



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 139410-0 2. Committee Name CTE LEON DROLET		3. This Statement covers From: <u>01/01/2020</u> To: <u>07/19/2020</u> <div style="display: flex; justify-content: space-around; font-size: small;"> Mo Day Year Mo Day Year </div>	
5. Committee's Mailing Address 46116 Lookout Drive Macomb MI 48044 Area Code and Phone _____ <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>		4. Candidate Last Name Drolet First Name Leon M.I. 4a. Office Sought Including District # or Community Served (If applicable) To Be Determined 4b. County of Residence _____ Driver License # (Optional) _____	
7. Treasurer's Business Address Area Code and Phone _____		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) _____	
9. TYPE OF STATEMENT 9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Convention <input type="checkbox"/> Special </div> <div style="width: 45%;"> <input type="checkbox"/> General <input type="checkbox"/> School <input type="checkbox"/> Caucus </div> </div> Date of Election, Convention or Caucus <u>11/03/2020</u> <div style="display: flex; justify-content: space-around; font-size: small;"> Month Day Year </div>		9c. <input type="checkbox"/> Annual Statement (____ Covering 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 _____ <div style="display: flex; justify-content: space-around; font-size: small;"> Mon Day Year </div> <small>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.</small>	
<small>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.</small>			
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> Type or Print Name		<u><i>Suzanne M. Waltman</i></u> Signature	
Candidate <u>Leon Drolet</u> Type or Print Name		<u><i>Leon E. Drolet</i></u> Signature	
Date <u>08/25/20</u> <div style="display: flex; justify-content: space-around; font-size: small;"> Mo Day Year </div>		Date <u>08/25/20</u> <div style="display: flex; justify-content: space-around; font-size: small;"> Mo Day Year </div>	

Authority granted under P.A. 388 of 1976



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

1. Committee I.D. Number 139410-0

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.) \$	<u>22975.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>0.00</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>22975.00</u>	(18.) \$ <u>22975.00</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>22975.00</u>	(20.) \$ <u>22975.00</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>20635.62</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>68.30</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>20703.92</u>	(23.) \$ <u>24319.63</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>2165.00</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>709.11</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) +	<u>22975.00</u>	
	(15.) =	<u>23684.11</u>	
15. SUBTOTAL Add Lines 13 and 14			
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) -	<u>20703.92</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>2980.19</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.



FYI

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>5</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/19/2020</u> Name: Chase, Darin Address: 61815 Bradbury Run Washington MI 48084 5. If over \$100.00 cumulative, please provide: Occupation <u>Mortgage Broker</u> Employer <u>Equitable Mortgage</u> Business Address <u>Garfield Road</u> <u>Clinton Twp MI 48038</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	1050.00	1050.00
3. Contribution # <u>6</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/19/2020</u> Name: <u>Mrs. Chase Patricia</u> Address: 61815 Bradbury Run Washington MI 5. If over \$100.00 cumulative, please provide: Occupation <u>retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	1050.00	1050.00
3. Contribution # <u>7</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/08/2020</u> Name: Dulce Fuller Address: 255 Pierce Street Birmingham MI 48009 5. If over \$100.00 cumulative, please provide: Occupation <u>self-employed</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	1050.00	1050.00
3. Contribution # <u>8</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/11/2020</u> Name: Thomas Ciaramataro Address: 42850 Garfield Suite 104 Clinton Twp MI 48038 5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>SELF-EMPLOYED</u> 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	3650.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

Enter this total on
line 3a of
Summary Page



**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)
<p>3. Contribution # <u>1</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/17/2020</u></p> <p>Name: <u>Leon Drolet</u> Address: <u>46116 Lookout Drive</u> <u>Macomb Twp. MI 48044</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ 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>	<p>500.00</p>	<p>2200.00</p> <p>(Addition)</p>

Page Subtotal

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

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: Leon Drolet Address: 46116 Lookout Drive Macomb Twp. MI 48044 <input type="checkbox"/> Fund Raiser	Purpose: <u>pizza for volunteers</u> Expenditure Code <u>FE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/02/2020	125.00 (Change) Memo - itemization below
Expenditure # 2 Name: Buddys Pizza Address: 45841 Hayes Road Shelb Twp MI 48315 <input type="checkbox"/> Fund Raiser	Purpose: <u>pizza for volunteers</u> Expenditure Code <u>FE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/02/2020	(125.00) (Addition) Memo - itemization

Subtotal this page

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

Enter this total
on line 8a of
Summary Page