



**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: 01-01-15 to 10/18/15

<p>1. Committee I.D. Number <u>95371</u></p> <p>2. Committee Name <u>Friends of Mike Fournier</u></p>	<p>4. Candidate Last Name <u>Fournier</u> First Name <u>Michael</u> M.I.</p> <p>4a. Office Sought Including District # or Community Served (If applicable) <u>City Commissioner Royal OAK</u></p> <p>4b. County of Residence <u>Oakland</u></p>
<p>5. Committee's Mailing Address <u>711 S. Alexander Royal Oak MI 48067</u></p> <p>Area Code and Phone <u>248-721-9748</u></p> <p><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>6. Treasurer's Name & Residential Address <u>Michael Fournier 711 S. Alexander Ave Royal Oak, MI 48067</u></p> <p>Area Code & Phone <u>248-721-9748</u></p>
<p>7. Treasurer's Business Address <u>Same as above</u></p> <p>Area Code and Phone _____</p>	<p>8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)</p> <p>Area Code and Phone _____</p>

RECEIVED
OAKLAND COUNTY CLERK
2015 NOV 16
4:33
BY: [Signature]
DEPUTY COUNTY CLERK

<p>9. TYPE OF STATEMENT</p> <p>9a. <input checked="" 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</p> <p><input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Convention</p> <p><input type="checkbox"/> Special</p> <p><input type="checkbox"/> School</p> <p><input type="checkbox"/> Caucus</p> <p>Date of Election, Convention or Caucus <u>11/03/15</u></p>	<p>Required ONLY if candidate is not on the ballot for the current year:</p> <p><input type="checkbox"/> July Quarterly</p> <p><input type="checkbox"/> October Quarterly</p> <p>9c. <input type="checkbox"/> Annual Statement (_____) Coverage Year</p> <p>9d. <input checked="" type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)</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>
---	--	--

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 11/16/15

Candidate Michael Fournier / [Signature] Date 11/16/15



MICHIGAN DEPARTMENT OF STATE
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>06/11/15</u> Name & Address: Linda Ferguson 1308 Newport St. Unit 6 Traverse City, MI		\$ <u>75</u>	\$ <u>75</u>
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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/11/15</u> Name & Address: Dylan Kotad 1620 E. Fourth Street Royal Oak, MI		\$ <u>10</u>	\$ <u>10</u>
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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/11/15</u> Name & Address: Melanie Macey 729 N. Wilson Ave. Royal Oak, MI		\$ <u>100</u>	\$ <u>100</u>
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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6/11/15</u> Name & Address: Edward Macey 729 N. Wilson Ave Royal Oak, MI		\$ <u>100</u>	\$ <u>100</u>
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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$285.00

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

Enter this total on
line 3b of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
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.		B. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 Name & Address: Jon Hanna 1119 Forest Bloomfield Hills, MI		\$ 500	\$ 500
PAC Receipt? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 4. Date of Receipt: <u>06/11/15</u>			
5. If over \$100.00 cumulative, please provide: Occupation: <u>Self Employed Business</u> Employer: <u>Self</u> Business Address: <u>1119 Forest Bloomfield MI</u>		Click Here for Memo Itemization	
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2 Name & Address: John Marko 722 E. 51st Street Royal Oak, MI		\$ 100	\$ 100
PAC Receipt? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 4. Date of Receipt: <u>06/11/15</u>			
5. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Business Address: _____		Click Here for Memo Itemization	
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #3 Name & Address: Paul Glantz 1825 Parameter Blvd. Lake Angelus, MI		\$ 500	\$ 500
PAC Receipt? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 4. Date of Receipt: <u>06/11/15</u>			
5. If over \$100.00 cumulative, please provide: Occupation: <u>Self Employed Lawyer</u> Employer: <u>Ermarine</u> Business Address: <u>1825 Parameter Lake Angelus MI</u>		Click Here for Memo Itemization	
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #4 Name & Address: Joe Munem 6200 Elmridge Sterling Heights, MI		\$ 500	\$ 500
PAC Receipt? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 4. Date of Receipt: <u>06/11/15</u>			
5. If over \$100.00 cumulative, please provide: Occupation: <u>Director</u> Employer: <u>RIZZO</u> Business Address: <u>6200 Elmridge Sterling Heights MI</u>		Click Here for Memo Itemization	
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal \$1,600.00

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

Enter this total on
line 37 of Summary
Page.

