

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:			
2. Committee Name CTE Stanley T. Grot 5. Committee's Mailing Address 11927 Hiawatha Dr. 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			
2. Committee Name CTE Stanley T. Grot 4b. County of Residence MACOMB 5. Committee's Mailing Address 11927 Hiawatha Dr. Shelby Township Clerk 4b. County of Residence MACOMB 6. Treasurer's Name & Residential Address Sylwia J. Grot			
CTE Stanley T. Grot 4b. County of Residence MACOMB 5. Committee's Mailing Address 11927 Hiawatha Dr. 5. Committee's Mailing Address Committee's Mailing Address Sylwia J. Grot			
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11927 Hiawatha Dr. Sylwia J. Grot			
Toyling or wrot			
Shelby Twp., MI 48315 11927 Hiawatha Dr.			
Shelby Twp., 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. 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			
e de la companya de l			
Area Code and Phone Area Code and Phone			
9. TYPE OF STATEMENT 9e.			
9a. Pre-Election OR 9b. Post-Election Required ONLY if candidate is not on the ballot for the By checking this item I/We certify any outstanding debt			
current year: by the committee to the candidate or his or her spouse is her by discharged and forgiven, and no longer collectible from			
the committee. The committee has no oustanding assets,			
Primary			
General October Quarterly Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.			
Convention Considered a request for the Reporting Walver.			
Special 9c. Annual Statement ()			
School Coverage Year Effective 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 residual funds must be reported on Schedule 1B and the Summary Page.			
amended.)			
Date of Election, Convention or Caucus			
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 Sylwia G. Corci Date 7/23/2017			
Type or Print Name Signature			
Stanley T. Grot Stanley T. Grot 7/23/2017			
California Date			
Type or Print Name Signature Authority granted under P.A. 388 of 1976			



1. Committee I.D. Number 138846-0

138846-0

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name CTE Stanley T. Grot

RECEIPTS	Column I	Column II
3. Contributions	This Period	Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES	\bigcirc	
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures	29 157 19	
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ 32, 152,12	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ 32, 152.12	(23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)	l	
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	(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.) 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)	(13.) $\begin{array}{c} & 34,207.8 \\ (14.) + \\ & \\ (15.) = \\ & 34,207.8 \\ (16.) - \\ & 31,152.16 \\ (17.) \\ & 3,055.76 \\ \end{array}$	8 2



SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number

138846-0

2. Committee Name CTE Stanley T. Grot

CANDIDATE COMMITTEE 2. C	Committee Name OTE Starricy 1. GTOL
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information) 5. Date 6. Amount
Expenditure #1 Name Speedy Printing Address Van Dyke Shelly Twp. Mi Fund Raiser Fund Raiser	Purpose: Printing I-5-17 \$ 268. Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #2 Name Polish Weekly Address 2706 Winter Park Rochester Hills, Mi Fund Raiser 48309	Purpose: Advertisment 4-5-17 _s 100 Click Here for Memo Itemization Typ Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #3 Name Grassroots U.S.A Address 3848 E. Leonard Grand Repids, Mi [Fund Raiser]	Purpose: Sponsorship 4-11-17s 100 Click Here for Memo Itemization Typ Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #4 Name Office Depot Address 45320 Utica Park Blvd. Utice Mich 4831	Purpose:
Expenditure #5 Name Post Mæster Address 22 mile Rol Shelby Thp. Mi. [Fund Raiser	Purpose:
	Grand Total of all Schedules 1B (Complete on last page of Schedule)

Enter this total on line 8a of Summary Page



SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number

138846-0

CANDIDATE COMMITTEE 2.0	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 Stan GROT for Michigan Sos Address 11927 Hia watha Shelby Twp. Mi 48315	Purpose: Transfev 7-20-/7, 31,000 Click Here for Memo Itemization Type
Fund Raiser 48315	Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #2 Name	\$
Address	Purpose: Click Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #3	
Address Fund Raiser	Purpose: Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #4 Name Address	Purpose:\$
Fund Raiser	Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #5 Name Address	Purpose: \$
	Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous

statement

Subtotal this page

31,000.0

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

Enter this total on line 8a of Summary Page

Page ____ of ____

Fund Raiser