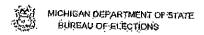


CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

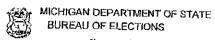
Report must be legible, typed or printed in ink a the treasurer (or designated record keeper) and	nd signed by candidate.	3. This Statement covers Fro	O1/01/15		
1. Committee I.D. Number		4. Candidate Last Name		to 10/15/15	
95371		Fournier	Michae	st Name	M.I.
2. Committee Name		4a. Office Sought Including E	District # or Communit		C able)
Friends of Mike Fournie	er	City Commissioner			
5. Committee's Mailing Address		4b. County of Residence O			
711 S. Alexander		6. Treasurer's Name & Resid	lential Address	,	
Royal Oak MI 48067		Michael Fournier			
		711 S. Alexander	·		
		Royal Oak MI 4806	1		
Area Code and Phone (248) 721-9748					
If the address in this box is different from the commailing address on the Statement of Organization, be sent to this address by the filing official.	mittee , mail may	Area Code & Phone (248) 7	21-9748		
7. Treasurer's Business Address		8. Designated Record keepe		Address U.S.	***
Same as above		Designated Record keeper)	· = (reme and Manify	Vontess (II IIIE COL	mmittee has a
	ı				
Area Code and Phone		Area Code and Phone			
9. TYPE OF STATEMENT		Alea Code and Frione	1 9e. Dissolution o	f Candidate Comm	nittaa
9a. X Pre-Election OR 9b. Post-Election	Required ON is not on the current year:	LY if candidate ballot for the	By checking th	is item I/We certify	20V Outstanding debt
Pre-Election or Post-Election Statement relates to:	July Quarte	erly	the committee. The	forgiven, and no lor ∃ committee has no	pis or her spouse is here nger collectible from oustanding assets,
			owes no lates fees	or nas any oustandi	ing debt.
General ☐Convention	October Q	larterly	Further, if the dissol considered a reques	ution cannot be gre et for the Reporting	inted, that this be Walver
Special					1
	9c. Annual	Statement ()	Pres 411		
_ School		Coverage Year	Ellective	date of dissolution	
_ Caucus	(Comp	lment to Campaign Statement lete Item 9a, 9b, 9c or 9e to o which Statement is being ed.)	Note: The disposition Schedule 1B and the	in of residual funds e Summary Page.	must be reported on
Date of Election, Convention or Caucus					
11/03/15					
Verification: I\We certify that all reasonable dilige ny\our knowledge and belief the contents are true, a	ence was used in	the preparation of this statement	ent and attached sche	edules (if any) and t	to the best of
urrent Treasurer or Michael Fourr		M		407	7/2015
Type or Print Name		Signature		-Date	772015
Candidate Michael Fournier		M		n-t- 12/	7/2015
Type or Print Name		Signature		Date	



SUMMARY PAGE CANDIDATE COMMITTEE 1. Committee 1.0. Number 95371

2. Committee Name Friends of Mike Fournier

CANDIDATE COMMITTEE	2. Committee Name FRENOS OF MIKO FOURTION		
RECEIPTS	Column 1	Column II	
3. Contributions	This Period.	Cumulative this election cycle	
a. liemized (Schedule 1A - Column 8)	_{(3a) \$} 15,268.00		
b. Unitemized (less than \$20.01 each -no Schedule)	(36.) S NOT APPLICABLE	• •	
c. Subtotal of "Contributions"	(3c.) \$ \$15,268.00	(18) \$ \$15,268,00	
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) 8 \$0.00	(12.) \$ \$0.00	
5. TOTÁL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Ling 4)	(5.) \$ \$15,268.00	(20) \$ \$15,268.00	
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(B) \$ 350	(21.75 550	
7. in Kind Expenditures (Schedule 1B-IK, Column 8)	7.) \$ \$0.00	(22) \$ \$0.00	
EXPENDITURES			
3. Expenditures		•	
a. Itemized (Schedule 1B. Column 6)	(8e.) \$ \$8,197:70	_	
b. Hemized Gel-Out-the-Vote (Schedula 16-G)	(8b.) \$ \$0.00	_	
c. Uniferrized (less than \$50.01 each - no Schedule)	(8c.):s \$0.00		
TOTAL EXPENDITURES (Add Line 8s + Line 8c)	(9) \$ \$8,197.70	(23) 8 \$8,197.70	
NCIDENTAL EXPENSE DISBURSEMENTS Officeholders Only)	,		
0, Disbursements ä. (leimized (Schedule, tC; Column 6)	(10à.) ş \$0.00		
b. Unifersized (less than \$50.01 each - no Schedule)	(10b.) s \$0.00		
1. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Une 19a + Ling 19b)	(106.) \$ 40.00	-	
EBTS AND OBLIGATIONS	(11) s \$0.00	(24.) \$ \$0.00	
2. Debis and Obligations			
8. Owed by the Committee (Schedule 1E)	(126.) \$ \$300:00	_,	
b. Owed to the Committee (Schedule 16)	(12b.) \$ \$0.00		
	HALANCE STATEMENT		
3. Ending Balance of last report filed	(13.) § \$578.94		
(Enter zero II no previous reports trave been filed.) L'Amount received during reporting period	(14) + \$. \$15,268.00	<u>.</u> .	
(Line 5, Total Contributions & Other Receipts) 5. SUBTOTAL Add lines 13 and 14	(15) ± s_\$15,846:94.		
i. Amount expended during reporting pariod (Add lines 9 and 11)	(16.) - §: \$8,197.70		
'SNDING BALANCE (Subtract line 15 from line 15)	(17.) § \$7,649.24		



