



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.

1. Committee I.D. Number 95371		3. This Statement covers From: 07/21/18 to 10/20/18	
2. Committee Name Friends of Mike Fournier		4. Candidate Last Name Fournier First Name Michael M.I. 4a. Office Sought Including District # or Community Served (If applicable) Mayor of Royal Oak 4b. County of Residence OAKLAND	
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 Fournier 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. ☐ Pre-Election OR 9b. ☐ Post-Election Pre-Election or Post-Election Statement relates to: ☐ Primary ☐ General ☐ Convention ☐ Special ☐ School ☐ Caucus Date of Election, Convention or Caucus _____		9e. Dissolution of Candidate Committee ☐ 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. Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Effective date of dissolution _____ Note: The disposition of residual funds must be reported on Schedule 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 10/25/18	
Candidate Michael Fournier Type or Print Name		Signature  Date 10/25/18	



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.) \$ <u>0.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$0.00</u>	(18.) \$ <u>\$0.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u></u>	(19.) \$ <u></u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>\$0.00</u>	(20.) \$ <u>\$0.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>\$0.00</u>	(21.) \$ <u>\$0.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u></u>	(22.) \$ <u></u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$200.00</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u></u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u></u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>\$200.00</u>	(23.) \$ <u>\$500.00</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u></u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u></u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u></u>	(24.) \$ <u></u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>\$300.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u></u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>\$28,213.04</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$0.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$28,213.04</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$200.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) = \$ <u>\$28,013.04</u>	



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 Name <u>Jim Ellison for State Rep.</u> Address <u>1309 Mohawk</u> <u>Royal Oak, MI 48067</u> ☒ Fund Raiser	Purpose: <u>Fundraising Ticket</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/01/18</u> Date	<u>\$ 100</u>
Expenditure #2 Name <u>Mallory McMorrow For Michigan</u> Address <u>PO Box 2136</u> <u>Royal Oak MI 48068</u> ☐ Fund Raiser	Purpose: <u>Donation</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/10/18</u> Date	<u>\$ 100</u>
Expenditure #3 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Subtotal this page			
Grand Total of all Schedules 1B (Complete on last page of Schedule)			

Enter this total
on line 8a of
Summary Page



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DEBTS AND OBLIGATIONS
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee ID Number: 95371
2. Committee Name: Friends of Mike Fournier

This Schedule requires:				
☒ Debts and obligations owed by or forgiven by the committee, OR ☐ Debts and obligations owed to or forgiven by the committee. (Check either a or b. Use only for the purpose checked.)				
3. Name and Mailing Address of person, vendor or financial institution to whom debts owed. Check box to indicate whether debts owed to an incorporated business: If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding balance at close of this period (less 8 minus from 6)
Debt #1 Owed to or by: ☐ Corp ☐ Yes Michael Fournier 711 S. Alexander Ave. Royal Oak, MI 48067	4. Type: <u>loan</u> 5. Date Debt Was Incurred: <u>09/10/11</u> 6. Original Amount of Debt: <u>\$ 100.00</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$ 100.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor:		Amount Enclosed: \$		
Debt #2 Owed to or by: ☐ Corp ☐ Yes Michael Fournier 711 S. Alexander Ave. Royal Oak, MI 48067	4. Type: <u>loan</u> 5. Date Debt Was Incurred: <u>7/26/11</u> 6. Original Amount of Debt: <u>\$ 200.00</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$ 200.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor:		Amount Enclosed: \$		
Debt #3 Owed to or by: ☐ Corp ☐ Yes	4. Type: <u></u> 5. Date Debt Was Incurred: <u></u> 6. Original Amount of Debt: <u>\$</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor:		Amount Enclosed: \$		
Page Subtotal (Outstanding debt)				\$300.00
Grand Total of all Schedules 1B (Complete on last page of Schedules showing amounts owed by or to the committee)				\$300.00

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