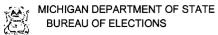


## CANDIDATE COMMITTEE COVER PAGE

## 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		Candidate Last Name	First N	ame	M.I.		
138846		Grot	Stanley		T		
		4a. Office Sought Including District # or Community Served (If applicable)					
2. Committee Name		Board Member - Local - Shelby Township Clerk					
CTE Stanley T. Grot		4b. County of Residence MACOMB					
5. Committee's Mailing Address		6. Treasurer's Name & Residential Address					
11927 Hiawatha Drive		Kurt Broadbridge					
Shelby Township, MI 48315		45619 Thorn Tree Lane					
		Macomb, MI 48044					
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.		Area Code & Phone					
7. Treasurer's Business Address		8. Designated Record keeper's Name and Mailing Address (If the committee has a					
Same		Designated Record keeper) n/a					
Area Code and Phone		Area Code and Phone					
9. TYPE OF STATEMENT	Daminad Ob	II V if condidate	9e. Dissolution of (	Candidate C	ommittee		
9a. Pre-Election OR 9b. Post-Election	is not on the current year:		By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here				
Pre-Election or Post-Election Statement relates to:			by discharged and forgiven, and no longer collectible from the committee. The committee has no oustanding assets,				
Primary	July Quart	erly	owes no lates fees or	has any our	standing debt.		
General	October Q	luarterly	Further, if the dissolution cannot be granted, that this be				
Convention			considered a request	sidered a request for the Reporting Waiver.			
Special	9c. ☑						
School	Annua	al Statement ( <u>2023</u> ) Coverage Year	Effective date of dissolution				
☐Caucus		dment to Campaign Statement					
Complete Com		plete Item 9a, 9b, 9c or 9e to te which Statement is being	Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.				
Date of Election, Convention or Caucus							
<ol> <li>Verification: I\We certify that all reasonable dilige my\our knowledge and belief the contents are true,</li> </ol>			ent and attached sche	dules (if any	) and to the best of		
Current Treasurer or Designated Record keeper  Kurt Broadbridge		faller lege			1/30/2024		
Type or Print Name	Signature		Date				
Candidate Stanley T. Grot		Charley T. Goot		Date	1/30/2024		
Type or Print Name		Signature					



## ITEMIZED CONTRIBUTIONS SCHEDULE 1A

## **CANDIDATE COMMITTEE**

1. Committee I.D. Number \_\_\_\_\_138846

2. Committee Name CTE Stanley T. Grot

Enter contributor's name middle initial. Check bo Committee (PAC) Repo	x to indicate if contr	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)			
Contribution # 1  Name & Address:	PAC Receipt?	YES 4.	Date of Recei	pt 10/25/23		
Ludwick Lubaj 16485 Congress Drive Clinton Township, MI					<sub>\$</sub> 100	<sub>\$</sub> 350
5. If over \$100.00 cumu	ılative, please pro				Click Horo	for Memo Itemization
					Click Here	ioi iviemo itemization
Business Address 373	90 Van Dyke A	venue, Sterling	Heights, N	11 48312		
Type of Contribution:	Direct	Loan from a p	erson 🗸	Fund Raiser		
3. Contribution #2 Name & Address	PAC Receipt?	YES 4.	Date of Recei	pt		
					\$	_ \$
5. If over \$100.00 cumu	ılative, please pro	Click Here for Memo Itemization				
Occupation		Employer				
Business Address				<u> </u>		
Type of Contribution:	Direct	Loan from a pe	erson	Fund Raiser		
Name & Address:					\$ Click Here fo	_ \$or Memo Itemization
5. If over \$100.00 cumu	liative, piease pro					
Occupation		Employer				
Business Address Type of Contribution:	Direct	Loan from a p	erson	Fund Raiser		
3. Contribution # 4 Name & Address	PAC Receipt?	YES 4	Date of Rec	eipt		
					\$	
5. If over \$100.00 cum	ılative, please pro	vide:			Click Here fo	or Memo Itemization
Occupation		_ Employer _			- '	
Business Address						
Type of Contribution:	Direct	Loan from a p	erson	Fund Raiser		
				Page Subtot	al \$100.00	
Grand Total of All Schedules 1/ (Complete on last page of Schedule					a) [42 1,7 00:00	
Page 20 of 20					Enter this total on line 3a of Summar Page.	у