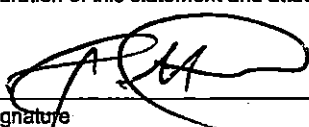
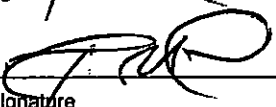




**CANDIDATE COMMITTEE  
COVER PAGE**

FOR OFFICIAL USE ONLY

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

1. Committee I.D. Number <b>140257</b>		3. This Statement covers From: <b>9/12/22</b> to <b>10/23/2022</b>	
2. Committee Name <b>CTE JARED MAYNARD</b>		4. Candidate Last Name <b>MAYNARD</b> First Name <b>JARED</b> M.I. 4a. Office Sought Including District # or Community Served (If applicable) <b>CLINTONDALE SCHOOL BOARD</b> <input checked="" type="checkbox"/> 4b. County of Residence <b>MACOMB</b> <input checked="" type="checkbox"/>	
5. Committee's Mailing Address <b>35956 VAUGHN CLINTON TWP MI 48035</b>  Area Code and Phone <b>(586) 854-8242</b> 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 <b>JARED MAYNARD SAME</b>  Area Code & Phone _____	
7. Treasurer's Business Address <b>SAME</b>  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. <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"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus  Date of Election, Convention or Caucus <b>11/08/2022</b>		Required ONLY if candidate is not on the ballot for the current year: <input type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly  9c. <input type="checkbox"/> Annual Statement (_____) Coverage Year 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)  9e. Dissolution of Candidate Committee <input type="checkbox"/> 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 late 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 <b>Jared Maynard</b> Type or Print Name		Signature  Date <b>11/16/22</b>	
Candidate <b>Jared Maynard</b> Type or Print Name		Signature  Date <b>11/16/22</b>	

## CONTRIBUTIONS (1A) CANDIDATE COMMITTEE

# 4119- -Add

PAC Receipt?: Date of Receipt: 09/29/2022

Amt: 100.00

Cumul: 100.00

Name: SCOTT CHARRON

Occupation:

Address: 4711 GEORGIA

Employer:

City: ORION State: MI

Business Address:

Zip: 48359

City: State:

Zip:

Type of Contribution: Fundraiser Contribution

# 4129- -Add

PAC Receipt?: Date of Receipt: 09/29/2022

Amt: 100.00

Cumul: 100.00

Name: KAREN CZERNEL

Occupation:

Address: 5400 BRIDGE TR E

Employer:

City: COMMERCE State: MI

Business Address:

Zip: 48382

City: State:

Zip:

Type of Contribution: Fundraiser Contribution

# 4174- -Add

PAC Receipt?: Date of Receipt: 09/29/2022

Amt: 45.00

Cumul: 45.00

Name:

Address: 36427 OAKSHIRE

City: CLINTON TWP State: MI

Zip: 48035

Occupation:

Employer:

Business Address:

City: State:

Zip:

Type of Contribution: Fundraiser Contribution

# 4192- -Add

PAC Receipt?: Date of Receipt: 09/29/2022

Amt: 100.00

Cumul: 100.00

Name: ROBERT HUTH

Occupation:

Address: 19500 HALL RD

City: CLINTON TWP State: MI

Zip: 48038

Employer:

Business Address:

City: State:

Zip:

Type of Contribution: Fundraiser Contribution

# 4121- -Add

PAC Receipt?: Date of Receipt: 09/29/2022

Amt: 100.00

Cumul: 100.00

Name: KIM MELTZER

Occupation:

Address: 18300 TARA DR

City: CLINTON TWP State: MI

Zip: 48036

Employer:

Business Address:

City: State:

Zip:

Type of Contribution: Fundraiser Contribution