



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**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: 10/21/23 to 12/31/23

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 \_\_\_\_\_  
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  
**Kurt Broadbridge  
45619 Thorn Tree Lane  
Macomb, MI 48044**

Area Code & Phone \_\_\_\_\_

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 \_\_\_\_\_

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  
\_\_\_\_\_

Required ONLY if candidate is not on the ballot for the current year:

July Quarterly  
 October Quarterly

9c.  Annual Statement (2023) 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 Kurt Broadbridge , *Kurt Broadbridge* Signature Date 1/30/2024

Candidate Stanley T. Grot , *Stanley T. Grot* Signature Date 1/30/2024



**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 all contributions regardless of amount.

3. Contribution # 1      PAC Receipt?  YES      4. Date of Receipt 10/25/23

Name & Address:  
Ludwick Lubaj  
16485 Congress Drive  
Clinton Township, MI 48038

6. Amount      7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

\$ 100      \$ 350

5. If over \$100.00 cumulative, please provide:      [Click Here for Memo Itemization](#)

Occupation Owner      Employer Ludwicks's Menswear

Business Address 37390 Van Dyke Avenue, Sterling Heights, MI 48312

Type of Contribution:  Direct       Loan from a person       Fund Raiser

3. Contribution #2      PAC Receipt?  YES      4. Date of Receipt \_\_\_\_\_

Name & Address \_\_\_\_\_

\$ \_\_\_\_\_      \$ \_\_\_\_\_

5. If over \$100.00 cumulative, please provide:      [Click Here for Memo Itemization](#)

Occupation \_\_\_\_\_      Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution:  Direct       Loan from a person       Fund Raiser

3. Contribution # 3      PAC Receipt?  YES      4. Date of Receipt \_\_\_\_\_

Name & Address \_\_\_\_\_

\$ \_\_\_\_\_      \$ \_\_\_\_\_

5. If over \$100.00 cumulative, please provide:      [Click Here for Memo Itemization](#)

Occupation \_\_\_\_\_      Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution:  Direct       Loan from a person       Fund Raiser

3. Contribution # 4      PAC Receipt?  YES      4. Date of Receipt \_\_\_\_\_

Name & Address \_\_\_\_\_

\$ \_\_\_\_\_      \$ \_\_\_\_\_

5. If over \$100.00 cumulative, please provide:      [Click Here for Memo Itemization](#)

Occupation \_\_\_\_\_      Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution:  Direct       Loan from a person       Fund Raiser

Page Subtotal	\$100.00
Grand Total of All Schedules 1A (Complete on last page of Schedule)	\$21,765.00

Enter this total on line 3a of Summary Page.