



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

# CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

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

1. Committee I.D. Number <b>134410-0</b>		3. This Statement covers From: <b>10-21-17</b> <b>12-31-17</b>	
2. Committee Name  		4. Candidate Last Name <b>Drolet</b> First Name <b>Leon</b> M.I. 4a. Office Sought Including District # or Community Served (If applicable) <b>County Commissioner District 13</b> 4b. County of Residence <b>Macomb</b>	
5. Committee's Mailing Address <b>46116 Lookout Drive</b> <b>Macomb, MI 48044</b> Area Code and Phone <b>586-321-5933</b> <small>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.</small>		6. Treasurer's Name & Residential Address <b>Suzanne Waltman</b> <b>22615 Francis</b> <b>St. Clair Shores, MI 48082</b> Area Code & Phone <b>586-214-6988</b>	
7. Treasurer's Business Address  Area Code and Phone _____		8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)  Area Code and Phone _____	
9. TYPE OF STATEMENT 9a. <input type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus  Date of Election, Convention or Caucus _____		Required ONLY if candidate is not on the ballot for the current year: <input checked="" type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly 9c. <input checked="" type="checkbox"/> Annual Statement (2017) Coverage Year 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.) 9e. Dissolution of Candidate Committee <input type="checkbox"/> By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse has been by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no taxes fees or has any outstanding debt. Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Effective date of dissolution _____ Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	
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.			
Current Treasurer or Designated Record Keeper <b>Suzanne Waltman</b> Type or Print Name <b>Suzanne M Waltman</b> Signature Date <b>01-13-18</b>		Candidate <b>Leon Drolet</b> Type or Print Name <b>Leon E Drolet</b> Signature Date <b>01-13-18</b>	

FILED  
 18 JAN 16 AM 8:16  
 MACOMB COUNTY CLERK  
 MT. CLEMENS, MI



Jan. 15. 2018 8:01AM

DEPARTMENT OF STATE  
Bureau of Elections

1. Committee I.D. Number 139410-0

No. 5012 P. 4

2. Committee Name CTE LEON DROLET

SUMMARY PAGE  
CANDIDATE COMMITTEE

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 0.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ 0.00	
c. Subtotal of "Contributions"	(3c.) \$ 0.00	(18.) \$ 50.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ 0.00	(19.) \$ 0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ 0.00	(20.) \$ 50.00
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ 0.00	(21.) \$ 0.00
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ 0.00	(22.) \$ 0.00
<b>EXPENDITURES</b>		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ 0.00	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ 0.00	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ 0.00	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ 0.00	(23.) \$ 65.00
<b>INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)</b>		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ 0.00	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ 0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ 0.00	(24.) \$ 0.00
<b>DEBTS AND OBLIGATIONS</b>		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ 465.00	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ 0.00	
<b>BALANCE STATEMENT</b>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ 666.64	
14. Amount received during reporting period (Line 5. Total Contributions & Other Receipts)	(14.) + 0.00	
15. SUBTOTAL Add Lines 13 and 14	(15.) = 666.64	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - 0.00	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ 666.64	

NOTE: Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000.00 Reporting Waiver threshold.  
All required schedules must be included with this statement. \*If your ending balance is negative, please recheck your math.



Bureau of Elections

**DEBTS AND OBLIGATIONS  
SCHEDULE 1E  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139410-0

2. Committee Name CTE LEON DROLET

**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 endorser or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code)  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 Owed to or by: Leon Drolet  46116 Lookout Drive  Macomb Twp. MI 48044	4. Type: <u>load to campaign</u> Code _____ 5. <u>Date Debt Was Incurred:</u> <u>06/06/2016</u> 6. <u>Original Amount of Debt:</u> \$ <u>1250.00</u>	<u>08/22/2016 \$ 600.00</u> <u>08/30/2016 \$ 120.00</u> <u>12/02/2016 \$ 65.00</u> _____ _____	785.00	465.00  <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt # Owed to or by:   	4. Type: _____ Code _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	_____ _____ _____ _____ _____		<input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt # Owed to or by:   	4. Type: _____ Code _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	_____ _____ _____ _____ _____		<input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

465.00

Grand Total of all Schedules 1E  
(Complete on last page of Schedule showing amounts owed by or to the committee.)

465.00

**PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES**

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.

Enter this total  
on line 12a  
"owed by" or  
line 12b "owed  
to" of the  
Summary Page