



**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: 11/27/18 to 07/20/19

1. Committee I.D. Number
139410-0

2. Committee Name
CTE LEON DROLET

4. Candidate Last Name **DROLET** First Name **LEON** M.I.
4a. Office Sought Including District # or Community Served (If applicable)
COUNTY COMMISSIONER DISTRICT #13

4b. County of Residence **MACOMB**

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 **(586) 214-6988**

7. Treasurer's Business Address

Area Code and Phone _____

8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper)

Area Code and Phone _____

MACOMB COUNTY CLERK
 MI. CLEMENS, MICHAEL
 19 JUL 22 PM 1:23
 FILED

9. TYPE OF STATEMENT

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

Pre-Election or Post-Election Statement relates to:

Primary
 General
 Convention
 Special
 School
 Caucus

Date of Election, Convention or Caucus
11/06/18

Required ONLY if candidate is not on the ballot for the current year:

July Quarterly
 October Quarterly

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

By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late 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 Suzanne Waltman , *Suzanne Waltman* Date 07/20/19
Type or Print Name Signature

Candidate Leon Drolet , *Leon Drolet* Date 07/20/19
Type or Print Name Signature



**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>0.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>0.00</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>0.00</u>	(18.) \$ <u>0.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>0.00</u>	(20.) \$ <u>0.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0.00</u>	(21.) \$ <u>0.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>3489.71</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>26.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>3515.71</u>	(23.) \$ <u>3615.71</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>465.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>4224.82</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + <u>0.00</u>	
15. SUBTOTAL Add Lines 13 and 14	(15.) = <u>4224.82</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - <u>3515.71</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>709.11</u>	

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.



**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 Corp? <input type="checkbox"/> Yes Owed to or by: Leon Drolet 46116 Lookout Drive Macomb Twp. MI 48044	4. Type: <u>load 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> _____ \$ _____ _____ \$ _____	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.

Enter this total on line 12a "owed by" or line 12b "owed to" of the 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	11/28/2018	1749.71
Expenditure # 2 Name: printmasters Address: 26039 Dequindre Road Madison Heights MI 48071 <input type="checkbox"/> Fund Raiser	Purpose: <u>print 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	12/18/2018	840.00
Expenditure # 3 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	02/08/2019	900.00

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

3489.71
3489.71

Enter this total
on line 8a of
Summary Page