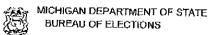
ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number __95371

CANDIDATE COMMITTEE

2. Committee Name Friends of Mike Fournier

Enter contributorio s	none and add	· · · · · · · · · · · · · · · · · · ·				
Committee (PAC) Re	port <u>all</u> contribution	ns regardless of amount		il, enter last name, first name, mittee or an Independent	6. Amount	7. Curnulative for Election Cycle for Each Contributor (Through date of receipt)
Contribution # 1 Name & Address:	PAC Recelp	YES 4. D	ate of Rec	eipt 06/11/15		T date of receipt)
Pat Paruch						
1624 Woodsbo	ro					
Royal Ok MI 48					. 100	ູ 100
5. If over \$100.00 cu		provide:			P	. \$
O+					Click Here i	for Memo Itemization
Business Address		<u> </u>				
Type of Contribution:	Direct	Loan from a pers	ол 🗸	Fund Raiser		
3. Contribution #2 Name & Address	PAC Receipt?	YES 4. Dat	te of Rece	ipt 06/11/15		
Jerry Amber						
1610 Hanley Ct					_s 100	<u>,</u> 100
Birmingham MI					\$	\$
5. If over \$100.00 cun	rulative, please pr	rovide;			Click Horo &	or Memo Itemization
Occupation		Employer			Onch Here (C	i wemo itemization
Business Address						
Type of Contribution:	Direct	Loan from a perso	n 🔽	Fund Raiser		
3. Contribution # 3 Name & Address:	PAC Recelpt?			ipt 06/11/15		
Michael Chetcutti					_	
827 Fourth Street					_s 500	500
Royal Oak MI 48067					\$	_{\$} 500
5. If over \$100.00 cum	ulative, please pre	ovide:			Click Here for	Memo Itemization
Occupation Chef		Employer Bigalora	a			
Business Address 711	S. Main Royal Oa					
Type of Contribution:	Direct	Loan from a persor	n 🗸	Fund Raiser		
. Contribution # 4 lame & Address	PAC Receipt?	YES 4. Dat	e of Rece			
Shar Douglas						
313 N. Washingt	on				_{\$} 50	
Royal Oak Mi 48	067				\$ 50	_{\$} 50
. If over \$100.00 cum:	ilative, please pro	vide:				
Occupation		Employer			Click Here for	Memo Itemization
Business Address						
Type of Contribution:	Direct	Loan from a person	V	Fund Raiser		
				Page Subtotal	\$750.00	
			Grad	nd Total of All Schadules 1A	0.00,00	
			(Comple	te on last page of Schedule)		
ageof		·			Enter this total on line 3a of Summary	



