



**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: 08/25/20 to 10/18/20

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 OCT 22 PM 12:31
 H.T. GLENN, 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
11/03/20

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 Type or Print Name
Sylvia Grot Signature Date 10/20/2020

Candidate Stanley Grot Type or Print Name
Stanley Grot Signature Date 10/20/2020



1. Committee I.D. Number 138846

**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>600.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$600.00</u>	(18.) \$ <u>\$22,214.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>\$200.00</u>	(19.) \$ <u>\$200.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>\$800.00</u>	(20.) \$ <u>\$22,414.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
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		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$223.67</u>	
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.) \$ <u>\$223.67</u>	(23.) \$ <u>\$10,475.94</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
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.) \$ <u>\$1,090.00</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>\$12,201.49</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$800.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$13,001.49</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$223.67</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$12,777.82</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/24/20</u> Name & Address: Salvatore Cottone 455 Twin Lakes Drive Oakland, MI 48363	\$ <u>100.00</u>	\$ <u>275.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>Retired</u> Business Address <u>n/a</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
Click Here for Memo Itemization		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/01/20</u> Name & Address: Cecil St. Pierre 32595 Sabrina Court Warren, MI 48093	\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Boyer, St. Pierre, & Aull</u> Business Address <u>43805 Van Dyke Avenue, Sterling Heights, MI 48314</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
Click Here for Memo Itemization		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: _____	\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
Click Here for Memo Itemization		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: _____	\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
Click Here for Memo Itemization		

Page Subtotal **\$600.00**

Grand Total of All Schedules 1A
(Complete on last page of Schedule) **\$600.00**

Enter this total on
line 3a of Summary
Page.



**ITEMIZED OTHER RECEIPTS
SCHEDULE 1A-1
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138846

2. Committee Name CTE Stanley T. Grot

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name & Address: CTE Rick Stathakis 13883 Timberview Shelby Township, MI 48315	Date of Receipt <u>08/26/20</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Refund \Rebate Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Fund Raiser	\$ <u>100.00</u>
Receipt #2 Name & Address: CTE Lisa Casali 13860 Timberview Shelby Township, MI 48315	Date of Receipt <u>08/29/20</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Refund \Rebate Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Fund Raiser	\$ <u>100.00</u>
Receipt #3 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Fund Raiser	\$ _____
Receipt #4 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Fund Raiser	\$ _____
Receipt #5 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Fund Raiser	\$ _____
Receipt #6 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Fund Raiser	\$ _____
Receipt #7 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Fund Raiser	\$ _____

Page Subtotal **\$200.00**

Grand Total of All Schedules 1A -1
(Complete on last page of Schedule) **\$200.00**

Enter this total on
line 4 of Summary
Page



**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
<p>Expenditure #1 Name Credit Union One Address 400 East Nine Mile Road Ferndale, MI 48220 <input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>Bank Fee</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>08/31/20</u> Date</p>	<p><u>\$ 2.00</u></p> <p>Click Here for Memo Itemization Type</p>
<p>Expenditure #2 Name Credit Union One Address 400 East Nine Mile Road Ferndale, MI 48220 <input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>Bank Fee</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>09/30/20</u> Date</p>	<p><u>\$ 2.00</u></p> <p>Click Here for Memo Itemization Type</p>
<p>Expenditure #3 Name American Speedy Printing Address 46723 Van Dyke Avenue Shelby Township, MI 48317 <input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>Printing</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>08/26/20</u> Date</p>	<p><u>\$ 219.67</u></p> <p>Click Here for Memo Itemization Type</p>
<p>Expenditure #4 Name Address <input type="checkbox"/> Fund Raiser</p>	<p>Purpose: _____</p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p>_____ Date</p>	<p>\$ _____</p> <p>Click Here for Memo Itemization Type</p>
<p>Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser</p>	<p>Purpose: _____</p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p>_____ Date</p>	<p>\$ _____</p> <p>Click Here for Memo Itemization Type</p>

Subtotal this page **\$223.67**
Grand Total of all Schedules 1B (Complete on last page of Schedule) **\$223.67**

Enter this total on line 8a of Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

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

This Schedule itemizes:
a Debts and obligations owed by or forgiven the committee OR b Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: Owed To: Stanley T. Grot 11927 Hiawatha Drive Shelby Township, MI 48315 by CTE Stanley T. Grot	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>11/05/19</u> 6. <u>Original Amount of Debt:</u> \$ <u>700.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>700.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: Owed To: Stanley T. Grot 11927 Hiawatha Drive Shelby Township, MI 48315 by CTE Stanley T. Grot	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>12/5/19</u> 6. <u>Original Amount of Debt:</u> \$ <u>390.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>390.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt) **\$1,090.00**
Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee) **\$1,090.00**

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.