



**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: 10-24-16 to 11-28-16

<p>1. Committee I.D. Number 138846-0</p> <p>2. Committee Name CTE Stanley T. Grot</p>	<p>4. Candidate Last Name First Name M.I. Grot Stanley T</p> <p>4a. Office Sought Including District # or Community Served (If applicable) Shelby Township Clerk</p> <p>4b. County of Residence MACOMB</p>
---	---

<p>5. Committee's Mailing Address 11927 Hiawatha Dr. Shelby Township, MI 48315</p> <p>Area Code and Phone <u>(586) 677-2002</u> 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.</p>	<p>6. Treasurer's Name & Residential Address Sylwia J. Grot 11927 Hiawatha Dr. Shelby Township, MI 48315</p> <p>Area Code & Phone <u>(586) 677-2002</u></p>
--	--

<p>7. Treasurer's Business Address n/a</p> <p>Area Code and Phone _____</p>	<p>8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) n/a</p> <p>Area Code and Phone _____</p>
--	---

FILED
 16 DEC -8 PM 1:21
 MICHIGAN DEPARTMENT OF STATE
 BUREAU OF ELECTIONS
 LANSING, MICHIGAN

<p>9. TYPE OF STATEMENT</p> <p>9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election</p> <p>Pre-Election or Post-Election Statement relates to:</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus</p> <p>Date of Election, Convention or Caucus <u>11/08/16</u></p>	<p>Required ONLY if candidate is not on the ballot for the current year:</p> <p><input type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly</p> <p>9c. <input type="checkbox"/> Annual Statement (_____) Coverage Year</p> <p>9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)</p>	<p>9e. Dissolution of Candidate Committee</p> <p><input type="checkbox"/> 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 lates fees or has any outstanding debt.</p> <p>Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.</p> <p>Effective date of dissolution _____</p> <p>Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.</p>
---	---	--

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.

<p>Current Treasurer or Designated Record keeper Sylwia J. Grot Type or Print Name</p>	<p><i>Sylwia J. Grot</i> Signature</p>	<p>Date <u>12/08/2016</u></p>
<p>Candidate Stanley T. Grot Type or Print Name</p>	<p><i>Stanley T. Grot</i> Signature</p>	<p>Date <u>12/08/2016</u></p>



1. Committee I.D. Number 138846-0

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE Stanley T. Grot

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>3,515.00</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>3,515.00</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.) \$ _____	
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>37,722.88</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>37,722.88</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>3,515.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>34,207.88</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>Younique Cards</u> Address <u>42816 Willsharon Sterling Hghts, MI 48314</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Printing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/14/16</u> Date	<u>\$ 115.00</u>
Expenditure #2 Name <u>Palazzo Grande</u> Address <u>54660 Van Dyke Shelby Twp, MI 48315</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Hall Rental</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/4/16</u> Date	<u>\$ 2500.00</u>
Expenditure #3 Name <u>Campaign Professionals</u> Address <u>34092 AI Dr. Sterling Hghts, MI 48312</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Consulting</u> <u>No other vendor</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/17/16</u> Date	<u>\$ 500.00</u>
Expenditure #4 Name <u>Polish Weekly</u> Address <u>2706 Winter Park Rd Rochester Hills, MI 48309</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Advertisement</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/20/16</u> Date	<u>\$ 400.00</u>
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 3,515.00
 Grand Total of all Schedules 1B
 (Complete on last page of Schedule) 3,515.00
 Enter this total on line 8a of Summary Page