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

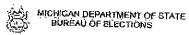
1. Committee I.D. Number 95371

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)
Contribution #1 PAC Receipt? YES 4. Date of Receipt 06/03/15 Name & Address:		r sale of tecsipo
Charles Mancini	•	
31710 Jeferson Ave		
St. Clair Shores MI 480580	_{\$} 1000	_s 1000
5. If over \$100.00 cumulative, please provide:	<u> </u>	
Occupation Attorney Employer Self	Click Here f	for Memo Itemization
Business Address 28225 Mound Rd Warren		
Type of Contribution: Direct Loan from a person Fund Raiser		
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:	Click Here fo	or Memo Itemization
Occupation Realtor Employer Self		TO THE TRUTH PLANTS
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		
John Deangelis 99 Linden Bloomfield MI 48301	§ 1000	_{\$} 1000
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Owner Hungry Howies Employer Self		
Business Address 30300 Stephenson Hwy, Madison Heights 48071 Type of Contribution: Direct Loan from a person Fund Raiser		
Contribution #4 PAC Receipt? YES 4. Date of Receipt 06/03/15	<u> </u>	
Nancy Deangelis 99 Linden Bloomfield MI 48301	_{\$} 250	_{\$_} 250
i. If over \$100.00 cumulative, please provide:	Click Hara for	Marra Harring Co.
Occupation Owner Hungry Howles Employer Self	Click Field 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	

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line 3a of Summary Page.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK 1. Committee i. D. Number 95371

* 19 MILE 1 = =

CANDIDATE COM	MITTEE 2. Committee Name Friends of Mike	Fournier	
3. Name and Address from whom received it contribution is from an individual, enter lest name flist. Check box to indicate if contributions is from a Political Committee or air 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 of services were purchased.	7. Amount or Fair Market Value	8, Gümulətliye for Election Cyale (Through date in Item 5)
Conidulion# 1 PAC Receipt? Ye Name & Address: Jon Hanna 1419 Forest Lane Bloomfield Hills, MI If over \$100.00 cumulative, please provide: Occupation:	V Conde Consider on annual Consider in	60	§ 60
Employer Name & Qualness Address: Fund Raiser Contribution	5. Date Of Receipt: 06/11/15 6. Veridor Name & Address: D'Amatos C. 222 Sherman Dr. Royal Oak, MI	lick Here for Memo	(lemizatlon
Contribution #2 PAC Receipt? Yes Name & Address	# Endorsement or Guarantee of Bank Loan Goods Donaled or Loaned Services Donaled Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others LOAN		5.
ti over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	Description 5. Date Of Receipt: 6. Vendor Name & Address:		
Fund Reiser Contribution	Ċŀi	ok Here for Merno I	(lémizajion
Contribution #3 PAC Réceipt? Yes Namo & Address:	Goods or Services Purchased by Candidate or Others		
f over \$100.00 cumulátive, please provide: Occupation: Employer Name & Address:	Goods or Services Purchased by Candidate or Others-LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address:		
Fund Raiser Contribution	Ċŧġ	k Here für Memio ji	emization
	Page Śubtolai	\$60.00	\$60.00
	Grand Total of all Schedules 1-lk (Complete on last page of Schedule)	Enter this total on line 6 of Summ	nary

page 3 of 3



FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

mmittee LD. Number 9537

2. Committee Name Friends of Mike Fournier

	HOE A OFFICE OF	nmittee Name 1 1101103 Of TVIIIC	
2 Date E. Alley		EET FOR EACH EVENT -	
3. Date Event Was Held	Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity	Address and Name (If any) of the place where the activity was held.
06/11/15		Campaign Kickoff	502 W. Lincoln Roya Oak MI 48067 Private Residence
7. Total Contributions	\$6,880.00		
3. Other Receipts			
9. Gross Receipts (Add lines 7 a	and 8)		
l0, Total Cost of Event Total Cost includes In-Kind Con	\$290.00 ard All Expenditures	Made For the Event	
-	nt fund raiser and complete the	"	
· Co-Sponsor(s)	Contribution S (%)	plit	Expenditure Split (%)
		- -	
			<u> </u>
	8		
			
		<u></u> .	
period-covered by the Ca	impaign Statement.	r Schedule for each fund raising	-

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.

Page of 4



FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

1. Committee I.D. Number 95371

2. Committee Name	Friends of Mike	Fournier

	- USE A SEPARATE SH	EET FOR EACH EVENT	
3. Date Event Was Held	Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity	Address and Name (If any) of the place where the activity was held.
10/06/15	greater)	Friendraiser	ROAK 330 E. Lincoln Royal Oak MI 48067 Private Residence
7. Total Contributions	\$308.00		
8. Other Receipts			
9. Gross Receipts (Add lines 7	and 8)		
10. Total Cost of Event (Total Cost includes tn-Kind Co	\$60.00 ontributions and All Expenditures	Made For the Events	
	oint fund raiser and complete the		
Co-Sponsor(s)	Contribution S (%)		Expenditure Split (%)
Kyle DuBuc		 _	33
Pat Paruch			33
			-

 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.

Page L of L