MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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: 10/21/16 to 10/22/17

1. Committee I.D. Number
95371

2. Committee Name
Friends of Mike Foumier

4. Candidate Last Name: Foumier First Name: Michael M.I.

4a. Office Sought Including District # or Community Served (If applicable)
Mayor of Royal Oak

4b. County of Residence **OAKLAND**

RECEIVED FOR FILING OAKLAND COUNTY CLERK
2019 JUL 24 AM 9:34
BY: DEPUTY COUNTY CLERK

5. Committee's Mailing Address
711 S ALEXANDER AVE
ROYAL OAK, MI 48067

Area Code and Phone (248) 756-8124
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.

6. Treasurer's Name & Residential Address
Mike Foumier
711 S ALEXANDER AVE
ROYAL OAK, MI 48067

Area Code & Phone (248) 756-8124

7. Treasurer's Business Address
711 S ALEXANDER AVE
ROYAL OAK, MI 48067

Area Code and Phone (248) 756-8124

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)
same as above

Area Code and Phone (248) 756-8124

9. TYPE OF STATEMENT

9a. [X] Pre-Election OR 9b. [ ] Post-Election

Pre-Election or Post-Election Statement relates to:

- [ ] Primary
- [X] General
- [ ] Convention
- [ ] Special
- [ ] School
- [ ] Caucus

Date of Election, Convention or Caucus
11/07/17

Required ONLY if candidate is not on the ballot enqsgd bt qqlmsxd' g

- [ ] July Quarterly
- [ ] October Quarterly

9c. [ ] Annual Statement (_____(Coverage Year

9c. [X] @ dnol dmssn B` l o` lf mRs sdl dms 'Bnl oldsd ldd 8` +8a+8b nq8d sn hrclb` sd v gtbg Rs sdl dmslr adhm amended-)

AMENDED PRE-ELECTION 247

9d. Dissolution of Candidate Committee

[ ] By bgdbj lnf sglr lsdl HV d bdqfex ` rnx nt s's mchnf cdas ax sgd bnl l ltfee to the b` rmclc` sd nqglr nqgdqr ont rd lr gdqd ax discharged and forgiven, and no longeqbnlldbsald eql the committee. Sgd bnl l lsdd g` r rm nt r's mchnf ` rr ds+ nv dr rm R sdr eddr nqg` r ` rnx nt r's mchnf cdas

Ft qgdqrlesge clrr nX smmb` rnmsad f g rsdc+g` ssglr ad bnmrhcdqlc ` qpt dr senqsgd Qdonqbnf V ` hdq

Effective date of dissolution

Note: The disposition of residual funds must be reported on Rbgdct ld 1B and the Summary Page.

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 7-24-19

Candidate: Michael Fournier (Type or Print Name) _____ (Signature) Date 7-24-19

Authority granted under P.A. 388 of 1976

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.) $ 40,190.00	
b. Unitemized (less than $20.01 each - no Schedule)	(3b.) $ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) $ $40,190.00	(18.) $ $40,190.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) $	(19.) $
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) $ $40,190.00	(20.) $ $40,190.00
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) $ $250.00	(21.) $ $250.00
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) $	(22.) $
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) $ $19,313.64	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) $	
c. Unitemized (less than $50.01 each - no Schedule)	(8c.) $	$23,473.32
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) $ $19,313.64	(23.) $ ~~$4,459.64~~
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) $	
b. Unitemized (less than $50.01 each - no Schedule)	(10b.) $	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) $	(24.) $
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) $ $300.00	
b. Owed to the Committee (Schedule 1E)	(12b.) $	

BALANCE STATEMENT

13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.)	$ $5,689.56
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) +	$ $40,190.00
15. SUBTOTAL Add lines 13 and 14	(15.) =	$ $45,879.56
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) -	$ $19,313.64
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.)	$ $26,565.92

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 Hammat

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 09/18/17 Name & Address: MI Carpenters 400 Tower Renaissance Center Suite 1010 Detroit , MI 48243 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	$ 5000.00 Click Here for Memo Itemization	$ 7500
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 09/01/17 Name & Address ~~Harlesen Lofts~~ Robert Wolfson 300 Acorn Brighton MI 48116 5. If over $100.00 cumulative, please provide: Occupation Real Estate Employer Harrison LOFTS Business Address 300 Acorn, Brighton MI 48116 Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	$ 1000.00 Click Here for Memo Itemization	$ 1000.00
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 09/13/17 Name & Address: Seymour Goodman 4745 Mirror Lake West Bloomfield, MI 48323 5. If over $100.00 cumulative, please provide: Occupation None Employer None Business Address _____ Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	$ 200.00 Click Here for Memo Itemization	$ 200.00
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 08/24/17 Name & Address Robert Goodman 922 N. Main Apt 210 Royal Oak 48067 5. If over $100.00 cumulative, please provide: Occupation Attorney Employer Goodman Frost Business Address 30300 12mile #201 Southfield MI 48076 Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	$ 200.00 Click Here for Memo Itemization	$ 200.00
	Page Subtotal	$6,400.00
	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 Layer

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 06/10/17

Name & Address:
Alan Krell
1050 Iroquois
Royal Oak MI 48046

$ 100.00 $ 100.00

5. If over $100.00 cumulative, please provide:

Occupation ____ Employer ____

Business Address ____

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

Click Here for Memo Itemization

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 06/10/17

Name & Address

Nabhan Mekani
7619 Windgate
West Bloomfield MI 48323

$ 500.00 $ 500.00

5. If over $100.00 cumulative, please provide:

Occupation Attorney Employer The Law Offices of Mekani, Orow, Mekani, Shallal & Hindo

Business Address 255 S Old Woodward Ave Suite 310 Birmingham, MI 48009

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

Click Here for Memo Itemization

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt

Name & Address

$ ____ $ ____

5. If over $100.00 cumulative, please provide:

Occupation ____ Employer ____

Business Address ____

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

Click Here for Memo Itemization

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt

Name & Address

$ ____ $ ____

5. If over $100.00 cumulative, please provide:

Occupation ____ Employer ____

Business Address ____

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

Click Here for Memo Itemization

Page Subtotal	$600.00
Grand Total of All Schedules 1A (Complete on last page of Schedule)	40,190

Enter this total on line 3a of Summary Page.