



Information on this form is made public.

1. Committee ID #:	*2. Type of Filing: ☒ Original: ☐ Amendment to items:			Eff. Date: 10/28/22
*3. Full Name of Committee (must include Candidate's first and last name): CTE JARED MAYNARD				
*4a. Candidate Full Name: Last Name JARED		First Name MAYNARD	M.I.	
*4b. Political Party (if applicable):		*4c. County of Residence: MACOMB	☒	
*4d. Office Sought: CLINTONDALE SCHOOL BOARD		☒ *4e. District or Jurisdiction: Clinton Twp		
*5. Date Committee was Formed: 9/29/2022				
*6a. Committee Phone: (586) 854-8242		6b. Committee Fax #:		
*6c. Committee Email Address:		6d. Committee Website Address:		
*7a. Complete Committee Mailing Address (May be PO Box): 35956 VAUGHN, CLINTON TWP MI 48035				
*7b. Complete Committee Street Address (May not be PO Box): SAME				
*8. Treasurer Name and Complete Residential Address: JARED MAYNARD - <i>Same</i>				
Phone #:		Email Address:		
9. Designated Record Keeper Name and Complete Address:				
Phone #:		Email Address:		
*10. REPORTING WAIVER REQUEST: ☐ YES, I/We WANT TO APPLY FOR THE REPORTING WAIVER. The committee does not expect to receive or expend in excess of \$1,000.00 in an election. I/We understand that if the committee does not spend or received in excess of \$1,000.00 in an election , the committee does not owe detailed campaign statements. I/We further understand that the Reporting Waiver will be automatically lost if the committee exceeds the \$1,000.00 threshold and all required campaign statements must be filed. A Reporting Waiver does not exempt a committee from filing Late Contribution Reports. ☒ NO, I/We DO NOT WANT TO APPLY FOR THE REPORTING WAIVER. The committee expects to receive or expend in excess of \$1,000.00 in an election. I/We understand that the committee owes detailed campaign statements even if the committee does not spend or receive in excess of \$1,000.00 in an election. I further understand that the Reporting Waiver cannot be requested retroactively to avoid filing requirements and to avoid paying late filing fees. Further information regarding Reporting Waivers can be found in <u>Appendix C</u> of the Committee Manual.				
*11. Name and Address of Depositories or Intended Depositories of committee funds. (Michigan Bank, Credit Union or Savings & Loan Association) While this item must be completed, an account does not have to be opened until the first contribution is received. *Official Depository (name and address): FIFTH THIRD BANK, GROESBECK, CLINTON TWP MI 48035 Secondary Depository (name and address):				
12. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement and that the contents are true, accurate and complete to the best of my/our knowledge or belief. If filing campaign statements electronically, we further agree that the signatures below shall serve as the signatures that verify the accuracy and completeness of each statement filed electronically by the committee. I/We certify that all reasonable diligence will be used in the preparation of each statement electronically filed by this committee and that the contents of each statement will be true, accurate and complete to the best of my/our knowledge or belief. (Sign Name and Date)				
*Candidate: <i>[Signature]</i>	Date: 10/28/22	*Current Treasurer: <i>[Signature]</i>	Date: 10/28/22	
*Designated Record Keeper (If Applicable)		Date:		