



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

FILED 2022 JUL 22 AM 10:10  
MACOMB COUNTY CLERK

**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: <u>01/01/2022</u> to <u>07/20/2022</u>		
4. Candidate Last Name <b>Drolet</b>	First Name <b>Leon</b>	M.I. <b>C</b>
4a. Office Sought Including District # or Community Served (If applicable) <b>Treasurer - Macomb Township</b>		
4b. County of Residence <b>MACOMB</b>		
6. Treasurer's Name & Residential Address <b>Suzanne Waltman</b> <b>22615 Francis</b> <b>St. Clair Shores, MI 48082</b>		
Area Code & Phone <b>(586) 214-6988</b>		
8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper)		
Area Code and Phone		

<b>9. TYPE OF STATEMENT</b> 9a. <input type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus  Date of Election, Convention or Caucus _____	Required ONLY if candidate is not on the ballot for the current year: <input checked="" type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly  9c. <input type="checkbox"/> Annual Statement (_____) Coverage Year  9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)	<b>9e. Dissolution of Candidate Committee</b> <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 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.
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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 <b>Suzanne Waltman</b> Type or Print Name	 Signature	Date <u>07/22/2022</u>
Candidate <b>Leon Drolet</b> Type or Print Name	 Signature	Date <u>07/22/2022</u>



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.) \$ 0.00

b. Unitemized (less than \$20.01 each - no Schedule) (3b.) \$ 0.00

c. Subtotal of "Contributions" (3c.) \$ 0.00

(18.) \$ 26475.00

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

(19.) \$ 0.00

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

(20.) \$ 26475.00

**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.) \$ 0.00

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.) \$ 0.00

(23.) \$ 30013.68

**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.) \$ 815.00

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

**BALANCE STATEMENT**

13. Ending Balance of last report filed (13.) \$ 40.14  
(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.) = 40.14

15. **SUBTOTAL** Add Lines 13 and 14 (16.) - 0.00  
(Add lines 9 and 11)

17. **ENDING BALANCE** (17.) \$ 40.14 \*  
(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.



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

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