



**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: 01/01/20 to 07/19/20

1. Committee I.D. Number  
**138846**

2. Committee Name  
**CTE Stanley T. Grot**

4. Candidate Last Name **Grot** First Name **Stanley** M.I. **T**

4a. Office Sought Including District # or Community Served (If applicable)  
**Board Member - Local - Shelby Township Clerk**

4b. County of Residence **MACOMB**

5. Committee's Mailing Address  
**11927 Hiawatha Drive  
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.

6. Treasurer's Name & Residential Address  
**Sylvia Grot  
11927 Hiawatha Drive  
Shelby Township, MI 48315**

Area Code & Phone (586) 677-2002

7. Treasurer's Business Address  
**Same**

Area Code and Phone \_\_\_\_\_

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

Area Code and Phone \_\_\_\_\_

FILED  
 20 AUG 27 PM 1:06  
 MACOMB COUNTY CLERK  
 BUREAU OF ELECTIONS, 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

Date of Election, Convention or Caucus  
08/04/20

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.)

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 lates 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 Sylvia Grot Signature Sylvia Grot Date 08/25/2020

Candidate Stanley Grot Signature Stanley Grot Date 08/25/2020



**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number 138846  
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>Credit Union One</u> Address <u>400 East Nine Mile Road</u> <u>Ferndale, MI 48220</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Bank Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/30/20</u> Date	<u>\$ 2.00</u>
Expenditure #2 Name <u>Prime Site Media</u> Address <u>800 E. Ellis Road</u> <u>Norton Shores, MI 49441</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Billboard Advertisement (All Done In-House)</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/07/20</u> Date	<u>\$ 1100.00</u>
Expenditure #3 Name <u>C.T.E. Rick Stathakis</u> Address <u>13883 Timberview</u> <u>Shelby Township, MI 48315</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Tickets</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/10/20</u> Date	<u>\$ 100.00</u>
Expenditure #4 Name <u>C.T.E. Lisa Casoli</u> Address <u>13860 Timberview</u> <u>Shelby Township, MI 48315</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Tickets</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/18/20</u> Date	<u>\$ 100.00</u>
Expenditure #5 Name <u>C.T.E. Penny Crider</u> Address <u>P.O. Box 530725</u> <u>Livonia, MI 48152</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Tickets</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/21/20</u> Date	<u>\$ 100.00</u>

Subtotal this page **\$1,402.00**  
 Grand Total of all Schedules 1B  
 (Complete on last page of Schedule)

Enter this total on line 8a of Summary Page