



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

FILED

CANDIDATE COMMITTEE  
COVER PAGE

04 NOV 23 AM 9:37

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: NOV 18 2004 To: 11-22-04  
Mo Day Year Mo Day Year

1. Committee I.D. Number

135890

2. Committee Name

CITIZENS TO ELECT  
JAMES M TERHA

4. Candidate Last Name

TERHA

First Name

JAMES

M.I.

M.

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

COUNTY COMM

# 19

4b. County of Residence

MACOMB

Driver License # (Optional)

5. Committee's Mailing Address

38180 SADDLE LA  
CLINTON TWP MI 48036

Area Code and Phone

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 TERHA  
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 MICH 48226

Area Code and Phone ( )

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

☐ General

☐ Convention

☐ School

☐ Special

☐ Caucus

Date of Election, Convention or Caucus

NOV. 2 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 TERHA

Type or Print Name

Signature

Date

11 23 - 04  
Mo Day Year

Candidate

JAMES M TERHA

Type or Print Name

Signature

Date

11 23 - 04  
Mo Day Year



MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

SUMMARY PAGE  
CANDIDATE COMMITTEE

1. Committee I.D. Number 135880

2. Committee Name

Citizens To Elect James M. Perna

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.) \$ \_\_\_\_\_

c. Subtotal of "Contributions"

(3c.) \$ \_\_\_\_\_

(18.) \$ \_\_\_\_\_

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

(4.) \$ \_\_\_\_\_

(19.) \$ \_\_\_\_\_

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

(5.) \$ 0

(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.) \$ 0

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.) \$ \_\_\_\_\_

(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.) \$ 55407.36

b. Owed to the Committee (Schedule 1E)

(12b.) \$ \_\_\_\_\_

BALANCE STATEMENT

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

(13.) \$ 95.68

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

(14.) + \_\_\_\_\_

(15.) = \_\_\_\_\_

15. SUBTOTAL Add lines 13 and 14

(16.) - \_\_\_\_\_

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

(17.) \$ 95.68

17. ENDING BALANCE

(Subtract line 16 from line 15)

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.

Authority granted under P.A. 388 of 1976

CPR Rev 7/1999c-sum

\*\*\* TOTAL PAGE.02 \*\*\*

11/23/04 TUE 09:57 [TX/RX NO 82931]