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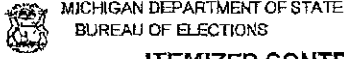
CANDIDATE COMMITTEE
COVER PAGE

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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: 10/23/17 to 11/27/17

<p>1. Committee I.D. Number 95371</p> <p>2. Committee Name Friends of Mike Fournier</p>	<p>4. Candidate Last Name Fournier</p> <p>First Name Michael</p> <p>M.I. </p> <p>4a. Office Sought Including District # or Community Served (if applicable) Mayor of Royal Oak</p> <p>4b. County of Residence OAKLAND</p>
<p>5. Committee's Mailing Address 711 S ALEXANDER AVE ROYAL OAK, MI 48067</p> <p>Area Code and Phone <u>(248) 756-8124</u> 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.</p>	<p>6. Treasurer's Name & Residential Address Mike Fournier 711 S ALEXANDER AVE ROYAL OAK, MI 48067</p> <p>Area Code & Phone <u>(248) 756-8124</u></p>
<p>7. Treasurer's Business Address 711 S ALEXANDER AVE ROYAL OAK, MI 48067</p> <p>Area Code and Phone <u>(248) 756-8124</u></p>	<p>8. Designated Record keeper's Name and Mailing Address (if the committee has a Designated Record Keeper) same as above</p> <p>Area Code and Phone <u>(248) 756-8124</u></p>
<p>9. TYPE OF STATEMENT</p> <p>9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" 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>11/07/17</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 8a, 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 here by 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>
<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.</p> <p>Current Treasurer or Designated Record Keeper: Michael Fournier <i>[Signature]</i> Date: <u>7/23/19</u></p> <p>Candidate: Michael Fournier <i>[Signature]</i> Date: <u>7/23/19</u></p>	



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: United Auto Workers 27800 George Merrelli Dr, Warren, MI 48092	PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>10/27/17</u>	\$ 4000.00	\$ 4000.00
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ 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: Greater Metropolitan Area Realtors <u>Realtors Political Action Committee of Michigan</u> 20 Oak Hollow St Suite 100, <u>720 N. Washington</u> Southfield, MI 48033 <u>Lansing, MI</u>	PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>10/27/17</u>	\$ 1000.00	\$ 1000.00
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ 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:	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____	\$ _____	\$ _____
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 type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4 Name & Address:	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____	\$ _____	\$ _____
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 type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal	\$5,000.00
Grand Total of All Schedules 1A (Complete on last page of Schedule)	<u>6550.00</u>
Enter this total on line 3a of Summary Page.	