

CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

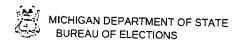
1. Committee ID. Number 1.39410 2. Committee Name CTE Leon Drolet 4. Candidate Last Name First Name M.I. Drolet 4. Combe Sought including District a or Community Served (if applicable) Treasurer 4. County of Residence MACOMB 4. County of Residence MACOMB 4. County of Residence MACOMB 5. Treasurer Name & Residential Address 4. County of Residence MACOMB 6. Treasurer Name & Residential Address 5. Clair Shores, MI 48082 Area Code and Phone (586) 321-5933 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 include. 7. Treasurer's Business Address 8. Designated Record Keeper's Name and Address (if the committee has a Designated Record Keeper) Area Code and Phone 9. TYPE OF STATEMENT 9. Pre-Election or Post-Election Statement relates to: primary	Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and c	d signed by andidate.	3. This Statement covers Fron	n: 07/21/2023 1	.0/20/2023	
Drolet Leon C 4a. Office Sought Including District # or Community Served (If applicable) Treasurer CTE Leon Drolet 5. Committee's Mailing Address 461.16 Lookout Drive Macomb Township, MI 480.44 Area Code and Phone (586) 321-5933 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. Area Code and Phone (586) 214-6988 5. Crair Shores, MI 48082 Area Code and Phone (586) 214-6988 5. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper's Name and Address (If t			4. Candidate Last Name			
2. Committee Name CTE Leon Drolet 4a. Oftice Sought including District # or Community Served (if applicable) Treasurer 4b. County of Residence MACOMB 6. Teasurer's Name & Residential Address 46116 Lookout Drive Macomb Township, MI 48044 Area Code and Phone (586) 321-5933 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. 7. Treasurer's Business Address 8. Designated Record Keeper's Name and Address (if the committee has a Designated Record Keeper's Name and Address (if the committee has a Designated Record Keeper's Name and Address (if the committee has a Designated Record Keeper's Name and Address (if the committee has a Designated Record Keeper's Name and Address (if the committee has a Designated Record Keeper's Name and Address (if the committee has a Designated Record Keeper's Name and Address (if the committee has a Designated Record Keeper's Name and Address (if the committee has a Designated Record Keeper's Name and Address (if the committee has a Designated Record Keeper's Name and Address (if the committee has a Designated Record Keeper's Name and Address (if the committee has a Designated Record Keeper's Name and Address (if the committee has a Designated Record Keeper's Name and Address (if the committee has a Designated Record Keeper's Name and Address (if the committee has a Designated Record Keeper's Name and Address (if the committee has a Designated Record Keeper's Name and Address (if the committee has a Designated Record Keeper's Name and Address (if the committee has a Designated Record Keeper's Name and Address (if the committee has a Designated Record Keeper's Name and Address (if the committee has a Designated Record Keeper's Name and Address (if the committee has a Designated Record Keeper's Name and Address (if the committee has a Designated Record Keeper's Name and Address (if the committee has a Designated Record Keeper's Name and Address (if the committee has	139410			_		
### Special Convention or Post-Election	2. Committee Name		4a. Office Sought Including Dis	• •	_	
5. Creasurer's Name & Residential Address 48116 Lookout Drive Macomb Township, MI 48044 Area Code and Phone (586) 321-5933 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. Area Code and Phone (586) 214-6988 Area Code and Phone (586) 214-6988 Area Code and Phone (586) 214-6988 B. Designated Record Keeper's Name and Address (if the committee has a Designated Record Keeper's Name and Address (if the committee has a Designated Record Keeper's Name and Address (if the committee has a Designated Record Keeper's Name and Address (if the committee has a Designated Record Keeper's Name and Address (if the committee has a Designated Record Keeper's Name and Address (if the committee has a Designated Record Keeper's Name and Address (if the committee has a Designated Record Keeper's Name and Address (if the committee has a Designated Record Keeper's Name and Address (if the committee has a Designated Record Keeper's Name and Address (if the committee has a Designated Record Keeper's Name and Address (if the committee has a Designated Record Keeper's Name and Address (if the committee has a Designated Record Keeper's Name and Address (if the committee has a Designated Record Keeper's Name and Address (if the committee has a Designated Record Keeper's Name and Address (if the committee has a Designated Record Keeper's Name and Address (if the committee has a Designated Record Keeper's Name and Address (if the committee has a Designated Record Keeper's Name and Address (if the committee has a Designated Record Keeper's Name and Address (if the committee has a Designated Record Keeper's Name and Address (if the committee has a Designated Record Keeper's Name and Address (if the committee has a Designated Record Keeper's Name and Address (if the committee has a Designated Record Keeper's Name and Address (if the committee has a Designated Record Keeper's Name and Address (if the committee has a Designated R	CTE Leon Drolet			COMB		
