debt #1 Corp? ☐ Yes

4. Type: PRINTING

118

118

198.75

Owed to or by:
AMERICAN GRAPHICS
34895 GROSBECK
CLINTON TWP
48035

Code MA

118

118

118

5. Date Debt Was Incurred:

6-14-04

118

118

6. Original Amount of Debt:

198.75

118

118

198.75

118

118

118

Amount Endorsed: \$

bank loan, name of endorser or guarantor:

Debt #2 Corp? ☐ Yes

4. Type: PRINTING

118

118

161.26

Owed to or by:
AMERICAN GRAPHICS
34895 GROSBECK
CLINTON TWP
48035

Code MA

118

118

118

5. Date Debt Was Incurred:

6-14-04

118

118

6. Original Amount of Debt:

161.26

118

118

161.26

118

118

118

Amount Endorsed: \$

bank loan, name of endorser or guarantor:

Debt #3 Corp? ☐ Yes

4. Type: PRINTING

118

118

162.98

Owed to or by:
AMERICAN GRAPHICS
34895 GROSBECK
CLINTON TWP
48035

Code MA

118

118

118

5. Date Debt Was Incurred:

6-14-04

118

118

6. Original Amount of Debt:

162.98

118

118

162.98

118

118

118

Amount Endorsed: \$

bank loan, name of endorser or guarantor:

Page Subtotal (Outstanding debt)

542.99

Grand Total of all Schedules 1E

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

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

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

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

200 12 authority granted under P.A. 386 of 1976

CPR REV 7/1999-10

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



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 135880
2. Committee Name CTE JAMES TERNA

This Schedule itemizes:

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

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantor, if any.	4. Type of Obligation (indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: <u>DEBORAH TERNA</u> <u>38180 SADDLE LA</u> <u>CLINTON TWP MI</u>	4. Type: <u>LOAN</u> Code <u>LO</u> 5. Date Debt Was Incurred: <u>8-29-02</u> 6. Original Amount of Debt: <u>\$ 10000.00</u>	<u>9/15/02 \$9000.00</u> <u>115</u> <u>115</u> <u>115</u>	<u>\$ 9000.00</u>	<u>\$ 2000</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: <u>JAMES M TERNA</u> <u>38180 SADDLE LA</u> <u>CLINTON TWP MI</u>	4. Type: <u>LOAN</u> Code <u>LO</u> 5. Date Debt Was Incurred: <u>9-4-02</u> 6. Original Amount of Debt: <u>\$ 5000.00</u>	<u>03/04/03 \$5000.00</u> <u>115</u> <u>115</u> <u>115</u>	<u>\$ 5000.00</u>	<u>0</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: <u>JAMES M TERNA</u> <u>38180 SADDLE LA</u> <u>CLINTON TWP MI</u>	4. Type: <u>LOAN</u> Code <u>LO</u> 5. Date Debt Was Incurred: <u>9-24-02</u> 6. Original Amount of Debt: <u>\$ 1000.00</u>	<u>115</u> <u>115</u> <u>115</u> <u>115</u>		<u>1500.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$				

Page Subtotal (Outstanding debt)

3000

Grand Total of all Schedules 1E

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

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

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

Enter this total on the line "owed by committee" of the Summary Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

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

This Schedule limits:

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

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantor, if any.	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 (from 5 minus item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: <u>JAMES PERNA</u> <u>38180 SADDLE LA</u> <u>CLINTON TWP MI</u>	4. Type: <u>LOAN</u> Code: <u>LO</u> 5. Date Debt Was Incurred: <u>6-25-02</u> 6. Original Amount of Debt: <u>\$ 500.00</u>	7. Date and amount of each payment <u>8/15/02 \$ 500.00</u> <u>11 11 11</u> <u>11 11 11</u> <u>11 11 11</u>	8. Cumulative payment to date on debt <u>\$ 500.00</u>	9. Outstanding Balance at close of this period (from 5 minus item 8) <u>\$ 0</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 LA</u> <u>CLINTON TWP MI</u>	4. Type: <u>LOAN</u> Code: <u>LO</u> 5. Date Debt Was Incurred: <u>7-30-02</u> 6. Original Amount of Debt: <u>\$ 6500.00</u>	7. Date and amount of each payment <u>8/15/02 \$ 4000.00</u> <u>9/15/02 \$ 2500.00</u> <u>11 11 11</u> <u>11 11 11</u> <u>11 11 11</u>	8. Cumulative payment to date on debt <u>\$ 6500.00</u>	9. Outstanding Balance at close of this period (from 5 minus item 8) <u>\$ 0</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>DEBORAH PERNA</u> <u>38180 SADDLE LA</u> <u>CLINTON TWP MI</u>	4. Type: <u>LOAN</u> Code: <u>LO</u> 5. Date Debt Was Incurred: <u>8-13-02</u> 6. Original Amount of Debt: <u>\$ 1000.00</u>	7. Date and amount of each payment <u>9/15/02 \$ 1200.00</u> <u>11 11 11</u> <u>11 11 11</u> <u>11 11 11</u>	8. Cumulative payment to date on debt <u>1000</u>	9. Outstanding Balance at close of this period (from 5 minus item 8) <u>\$ 0</u> <input type="checkbox"/> FORGIVEN
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)

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.

