



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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CANDIDATE COMMITTEE
COVER PAGE

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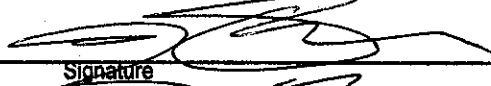

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: <u>PERNA</u> To: <u>10-17-04</u> Mo Day Year Mo Day Year	
1. Committee I.D. Number <u>135880</u>	4. Candidate Last Name First Name M.I. <u>PERNA JAMES M</u>
2. Committee Name <u>CITIZENS TO ELECT JAMES M PERNA</u>	4a. Office Sought Including District # or Community Served (If applicable) <u>COUNTY COMMISSIONER #19</u>
5. Committee's Mailing Address <u>38180 SADDLE LA CLINTON TWP MI 48036</u> Area Code and Phone <u>586-286-3504</u>	4b. County of Residence Driver License # (Optional) <u>MACOMB</u>
6. Treasurer's Name & Residential Address <u>JAMES M PERNA 38180 SADDLE LA CLINTON TWP MI 48036</u> Area Code & Phone <u>(586) 286-3504</u> Driver License # (Optional) _____	7. Treasurer's Business Address <u>600 E. LAFAYETTE DET. MI 48226</u> 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. <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 <u>AUG 3 2004</u> Month Day Year	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 _____ 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.
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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 <u>JAMES M PERNA</u> Type or Print Name	 Signature	Date <u>11 8 04</u> Mo Day Year
Candidate <u>JAMES M PERNA</u> Type or Print Name	 Signature	Date <u>11 8 04</u> Mo Day Year



MICHIGAN DEPARTMENT OF STATE
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1. Committee I.D. Number 135000
2. Committee Name

CTE 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.) \$ <u>0</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>0</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>0</u>	(18.) \$ <u>24618.10</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>2.32</u>	(19.) \$ <u>17.68</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>2.32</u>	(20.) \$ <u>24635.78</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ _____	(21.) \$ <u>195.65</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ <u>—</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>9192.56</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>—</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>—</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>9192.56</u>	(23.) \$ <u>49549.42</u>
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.) \$ <u>55407.36</u>	
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.) \$ <u>9286.59</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + <u>2.32</u>	
	(15.) = <u>9288.91</u>	
15. SUBTOTAL Add lines 13 and 14		
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - <u>9192.56</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>95.35</u>	

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.



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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

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

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>582.88</u>
Expenditure #2 Name <u>MALCOMB COUNTY</u> Address <u>40 N. MAIN.</u> <u>MT. CLEMENS MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>PHONE</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>50</u>
Expenditure #3 Name <u>JAMES M PERHA</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>5000</u>
Expenditure #4 Name <u>JAMES M PERHA</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>3500</u>
Expenditure #5 Name <u>G COMM</u> Address <u>324 1/2 E. FRONT ST.</u> <u>GRAND LEDGE MI</u> <u>48839</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>COAS</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>8-26-04</u>	<u>59.68</u>

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

9192.56

9192.56

Enter this total on line 8a of Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES