MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

Clear Form

CANDIDATE COMMITTEE COVER PAGE

Amended

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: 7/21/22 to 10/20/22

1. Committee I.D. Number
140089

2. Committee Name
CTE Russell Cleary

4. Candidate Last Name: Cleary | First Name: Russell | M.I.: A

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

4b. County of Residence MACOMB

5. Committee's Mailing Address
14242 Wedgewood Rd
Sterling Heights MI 48312

Area Code and Phone 5867188143
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
Russell Cleary
14242 Wedgewood Rd
Sterling Heights MI 48312

Area Code & Phone 5867188143

7. Treasurer's Business Address

Area Code and Phone

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

Area Code and Phone

9. TYPE OF STATEMENT

9a. ☐ Pre-Election OR 9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

- ☐ Primary
- ☐ General
- ☐ Convention
- ☐ Special
- ☐ School
- ☐ Caucus

Date of Election, Convention or Caucus

Required ONLY if candidate is not on the ballot for the current year:

- ☐ July Quarterly
- ☒ October Quarterly

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

☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no fines fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

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: Russell Cleary (Type or Print Name) _____ (Signature) Date: 11/10/22

Candidate: Russell Cleary (Type or Print Name) _____ (Signature) Date: 11/10/22

Authority granted under P.A. 388 of 1976