Enter this total on line 12b of the 12b Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 135 F & C
2. Committee Name CTE JAMES TERHA

This Schedule itemizes:

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

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: <u>JAMES M TERHA</u> <u>38180 SADDLE LA</u> <u>CLINTON TWP MI</u> <u>48036</u>	4. Type: <u>LOAN</u> Code <u>LO</u> 5. Date Debt Was Incurred: <u>8-1-02</u> 6. Original Amount of Debt: <u>\$ 500.00</u>	<u>8/3/02 \$ 500.00</u> <u>1 / 1 \$</u> <u>1 / 1 \$</u> <u>1 / 1 \$</u>	<u>500.00</u> <u>\$</u>	<u>0</u> <u>\$</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: <u>JAMES M TERHA</u> <u>38180 SADDLE LA</u> <u>CLINTON TWP MI</u> <u>48036</u>	4. Type: <u>LOAN</u> Code <u>LO</u> 5. Date Debt Was Incurred: <u>8-29-09</u> 6. Original Amount of Debt: <u>\$ 5000.00</u>	<u>1 / 1 \$</u> <u>1 / 1 \$</u> <u>1 / 1 \$</u> <u>1 / 1 \$</u>	<u>5000.00</u> <u>\$</u>	<u>0</u> <u>\$</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: _____ Code _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: _____ \$ _____	<u>1 / 1 \$</u> <u>1 / 1 \$</u> <u>1 / 1 \$</u> <u>1 / 1 \$</u>	<u>_____</u> <u>\$</u>	<u>_____</u> <u>\$</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

5000.00

Grand Total of all Schedules 1E

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

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

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

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



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 135880
2. Committee Name CTE JAMES TERNA

This Schedule contains:

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

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantor, if any.	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 (Less \$ minus from 8)
Debt #1 <input type="checkbox"/> Corp? <input type="checkbox"/> Yes Owed to or by: <u>JAMES TERNA</u> <u>38180 SADDLE LA</u> <u>CLINTON TWP MI</u>	4. Type: <u>LOAN</u> Code <u>LO</u> 5. Date Debt Was Incurred: <u>10-5-03</u> 6. Original Amount of Debt: <u>\$ 4500.00</u>	<u>11/5</u> <u>11/5</u> <u>11/5</u> <u>11/5</u>	\$ <u> </u>	\$ <u>4500</u> <input type="checkbox"/> FORGIVEN

If bank loan, name of endorser or guarantor:

Amount Enclosed: \$

Debt #2 <input type="checkbox"/> Corp? <input type="checkbox"/> Yes Owed to or by: <u>JAMES TERNA</u> <u>38180 SADDLE LA</u> <u>CLINTON TWP MI</u>	4. Type: <u>LOAN</u> Code <u>LO</u> 5. Date Debt Was Incurred: <u>11-24-03</u> 6. Original Amount of Debt: <u>\$ 5000.00</u>	<u>11/5</u> <u>11/5</u> <u>11/5</u> <u>11/5</u>	\$ <u> </u>	\$ <u>5000</u> <input type="checkbox"/> FORGIVEN
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If bank loan, name of endorser or guarantor:

Amount Enclosed: \$

Debt #3 <input type="checkbox"/> Corp? <input type="checkbox"/> Yes Owed to or by: <u>JAMES TERNA</u> <u>38180 SADDLE LA</u> <u>CLINTON TWP MI</u>	4. Type: <u>LOAN</u> Code <u>LO</u> 5. Date Debt Was Incurred: <u>11-24-03</u> 6. Original Amount of Debt: <u>\$ 1600.00</u>	<u>11/5</u> <u>11/5</u> <u>11/5</u> <u>11/5</u>	\$ <u> </u>	\$ <u>1600</u> <input type="checkbox"/> FORGIVEN
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If bank loan, name of endorser or guarantor:

Amount Enclosed: \$

Page Subtotal (Outstanding debt)

11100

Grand Total of all Schedules 1E

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

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

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

Enter this total on the "Grand Total" line of the "Summary Page" of the Statement.



1. Committee I.D. Number 13588C
2. Committee Name CTE JAMES TERNA

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.)

(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