



**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.

<p>1. Committee I.D. Number 139410</p> <p>2. Committee Name CTE Leon Drolet</p> <p>5. Committee's Mailing Address 46116 Lookout Drive Macomb Township, MI 48044</p> <p>Area Code and Phone (586) 321-5933 <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></p> <p>7. Treasurer's Business Address</p> <p>Area Code and Phone _____</p>		<p>3. This Statement covers From: 07/21/2021 to 10/20/2021</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">4. Candidate Last Name Drolet</td> <td style="width:33%;">First Name Leon</td> <td style="width:33%;">M.I. C</td> </tr> <tr> <td colspan="3">4a. Office Sought Including District # or Community Served (If applicable) Treasurer - Macomb Township</td> </tr> <tr> <td colspan="3">4b. County of Residence MACOMB</td> </tr> </table> <p>6. Treasurer's Name & Residential Address Suzanne Waltman 22615 Francis St. Clair Shores, MI 48082</p> <p>Area Code & Phone (586) 214-6988</p> <p>8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper)</p> <p>Area Code and Phone _____</p>		4. Candidate Last Name Drolet	First Name Leon	M.I. C	4a. Office Sought Including District # or Community Served (If applicable) Treasurer - Macomb Township			4b. County of Residence MACOMB		
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<p>9. TYPE OF STATEMENT</p> <p>9a. <input type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election</p> <p>Pre-Election or Post-Election Statement relates to:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus</p> <p>Date of Election, Convention or Caucus _____</p>		<p>Required ONLY if candidate is not on the ballot for the current year:</p> <p><input type="checkbox"/> July Quarterly <input checked="" type="checkbox"/> October Quarterly</p> <p>9c. <input type="checkbox"/> Annual Statement (_____) Coverage Year</p> <p>9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)</p>										
<p>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.</p> <p>Current Treasurer or Designated Record keeper Suzanne Waltman</p> <p>Type or Print Name _____ Signature <i>Suzanne Waltman</i> Date 10-21-2021</p> <p>Candidate Leon Drolet</p> <p>Type or Print Name _____ Signature <i>Leon Drolet</i> Date 10-21-2021</p>		<p>9e. Dissolution of Candidate Committee</p> <p><input type="checkbox"/> By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is hereby 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.</p> <p>Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.</p> <p>Effective date of dissolution _____</p> <p>Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.</p>										



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

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

4. Other Receipts (Schedule 1A -1, Column 6) (4.) \$ 0.00

5. **TOTAL CONTRIBUTIONS AND OTHER RECEIPTS** (5.) \$ 0.00
(Add Line 3c + Line 4)

IN-KIND CONTRIBUTIONS & EXPENDITURES

6. In-Kind Contributions (Schedule 1-IK, Column 7) (6.) \$ 0.00

7. In-Kind Expenditures (Schedule 1B-IK, Column 6) (7.) \$ 0.00

EXPENDITURES

8. Expenditures

a. Itemized (Schedule 1B, Column 6) (8a.) \$ 650.00

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.) \$ 650.00

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

DEBTS AND OBLIGATIONS

12. Debts and Obligations

a. Owed by the Committee (Schedule 1E) (12a.) \$ 815.00

b. Owed to the Committee (Schedule 1E) (12b.) \$ 0.00

Column I
This Period

Column II
Cumulative this election cycle

(18.) \$ 26475.00

(19.) \$ 0.00

(20.) \$ 26475.00

(21.) \$ 0.00

(22.) \$ 0.00

(23.) \$ 30013.68

(24.) \$ 0.00

BALANCE STATEMENT

13. Ending Balance of last report filed (13.) \$ 690.14
(Enter zero if no previous reports have been filed.)

14. Amount received during reporting period (14.) + 0.00
(Line 5, Total Contributions & Other Receipts)

(15.) = 690.14

15. SUBTOTAL Add Lines 13 and 14 (16.) - 650.00

16. Amount expended during reporting period (Add lines 9 and 11)

(17.) \$ 40.14

17. **ENDING BALANCE**
(Subtract line 16 from line 15)

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: Leon Drolet loan to CTE Leon Drolet Code _____ 5. Date Debt Was Incurred: 06/29/2020 6. Original Amount of Debt: \$ 1200.00	10/21/2020 \$ 535.00 11/12/2020 \$ 100.00 10/08/2021 \$ 565.00 \$ _____ \$ _____	1200.00	0.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor:		Amount Endorsed: \$ _____		
Debt # 2 Corp? <input type="checkbox"/> Yes Owed to or by: Leon Drolet 46116 Lookout Drive Macomb Twp. MI 48044	4. Type: loan to committee Code _____ 5. Date Debt Was Incurred: 07/17/2020 6. Original Amount of Debt: \$ 500.00	10/08/2021 \$ 85.00 \$ _____ \$ _____ \$ _____ \$ _____	85.00	415.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor:		Amount Endorsed: \$ _____		
Debt # 3 Corp? <input type="checkbox"/> Yes Owed to or by: Leon Drolet 46116 Lookout Drive Macomb Twp. MI 48044	4. Type: Loan to Committee Code _____ 5. Date Debt Was Incurred: 08/17/2020 6. Original Amount of Debt: \$ 400.00	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	0.00	400.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor:		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt)

815.00

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

815.00

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



**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>final loan payment #4430 Drolet</u> Expenditure Code <u>LO</u> <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/08/2021	565.00
Expenditure # 2 Name: Leon Drolet Address: 46116 Lookout Drive Macomb Twp. MI 48044 <input type="checkbox"/> Fund Raiser	Purpose: <u>loan partial repay #4472</u> Expenditure Code <u>LO</u> <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/08/2021	85.00

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

650.00
650.00

Enter this total
on line 8a of
Summary Page