



RECEIVED DEC - 7 2015

**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 10/15/15

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 (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.

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 (248) 721-9748

7. Treasurer's Business Address

Same as above

8. Designated Record keeper's Name and Mailing Address (if the committee has a Designated Record keeper)

Area Code and Phone

Area Code and Phone

9. TYPE OF STATEMENT

9a. ☒ Pre-Election OR 9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

- ☐ Primary
☐ General
☐ Convention
☐ Special
☐ School
☐ Caucus

Required ONLY if candidate is not on the ballot for the current year:

- ☐ July Quarterly
☐ October Quarterly

9c. ☐ Annual Statement () Coverage Year

9d. ☒ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)

9e. Dissolution of Candidate Committee

☐ 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.

Date of Election, Convention or Caucus

11/03/15

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

Type or Print Name

Signature

Date

12/7/2015

Candidate

Michael Fournier

Type or Print Name

Signature

Date

12/7/2015



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>15,268.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>\$15,268.00</u>	(18.) \$ <u>\$15,268.00</u>
4. Other Receipts (Schedule 1A - 1, Column 6)	(4.) \$	<u>\$0.00</u>	(19.) \$ <u>\$0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>\$15,268.00</u>	(20.) \$ <u>\$15,268.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>350</u>	(21.) \$ <u>350</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 8)	(7.) \$	<u>\$0.00</u>	(22.) \$ <u>\$0.00</u>
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>\$8,197.70</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>\$8,197.70</u>	(23.) \$ <u>\$8,197.70</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u>\$0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u>\$0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	<u>\$0.00</u>	(24.) \$ <u>\$0.00</u>
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>\$300.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u>\$0.00</u>	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>\$578.94</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>\$15,268.00</u>	
15. SUBTOTAL (Add lines 13 and 14)	(15.) = \$	<u>\$15,846.94</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>\$8,197.70</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>\$7,649.24</u>	



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? ☐ YES 4. Date of Receipt 06/11/15

Name & Address:

Pat Paruch
1624 Woodsboro
Royal Ok MI 48009

\$ 100

\$ 100

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 06/11/15

Name & Address:

Jerry Amber
1610 Hanley Ct.
Birmingham MI 48068

\$ 100

\$ 100

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt 06/11/15

Name & Address:

Michael Chetcutti
827 Fourth Street
Royal Oak MI 48067

\$ 500

\$ 500

5. If over \$100.00 cumulative, please provide:

Occupation Chef Employer Bigalora

[Click Here for Memo Itemization](#)

Business Address 711 S. Main Royal Oak mi48067

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt 06/11/15

Name & Address:

Shar Douglas
813 N. Washington
Royal Oak MI 48067

\$ 50

\$ 50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

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.



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? ☐ YES 4. Date of Receipt 06/03/15

Name & Address:

Charles Mancini
31710 Jeferson Ave
St. Clair Shores MI 480580

\$ 1000

\$ 1000

5. If over \$100.00 cumulative, please provide:

Occupation Attorney Employer Self

[Click Here for Memo Itemization](#)

Business Address 28225 Mound Rd Warren

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 06/03/15

Name & Address:

Donna Mancini
31710 Jeferson Ave
St. Clair Shores MI 48080

\$ 250

\$ 250

5. If over \$100.00 cumulative, please provide:

Occupation Realtor Employer Self

[Click Here for Memo Itemization](#)

Business Address 31710 Jeferson Ave St. Clair Shores MI

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt 06/03/15

Name & Address:

John Deangelis
99 Linden
Bloomfield MI 48301

\$ 1000

\$ 1000

5. If over \$100.00 cumulative, please provide:

Occupation Owner Hungry Howies Employer Self

[Click Here for Memo Itemization](#)

Business Address 30300 Stephenson Hwy, Madison Heights 48071

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt 06/03/15

Name & Address:

Nancy Deangelis
99 Linden
Bloomfield MI 48301

\$ 250

\$ 250

5. If over \$100.00 cumulative, please provide:

Occupation Owner Hungry Howies Employer Self

[Click Here for Memo Itemization](#)

Business Address 30300 Stephenson Hwy, Madison Heights 48071

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal

\$2,500.00

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

\$15,268.00

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-K

1. Committee I. D. Number: 95371

CANDIDATE COMMITTEE

2. Committee Name: Friends of Mike Fournier

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)	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution #1 Name & Address: Jon Hanna 1419 Forest Lane Bloomfield Hills, 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>Pasta</u> 5. Date Of Receipt: <u>06/11/15</u> 6. Vendor Name & Address: <u>D'Amato</u> <u>222 Sherman Dr.</u> <u>Royal Oak, MI</u>	\$ <u>60</u>	\$ <u>60</u>
<input checked="" type="checkbox"/> Fund Raiser Contribution			
Contribution #2 Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input 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: 5. Date Of Receipt: 6. Vendor Name & Address:	\$	\$
<input type="checkbox"/> Fund Raiser Contribution			
Contribution #3 Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input 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: 5. Date Of Receipt: 6. Vendor Name & Address:	\$	\$
<input type="checkbox"/> Fund Raiser Contribution			

Page Subtotal

\$60.00

\$60.00

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

350.00

Enter this total
on line 6 of Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**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 Royal</u> <u>Oak MI 48067</u> <input checked="" type="checkbox"/> Private Residence
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7. Total Contributions \$6,880.00

8. Other Receipts _____

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

10. Total Cost of Event \$290.00

(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.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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 Royal Oak MI</u> <u>48067</u> <input type="checkbox"/> Private Residence
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7. Total Contributions \$308.00

8. Other Receipts _____

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

10. Total Cost of Event \$60.00
(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>33</u>
<u>Pat Paruch</u>	_____	<u>33</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 (1-1K), 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.