

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

FILED

12 OCT 26 PM 4:39

CANDIDATE COMMITTEE

CARMILLA JABAUGH

FOR OFFICIAL USE ONLY

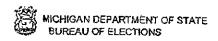
COVER PAGE	MACOHU COUNTY CLERK			
Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	BITHIS Statement covers FIGHT N 8-27-8 to 10-21-12			
1. Committee I.D. Number	4. Candidate Last Name First Name M.I. 57ANLEY J. CROT			
2. Committee Name	4a. Office Sought Including District # or Community Served (If applicable)			
CI.E. Stanley t. GROT	the Sounds of Decisions and Decisions			
5. Committee's Mailing Address	4b. County of Residence MA COMB 6. Treasurer's Name & Residential Address			
11927 Hiauatha	SYLWIA J. GROT.			
Shelly Tup. M.: 48315	11927 Hianatha			
Area Code and Phone 386/677-2 1f 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.	Shelby Trup. M: 48315 Area Code & Phone (5561677-2002			
7. Treasurer's Business Address	Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)			
NA	NA			
, in the second				
Area Code and Phone	Area Code and Phone			
9. TYPE OF STATEMENT				
9a. Pre-Election OR 9b. Post	Election 9c. Annual Statement (Coverage Year)			
Pre-Election or Post-Election Statement relates to:	9d. Amendment to Campaign Statement (Complete Itam 9a, 9b, 9c or 9e to indicate which Statement is being amended)			
Primary Gen	eral Dissolution of Candidate Committee			
Convention Sch	Effective Date of Dissolution			
Date of Election, Convention or Caucus	By checking this item, IWe certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Note: The disposition of residual funds must be reported on Schedule			
A committee that does not have a Reporting Waiver must file all re Schedules. Direct contributions, in-kind contributions, loans, exper	18 and the Summary Page.			
If any of the information listed in items 2, 4, 5, 6, 7, or 8 has change amendment to the Statement of Organization should accompany it before the filling deadline of a required campaign statement, the	ed since the information was shown on the committee's Statement of Organization, an its Campaign Statement. If a request for a Reporting Walver is not received on or at campaign statement cannot be waived.			
10. Verification: INVe certify that all reasonable diligence was used implour knowledge and belief the contents are true, accurate and co	n the preparation of this statement and attached schedules (if any) and to the best of mplete.			
Current Treasurer or Designated Record keeper SYLWIATGROT	Selling + 10-26-17			
Type or Print Name	S.gnature Date			
Candidate STANLEY T. GROT	Shely T. Got Date 10-26-12			
Type or Print Name	Signature			
Authority granted under P.A. 388 of 1976				

flosoroiM



MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

BUREAU OF ELECTIONS		0 100		
	1. Committee I.D. Number			
SUMMARY PAGE CANDIDATE COMMITTEE	2. Committee Name CT.E. Stock	nleytont		
RECEIPTS	Column I This Period	Column II Cumulative this election cycle		
3. Contributions	ins rend	Comorative this election cycle		
a. Itemized (Schedule 1A - Column 6)	(3a) \$ 5, 100			
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	07/1020		
c. Subtotal of "Contributions"	(3c) \$ 5, 100	(18.) \$ <u>21,430,</u> 0		
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.)\$		
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(6.) \$ <u>5, 100</u>	(20.) s. 2 1, 430. 0°		
IN-KIND CONTRIBUTIONS & EXPENDITURES	_			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) s	(21.) \$		
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7) \$	(22.)5		
EXPENDITURES				
8. Expenditures				
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>5, 951. 00</u>			
b. Itemized Get-Out-the-Vote (Schedule 18-G)	(8b.) \$			
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	90 000 1		
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>5,957.88</u>	(23.) 8 27, 389. 61		
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)				
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.)s			
b. Uniternized (less than \$50.01 each - no Schedule)	- 0			
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS	(10b.) \$			
(Add Line 10a + Line 10b)	(11.) \$	(24.)5		
DEBTS AND OBLIGATIONS 12. Debts and Obligations	4			
a. Owed by the Committee (Schedule 1E)	(12a) 8 2 , 3 6			
b. Owed to the Committee (Schedule 1E)	-0			
	(12b.) \$BALANCE STATEMENT	1		
13. Ending Balance of last report filed	(13.) s 892.21			
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14)+5,5,100,00			
(Line 5, Total Contributions & Other Receipts)	$(16) = 5$ $\frac{5}{9}$ $\frac{992.21}{}$			
15. SUBTOTAL Add lines 13 and 14	505108			
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u></u>			
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) s 40.5J.			
· · · · · · · · · · · · · · · · · · ·				



