



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE
COVER PAGE**

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

FILED
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MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

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<p>1. Committee I.D. Number 140181</p> <p>2. Committee Name CTE SYLVIA GROT</p> <p>5. Committee's Mailing Address 11927 HIAWATHA DRIVE SHELBY TOWNSHIP, MI 48315</p> <p>Area Code and Phone <u>(586) 330-9829</u> 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.</p> <p>7. Treasurer's Business Address 45619 THORN TREE LANE MACOMB, MI 48044</p> <p>Area Code and Phone <u>(586) 330-9829</u></p>		<p>3. This Statement covers From: <u>10/21/2025</u> to <u>12/31/2025</u></p> <p>4. Candidate Last Name GROT First Name SYLVIA M.I. </p> <p>4a. Office Sought Including District # or Community Served (If applicable) 03 COUNTY COMMISSIONER, MACOMB COUNTY</p> <p>4b. County of Residence MACOMB COUNTY</p> <p>6. Treasurer's Name & Residential Address KURT BROADBRIDGE 45619 THORN TREE LANE MACOMB, MI 48044</p> <p>Area Code & Phone <u>(586) 330-9829</u></p> <p>8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) Area Code and Phone <u>() -</u></p>
<p>9. TYPE OF STATEMENT</p> <p>9a. <input type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election</p> <p>Pre-Election or Post-Election Statement relates to:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus</p> <p>Date of Election, Convention or Caucus _____</p>		<p>Required ONLY if candidate is not on the ballot for the current year:</p> <p><input type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly</p> <p>9c. <input checked="" type="checkbox"/> Annual Statement (2025) Coverage Year</p> <p>9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b , 9c or 9e to indicate which Statement is being amended.)</p> <p>9e. DISSOLUTION OF CANDIDATE COMMITTEE</p> <p><input type="checkbox"/> By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is hereby discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.</p> <p>Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.</p> <p>Effective date of dissolution _____</p> <p>Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.</p>
<p>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.</p> <p>Current Treasurer or Designated Record keeper _____ / _____ Type or Print Name _____ Signature _____ Date <u>01/26/2026</u></p> <p>Candidate _____ / _____ Type or Print Name _____ Signature _____ Date <u>01/26/2026</u></p>		



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**SUMMARY PAGE
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140181

2. Committee Name CTE SYLVIA GROT

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>250.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>250.00</u>	(18.) \$ <u>69,326.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>250.00</u>	(20.) \$ <u>69,326.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0.00</u>	(21.) \$ <u>1,438.43</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>250.00</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>250.00</u>	(23.) \$ <u>70,940.18</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>14,500.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
		BALANCE STATEMENT
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>1,552.37</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>250.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>1,802.37</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>250.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>1,552.37</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140181
2. Committee Name CTE SYLVIA 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.

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

3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 12/08/2025

Name & Address:

THOMAS SOKOL
20331 VINE DR
MACOMB, MI 48044

\$250.00 \$250.00

5. If over \$100.00 cumulative, please provide:

Occupation OWNER Employer FIRST INDEPENDENT-DESCAMPS AGENCY LLC

Business Address 15945 CANAL RD, CLINTON TOWNSHIP, MI 48038

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

250.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

250.00

Enter this total on
line 3a of Summary
Page.



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

140181

1. Committee I. D. Number 140181

2. Committee Name CTE SYLVIA GROT

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name MACOMB COUNTY REPUBLICAN PARTY Address PO BOX 380962 CLINTON TOWNSHIP, MI 48038 <input type="checkbox"/> Fund Raiser	Purpose: SPONSORSHIP / ADVERTISEMENT <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11/01/2025 Date	\$ 250.00
Expenditure #2 Name Address <input type="checkbox"/> Fund Raiser	Purpose: <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	 Date	 \$
Expenditure #3 Name Address <input type="checkbox"/> Fund Raiser	Purpose: <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	 Date	 \$
Expenditure #4 Name Address <input type="checkbox"/> Fund Raiser	Purpose: <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	 Date	 \$
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	 Date	 \$
		Subtotal this page	250.00
		Grand Total of all Schedules 1B (Complete on last page of Schedule)	250.00
		Enter this total on line 8a of Summary Page	



DEBTS AND OBLIGATIONS

SCHEDULE 1E

CANDIDATE COMMITTEE

1. Committee I.D. Number 140181

2. Committee Name CTE SYLVIA 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.	4. Type of Obligation (Description)	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)
<p>Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.</p> <p>Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: SYLVIA GROT 11927 HIAWATHA DR SHELBY TOWNSHIP, MI 48315</p>	<p>5. Indicate date debt was incurred 6. Indicate original amount of debt</p> <p>4. Type: <u>LOAN FROM CANDIDATE</u> 5. <u>Date Debt Was Incurred:</u> <u>11/18/2022</u> 6. <u>Original Amount of Debt:</u> <u>\$ 10,000.00</u></p>	<p>05/21/24 <u>\$ 500.00</u> \$ \$ \$ \$ \$</p>	<p>\$ 500.00</p>	<p>\$ 9,500.00 <input type="checkbox"/> FORGIVEN</p>

If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____

Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: SYLVIA GROT 11927 HIAWATHA DR SHELBY TOWNSHIP, MI 48315	<p>4. Type: <u>LOAN FROM CANDIDATE</u> 5. <u>Date Debt Was Incurred:</u> <u>07/19/2024</u> 6. <u>Original Amount of Debt:</u> <u>\$ 5,000.00</u></p>	<p>\$ \$ \$ \$ \$</p>	<p>\$ 0.00</p>	<p>\$ 5,000.00 <input type="checkbox"/> FORGIVEN</p>
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If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____

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

Page Subtotal (Outstanding debt)	<u>14,500.00</u>
Grand Total of all Schedules 1E	<u>14,500.00</u>

(Complete on last page of Schedule showing amounts owed by or to the committee)

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.