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St. Clair Shores, MI 48082 Area Code and Phone (386) 321-5933 If the address in this box is different from the committee making address on the Statement of Organization, mail may be sent to this address by the filing official. 7. Treasurer's Business Address 8. Designated Record Keeper's Name and Address (if the committee has a Designated Record Keeper) Area Code and Phone 9. TYPE OF STATEMENT 9a.	46116 Lookout Drive					
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Pre-Election OR 9b. Post-Election Pre-Election or Post-Election Statement relates to: Primary			Area Code and Phone	On Discolution of Condida	1-0-2	
Pre-Election or Post-Election Statement relates to: Primary General Convention Special School Caucus Caucus Date of Election, Convention or Caucus End of the ballot for the current year: July Quarterly Coverage Year 9d. Annual Statement () Coverage Year 9d. Annual Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.) Date of Election, Convention or Caucus Lag Abecking 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 oustanding assets, owes no lates fees or has any oustanding 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.				l		
Primary General Convention Special School Caucus Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.) Date of Election, Convention or Caucus Date of Election, Convention or Caucus October Quarterly Date of Election, Convention or Caucus October Quarterly Soctober Quarterly Dottober Quarterly Soctober Quarterly 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. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	Pre-Election OR 9b. Post-Election			By checking this item I/V	Ve certify any outstanding debt	
General Convention Special School Caucus Annual Statement (Pre-Election or Post-Election Statement relates to:			IDV discharged and forgiven a	and no longer collectible from	
Convention Special School Caucus Annual Statement () Coverage Year Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.) Date of Election, Convention or Caucus Date of Election, Convention or Caucus To 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/vour knowledge and belief the contents are true, accurate and complete.	Primary	July Quart	erly	owes no lates fees or has any	ee has no oustanding assets, oustanding debt.	
Special 9c. Annual Statement () Coverage Year Effective date of dissolution Caucus 9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.) 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/lour knowledge and belief the contents are true, accurate and complete.	General	X October Q	uarterly	From the new 16 Att and the section of		
Annual Statement () Coverage Year Caucus	Convention			considered a request for the F	not be granted, that this be Reporting Waiver.	
Caucus Caucus Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.) Date of Election, Convention or Caucus Date of Election, Convention or Caucus Coverage Year Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.) Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	Special	9c	I Statement (
(Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.) Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	School	Airiua	·	Effective date of dis	ssolution	
(Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.) Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	Caucus	9d. Amen	dment to Campaign Statement			
Date of Election, Convention or Caucus One of Election or Caucus One of Electio		(Com	plete Item 9a, 9b, 9c or 9e to	Note: The disposition of resid	dual funds must be reported on	
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 myour knowledge and belief the contents are true, accurate and complete.				Schedule 1B and the Summa	ary Page.	
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	10. Verification: I/We certify that all reasonable dilige my/our knowledge and belief the contents are true, a	ence was used accurate and co	in the preparation of this statement	Lent and attached schedules (if	any) and to the best of	
	Current Trescurer on		, sum	Nathmer_	10-20-2022	
Type or Print Name Signature Date	Type or Print Name		Signature	Date		
Candidate Leon Drolet / Long Park 10.20-2013	Candidate Leon Drolet		, Lan PF	Fue nate	10-20-2023	
Type or Print Name Signature Authority granted under P.A. 388 of 1976			Signature	Date		

