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CANDIDATE COMMITTEE  
COVER PAGE

FOR OFFICIAL USE ONLY

BRUCE A. SABAUGH  
MACOMB COUNTY CLERK  
MT. CLEMENS, MICHIGAN

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: 7-21-14 to 7-20-15

1. Committee I.D. Number

138846-0

4. Candidate Last Name

GROT

First Name

STANLEY

M.I.

T

2. Committee Name

Committee to elect Stanley T. GROT

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

Clerk - Shelby Twp.

4b. County of Residence

MACOMB

5. Committee's Mailing Address

11927 Hiawatha  
Shelby Twp. Mi. 48315

6. Treasurer's Name & Residential Address

Sylvia J. GROT  
11927 Hiawatha  
Shelby Twp. Mi. 48315

Area Code and Phone

(586) 677-2002

Area Code & Phone

(586) 677-2002

7. Treasurer's Business Address

N/A

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

N/A

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

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.)

Date of Election, Convention or Caucus

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 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

SYLVIA GROT, Sylvia Grot

Type or Print Name

Signature

Date

8-18-15

Candidate

STANLEY T. GROT, Stanley T. Grot

Type or Print Name

Signature

Date

8-18-15



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138846-0  
2. Committee Name CTE. Stanley T. GROT

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: <u>Larry Dloski</u> <u>19500 Hall Rd.</u> <u>Clinton Twp. Mi</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>6-29-15</u>	
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>LLC</u> Business Address <u>Same</u>		\$ <u>150</u>	
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
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		<a href="#">Click Here for Memo Itemization</a>	
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		<a href="#">Click Here for Memo Itemization</a>	
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		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal 150  
Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138846-0  
2. Committee Name CTE Stanley T. GROT

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.

3. Contribution # 1 PAC Receipt?  YES 4. Date of Receipt 6-29-15

Name & Address:  
Maria GROT  
38966 Marlborough DR.  
Sterling Hts. Mi. 48310

6. Amount \$ 150

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

5. If over \$100.00 cumulative, please provide: Retired Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #2 PAC Receipt?  YES 4. Date of Receipt \_\_\_\_\_

Name & Address: \_\_\_\_\_

6. Amount \$ \_\_\_\_\_

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

5. If over \$100.00 cumulative, please provide: \_\_\_\_\_ Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #3 PAC Receipt?  YES 4. Date of Receipt \_\_\_\_\_

Name & Address: \_\_\_\_\_

6. Amount \$ \_\_\_\_\_

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

5. If over \$100.00 cumulative, please provide: \_\_\_\_\_ Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #4 PAC Receipt?  YES 4. Date of Receipt \_\_\_\_\_

Name & Address: \_\_\_\_\_

6. Amount \$ \_\_\_\_\_

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

5. If over \$100.00 cumulative, please provide: \_\_\_\_\_ Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

[Click Here for Memo Itemization](#)

Page Subtotal 150

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

Enter this total on  
line 3a of Summary  
Page.



**FUND RAISER SCHEDULE 1F  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138846-0  
2. Committee Name C.T. E Stanley & Co. Inc

**- USE A SEPARATE SHEET FOR EACH EVENT -**

3. Date Event Was Held <u>6-29-15</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>90</u>	5. Type of Fund Raising Activity <u>Summer Reception</u>	6. Address and Name (If any) of the place where the activity was held. <u>Palazzo Grande</u> <u>54660 Van Dyke</u> <u>Shelby Twp 48315</u> <input type="checkbox"/> Private Residence
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7. Total Contributions 16,470  
8. Other Receipts 0  
9. Gross Receipts (Add lines 7 and 8) 16,470  
10. Total Cost of Event 3,350  
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11.  Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.