

## MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

FILED

12 OCT -4 PH 2: 08

FOR OFFICIAL USE ONLY

CANDIDATE COMMITTEE 72 0	FOR OFFICIAL USE ONLY
AONEO DACE	2. Thus State graph while is from: -7 27-19 817-12
Report must be legible, typed or printed in ink and signed by A ine treasurer (or designated record keeper) and candidate.	4. Candidate Last Name First Name M.I.
1, Committee LD, Number	4. Candidate Last Name First Name First Name IVIII.
138846	4a Office Sought Including District # or Community Served (If applicable)
a Committee Name	Clerk - Shelby Tup.
CT. E. Stankey T. GROT  5. Committee's Malling Address	4b. County of Residence MACOMB
C.I. E. Sturmy	6. Treasurer's Name & Residential Address
5. Committee's Malling Address	- 2007
11927 Highatha	SYLWIA J. GROT 11927 Hiawatha 11927 Hiawatha
Shelby Two. Mi. 48315	11927 Heawatha
Jerry (00/1611-2002	Shelby Tup. Mi: 48315
Area Code and Phone October If the address in this box is different from the committee	1
Area Code and Phone S86/677-2002 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.	Area Code & Phone
7. Treasurer's Business Address	Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)
·	
1 A/A	N/H
W/FT	
/	
Area Code and Phone	Area Code and Phone
9. TYPE OF STATEMENT	
9a. Pre-Election OR 9b. Pos	st-Election 9c. Annual Statement (Coverage Year)
	9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to Indicate which Statement is being amended)
Pre-Election or Post-Election Statement relates to:	
Ge	9e. Dissolution of Candidate Committee
Primary	Effective Date of Dissolution
Conventien	chool
Special Co	By checking this item, I'We certify that the committee has no assets or
	By checking this item, twee centry that the outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for
Date of Election, Convention or Caucus	Labo Bonorting Waivet
8-1-12	Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.
A committee that does not have a Reporting Waiver must file all	required Campaign Statements. The Campaign Statements must include all applicable
Schedules. Direct contributions, in-kind contributions, toans, to	penditures, and obtaining debts count against the \$1,000 Reporting Volume of Organization, and night since the information was shown on the committee's Statement of Organization, and y this Campaign Statement. If a request for a Reporting Waiver is not received on or y this Campaign statement cannot be waived.  The comparison of this statement and attached schedules (if any) and to the best of
ameridment to the Statement of Organization before the filling deadline of a required campaign statement	that campaign statement cannot be warded.
<ol> <li>Verification: I/We certify that all reasonable diligence was us my/our knowledge and belief the contents are true, accurate and</li> </ol>	ed in the preparation of this statement and attached schedules (if any) and to the best of i complete.
Current Treasurer or CIII/IIA CROT	10-4-12
Designated Record keeper SYLWIN CONTROL Type or Print Name	Signature Date 10-4-12
	Showled T. Grot Date 10-4-12
Candidate STANLEY GRO	Signaturo
Type or Print Name	V (1)

Authority granted under P.A. 388 of 1976



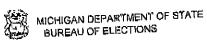
## MICHIGAN DEPARTMENT OF STATE

## ITEMIZED CONTRIBUTIONS **SCHEDULE 1A**

## CANDIDATE COMMITTEE

1. Committee I.D. Number 138846
2. Committee Name CT.E. Stanley + GROT

CANDIDATE COMMITTEE	T 6 Amount 7. Cumulative for
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? YES 4. Date of Receipt 8-1-12  ame & Address:  ATRICK SIMASKO  319 N. G-QATIOT  Clemens Mi. 48043  Decupation HOOVNEY Employer 50 Septembers 48043  Business Address 319 Grafish Mt. Clemens, 48043	\$ 500 \$500 Click Here for Memo Itemization
Type of Contribution:   Direct   Loan from a person   Fund Raiser	
lame & Address	\$\$
. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Employer	
Susiness Address	
5. If over \$100,00 cumulative, please provide:	\$ SCIICK 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. († 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	
Type of Contribution:   Direct   Loan from a person   Pullu Raisei Page Subtot	tal
Grand Total of All Schedules 1. (Complete on last page of Schedul	Α



