

CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

COVER PAGE		_		
Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.		This Statement covers From	1-1-19 to _	7-20-19
1. Committee I.D. Number		Candidate Last Name	First Name	M.1.
138846		GROT STANCEY		
2. Committee Name		4a. Office Sought muruding District # or Community Served (If applicable)		
CTE Stanley T. GROT		Shelby Twp. Clerk		
5. Committee's Mailing Address		6. Treasurer's Name & Residential Address		
11927 Hiawatha		SYLVIA GROT		
Shelley Twp. Mr. 48315		1927 Hiawatha Shelly Trp-Mi-48815		
Area Code and Phone 585/453-5954		Shelly INP-		
I If the appress in this pox is different from the committee		1468 - 50511		
mailing address on the Statement of Organization, mail may be sent to this address by the filing official.		Area Code & Phone 586/453 - 5954		
7. Treasurer's Business Address		Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper)		
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Area Code and Phone		ea Code and Phone		
	- 12	Ga Code and Filone	9e. Dissolution of Candida	te de inmittee
	Required ONLY if candidate			
	is not on the ball current year:	ot for the	By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is her by discharged and forgiven, and no longer collectible from	
Pre-Election or Post-Election Statement relates to:	hata Caradanta		the committee. The committee	
Primary	July Quarterly		owes no lates fees or has any	oustanding debt.
General	October Quarterly		Further, if the dissolution cannot be granted, that this be	
Convention			considered a request for the R	teporting Waiver.
	9c. Annual Statement () Coverage Year		Effective date of dis	solution
L_ISchool	• /			
Caucus 9d	d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to			
indicat		hich Statement is being	Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	
	amended.)	•	Schedule 15 and the Schille	ry i ago.
Date of Election, Convention or Caucus				
				·
10 Verification IIWe position that all property differen		a accounting of this statement	ant and attached enhadring (if	anu) and to the best of
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 SYLVIA GROI, WILL (978) 8-28-19				
Designated Record keeper Type or Print Name Signature Date				
i ype or Print Ivame	_	Signature /	-00	
Current Treasurer or Designated Record keeper 572VIA GROT, Sylvia Grot Date 8-28-19 Candidate 51ANLEY GROT, Skalate Date 8-28-19				
Type or Print Name Signature				



