

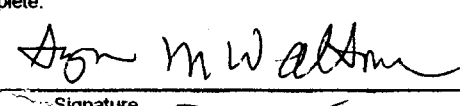



## CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

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

3. This Statement covers From: 01/01/2018 To: 07/22/2018  
Mo Day Year Mo Day Year

<b>1. Committee I.D. Number</b> 139410-0		<b>4. Candidate Last Name</b> Drolet		<b>First Name</b> Leon		<b>M.I.</b>	
<b>2. Committee Name</b> CTE LEON DROLET		<b>4a. Office Sought Including District # or Community Served (If applicable)</b> To Be Determined					
		<b>4b. County of Residence</b> Driver License # (Optional)					
<b>5. Committee's Mailing Address</b> 46116 Lookout Drive  Macomb MI 48044 Area Code and Phone _____		<b>6. Treasurer's Name &amp; Residential Address</b> Suzanne Waltman 22615 Francis Street  St. Clair Shores MI 48082 Area code & Phone (586) 214-6988 Driver License # (Optional) _____					
<b>7. Treasurer's Business Address</b>  Area Code and Phone _____		<b>8. Designated Recordkeeper's Name and Mailing Address (If the committee has a Designated Recordkeeper)</b>  Area Code and Phone _____ Driver License # (Optional) _____					
<b>9. TYPE OF STATEMENT</b>  9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> 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 <u>08/07/2018</u> Month Day Year				9c. <input type="checkbox"/> Annual Statement (____ Coverage Year)  9d. <input checked="" type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)  9e. <input type="checkbox"/> 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.			
<p>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.</p>							
<b>10. Verification:</b> 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.							
<b>Current Treasurer or Designated Recordkeeper</b> Suzanne Waltman Type or Print Name		 Signature		Date <u>9-11-18</u> Mo Day Year			
<b>Candidate</b> Leon Drolet Type or Print Name		 Signature		Date <u>9-11-18</u> Mo Day Year			

Authority granted under P.A. 388 of 1976



MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 139410-0

2. 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>9</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/20/2018</u> Name: Samier Khalil Address: 34217 Fairfax Ct Livonia MI 48152 5. If over \$100.00 cumulative, please provide: Occupation <u>none</u> Employer <u>NONE</u> Business Address _____ 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>10</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/20/2018</u> Name: Jerome Kohel Address: 5544 Gull Prairie Way Kalamazoo MI 49048 5. If over \$100.00 cumulative, please provide: Occupation <u>retired</u> Employer <u>NONE</u> 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>11</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/20/2018</u> Name: Kurt O'Keefe Address: 1593 Torrey Road Grosse Pointe Woods MI 48236 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	50.00	50.00
3. Contribution # <u>12</u> PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>07/20/2018</u> Name: Realtors PAC of Michigan Address: 720 N Washington Ave Lansing MI 48906 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	500.00	500.00
Page Subtotal	1750.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

Enter this total on  
line 3a of  
Summary Page