DEBTS AND OBLIGATIONS 1.	Committee I.B. Number	13889	6	
CANDIDATE COMMITTEE 2	Committee Name CTE	Stanley	& GR	07
This Schedule itemizes:		<i>O</i>		
Debts and obligations owed by or forgiven the co	mmittee OR b. De leck either a or b. Use only for the	ebts and obligations owed to o	forgiven by the co	mmillee.
Name and Mailing Address of person, vendor or financial institution to whom debt is owed.	4. Type of Obligation	7. Date and amount of	8. Cumulative	
Check box to indicate whether debt is awed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or		each payment	payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus
guaranters, if any.	of debt		1	Item 8)
Debt #1 Corp? Yes Owed to or by:	4. Type: LORN	\$		
STANLEY T. GROT	5. Date Debi Was Incurred:	\$		
11927 Hianatha	5-7-12	s		200
Sheller Typ. Mi	o. Original Amount of Debt.	\$	\$:300
6000	\$ 300	\$	}	FORGIVEN
If bank loan, name of endorser or guarantor:			unt Endorsed: \$	
Debt #2 Corp? Yes Owed to or by:	4. Type: LOON	\$	Endursed: 3	
	5. Date Debt Was Incurred:	5	}	
- //	5-7-12		`	
	6. Original Amount of Debt:	\$	\$	\$ 1,000
	3-11-0	-	Γ	FORGIVEN
If bank loan, name of endorser or guaranter:			_	
Debt#3 Corp? Yes		Amo	unt Endorsed: \$	
Owed to or by:	4. Type:	5	1	7
	5. Date Debt Was Incurred;			
	6. Original Amount of Debt:	<u> </u>		1
	S	\$	\$1	
	· · · · · · · · · · · · · · · · · · ·		Į.	FORGIVEN
If bank loan, name of endorser or guarantor.		Amo	n-4 <i>F</i> -2	1
			unt Endorsed: \$	*
		Page Subtotal (C	utstanding debt)	1,300
(Ce	omplete on last page of Schedule	Grand Total of showing amounts owed by or t		
A debt or obligation must be shown on this Schedu this Campaign Statement or it was forgiven during t	le if there was an outstanding a the period covered by this Carry	mount owed on it at the clos paign Statement	or by	hter this total I line 12a *owed "" or line 12b wed to" of the
2	- Jane Jane June		St	mmary Page



DEBTS AND OBLIGATIONS 4	Committee LD, Number	13884	6	•		
SCHEDIU E 1E						
	Committee Name C. Z.	Stanley	t. G	est		
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. 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.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	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)		
Debt #1 Corp? Yes Owed to or by:	4. Type Loan	\$				
Stanley T. Grot	5. Date Debt Was Incurred:	\$				
11927 Hianotho	6. Original Amount of Debt:	2	\$,500		
Shelby Top, Mi. 48315	5 500			FORGIVEN		
If bank loan, name of endorser or guarantor:		Amox	int Endorsed: \$			
Debt #2 Corp? Yes Cwed to or by:	4. Type: Loan	\$				
-11-	5. Date Debt Was Incurred: 8-15-12 6. Original Amount of Debt 3.00	\$ \$	\$,300		
Y hands bear and a	·	\$	[FORGIVEN		
If bank loan, name of endorser or guarantor: Debt #3 Com2 Yes		Amo	unt Endorsed; \$			
Owed to or by:	4. Type: 60R.D	3				
	S. Date Debt Was Incurred:	\$.				
-11-	6. Original Amount of Debt		5	200		
	s coo			FORGIVEN		
If bank loan, name of endorser or guarantor:		Amoi	unt Endorsed; \$			
				1 0 0		
	•	Page Subtotal (O	7	000		
(Cor	nplete on last page of Schedule sh	Grand Tetal of a owing amounts owed by or to	the committees	1300		
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.						
Page 2 of 2						

Microsoft

Oct 27 12 05:40a