#### FILED



MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

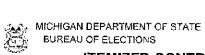
# 14 MAR -6 AM 11: 35

### CANDIDATE COMMITTEE COVER PAGE

CARMELLA SABAUGH MACOMB COUNTY CLERK MT. CLEMENS. MICHIGAN

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: 01/01/13 to 12/31/13				
1. Committee I.D. Number	Cardidate Last Name First Name M.I.				
138846-0	Grot Stanley T				
2. Committee Name	4a. Office Sought Including District # or Community Served (If applicable)				
	Clerk-Shelby Twp.				
CTE Stanley T. Grot	4b. County of Residence				
5. Committee's Mailing Address 11927 Hiawatha Dr.	6. Treasurer's Name & Residential Address				
Shelby Twp., MI 48316	Sylwia J. Grot 11927 Hiawatha Dr.				
, , , , , , , , , , , , , , , , , , , ,	Shelby Twp., MI 48316				
Area Code and Phone (586) 677-2002					
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) 677-2002				
7. Treasurer's Business Address	Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)				
N/A	N/A				
4					
has Ordered Physics					
9. TYPE OF STATEMENT	Area Code and Phone				
9. THE OF STATEMENT	3012				
9a. Pre-Election OR 9b. Post	-Election 9c. Annual Statement (2013 Coverage Year)				
Pre-Election or Post-Election Statement relates to:	9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)				
Primary Ger	eral 9e. Dissolution of Candidate Committee				
Convention Sch	ool Effective Date of Dissolution				
Special Cau	CUS				
L Cau	By checking this item, fiWe certify that the committee has no assets or outstanding debts, including late filling fees. Further, I/We request that if				
Date of Election, Convention or Caucus	the dissolution cannot be granted, that this be considered a request for				
	the Reporting Waiver.  Note: The disposition of residual funds must be reported on Schedule				
A considerable and the conside	1B and the Summary Page.				
A committee that does not have a Reporting Waiver must file all re Schedules. Direct contributions, in-kind contributions, loans, expe If any of the information listed in items 2, 4, 5, 6, 7, or 8 has chang amendment to the Statement of Organization should accompany the formation deadline of a required company and additional control of the following deadline of a required company the formation statement.	quired Campaign Statements. The Campaign Statements must include all applicable nditures, and cutstanding debts count against the \$1,000 Reporting Waiver threshold. ed since the information was shown on the committee's Statement of Organization, an his Campaign Statement. If a request for a Reporting Waiver is not received on or hat campaign statement cannot be waived.				
	in the preparation of this statement and attached schedules (if any) and to the best of emplete.				
	Implete.				
Current Treasurer or Sylwia J Grot	Sillaria J. Grot 3/5/2014				
Type or Print Name	Signature				
Stanley T. Grot	Stanley 1 (3006 3/5/2014				
Type or Print Name	Signature Date				
Authority granted under P.A. 388 of 1976	Signature				



