



**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

7-18-16 to 8-22-16

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

1. Committee I.D. Number

138846-0

2. Committee Name

CTE Stanley T. Grot

5. Committee's Mailing Address

11927 Hiawatha Dr.
Shelby Township, MI 48315

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.

7. Treasurer's Business Address

n/a

Area Code and Phone _____

3. This Statement covers From:

10/21/15 to 07/17/16

4. Candidate Last Name

Grot

First Name

Stanley

M.I.

T

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

Shelby Township Clerk

4b. County of Residence **MACOMB**

6. Treasurer's Name & Residential Address

Sylwia J. Grot
11927 Hiawatha Dr.
Shelby Township, MI 48315

Area Code & Phone (586) 677-2002

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

n/a

Area Code and Phone _____

FILED
 16 AUG 31 PM 12:55
 VANDERLINDA S. BARNETT
 MACOMB COUNTY CLERK
 MT. CLEMENS, 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

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

08/02/16

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 Sylwia J. Grot
Type or Print Name

Sylwia J. Grot Date 8/23/16
Signature

Candidate Stanley T. Grot
Type or Print Name

Stanley T. Grot Date 8/23/16
Signature



1. Committee I.D. Number 138846-0

2. Committee Name C.T.E Stanley T. Grob

**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>0</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>0</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>0</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>495.50</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>—</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>—</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>495.50</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>33,848.38</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>0</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>0</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>495.50</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>33,352.88</u>	



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>P. M. I</u> Address <u>P. O. Box 698</u> <u>Marianna</u> <u>FL 32447</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Tolling</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-22-16</u> Date	<u>\$ 175</u>
Expenditure #2 Name <u>Anthony Apone</u> Address <u>52849 Seven Oaks</u> <u>Shelby Twp. Mi</u> <u>48316</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Refund for C & G Ad Newspaper</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-22-16</u> Date	<u>\$ 157</u>
Expenditure #3 Name <u>21st Century Media</u> Address <u>P. O. Box 650064</u> <u>Dallas, TX 75265</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Source Ad Newspaper</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-22-16</u> Date	<u>\$ 169.50</u>
Expenditure #4 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page 495.50
 Grand Total of all Schedules 1B (Complete on last page of Schedule) 495.50

Enter this total on line 8a of Summary Page