

FILED

18 SEP -4 AM 10:55

**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.

MACOMB COUNTY CLERK
 CLETONS, MICHIGAN

3. This Statement covers From: 07/23/2018 To: 08/27/2018
 Mo Day Year Mo Day Year

1. Committee I.D. Number 139410-0 2. Committee Name CTE LEON DROLET	4. Candidate Last Name Drolet 4a. Office Sought Including District # or Community Served (If applicable) To Be Determined 4b. County of Residence Driver License # (Optional)
5. Committee's Mailing Address 46116 Lookout Drive Macomb MI 48044 Area Code and Phone _____ 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.	6. Treasurer's Name & Residential Address Suzanne Waltman 22615 Francis Street St. Clair Shores MI 48082 Area code & Phone <u>(586) 214-6988</u> Driver License # (Optional) _____
7. Treasurer's Business Address Area Code and Phone _____	8. Designated Recordkeeper's Name and Mailing Address (If the committee has a Designated Recordkeeper) Area Code and Phone _____ Driver License # (Optional) _____

9. TYPE OF STATEMENT

9a. ☐ Pre-Election OR 9b. ☒ Post-Election

Pre-Election or Post-Election Statement relates to:

- | | |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Convention | <input type="checkbox"/> School |
| <input type="checkbox"/> Special | <input type="checkbox"/> Caucus |

Date of Election, Convention or Caucus

08/07/2018

Month Day Year

9c. ☐ Annual Statement (____ Coverage Year)

9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e. ☐ Dissolution of Candidate Committee

Effective Date of Dissolution

Mon Day Year

By checking this item, I certify that the committee has no assets or outstanding debts, including late filing fees. 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, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived.

10. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Recordkeeper	<u>Suzanne Waltman</u>	Signature	<u>Syn mw altman</u>	Date	<u>09/03/2018</u>
	Type or Print Name			Mo Day Year	
Candidate	<u>Leon Drolet</u>	Signature	<u>Leon e Drolet</u>	Date	<u>09/04/2018</u>
	Type or Print Name			Mo Day Year	

Authority granted under P.A. 388 of 1976



**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 2600.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ 0.00	
c. Subtotal of "Contributions"	(3c.) \$ 2600.00	(18.) \$ 12975.00
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.) \$ 2600.00	(20.) \$ 12975.00
IN-KIND CONTRIBUTIONS & EXPENDITURES		
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
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ 6500.05	
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.) \$ 6500.05	(23.) \$ 8725.05
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
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
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ 465.00	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ 0.00	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ 8831.64	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + 2600.00	
	(15.) = 11431.64	
15. SUBTOTAL Add Lines 13 and 14		
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - 6500.05	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ 4931.59 *	

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.



Sep. 4. 2018 7:55AM

DEPARTMENT OF STATE
Bureau of Elections

No. 6036 P. 4

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE1. Committee I.D. Number 139410-02. Committee Name CTE LEON DROLET

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>1</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/07/2018</u> Name: <u>Cindy Anderson</u> Address: <u>277 Poinciana Way</u> <u>#181</u> <u>Palm Beach FL 33480</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>homemaker</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	1000.00	1000.00
3. Contribution # <u>2</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/07/2018</u> Name: <u>Jon Boguth</u> Address: <u>2794 Sunridge</u> <u>Troy MI 48084</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Hall Render</u> Business Address <u>201 West Big Beaver Road</u> <u>Troy MI 48084</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	200.00	200.00
3. Contribution # <u>3</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/07/2018</u> Name: <u>Joel Dorfman</u> Address: <u>1771 Blue Heron Court</u> <u>Bloomfield Hills MI 48304</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer <u>Northstar Partners LLC</u> Business Address <u>40900 Woodward Ave</u> <u>Bloomfield Hills MI 48302</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	1000.00	1000.00
3. Contribution # <u>4</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/07/2018</u> Name: <u>Andrew Rodney</u> Address: <u>5650 Eastman</u> <u>West Bloomfield MI 48323</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Executive</u> Employer <u>Detroit Forging, Inc</u> Business Address <u>19100 West Eight Mile</u> <u>Southfield MI 48075</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	200.00	200.00
Page Subtotal	2400.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

Enter this total on
line 3a of
Summary Page



Sep. 4, 2018 7:56AM

DEPARTMENT OF STATE
Bureau of Elections

No. 6036 P. 5

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**1. Committee I.D. Number 139410-02. Committee Name CTE LEON DROLET

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # <u>5</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/07/2018</u></p> <p>Name: <u>Clark Ruper</u> Address: <u>444 W. University Dr</u> <u>Rochester MI 48307</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Development</u> Employer <u>SELF-EMPLOYED</u></p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	200.00	200.00

Page Subtotal

200.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

2600.00

Enter this total on
line 3a of
Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139410-0

2. Committee Name CTE LEON DROLET

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure # 1 Name: Lasercom Address: 2230 Elliott Drive Troy MI 48084 <input type="checkbox"/> Fund Raiser	Purpose: <u>mailing costs</u> Expenditure Code <u>MA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/27/2018	3527.08
Expenditure # 2 Name: Lasercom Address: 2230 Elliott Drive Troy MI 48084 <input type="checkbox"/> Fund Raiser	Purpose: <u>mailing costs</u> Expenditure Code <u>MA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/30/2018	1360.28
Expenditure # 3 Name: Lasercom Address: 2230 Elliott Drive Troy MI 48084 <input type="checkbox"/> Fund Raiser	Purpose: <u>lunch</u> Expenditure Code <u>FE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/30/2018	125.00
Expenditure # 4 Name: printmasters Address: 26039 Dequindre Road Madison Heights MI 48071 <input type="checkbox"/> Fund Raiser	Purpose: <u>flyers</u> Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/30/2018	598.90
Expenditure # 5 Name: Lasercom Address: 2230 Elliott Drive Troy MI 48084 <input type="checkbox"/> Fund Raiser	Purpose: <u>mailing costs</u> Expenditure Code <u>MA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/02/2018	888.79

Subtotal this page

6500.05

Grand Total of all Schedules 1B
(Complete on last page of Schedule)

6500.05

Enter this total
on line 8a of
Summary Page



**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 endorsers 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 Corp? <input type="checkbox"/> Yes Owed to or by: Leon Drolet 46116 Lookout Drive Macomb Twp. MI 48044	4. Type: <u>loan to campaign</u> Code _____ 5. Date Debt Was Incurred: <u>06/06/2016</u> 6. Original Amount of Debt: <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> <u>\$</u> <u>\$</u>	785.00	465.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt # _____ Corp? <input type="checkbox"/> Yes Owed to or by: _____ 	4. Type: _____ Code _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: _____ \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____		<input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt # _____ Corp? <input type="checkbox"/> Yes Owed to or by: _____ 	4. Type: _____ Code _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: _____ \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____		<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

465.00

(Complete on last page of Schedule showing amounts owed by or to the committee.)

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.