

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

ORIGINAL OR AMENDED

STATEMENT OF ORGANIZATION FORM FOR CANDIDATE COMMITTEES 1. Committee ID #: 10. REPORTING WAIVER REQUEST: If the committee does not expect to receive or expend in excess of \$1,000 in an election 2. Type of Filing: and checks this box, the filing requirement of pre, post and annual campaign statements is waived. The Reporting Waiver will be Original automatically lost if the committee exceeds the \$1,000 threshold. Amendment to Items: _____ Eff. Date: 11. Name and Address of Depositories or Intended Depositories 3. Full Name of Committee (must include Candidate's first of committee funds. (Michigan Bank, Credit Union or Savings & Loan and last name): CTE STANLEY T. GROS Association) a. Official Depository 4a. Candidate Full Name (Last, First, M.I.): GROT STANLEY 1. 4b. Political Party (if applicable): REPVBLICAN4c. County of Residence: MACOMB 4d. Office Sought (Check one): Lt. Governor Governor State Senator State Rep. Sec. of State Attorney Gen. State Bd. of Ed. UofM Reg. MSU Trustee 12. This item applies only to Gubernatorial Candidate Committees: Check if this committee intends to seek qualifying WSU Gov. Supreme Court Appeals Court contributions or make qualifying expenditures. District Court Circuit Court Probate Court Municipal Court tocal or other please specify: 5helby Tu 13. ELECTRONIC FILING: This item applies to committees that file with the Michigan Department of State Bureau of Elections only and does not apply to Candidate Committees that file with the County Clerk's office. 4e. District/Circuit # or Jurisdiction: 5. Date Committee was Formed: The Campaign Finance Act requires any committee that files with the 6a. Committee Phone # (586/677 -Secretary of State and spends or receives \$20,000 in the preceding calendar year OR expects to spend or receive \$20,000 in the current calendar year to file campaign statements electronically. MERTS Plus software is provided to 6b. Committee Fax #:<u>/586/</u> you free of charge to assist you in meeting this requirement. 6c. Committee E-mail Address: Stanley to grot agmail in Committee spent or received or expects to spend or receive in 6d. Committee Website Address: Stankert groat . com excess of \$20,000 and is required to file electronically. 7a. Complete Comm. Mailing Address (May be PO Box): ** OR ** 11927 Hignatha Committee did not spend or receive or does not expect to spend Shelley Tup. Mi 48315

7b. Complete Comm. Street Address (May not be PO Box): or receive in excess of \$20,000 and would like to file electronically voluntarily. 14. Verification: I/We certify that all reasonable diligence was used 11929 Hiawatha in the preparation of the above statement and that the contents are Shelby Trp. Mi. 48315 true, accurate and complete to the best of my/our knowledge or belief. If filing electronically, we further agree that the signatures below shall serve as the signatures that verify the accuracy and completeness of each statement filed electronically by the committee. 8. Treasurer Name and Complete Address: I/We certify that all reasonable diligence will be used in the SYLWIA GROT preparation of each statement electronically filed by this committee 11927 Hianatha 48315 Shelby Twp. Mi. 48315 Phone #: (586) 677-2002 and that the contents of each statement will be true, accurate and complete to the best of my/our knowledge or belief. (Sign Name and Date) 9. Designated Record Keeper Name and Complete Address: Some as above Phone #: E-mail Address: Designated Record Keeper (Required only if filing electronically)