



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED

14 MAR -6 AM 11:35

CARMELLA SABAUGH
MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

**CANDIDATE COMMITTEE
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: 01/01/13 to 12/31/13

<p>1. Committee I.D. Number 138846-0</p> <p>2. Committee Name CTE Stanley T. Grot</p>	<p>4. Candidate Last Name <u>Grot</u> First Name <u>Stanley</u> M.I. <u>T</u></p> <p>4a. Office Sought including District # or Community Served (If applicable): Clerk-Shelby Twp.</p> <p>4b. County of Residence</p>
---	--

<p>5. Committee's Mailing Address 11927 Hiawatha Dr. Shelby Twp., MI 48316</p> <p>Area Code and Phone <u>(586) 677-2002</u></p> <p>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.</p>	<p>6. Treasurer's Name & Residential Address Sylwia J. Grot 11927 Hiawatha Dr. Shelby Twp., MI 48316</p> <p>Area Code & Phone <u>(586) 677-2002</u></p>
---	--

<p>7. Treasurer's Business Address N/A</p> <p>Area Code and Phone _____</p>	<p>8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) N/A</p> <p>Area Code and Phone _____</p>
--	---

<p>9. TYPE OF STATEMENT</p> <p>9a. <input type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election</p> <p>Pre-Election or Post-Election Statement relates to:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> School <input type="checkbox"/> Special <input type="checkbox"/> Caucus</p> <p>Date of Election, Convention or Caucus _____</p>	<p>9c. <input type="checkbox"/> Annual Statement (<u>2013</u> Coverage Year)</p> <p>9d. <input checked="" type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)</p> <p>9e. <input type="checkbox"/> Dissolution of Candidate Committee</p> <p>Effective Date of Dissolution _____</p> <p>By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.</p> <p>Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.</p>
--	--

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	Sylwia J Grot Type or Print Name		Date <u>3/5/2014</u>
Candidate	Stanley T. Grot Type or Print Name		Date <u>3/5/2014</u>

Authority granted under P.A. 388 of 1976



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138846-0
2. Committee Name CT.E Stanley T. Grob

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent; Committee (PAC) Report all contributions regardless of amount.		6. Amount:	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: <u>Concerned Citizens of Michigan</u> <u>53134 Alyssa Court</u> <u>Shelby Twp Mich. 48315</u>	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt: <u>3-6-2013</u>	\$ <u>300</u> \$ <u>300</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 Name & Address:	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt _____	\$ _____ \$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address:	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt _____	\$ _____ \$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address:	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt _____	\$ _____ \$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.