



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.

3. This Statement covers From: 7-20-15 to 10-20-15

1. Committee I.D. Number
138846 - 0

2. Committee Name
C.T.E. STANLEY T. GROT

4. Candidate Last Name GROT First Name STANLEY M.I. T

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
(586)677-2002

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.

6. Treasurer's Name & Residential Address
Sylvia J. Grot
11927 Hiawatha Dr.
Shelby Twp. Mi. 48315
(586)677-2002

Area Code & Phone (586)677-2002

7. Treasurer's Business Address
N/A

Area Code and Phone _____

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

Area Code and Phone _____

FILED
15 OCT 26 PM 12:34
CLERK
MACOMB COUNTY CLERK
MICHIGAN

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 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 J. GROT Sylvia J. Grot Date 10-26-15

Type or Print Name Signature

Candidate STANLEY T. GROT Stanley T. Grot Date 10-26-15

Type or Print Name Signature



1. Committee I.D. Number 138846-0

2. Committee Name C.T.E STANLEY T. GROT

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>\$ 600</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>600</u>	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>- 0 -</u>	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>600</u>	(20.) \$ _____
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>- 0 -</u>	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>- 0 -</u>	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>980.00</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>- 0 -</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>- 0 -</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>980.00</u>	(23.) \$ _____
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>- 0 -</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>- 0 -</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>- 0 -</u>	(24.) \$ _____
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>- 0 -</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _____	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>13,891.05</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>600.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>14,491.05</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>980.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>13,511.05</u>	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138846-0
2. Committee Name C.T. ESTANLEY 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 7-23-15
Name & Address: Victor Trpcevski
65859 Van Dyke
Washington Twp. Mi. 48095
6. Amount \$ 200 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 200
5. If over \$100.00 cumulative, please provide:
Occupation Rest. Owner Employer Art & Jake's Click Here for Memo Itemization
Business Address 65859 Van Dyke, Washington Twp.
Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 2 PAC Receipt? YES 4. Date of Receipt 7-25-15
Name & Address: Yousra Perayeff
4925 Pickford Dr.
Troy, Mi. 48085
6. Amount \$ 250 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 250
5. If over \$100.00 cumulative, please provide:
Occupation Home maker Employer _____ Click Here for Memo Itemization
Business Address _____
Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 7-25-15
Name & Address: Diane Patroske
52679 Belle Pointe Ct.
Shelby Twp. Mi. 48316
6. Amount \$ 150 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 150
5. If over \$100.00 cumulative, please provide:
Occupation Home maker Employer _____ Click Here for 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 _____
6. Amount \$ _____ 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ _____
5. If over \$100.00 cumulative, please provide:
Occupation _____ Employer _____ Click Here for Memo Itemization
Business Address _____
Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal 600
Grand Total of All Schedules 1A (Complete on last page of Schedule) 600

Enter this total on line 3a of Summary Page.



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 138846-0

2. Committee Name CT. E STANLEY T. GROT

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
<p>Expenditure #1</p> <p>Name <u>Younique Cards</u></p> <p>Address <u>42816 Willsharon Sterling Hts. Mi. 48314</u></p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>Printing</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>9-10-15</u></p> <p>Date</p>	<p><u>\$ 880.00</u></p> <p>Click Here for Memo Itemization Type</p>
<p>Expenditure #2</p> <p>Name <u>Jingle Run</u></p> <p>Address <u>56132 Parkview Shelby Twp. Mi. 48316</u></p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>Donation</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>9-15-15</u></p> <p>Date</p>	<p><u>\$ 100</u></p> <p>Click Here for Memo Itemization Type</p>
<p>Expenditure #3</p> <p>Name _____</p> <p>Address _____</p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: _____</p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p>_____</p> <p>Date</p>	<p>\$ _____</p> <p>Click Here for Memo Itemization Type</p>
<p>Expenditure #4</p> <p>Name _____</p> <p>Address _____</p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: _____</p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p>_____</p> <p>Date</p>	<p>\$ _____</p> <p>Click Here for Memo Itemization Type</p>
<p>Expenditure #5</p> <p>Name _____</p> <p>Address _____</p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: _____</p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p>_____</p> <p>Date</p>	<p>\$ _____</p> <p>Click Here for Memo Itemization Type</p>

Subtotal this page

980.00

Grand Total of all Schedules 1B
(Complete on last page of Schedule)

980.00

Enter this total on line 8a of Summary Page