Page 6 of 17



MICHIGAN DEPARTMENT OF STATE
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.		8. 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>06/11/15</u> Name & Address: Pat Peruch 1624 Woodboro Royal Oak, MI		\$ 100	\$ 100
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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/11/15</u> Name & Address: Jerry Amber 1610 Hanley Ct. Birmingham, MI		\$ 100	\$ 100
6. 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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/11/15</u> Name & Address: Michael Chetcuti 827 Fourth Street Royal Oak, MI		\$ 500	\$ 500
5. If over \$100.00 cumulative, please provide: Occupation <u>Chef</u> Employer <u>Self</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/11/15</u> Name & Address: Sher Douglas 813 N. Washington, Royal Oak, MI		\$ 50	\$ 50
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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$750.00

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

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
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 Name & Address: Plunkell, Cooney Employees PAC 38505 Woodward Ave. Suite 2000 Bloomfield Hills, MI	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>08/11/15</u>	\$ <u>300</u> \$ <u>300</u>
5. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Business Address: _____		Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2 Name & Address: John Leone 854 Horton Ave Northville, MI	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/12/15</u>	\$ <u>1000</u> \$ <u>1000</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Brewer</u> Employer <u>ROAK Brewery</u> Business Address <u>303 E. Lincoln Royal Oak, MI</u>		Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3 Name & Address: Charles Mascari 240B1 Wintergreen Cir Novi, MI	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>6/12/15</u>	\$ <u>1000</u> \$ <u>1000</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Brewer</u> Employer <u>ROAK Brewery</u> Business Address <u>303 E. Lincoln Royal Oak, MI</u>		Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4 Name & Address: Anthony Yezbeck <u>922 W. Main Apt 202</u> <u>Royal Oak, MI 48067</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/11/15</u>	\$ <u>1000</u> \$ <u>1000</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Restaurant/Bar Owner</u> Employer <u>Fifth Ave. Billiards</u> Business Address <u>215 Fifth Street Royal Oak, MI</u>		Click Here for Memo Itemization	
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal **\$3,300.00**

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

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Matthew Crowe 807 E. Fourth Street Royal Oak, MI PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/11/15</u>		\$ 250	\$ 250
5. If over \$100.00 cumulative, please provide: Occupation <input type="checkbox"/> _____ Employer <u>Tanlum</u> Business Address <u>2200 Powell Street Emeryville CA</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 Name & Address: Gasper Baglio 1333 W. Farrum Royal Oak, MI PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/04/16</u>		\$ 1000	\$ 1000
5. If over \$100.00 cumulative, please provide: Occupation <u>Senior Toyota Sales</u> Employer <u>Five Fifteen</u> Business Address <u>Five Fifteen Washington Royal Oak MI</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 Name & Address: Mark Fournier 43549 Tuckaway Dr. Leesburg, VA PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/16/15</u>		\$ 200	\$ 200
5. If over \$100.00 cumulative, please provide: Occupation <u>Consultant</u> Employer <u>Stodt Risjus Ross</u> Business Address <u>1100 Connecticut Ave. Suite 825 Washington DC</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 Name & Address: Aaron Belen 41350 Woodward Ave. Bloomfield Hills, MI PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/26/15</u>		\$ 250	\$ 250
5. If over \$100.00 cumulative, please provide: Occupation <u>Investment Banking</u> Employer <u>AFB Investments</u> Business Address <u>41350 Woodward Bloomfield Hills MI</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 \$1,700.00

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

Enter this total on
line 3a of Summary
Page.

Page 15 of 17



MICHIGAN DEPARTMENT OF STATE
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 Name & Address: Charles Mancini 31710 Jefferson Ave. Saint Clair Shores, MI		\$ 1000	\$ 1000
PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt: <u>6/3/2015</u> 5. If over \$100.00 cumulative, please provide: Occupation: <u>Attorney</u> Employer: <u>Self</u> Business Address: <u>28225 Mound Rd. Warren MI</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 Name & Address: Donna Mancini 31710 Jefferson Ave Saint Clair Shores, MI		\$ 250	\$ 250
PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt: <u>6/3/2015</u> 6. If over \$100.00 cumulative, please provide: Occupation: <u>Realtor</u> Employer: <u>Self</u> Business Address: <u>31710 Jefferson Ave. St. Clair Shores MI</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 Name & Address: John Delangelis 99 LINDA LN Bloomfield MI		\$ 1000	\$ 1000
PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt: <u>6/3/2015</u> 8. If over \$100.00 cumulative, please provide: Occupation: <u>Owner / Hungry Howties</u> Employer: <u>Self</u> Business Address: <u>30300 Stephenson Highway Madison Heights MI</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 Name & Address: Nancy Deangelis 99 Linda Ln. Bloomfield, MI		\$ 250	\$ 250
PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt: <u>6/3/2015</u> 5. If over \$100.00 cumulative, please provide: Occupation: <u>Self</u> Employer: <u>Self</u> Business Address: <u>99 Linda Ln. Bloomfield, MI</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 \$2,500.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule) 415,268

Enter this total on
line 3a of Summary
Page.



**ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 1-IK**

1. Committee I. D. Number 95371

2. Committee Name: Friends of Mike Fourrier

CANDIDATE COMMITTEE

3. Name and Address from whom received. If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased.	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 Name & Address: Vickie Leoné 654 Horton St. Northville, MI If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description: <u>Pizza</u> 5. Date Of Receipt: <u>10/06/15</u> 6. Vendor Name & Address: ROAK Brewing 330 E. Lincoln Ave Royal Oak, MI Click Here for Memo Itemization	\$ 60	\$ 90
<input checked="" type="checkbox"/> Fund Raiser Contribution			
Contribution # 2 Name & Address: Michael Chécuit 824 Fourth Street Royal Oak, MI If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description: <u>Beverages</u> 5. Date Of Receipt: <u>06/11/15</u> 6. Vendor Name & Address: Motor City Gas 325 E. Fourth St. Royal Oak, MI Click Here for Memo Itemization	\$ 70	\$ 70
<input checked="" type="checkbox"/> Fund Raiser Contribution			
Contribution #3 Name & Address: Paul Grantz 303 Gray Woods Lake Angelus, MI If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description: <u>Food - BBQ</u> 5. Date Of Receipt: <u>06/11/15</u> 6. Vendor Name & Address: Ironwood Grill 200 N. Main Street Royal Oak, MI Click Here for Memo Itemization	\$ 40	\$ 40
<input checked="" type="checkbox"/> Fund Raiser Contribution			

Page Subtotal **\$170.00** **\$200.00**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule)

Enter this total
on line 6 of Summary
Page:



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**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</u> Address: 312 Fairgrove Royal Oak, MI <input type="checkbox"/> Fund Raiser	Purpose: <u>Design & Consulting</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement.	<u>10/04/15</u> Date	<u>\$ 1796.03</u>
Expenditure #2 Name: <u>Pivot Point</u> Address: 312 Fairgrove Royal Oak, MI <input type="checkbox"/> Fund Raiser	Purpose: <u>Design & Consulting</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement.	<u>09/14/15</u> Date	<u>\$ 1400</u>
Expenditure #3 Name: <u>Our Credit Union</u> Address: 3070 Normandy Royal Oak, MI <input type="checkbox"/> Fund Raiser	Purpose: <u>Return Check Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement.	<u>06/22/15</u> Date	<u>\$30</u>
Expenditure #4 Name: <u>Paypal</u> Address: 2221 North First Street San Jose, CA <input type="checkbox"/> Fund Raiser	Purpose: <u>Contribution Fees</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement.	Date	<u>\$ 72.55</u>
Expenditure #5 Name: <u>Facebook</u> Address: 1 Hacker Way Menlo Park, CA <input type="checkbox"/> Fund Raiser	Purpose: <u>Advertising</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement.	Date	<u>\$ 90.28</u>

Subtotal this page **\$3,388.86**

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

Enter this total on line 2a 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>CTE Pat Paruch</u> Address <u>1624 WOODSBOOR</u> <u>ROYAL OAK, MI 48067</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Fundraiser Ticket</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/23/15</u> Date	<u>\$ 100</u>
Expenditure #2 Name <u>CTE Kyle DuBuc</u> Address <u>312 Fairgrove</u> <u>Royal Oak, MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Fundraiser Ticket</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/30/15</u> Date	<u>\$ 100</u>
Expenditure #3 Name <u>ROADC</u> Address <u>815 Gardenia</u> <u>Royal Oak, MI 48067</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Fundraiser</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/02/15</u> Date	<u>\$ 100</u>
Expenditure #4 Name <u>Siegal Fund</u> Address <u>1962 Wickham</u> <u>Royal Oak, MI 48067</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Fundraiser</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/11/15</u> Date	<u>\$ 90</u>
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 **\$390.00**

Grand Total of all Schedules 1B
(Complete on last page of Schedule) **\$197.70**

Enter this total on line 6a of Summary Page



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

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

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>06/11/15</u>	4. Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity <u>Campaign Kickoff</u>	6. Address and Name (If any) of the place where the activity was held. <u>502 W. Lincoln</u> <u>Royal Oak MI 48067</u> <input checked="" type="checkbox"/> Private Residence
---	--	---	---

7. Total Contributions \$ 6880

8. Other Receipts _____

9. Gross Receipts (Add lines 7 and 8) _____

10. Total Cost of Event \$ 320
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

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

- USE A SEPARATE SHEET FOR EACH EVENT -			
3. Date Event Was Held <u>10/06/15</u>	4. Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity <u>Friendraiser</u>	6. Address and Name (if any) of the place where the activity was held. <u>ROAK</u> <u>330 E. Lincoln</u> <u>Royal Oak MI 48067</u> <input type="checkbox"/> Private Residence

7. Total Contributions \$ 616

8. Other Receipts _____

9. Gross Receipts (Add lines 7 and 8) _____

10. Total Cost of Event \$ 600
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
<u>Kyle Dubuc</u>	<u>—</u>	<u>33</u>
<u>Pat Paruch</u>	<u>—</u>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.