

## CANDIDATE COMMITTEE COVER PAGE

## FOR OFFICIAL USE ONLY

Desident the least to a section of the land		r. —				
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	113615	to 7/20//6		
1. Committee I.D. Number		4. Candidate Last Name	First N			
96371		Fournier Michael				
2, Committee Name		4a. Office Sought Including District # or Community Served (If applicable)  City Commissioner Road Oak				
Frence of Mike Four ion		4b. County of Residence cookies				
5. Committee's Mailing Address		6 Transports Name & Desidental Address				
STATE AND THE STATE OF THE STAT		Mike Fourier mi 2 3mm				
711 S. Alexander Ave Rayal Oak, MI 48067						
rappy oak was 1800-2		7115. Alexander Royal Oak, MT 48067				
		1000 contint 1800 ( C)				
Area Code and Phone If the address in this box is different from the committee		E SER				
mailing address on the Statement of Organization, mail may be sent to this address by the filing official.		Area Code & Phone				
7. Treasurer's Business Address		8. Designated Record keeper's Name and Malling Address (If the dominitee has a Designated Record keeper)				
Sam as above		Designated Record keeper)				
	80					
529						
Area Cada and Ehann	est.	Ama Cada and Dinne				
9. TYPE OF STATEMENT	<del>_</del>	Area Code and Phone	9e. Dissolution of	Candidate Committee		
9a. Pre-Election OR 9b. Post-Election	Required ONLY if candidate is not on the ballot for the		By checking this item I/We certify any outstanding debt			
	current year:		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, owes no lates fees or has any oustanding debt.  Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.			
Pre-Election or Post-Election Statement relates to:	July Quart	erly				
Primary	October C	wartarky				
General		quarterry				
Convention				,		
Special	9c. Annua	al Statement ()	Effective date of dissolution			
School	fZI.	Coverage Year				
Caucus	(Com	dment to Campaign Statement plete Item 9a, 9b, 9c or 9e to	Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.			
	amend	te which Statement is being ded.)				
Date of Election, Convention or Caucus	1			3		
	9.					
			L			
<ol> <li>Verification: I\We certify that all reasonable diligenty\u00e3our knowledge and belief the contents are true,</li> </ol>			ent and attached sche	dules (if any) and to the best of		
Current Treasurer or		Mode	<i>"</i>	~ .		
Designated Record keeper Michael Four	nkc	1/10	>	-Date 12812017		
Type or Print Name		Signature	62			
Mich East		mark		7/10/10-		
Candidate Michael Fournier		Signature		Date		
Type or Print Name		Signature		28.00		



## ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

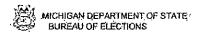
1. Committee I. D. Number 95371

95371

CANDIDATE COMMITTEE 2. Committee Name Fricas of Mike Found						
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount			
Expenditure #1		<del></del>				
Name CTE Stephanie Chang	1	5/03/16 Date	\$ 100, so			
Address	Purpose: Funbraiser Tickel					
P.O. Box 30372	Click I	lere for Memo	Itemization Type			
Detroit MI 48232	Check box if this expenditure is payment of					
Fund Raiser	debt or obligation reported on previous statement					
Expenditure #2		<i>j</i> ~.				
Name CTE Jim Ellison	<u> </u>	Date	\$ 100,00			
Address	Purpose: Fundraiser Ticket					
1309 Mohawk	Click I	lere for Memo	Itemization Type			
ROYALO AK, MZ 48667	Check box if this expenditure is payment of					
Fund Raiser	debt or obligation reported on previous statement					
Expenditure #3						
Name CTE Vicki Barnelf		6/2016	\$ 100.00			
Address	Purpose: Funblaiser Ticks	Date				
29271 Glencastle		ere for Memo	Itemization Type			
Farmington HillS,MI 48334	Check box if this expenditure is payment of debt or obligation reported on previous					
Fund Raiser	statement					
Expenditure #4						
Name			\$			
Address ,	Purpose:	Date	· ———			
	Click I	lere for Memo	llemization Type			
	Check box if this expenditure is payment of					
Fund Raiser	debt or obligation reported on previous statement					
Expenditure #5						
Name						
Address	Purpose:	Date	\$			
	Click I	Here for Memo	Itemization Type			
	Check box if this expenditure is payment of debt or obligation reported on previous					
Fund Raiser	statement					
		otal this page				
	Grand Total of all (Complete on last page					
	(					

Enter this total on line 8a of Summary Page

Page \_\_\_\_\_ of \_\_\_\_



	Committee L.D. Number 9537	1		·	
SCHEDULE 1E	Committee Name Friends ö	f Mikė Fourbier			
CANDIDATE COMMITTEE 2.0	Committee Name	i imito i carinei		<del></del>	
This Schedule itenities:			·····		
a ☑ Debts and obligations owed by or lorgiven the con (Che	mittee OR b. Deb	ls and obligations owed to urpose checked.)	or forgiven by the co	mmillée: .	
3. Name and Mailing Address of person, vendor or financial Institution to whom debt is owed,	4. Type of Obligation (Description) 5. Indicate date debt was	7. Date and amount of each payment	B. Cumulative     payment to     date on debt	9. Outstanding Balance at close of this period	
Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors. If any	incurred 6. Indicate original amount of debt		July 97 400.	(ltem 6 minus ltem 8)	
Debt #1 Corp? Yes Owed to or by:	4. Type: loan		•		
Michael Fournier	5. Date Debt Was Incurred;	\$			
711 S. Alexander Ave.	06/10/11	•	•		
Royal Oak, MI 48067	6, Original Amount of Debt:		s	s 100.00	
	5 100,00	\$		- Jeanah end	
	\$ 100,00	s	ļ	FORGIVEN	
If bank loan, name of endorser or guaranter.		Air Air	· nount Endorsedt S'		
Deht.#2 Corp? Yes Owed to or by:	4. Type: loain	5			
Michael Fournier	5. Dale Debt Was bigurred				
711 S. Alexander Ave.	7/26/11				
Royal Oak, MI 48067	6. Original Amount of Debt	\$\$	ś	\$ 200,00	
	s 200:00	<u> </u>			
	**************************************	\$		FORGIVEN	
If bank toan, name of endorser of guarantors		A	unount Endorsed; Ş		
Debf#Ö Çoip? Yes		]	T	l .	
Owed to or by:	4. Type:	\$	=		
	S. Date Debl Was Incurred:	<u>\$</u>	. ]		
	-	s			
	B. Original Amount of Debt:	<b>(</b>	\$	S	
	·\$	<del></del>		FORGIVEN	
		<u>.\$</u>			
If bank loan, name of endorser of guarantor:			Amdunt Endoised: \$_		
		Page Subjet	al (Outstanding debt)	\$300,00	
Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee)					
				Enter this total on line 12a "ower	
				hy or the 12h	

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

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