09/15/2015 12:25

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Suzanne Waltman

Type or Print Name

Type or Print Name

Authority granted under P.A. 388 of 1976

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PAGE 03

PAGE 02

09/17/2016

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Year

Day

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Date

FOR OCCIONAL LINE ONLY



MICHIGAN DEPARTMENT OF STATE Bureau of Elections

FILED

CANDIDATE COMMITTEE COVER PAGE

16 SEP 19 AM 8: 05 HACOMS COUNTY CLERK

OOTEK: NOW	HACO	TO HICHE	A.33	I OK OF	LICINE OSI			
Report must be legible, typed or printed in little treasurer (or designated record keeper)	3. This Statement covers from:		07/18/2016 To: 08/22/20			16		
the treasurer (or pesignated record Keeper)	grid continuer.	G. THE CLEGHTEN	Mo	Day Year	Mo	Day	Year	
1. Committee I.D. Number		4. Candidate Last	Name	First Nan	ne		M.I.	
139410-0		Drolet		Leon				
2. Committee Name OTE LEON DROLET		4a. Office Sought Including District # or Community Served (If applicable) To Be Determined						
5. Committee's Mulling Address	d. Treasurer's Name & Residential Address Suzanne Waltman							
46116 Lookout Drive		22615 Francis S			k .	1		
Mecomb Area Code and Phone	•		St. Clair Shores Area code & Phone (586) 214-6968 MI 48082 TA					
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 fiting official.		Driver License # (Optional)						
								7 Treasurer's Businese Address
						A A	ED	
					₹2	A 00		
Area Code and Phone		Area Code and Phone						
				Driver L	icense #70	Benonte		
9 TYPE OF STATEMENT							1-111	
_	_		9c. Annual Statement (Coverage Year)				*	
Pre-Election or Post-Election Statement relation		9d. X Amendment to Campaign Statement (Complete Itam 9a, 9b, 9c or 9e to indicate which Statement is being amended)						
☑ Primary ☐ Gener		ral	9a. Dissolution of Candidate Committee				•	
Convention	School		1	ffective Date of Dissolution				
☐ Special	Caucus		Mon Day Year					
Date of Election, Conve	ention or Caucus		By checking this iten			183 No asse	ts ar	
08/02/2016		By checking this item, I certify that the committee has no as outstanding debts, including late filling fees. Note: The dispresidual funds must be reported on Schadule 18 and the States.		The disposi	tion of			
Month Da			Page.				rich y	
A committee that does not have a Reporting Schedules. Direct contributions, in-kind contributions of the Information listed in Items 2, 4, 5 amendment to the Statement of Organization on or before the filing deadline of a require	should accompany th	nis Campalon Statemu	ent, il a reques	t for a Reporting	ust include i porting Wai ement of Or Waiver is I	al applicable ver threshold ganization, a not receive	i. an d	
10. Verification: I certify that all reasonable di my knowledge and belief the contents of	gence was used in the true, accurate and o	ne preparation of this complete.	statement and attache	ed schedulop (if ar	ny) and to th	e best of		

Current Treasurer or

Designated Recordkeeper

Candidate Leon Drolet