## ITEMIZED CONTRIBUTIONS SCHEDULE 1A

#### **CANDIDATE COMMITTEE**

1. Committee I.D. Number 138846-0
2. Committee Name C.T. E Stonley T. Grot

Enter contributor's name and address. If contributions is from an individual enter test name, first name, miscle inities. Cities box to incides to contribute on a first provide or an independent.    Contribute (PAC) Report at Joseph Contributions regardless of amount.	Enter contributor's	o and address If a	antibution is fees *		and an area of the contract	1.0.4	7.01
3. Contribution # 1  PAC Receipt? PES 4. Date of Receipt  Sala   Address   Business Address   Business Address   Business Address   Business Address   Click Here for Memo Itemization    S. If over \$100.00 cumulative, please provide:   Click Here for Memo Itemization    S. If over \$100.00 cumulative, please provide:   Click Here for Memo Itemization    S. Contribution # 2  S. If over \$100.00 cumulative, please provide:   Click Here for Memo Itemization    S. Contribution # 3  S. Contribution # 4  S. Contribution # 5  S. If over \$100.00 cumulative, please provide:   Click Here for Memo Itemization    S. Contribution # 4  S. Contribution # 4  S. S. If over \$100.00 cumulative, please provide:   Click Here for Memo Itemization    S. S. If over \$100.00 cumulative, please provide:   Click Here for Memo Itemization    S. S. If over \$100.00 cumulative, please provide:   Click Here for Memo Itemization    S. S. If over \$100.00 cumulative, please provide:   Click Here for Memo Itemization    S. S. If over \$100.00 cumulative, please provide:   Click Here for Memo Itemization    S. S. If over \$100.00 cumulative, please provide:   Click Here for Memo Itemization    S. S. If over \$100.00 cumulative, please provide:   Click Here for Memo Itemization    S. S. If over \$100.00 cumulative, please provide:   Click Here for Memo Itemization    S. S. If over \$100.00 cumulative, please provide:   Click Here for Memo Itemization    S. S. If over \$100.00 cumulative, please provide:   Click Here for Memo Itemization    S.	middle initial, Check be	ox to indicate if conf	ribution is from a Politic	dividual, ente al Committes	er last name, first name, e or an Independent	6. Amount	Contributor (Through
S. If over \$100.00 cumulative, please provide:  S. If over \$100.00 cumulative, please provide:  Citick Here for Memo Itemization  S. If over \$100.00 cumulative, please provide:  S. If over \$100.00 cumulative, please provide:  Citick Here for Memo Itemization  Cocupation  S. If over \$100.00 cumulative, please provide:  Citick Here for Memo Itemization  S. If over \$100.00 cumulative, please provide:  S. If over \$100.00 cumulative, please provide:  Citick Here for Memo Itemization  S. If over \$100.00 cumulative, please provide:  Citick Here for Memo Itemization  Cocupation  S. If over \$100.00 cumulative, please provide:  Citick Here for Memo Itemization  Cocupation  Employer  Business Address  Type of Contribution:  Direct  Citick Here for Memo Itemization  Cocupation  Employer  Employer  Cocupation  Employer  Fund Raiser  Citick Here for Memo Itemization  Cocupation  Employer  Cocupation  Employer  Fund Raiser  Citick Here for Memo Itemization  Cocupation  Cocupation  Fund Raiser  Citick Here for Memo Itemization  Cocupation  Cocupation  Fund Raiser  Citick Here for Memo Itemization  Cocupation  Cocupation  Fund Raiser  Citick Here for Memo Itemization  Cocupation  Cocupation  Fund Raiser  Citick Here for Memo Itemization  Cocupation  Cocupation  Fund Raiser  Citick Here for Memo Itemization  Cocupation  Cocupation  Fund Raiser  Citick Here for Memo Itemization  Cocupation  Cocupation  Fund Raiser  Citick Here for Memo Itemization	3. Contribution # 1	PAC Receipt?	YES 4. Date	of Receipt	3-6-201	3	date or receipt)
Description   Employer   Substitution   Direct   Loan from a person   Fund Raiser	Name & Address:	od cit	izens of h	n. Sia	20		
Business Address Type of Contribution: Direct   Loan from a person   Fund Raiser  3. Contribution #2   PAC Receipt?   YES   4. Date of Receipt	6313	ica Car		1		っ	A.S.
Business Address Type of Contribution: Direct   Loan from a person   Fund Raiser  3. Contribution #2   PAC Receipt?   YES   4. Date of Receipt	2313	4 HLY	ssa war	N 1000	215	s 300	,300
Business Address Type of Contribution: Direct   Loan from a person   Fund Raiser  3. Contribution #2   PAC Receipt?   YES   4. Date of Receipt	5. If over \$100.00 cum	ulative, please pro	Myo Milon	· 400		· <u></u> -	
Type of Contribution: Direct Loan from a person Fund Raiser  3. Contribution #2 Name & Address  S S S  5. If over \$100.00 cumulative, please provide: Click Here for Memo itemization  Cocupation Fund Raiser  5. If over \$100.00 cumulative, please provide: Click Here for Memo itemization  Cocupation #3 PAC Receipt? YES 4. Date of Receipt  5. If over \$100.00 cumulative, please provide: Click Here for Memo itemization  Cocupation #3 PAC Receipt? YES 4. Date of Receipt  S S Click Here for Memo itemization  Cocupation Pack Receipt Pack PAC Receipt Page Subtotal	Occupation		Employer			Click Here fo	or Memo Itemization
