Clear Form



CANDIDATE COMMITTEE

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

FOR OFFICIAL USE ONLY

COVER PAGE					
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	¹¹ 11/23/21 to 7/2	0/22	
1. Committee I.D. Number		4. Candidate Last Name	First Name	M.I.	
140089		Cleary Russell A			
		4a. Office Sought Including District # or Community Served (If applicable)			
2. Committee Name			, ,	0	
Committee to Elect Russell Cleary				•	
·		4b. County of Residence MACOMB			
5. Committee's Mailing Address 14242 Wedgewood Road		6. Treasurer's Name & Residential Address			
Sterling Heights, MI 48312		Russell Cleary			
Area Code and Phone 586-718-8143		14242 Wedgewood Road			
		Sterling Heights, MI	48312		
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.		Area Code & Phone 586-718-8143			
7. Treasurer's Business Address		8. Designated Record Keeper's Name and Address (If the committee has a			
		Designated Record Keeper)			
Area Code and Phone		Area Code and Phone			
9. TYPE OF STATEMENT	n	HA77 P. L. L.	9e. Dissolution of Candidate	e Committee	
9a. Pre-Election OR 9b. Post-Election	Required ONLY if candidate is not on the ballot for the		By checking this item I/We	e certify any outstanding debt	
	current year	:	by the committee to the candid	the candidate or his or her spouse is here orgiven, and no longer collectible from committee has no oustanding assets,	
Pre-Election or Post-Election Statement relates to:	X July Quart	torly	the committee. The committee		
Primary	Suly Quan	City	owes no lates fees or has any	oustanding debt.	
General	October Quarterly		Further, if the dissolution cannot be granted, that this be		
Convention			considered a request for the Re	eporting Waiver.	
Special	9c. 🗖				
	Annual Statement ()		Effective date of dissolution		
School		Coverage Year			
Caucus	9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to				
		ite which Statement is being	Note: The disposition of residual funds must be reported on		
	amen	ded.)	Schedule 1B and the Summar	y Page.	
Date of Election, Convention or Caucus					
10. Verification: I/We certify that all reasonable dilig	ence was used	in the preparation of this statem	Lent and attached schedules (if a	any) and to the best of	
		Alber-		7 10.410.5	
Current Treasurer or Russell Cleary Designated Record keeper		1 / 200	Det-	7/24/22	
Type or Print Name		Signature	Date _		
Russell Cleary		Mes		7/24/22	
Candidate			Date _	114144	
Type or Print Name	9	Signature			