DEBTS AND OBLIGATIONS SCHEDULE IE  CANDIDATE COMMITTEE  2. Committee LD. Namber  3. 8.8 4 6  CANDIDATE COMMITTEE  2. Committee Name  C.L. Stanfart. Great  3. Committee Committee  Check either a or b. Use only for the purpose manched.  Check either a or b. Use only for the purpose manched.  Name and Melining Address of cerson, venified or flaterial installation to whurt dash is owned.  Name and Melining Address of cerson, venified or flaterial installation owners to displation covered by or the purpose manched.  Name and Melining Address of cerson, venified or flaterial installation covered by this Campaign by the committee.  Check either a or b. Use only for the purpose manched.  1. Type or Displation  7. Data and amount of actions and amount of action payment to date on dobt or date or	BUREAU OF ELECTIONS			n e	
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Security   Experiment   Security   Experiment   Security   Secur		77	Stanley	t. 64	26/
Debts and obligations owed by or forgiven the committee  OR b. Debts and obligations owed to or forgiven by the committee  OR b. Debts and obligations owed to or forgiven by the committee  OR b. Debts and obligations owed to or forgiven by the committee  OR b. Debts and obligations owed to or forgiven by the committee.  Debts and obligations owed by or forgiven by the committee.  OR b. Debts and obligations owed to or forgiven by the committee.  OR b. Debts and obligations owed to or forgiven by the committee.  OR b. Debts and obligations owed to or forgiven by the committee.  OR b. Debts and obligations owed to or forgiven by the committee.  OR b. Debts and obligations owed to or forgiven by the committee.  OR b. Debts and obligations owed to or forgiven by the committee.  OR b. Debts and obligations owed to or forgiven by the committee.  OR b. Debts and obligations owed to or forgiven by the committee.  OR best of the purpose checked.  OR best of the purpose checked.  Original amount of debt was indicated which and or feel of the payment to date or debt and or feel of the payment to date or debt and or feel of the payment to date or debt and or feel of the payment to date or debt and or feel of the payment to date or debt and or feel of the payment to date or debt and or feel of the payment to date or debt and or feel or feel of the payment to date or debt and or feel or feel of the payment to date or debt and or feel of the payment to date or debt and or feel of the payment to date or debt and or feel of the payment to date or debt and or feel of the payment to date or debt and or feel of the payment to date or debt and or feel of the payment to date or debt and or feel of the payment to date or debt and or feel of the payment to date or debt and or feel of the payment to date or debt and or feel of the payment to date or feel of the payment to date or feel o		2. Committee Name			
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If bank loan, name of endorser or guarantor:  Dubt #2  Congr   Yes   A. Type:   Down   S. Date Debt Was Incurred:	Name and Mailing Address of person, vendor	or 4. Type of Congesion	each payment	date on debt	of this period
Complete on last page of Schedule showing amounts over the time to the time time to the time time to	handial institution to whom does to	5, Indicate date debt was			
powder information for any analysis of endorser or guarantor.  If bank loan, name of endorser or guarantor.  If ba	Check box to indicate whather debt is owed to a	All 1			
Debt #1 Corp? Yes  Owed to or by:  Stanley To Franch S. Date Debt Was lacurred:  Stanley To Franch S. Date Debt Wa	provide information regarding the chostos.	of dept			
Stanley T. G. S. Date Debt Was Incurred:  Stanley T. G. S. Date Debt Was Incurred:  S.	guarantors, it any.		<b>5</b>	1	
If bank loan, name of endorser or guarantor:  Debt #2 Core? Yes 4. Type: Loan 5  Debt #3 Core? Yes 4. Type: Loan 5  S. Date Debt Was Incurred: \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Debt #1 Corp !!	A. Type:			
If bank loan, name of endorser or guarantor:  Debt #2 Core? Yes 4. Type: Loan 5  Debt #3 Core? Yes 4. Type: Loan 5  S. Date Debt Was Incurred: \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Charles T Gro	5. Date Debt Was Incurred:			500
Second   S	Stenies 1	AR 8-1-12	<u> </u>	\$	\$
If bank loan, name of endorser or guarantor:  Debt #2 Core? Yes 4. Type: Loan 5  Debt #3 Core? Yes 4. Type: Loan 5  S. Date Debt Was Incurred: \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	11097 Hianas	6. Original Amount of Debt:	\$	.	FORGIVEN
If bank loan, name of endorser or guarantor:  Debt #2 Core? Yes 4. Type: Loan 5  Debt #3 Core? Yes 4. Type: Loan 5  S. Date Debt Was Incurred: \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Mi H	(3/5) \$ 500	\$	1	<del> </del>
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Spate Debt Was Incurred:  Spate Debt Was Inc	If bank loan, name of endorser or guarantor:				
S. Date Debt Was Incurred:   S. Date Debt:   S.   FORGIVEN	Debt #2	4. Type:	5	-	
Solution	Owed to or by:	5. Date Debt Was Incurred			3.0
If bank loan, name of enderser or guarantor:  Debt #3 Corp? Yes 4. Type: COAL 5 Owed to or by:  5. Date Debt Was Incurred: \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		8-15-12			\$ 500
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If bank loan, name of endorser or guarantor:  Debt #3	• "	\$ <u>300</u>	Q:		
If bank loan, name of endorser or guarantor:  Debt #3			<u></u>	- Amount Endorsed:	\$
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Owed to or by:    S. Date Debt Was Incurred   \$   \$   \$   \$   \$   \$   \$   \$   \$	(Yes	4. Type: 60817			
Social Amount of Debt:   Social Amount Endorsed:   Forgive	Owed to or by:	S. Date Debt Was Incurred:	<u> </u>	_	
FORGIVE   S		8-15-12	<u>\$</u>	_	* 200
Amount Endorsed: \$    Amount Endorsed: \$   Amount E		6. Original Amount of Debt	# \ <del></del>	1 5	
Amount Endorsed: \$		\$ 200			LOKO14
Page Subtotal (Outstanding debt)  Grand Total of all Schedules 1E  (Complete on last page of Schedule showing amounts owed by or to the committee)  (Complete on last page of Schedule showing amounts owed by or to the committee)  Enter this total on line 12a "o by" or line 12 "owed to" of the committee of the committee on line 12a "o by" or line 12 "owed to" of the committee of		<b>V</b>			, and a Co
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Grand Total of all Schedules 1E Grand Total of all Schedules 1	If bank loan, name of enclorage or guaranto			Limat (Outetanding	debt) / OOC
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this Campaign Statement or it was forgiven during the posterior	A debt or obligation must be shown or	this Schedule if there was an outstand	Campaign Statement.		Summary Pag
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