1. Committee I.D. Number 139410-0

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name CTE LEON DROLET

RECEIPTS		
	Column I	Column II
3. Contributions	This Period	Cumulative this election cycle
- 10.	0	<u> </u>
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>0</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ 0	(18.) \$ \$26,475.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ 0	(19.) \$ 0
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ 0	(20.) \$ \$26,475.00
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.) \$ 0
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ 0	(22.) \$ 0
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B. Column 6)	(8a.) \$ 0	
b. Itemized Get-Out-the-Vote (Schedule 18-G)	(8b.) \$ 0	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ 0	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	(23.) \$ \$30,013.68
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements	0	
a. Itemized (Schedule 1C, Column 6)	(10a.)\$ <u>0</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(100.) \$	
<u></u>	(11.) \$ 0	(24.) \$
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	
·	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)	
(Line 5, Total Contributions & Other Receipts)	(14.) + \$ 0	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$_\$40.14	
16. Amount expended during reporting period	^	
(Add lines 9 and 11) 17. ENDING BALANCE	(10.)	
(Subtract line 16 from line 15)	(17.) \$ \$40.14	
	-	.•



DEBTS AND OBLIGATIONS

1. Committee I.D. Number 139410-0

SCHEDU	JLE 1E
CANDIDATE (COMMITTEE

CTE I FON DROLFT

OVER COMMINE TEE	committee Name		· · · · · · · · · · · · · · · · · · ·		
This Schedule itemizes:					
a Debts and obligations owed by or forgiven the com	mittee OR b. Debt	ts and obligations owed <u>to</u> o urpose checked.)	r forgiven <u>by</u> the co	nmittee.	
Name and Mailing Address of person, vendor or financial institution to whom debt is owed.	4. Type of Obligation (Description) 5. Indicate date debt was	7. Date and amount of each payment	8. Cumulative payment to	9. Outstanding Balance at close	
Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	incurred 6. Indicate original amount of debt		date on debt	of this period (Item 6 minus Item 8)	
Debt #1 Corp? Yes Owed to or by: Leon Drolet	4. Type: loan to committe	10/08/202 _{\$} 85.00			
·	5. Date Debt Was Incurred:	\$			
46116 Lookout Drive	07/17/2020	\$			
Macomb Twp., MI 48044	6. Original Amount of Debt:		\$ 85.00	\$_415.00	
	\$_500.00	\$		FORGIVEN	
If bank loan, name of endorser or guarantor:		·\$!		
Debt #2 Corp? Yes		Amo	ount Endorsed: \$		
Owed to or by: Leon Drolet	4. Type: loan to committe	<u> </u>			
46116 Lookout Drive	5. <u>Date Debt Was Incurred</u> :	\$			
	08/17/2020 6. <u>Original Amount of Debt:</u>	\$		400.00	
Macomb Twp., MI 48044	9 400.00	\$	\$	\$_400.00	
	9	\$		FORGIVEN	
If bank loan, name of endorser or guarantor:			ount Endorsed: \$_		
Debt #3 Corp? Yes Owed to or by:	4. Type:		Curt Endorsed, \$		
Owed to or by:		\$			
	5. <u>Date Debt Was Incurred</u> :	\$			
	6. Original Amount of Debt:	\$		•	
	S	\$	\$	—	
		\$		FORGIVEN	
If bank loan, name of endorser or guarantor:		· An	nount Endorsed: \$_		
				A 24 7 22	
		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)					
A debt or obligation must be shown on this Schedu this Campaign Statement or it was forgiven during t	le if there was an outstanding as	mount awad on it at the al		Enter this total on line 12a "owe by" or line 12b "owed to" of the Summary Page	
Page_1 of 1					