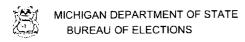


CANDIDATE COMMITTEE

FOR OFFICIAL USE ONLY

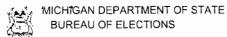
COVER PAGE			TOR STI	OIAL OOL OIVE!	
Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and compared to the treasurer of the treasurer (or designated record keeper).	signed by andidate.	3. This Statement covers From	n: 7-20-15 to	10-20	-15
1. Committee I.D. Number		4. Candidate Last Name	First Name		M.I.
138846 - 0		GROT 4a. Office Sought Including Di	STANLE strict # or Community Server	•	7
2. Committee Name				TWP.	
C.T.E. STANLEY T.	GROT	Clevk — 4b. County of Residence	0	n R	
5. Committee's Mailing Address		6. Treasurer's Name & Reside	MACO!		
11927 Higwethe			Grot		
Shelby Tup. Mi. 48315		11927 Hiawatha DR. Shelby Tup. Mi. 48315 Area Code & Phone 586/677-2002			
Area Code and Phoh 586/677-2002					
fif 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.					
7. Treasurer's Business Address	,	Designated Record keeper Designated Record keeper)			has a
		Designated Necold Respery	,	# <u></u>	
NIA					
, , , ,				26 1500 2600 2600 2600 2600 2600 2600 2600 2	<u> </u>
			/	. <u>26</u> 01	E 0
Area Code and Phone		Area Code and Phone		PART PART PART PART PART PART PART PART	O
9. TYPE OF STATEMENT		7 11 00 0 00 0 010 110 110 110	9e. Dissolution of Candi	date Committee	
9a. Pre-Election OR 9b. Post-Election	Required ON		By checking this item	I/We certify any out	tstanding debt
current year:			by the committee to the ca by discharged and forgiver the committee. The comm	n, and no longer col	llectible from
Primary	July Quart	erly	owes no lates fees or has a	iny oustanding deb	t.
General	October Q	uarterly	Further, if the dissolution ca considered a request for th		
Convention				o rioporting realist	
Special	9c. Annua	l Statement ()	Effective date of	dissolution	
School		Coverage Year	Ellective date of	dissolution	
Caucus	9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)		Note: The disposition of re Schedule 1B and the Sum		e reported on
Date of Election, Convention or Caucus					
10. Verification: I\We certify that all reasonable diligny\our knowledge and belief the contents are true,	ence was used accurate and co	in the preparation of this statem emplete.	nent and attached schedules	(if any) and to the t	pest of
Current Treasurer or	7 CROT	5 Sillers	1: (2)	10-26	-15
Designated Record keeper Type or Print Name	<i>J. G., J.</i>	Signature	Date	10-26 18-26	
	·	S/ 1-	TOR	/# a	15
Candidate STANLEY 1, 6	KO/	1 Honley 1	Date	10-dk	, - / J
Type or Print Name		Signature			



1. Committee I.D. Number 138846-0

5	SUMN	IARY	PA	GE
CAND	IDAT	E CO	MM	TTEE

2. Committee Name C.T.E STANLEY T. GROT Column II RECEIPTS Column I This Period Cumulative this election cycle 3. Contributions 600 a. Itemized (Schedule 1A - Column 6) (3b.) \$ NOT APPLICABLE b. Unitemized (less than \$20.01 each - no Schedule) (3c.) \$ ____ (18.) \$ c. Subtotal of "Contributions" (19.) \$ _____ 4. Other Receipts (Schedule 1A -1, Column 6) (5.) \$ _ (20.) \$ _____ 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4) **IN-KIND CONTRIBUTIONS & EXPENDITURES** (21.) \$ ______ 6. In-Kind Contributions (Schedule 1-IK, Column 7) (22.) \$ 7. In-Kind Expenditures (Schedule 1B-IK, Column 6) EXPENDITURES 8. Expenditures a Itemized (Schedule 1B, Column 6) b. Itemized Get-Out-the-Vote (Schedule 1B-G) c. Unitemized (less than \$50.01 each - no Schedule) (23.) \$ _____ 9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c) INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only) 10. Disbursements a. Itemized (Schedule 1C, Column 6) b. Unitemized (less than \$50.01 each - no Schedule) 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b) (24.) \$ __ **DEBTS AND OBLIGATIONS** 12. Debts and Obligations a. Owed by the Committee (Schedule 1E) 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.) 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) 15, SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period (Add lines 9 and 11) 17, ENDING BALANCE (Subtract line 16 from line 15)



Page _____of _____

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

Page.

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 <u>all</u> contributions regardless of amount.	e, 6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 7-23- Name & Address:	<u>15</u>
5. If over \$100.00 cumulative, please provide:	£200 £200
5. If over \$100.00 cumulative, please provide: Occupation Rest. Owner Employer Art & Jakes	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-/ Name & Address YOUSTA Perageff 4925 Pick ford DR.	<u>5</u>
4925 Pick ford DR.	£250 £25°
5. If over \$100.00 cumulatue, please provide:	Click Here for Memo Itemization
Occupation Home maker Employer	
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7-25-1 Name & Address: Shelly Twp. Mi. 48316 5. If over \$100.00 cumulative, please provide:	\$ 150 \$ 150 Click Here for Memo Itemization
Occupation Home moke/ Employer_	
Business Address Type of Contribution: Direct Loan from a person Fund Raiser	
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 Sul	btotal 600
Grand Total of All Schedule (Complete on last page of Sche	edule)
	Enter this total on line 3a of Summary



SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number 138846-0

CANDIDATE COMMITTEE 2. Co	ommittee Name CT. E STAN	LEY	1. GROT
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name Younique Cards	Purpose: Printing	9-/0- /	15 _{\$} 880.00
Name Younique Cards Address 42816 Willsharon Sterling Hts. M. 48314 [Fund Raiser]	0	ere for Memo	Itemization Type
Sterling Hts. M. 98317 [Fund Raiser]	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2 Name Jingle Run Address 56/32 Parkview	Purpose: Donation	7-/5-/5 Date	\$ 100
Shelby Tup. Mi. 48316	Click House Check box if this expenditure is payment of debt or obligation reported on previous statement	are for Memo	Itemization Type
Expenditure #3			
Name Address	Purpose:	Date	\$
Fund Raiser	Click He Check box if this expenditure is payment of debt or obligation reported on previous statement	ere for Memo	Itemization Type
Expenditure #4	Statement		
Name	-	Date	\$
Address	Purpose:		Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name			\$
Address	Purpose:	Date	
Fund Raiser	Click H Check box if this expenditure is payment of debt or obligation reported on previous statement	ere for Memo	Itemization Type
	<u> </u>		•

Subtotal this page

\$80.00

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

980.00

Enter this total on line 8a of Summary Page