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt Name & Address  5. If over \$100.00 cumulative, please provide:  Citick Here for Memo Itemization  Cocupation	Business Address						
S		Direct	Loan from a persor	n F	und Raiser		
\$	3. Contribution #2	PAC Receipt?	YES 4. Date	of Receipt		· · · · · · · · · · · · · · · · · · ·	
S. If over \$100.00 cumulative, please provide:  Click Here for Memo Itemization  Cocupation	Name & Address	'		_	*		
S. If over \$100.00 cumulative, please provide:  Click Here for Memo Itemization  Cocupation							
Cocupation Employer						\$	\$
Cocupation Employer							
Business Address  Type of Contribution: Direct		•				Click Here fo	or Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser  3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt  5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization  Cocupation Fund Raiser  3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt  Name & Address  5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization  Cocupation Fund Raiser  3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt  Name & Address  5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization  Cocupation Fund Raiser  5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization  Cocupation Page Subtotal  Grand Total of All Schedules 1A (Corriplete on last page of Schedule)	Occupation		Employer				
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt  \$	Business Address			<u></u>			
Name & Address:    S	Type of Contribution:	Direct	Loan from a person		Fund Raiser		
\$	3. Contribution # 3	PAC Receipt?	YES 4. Date	of Receipt			
Occupation Employer	Name & Address:			-			
Occupation Employer						\$	
Occupation Employer						<b>*</b>	\$
Occupation Employer	5. If over \$100,00 cum	ulative, please pro	vide:			Click Here for	r Memo Itemization
Business Address Type of Contribution: Direct Loan from a person Fund Raiser  3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name & Address  5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation Employer Business Address  Type of Contribution: Direct Loan from a person Fund Raiser  Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		•					
Type of Contribution: Direct Loan from a person Fund Raiser  3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt  Name & Address   5 \$  \$  \$  Click Here for Memo Itemization  Cocupation Employer  Business Address  Type of Contribution: Direct Loan from a person Fund Raiser  Page Subtotal  Grand Total of All Schedules 1A (Complete on last page of Schedule)							
Name & Address  S		Direct	Loan from a person		Fund Raiser		
5. If over \$100.00 cumulative, please provide:  Cocupation Employer Click Here for Memo Itemization  Business Address Type of Contribution: Direct Loan from a person Fund Raiser  Page Subtotal  Grand Total of All Schedules 1A (Complete on last page of Schedule)	3. Contribution #4	PAC Receipt?	YES 4. Date	e of Receipt			
5. If over \$100.00 cumulative, please provide:  Click Here for Memo Itemization  Cupation Employer  Business Address  Type of Contribution: Direct Loan from a person Fund Raiser  Page Subtotal  Grand Total of All Schedules 1A (Complete on last page of Schedule)	Name & Address			-			
5. If over \$100.00 cumulative, please provide:  Cacupation Employer  Business Address  Type of Contribution: Direct Loan from a person Fund Raiser  Page Subtotal  Grand Total of All Schedules 1A (Complete on last page of Schedule)							
Occupation Employer Cfick Here for Memo Itemization  Business Address Type of Contribution: Direct Loan from a person Fund Raiser  Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)						\$	\$
Occupation Employer	5 If over \$180 88 cum	ilative nlease nra	vido:				
Business Address  Type of Confribution: Direct Loan from a person Fund Raiser  Page Subtotal  Grand Total of All Schedules 1A (Complete on last page of Schedule)		•				Click Here for	Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser  Page Subtotal  Grand Total of All Schedules 1A (Complete on last page of Schedule)	Occupation		_ Employer				
Page Subtotal  Grand Total of All Schedules 1A (Complete on last page of Schedule)	Business Address		·				
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Type of Contribution: {	Direct	Loan from a person	- F	und Raiser		
(Complete on last page of Schedule)		·			Page Subtotal		
(Complete on last page of Schedule)				Grand	Total of All Schedules 44		-
E FULL OF THE TOTAL OF						Enter this total on	J
Page of Summary	Page 1 at 1					fine 3a of Summary	