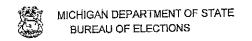
CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and ca	signed by ndidate.	3. This Statement covers From:	11/28/17 to 07/20/18		
1. Committee I.D. Number	-	Candidate Last Name	First Name	M.I.	
95371		Fournier	Michael		
		4a. Office Sought Including District # or Community Served (If applicable) Mayor of Royal Oak			
Friends of Mike Fournier		4b. County of Residence OAK	LAND	4.	
5. Committee's Mailing Address		6. Treasurer's Name & Resider	tial Address	9	
711 S ALEXANDER AVE		Mike Fournier			
ROYAL OAK, MI 48067		711 S ALEXANDER	AVE		
*		ROYAL OAK, MI 48	067	S (357)	
2				Л ≘ -r₁	
Area Code and Phone (248) 756-8124				로 국동 <mark></mark>	
If the address in this box is different from the commi- mailing address on the Statement of Organization, n	πee nail may	Area Code & Phone (248) 756-8124			
be sent to this address by the filing offictal.					
7. Treasurer's Business Address		8. Désignated Record kééper's Designated Record kéeper)	Name and Mailing Address (If the committee	a nas a	
711 S ALEXANDER AVE		same as above	i.		
ROYAL OAK, MI 48067		COMMENSATION CONTRACTOR OF SANCTIONS SANCTIONS OF SANCTIONS AND ACCUSATION CONTRACTOR CO			
Area Code and Phone (248) 756-8124		Area Code and Phone (248)	756-8124		
9. TYPE OF STATEMENT	D : 10	U X 25 313-1-	9e. Dissolution of Candidate Committee	I M RELED RELEDIN	
9a. Pre-Election OR 9b. Post-Election	Required ONLY if candidate is not on the ballot for the current year:		By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here		
Pre-Election or Post-Election Statement relates to:	121a	FEC. 100	by discharged and forgiven, and no longer of the committee. The committee has no ousta	anding assets,	
Primary	X July Quar	terty	owes no lates fees or has any oustanding de	bt.	
General	October C	Quarterly	Further, if the dissolution cannot be granted,	that this be	
Convention			considered a request for the Reporting Waiv	er.	
	00				
Special .	9c. Annu	al Statement ()	Effective date of dissolution	2°	
School		Coverage Year	\dots		
Caucus		ndment to Campaign Statement plete Item 9a, 9b, 9c or 9e to			
		ate which Statement is being	Note: The disposition of residual funds mus Schedule 1B and the Summary Page.	t be reported on	
	anici	ucu.j			
Date of Election, Convention or Caucus		8.	20		
			3		
			<u>.</u>		
	<u></u>	1 II	Land attack and askedular (if any) and to the	a boot of	
10. Verification: I/We certify that all reasonable dilig my/our knowledge and belief the contents are true,	ence was used accurate and d	omplete.	ent and attached scriedules (ii any) and to in	a pesi oi	
Current Treasurer or Michael Four	oior		0 7.05.0	1040	
Designated Record keeper	nei	1 miles four	9 7/25/2 Date	.018	
Type or Print Name	•	Signature Matta Clause	3		
Candidate Michael Fournier	¥	, mile you		2018	
Type or Print Name	<u> </u>	Signature		,	



1. Committee I.D. Number 95371

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name Friends of Mike Fournier

VANDONIE VYIIII -	Column I	Column II
RECEIPTS	Column I This Period	Cumulative this election cycle
3. Contributions	0.00	
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>0.00</u>	
b, Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	\$0.00
c. Subtotal of "Contributions"	(3c.) \$_\$0.00	(18.) \$ \$0.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ \$0.00	(20.) \$ \$0.00
IN-KIND CONTRIBUTIONS & EXPENDITURES	40.00	60 00
6. in-Kind Contributions (Schedule 1-iK, Column 7)	(6.) \$ \$0.00	(21.) \$ \$0.00
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures	#200 00	
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ \$300.00	
b. Itemized Get-Out-the-Vote (Schedule 18-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	en 00
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ \$300.00	(23.) \$ \$0.00
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$	
b. Uniternized (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)	(128.) \$ \$300.00	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
	BALANCE STATEMENT	
13. Ending Balance of last report filed	(13.) \$ \$28,513.04	_
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.) ÷ \$ \$0.00	
(Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14	(15.) = \$_\$28,513.04	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ \$300.00	_
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ \$28,213.04	A
,		



