



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**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>10/19/15</u> to <u>11/23/15</u>		
4. Candidate Last Name Fournier	First Name Michael	M.I. C
4a. Office Sought Including District # or Community Served (if applicable) City Commissioner Royal Oak		
4b. County of Residence OAKLAND		
6. Treasurer's Name & Residential Address Michael Fournier 711 S. Alexander Royal Oak MI 48067		
Area Code & Phone <u>(248) 721-9748</u>		
8. Designated Record keeper's Name and Mailing Address (if the committee has a Designated Record keeper)		
Area Code and Phone _____		
9e. Dissolution of Candidate Committee		
<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.		
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.		

1. Committee I.D. Number 95371
2. Committee Name Friends of Mike Fournier
5. Committee's Mailing Address 711 S. Alexander Royal Oak MI 48067
Area Code and Phone <u>(248) 721-9748</u> 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 Same as above
Area Code and Phone _____

9. TYPE OF STATEMENT
9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election
Pre-Election or Post-Election Statement relates to:
<input type="checkbox"/> Primary
<input checked="" 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 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.)

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	Michael Fournier	Signature		Date	12/3/2015
Candidate	Michael Fournier	Signature		Date	12/3/2015



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 95371

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Friends of Mike Fournier

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>2,500.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>2,500.00</u>	(18.) \$ <u>\$17,768.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>\$0.00</u>	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>\$2,500.00</u>	(20.) \$ <u>\$17,768.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>\$0.00</u>	(21.) \$ <u>\$350.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$4,159.68</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>\$0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>\$4,159.68</u>	(23.) \$ <u>\$12,357.38</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ _____	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ _____	(24.) \$ _____
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ _____	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _____	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>\$7,649.24</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$2,500.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$10,149.24</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$4,159.68</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$5,989.56</u>	*



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BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 95371
2. Committee Name Friends of Mike Fournier

Enter contributor's name and address. If contribution is from an individual, 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 regardless of amount.			6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>11/01/15</u>		
Name & Address: Peter Webster 32906 Balmoral St. Beverly Hills, MI 48025			\$ <u>250</u>	\$ <u>250</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Dickenson Wright</u> Business Address <u>38525 Woodward Ave # 2000, Bloomfield Hills, MI 48304</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>11/01/15</u>		
Name & Address: Kevin Foley 11367 Arrowhead South Lyon, MI 48178			\$ <u>250</u>	\$ <u>250</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CPA</u> Employer <u>Hanrahan Carey & Co Plc</u> Business Address <u>306 S Troy, Royal Oak, MI 48067</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			Click Here for Memo Itemization	
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>11/01/15</u>		
Name & Address: Christine Mark 2109 Lindwood, Royal Oak, MI 48073			\$ <u>250</u>	\$ <u>250</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Volunteer Manager</u> Employer <u>DIA</u> Business Address <u>5200 Woodward Ave, Detroit, MI 48202</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			Click Here for Memo Itemization	
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>11/01/15</u>		
Name & Address: Sheri Nahat West Farnum 21046 Northville, MI 48167			\$ <u>250</u>	\$ <u>250</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Homemaker</u> Employer <u>None</u> Business Address <u>21046 Northville MI 48167</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			Click Here for Memo Itemization	

Page Subtotal \$1,000.00

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 95371
2. Committee Name Friends of Mike Fournier

Enter contributor's name and address. If contribution is from an individual, 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 regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 Name & Address: UAW Region 1 27800 George Merrelli Ave, Warren, MI 48092		\$ 1500	\$ 1500
PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>11/03/15</u>			
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 Name & Address:		\$ _____	\$ _____
PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____			
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3 Name & Address:		\$ _____	\$ _____
PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____			
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4 Name & Address:		\$ _____	\$ _____
PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____			
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$1,500.00

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

\$2,500.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 95371
2. Committee Name Friends of Mike Fournier

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Pivot Point Strategies</u> Address <u>312 Fairgrove</u> <u>Royal Oak MI 48067</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Campaign Consulting</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/07/15</u> Date	\$ <u>2692.31</u>
Expenditure #2 Name <u>Inland Printing</u> Address <u>2001 W Lafayette Blvd,</u> <u>Detroit, MI 48216</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Printing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/07/15</u> Date	\$ <u>1467.37</u>
Expenditure #3 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Subtotal this page			\$4,159.68
Grand Total of all Schedules 1B (Complete on last page of Schedule)			\$4,159.68

Enter this total
on line 8a of
Summary Page