

CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

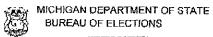
Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and c	l signed by endidate.	3. This Statement covers From	10/19/15	to 11/23/15	
1. Committee I.D. Number		4. Candidate Last Name	First Name M.I.		M.I.
95371		Fournier	Michael		C
Stein Control (Stein		4a. Office Sought Including District # or Community Served (If applicable)			
2. Committee Name		City Commissioner Ro	yal Oak		
Friends of Mike Fournier		4b. County of Residence OAKLAND			
5. Committee's Mailing Address		6. Treasurer's Name & Reside	ntial Address	. 3	
711 S. Alexander		Michael Fournier			The same of the sa
Royal Oak MI 48067		711 S. Alexander			
		Royal Oak MI 48067		=//	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Area Code and Phone (248) 721-9748 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 & Phone (248) 721-9748			
7. Treasurer's Business Address	P-200 1 111 - 1	8. Designated Record keeper	s Name and Mailing	Address (If the com	mittee has a
Same as above		Designated Record keeper)			
Area Code and Phone		Area Code and Phone			
9. TYPE OF STATEMENT			9e. Dissolution of	f Candidate Commi	ittee
9a. Pre-Election OR 9b. Post-Election	Required ONLY if candidate is not on the ballot for the current year:		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 oustanding assets,		
Pre-Election or Post-Election Statement relates to:					
Primary	July Quart	епу	owes no lates fees or has any oustanding debt.		
X General	October Quarterly		Further, if the dissolution cannot be granted, that this be		
Convention			considered a reque	st for the Reporting \	Naiver.
Special	9c. 🗀 .				
	Annua	Statement () Coverage Year	Effective	date of dissolution	
School	Amen	dment to Campaign Statement	· · · · · · · · · · · · · · · · · · ·	***	
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.		
Date of Election, Convention or Caucus					
					9
10. Verification: I\We certify that all reasonable diligr my\our knowledge and belief the contents are true,			ent and attached sch	redules (if any) and t	o the best of
Current Treasurer or Designated Record keeper Michael Four	nier	$, \sim \sim$			3/2015
Type or Print Name		Signature		Dali	
Candidate Michael Fournier		, M		Date12/	3/2015
Type or Print Name		Signature			

1. Committee I.D. Number 95371

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name Friends of Mike Fournier

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



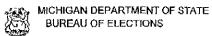
ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee 1.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, tirst 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)
Contribution # 1 PAC Receipt? YES 4. Date of Receipt 11/01/15 Name & Address:		
Peter Webster 32906 Balmoral St. Beverly Hills, MI 48025	_{\$} 250	_{\$} 250
5. If over \$100.00 cumulative, please provide:		
Occupation Attorney Employer Dickenson Wright	Click Here t	for Memo Itemization
Business Address 38525 Woodward Ave # 2000, Bloomfield Hills, MI 48304		
Type of Contribution: V Direct Loan from a person Fund Raiser		
Contribution #2 PAC Receipt? YES 4, Date of Receipt 11/01/15 Name & Address		
Kevin Foley 11367 Arrowhead South Lyon, MI 48178	_{\$} 250	_{\$} 250
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation CPA Employer Hanrahan Carey & Co Pic		
Business Address 306 S Troy, Royal Oak, MI 48067		
Type of Contribution: Direct Loan from a person Fund Raiser		
Contribution # 3 PAC Receipt? YES 4. Date of Receipt 11/01/15 Name & Address:		
Christine Mark 2109 Lindwood, Royal Oak, MI 48073	_{\$} 250	_{\$} 250
5. if over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Volunteer Manager Employer DIA		
Business Address 5200 Woodward Ave, Detroit, MI 48202		
Type of Contribution: Direct Loan from a person Fund Raiser	<u> </u>	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 11/01/15 Name & Address		
Sheri Nahat West Farnum 21046 Northville, Mi 48167	_{\$} 250	_{\$} 250
5. If over \$100.00 cumulative, please provide:	Click Here for	r Memo Itemization
Occupation Homemaker Employer None		
Business Address 21046 Northville MI 48167		
Type of Contribution: Direct Loan from a person Fund Raiser		
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.	_ ,



Page 2 of 2

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

95371 1. Committee I.D. Number

^nmmittee Name	Friends of Mike Fournier
Inmmittee Name	Friends of Mike Fournier

Page.

Enter contributor's name and address. If contribution is from an individual, enter last name, first middle initial. Check box to indicate if contribution is from a Political Committee or an Independe Committee (PAC) Report all contributions regardless of amount.	ent Election Contri	nulative for on Cycle for Each butor (Through f receipt)
3. Contribution # 1 PAC Receipt? YES 4, Date of Receipt 11/03/15 Name & Address:	44	, , , , , , , , , , , , , , , , , , ,
UAW Region 1 27800 George Merrelli Ave, Warren, MI 48092	_{\$} 1500	1500
5. If over \$100,00 cumulative, please provide:	60 x 11 6 x 6	
Occupation Employer	Click Here for Memo) Itemization
Business Address		
Type of Contribution: V Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt		,
Name & Address		
	,	
	\$ \$	
5. If over \$100.00 cumulative, please provide:	Click Here for Memo	Itemization
Occupation Employer	<u> </u>	
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt		
Name & Address:		
	\$	
	\$	
5. If over \$100.00 cumulative, please provide:	Click Here for Memo	Itemization
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser	,	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt		
Name & Address		
	•	
	\$ <u> </u>	
5. If over \$100.00 cumulative, please provide:	Click Here for Memo	Itomization
Occupation Employer	——————————————————————————————————————	Remization
Dutinorn Address		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser	AAAAAAAA	
	Subtotal \$1,500.00	
Grand Total of All Scher	4.1203.55	
(Complete on last page of S		
2 2	line 3a of Summary	



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I, D. Number _

2. Committee Name Friends of Mike Fournier

Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6, Amount
Expenditure #1			
Name Pivot Point Strategies		11/07/15	\$ 2692.31
Address	Purpose: Campaign Consulting	Date	\$ Z03Z.31
312 Fairgrove			
Royal Oak MI 48067	Click Here for Memo Itemization Type		
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		;
Expenditure #2			
Name Inland Printing		11/07/15	\$ 1467.37
Address	Purpose: Printing	Date	\$ 1401.07
2001 W Lafayette Blvd,	Click	Here for Memo	Itemization Type
Detroit, MI 48216			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		İ
Expenditure #3			
Name			
Address	Purpose:	Date	\$
	Click I	lere for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4			
Name			
Address	Purpose:	Date	\$
	Click F	lere for Memo	Itemization Type
Fund Reiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name			
Address	Purpose:	Date	\$
Fund Raiser	Click I Check box if this expenditure is payment of debt or obligation reported on previous statement	lere for Memo	Itemization Type
	Subto	tal this page	\$4,159.68
	Grand Total of all ((Complete on last page		\$4,159.68
			Enter this total

on line 8a of Summary Page