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number

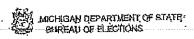
95371

2. Committee Name Friends of Mike Fournier

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1		50101110	And the second s
Name Greater Royal Oak Democratic club		06/24/18	\$ 200
Address	Purpose: Fundraising Ticket	Date	
3126 Glenview Rd,		Here for Memo	Itemization Type
Royal Oak, MI 48073	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
Name Rebekah Warren for State Rep		06/15/18	\$ 100
Address	Purpose: Fundraising Ticket	Date	
234 8th Street,	Click	Here for Memo	Itemization Type
Ann Arbor, MI 48103	Check box if this expenditure is payment or	ŗ,	
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3			
Name			T.
·		Date	\$
Address	Purpose:		
	Click	Here for Memo	Itemization Type
	Check box if this expenditure is payment of debt or obligation reported on previous	f	
Fund Raiser	statement		
Expenditure #4			
Name .			s
Address	Purpose;	Date	
, mai vio			
	Click	Here for Memo	Itemization Type
	Check box if this expenditure is payment of debt or obligation reported on previous	of	
Fund Raiser	statement		
Expenditure #5			
Name			¢
Address	Purpose:	Date	\$
	Clic	k Here for Mem	o Itemization Type
	Check box if this expenditure is payment debt or obligation reported on previous		
Fund Raiser	statement	btotal this page	\$2100
			\$300.00
	Grand Total of a		31300,00

Enter this total on line 8a of Summary Page

Page _____ of ____



a si sa ta ta a a a a a a a a a a a a a a a	Committee 15 Number 9537	1		
	Training the second sec	<u></u>		· · · · · · · · · · · · · · · · · · ·
SCHEDULE	committee Name Friends of	Mike Fournier		
CAMINDALE COMMITTEE	Committee Name			
This Schedule ilegitzes:				
	eck either a ar b. Tise only for the pi			
3. Name and Malling Arkhess of person, yeador or financial institution to whom debt is owed.	4. Type of Chilipation (Description) 5. Indicals date debt was incurred	7: Dale and amount of each payment	B. Curintalive payment to date on debt	B. Cutstanding Balance of close of this period filers 6 minus
Check bus to Indicate whether debt is owed to an incorporated business: If debt is a bank loan, please provide information regarding the endorsers of glianantors, Many.	B. Indicate original amount of febt	·		itery 8)
Debt-1. Coip? Yes	4. Types loan	<u></u>		
Michael Fournier	5. Digit Debi Was insurered;	<u> </u>]	-
711 S. Alexander Ave.	-06/10/11			s 100,00
Royal Oak, MI 48067	6, Original Amount of Debt.	s	\$	*
	\$ 100.00			FORGIVEN
		` <u> </u>		,
H bank town, name of endorser or gustardor;		Art Art	ount Endonsed: \$ -	
Debt #2 Corp? Yes .	1. Typur loan	5		
Michael Folimier	5 Date Daht Was Incorred;	<u> </u>		1
711 S. Alexander Ave.	7/26/11	\$	1.	200,00
Royal Oak, MI 48067	5. Original Amount of Debt.	5	\ <u>s</u>	1 \$ 200,00
	\$ 200.00			FORGIVEN
1		· \$	•	
lf bank löan, name of endomer of guarantor.			mount Endorsed: \$	
Debi#3 Cop7 Yes	4. T5pot	\$	ļ.	-
Owed to or by:	5 Date Dobt Was Inchered	s		
			` 	
•	8. Oddinal Amount of Debt		\ s	5
***		\$.		FORGIVE
	· •	s ·		
If bank to air, name of endorse, of guarantors		,	Amilint Endoised: \$	· · · · ·
I Bank to are the discovery of Arstanton	A-A			\$200 NO
	~	Paga Subio	al (Dukslanding deb	\$300.00
,	(Complete on last page of Schedul	Grand Tot e.showing amounts owed b	al of all Schedules 1 y or to the committe	§ \$300: 00
A code or obligation must be shown on this Sch	inidale se énara arao an nucleofamilista	will test for bown tollower.		Enler this lotal on line 32s "ove by" or line 12b "owed to" of the
The Sambaldi Statement of It was toutiven quit Toppt of opplication must be shown on the sou	the the period covered by this can	mpaigo Statement.	. •	Summary Page

Page 1 of 1