



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 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 Area Code & Phone (248) 756-8124	
7. Treasurer's Business Address 711 S. Alexander Royal Oak MI 48067 Area Code and Phone _____		8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) Same as above Area Code and Phone _____	
9. TYPE OF STATEMENT 9a. <input type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus Date of Election, Convention or Caucus _____		Required ONLY if candidate is not on the ballot for the current year: <input type="checkbox"/> July Quarterly <input checked="" type="checkbox"/> October Quarterly 9c. <input type="checkbox"/> Annual Statement (_____) Coverage Year 9d. <input checked="" type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)	
		9e. Dissolution of Candidate Committee <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 hereby 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 _____ Type or Print Name Signature Date			
Candidate Mike Fournier _____ Type or Print Name Signature Date 1-20-19			



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> <input type="checkbox"/> Fund Raiser	Purpose: <u>Fundraising Ticket</u> <input type="checkbox"/> 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> <input type="checkbox"/> Fund Raiser	Purpose: <u>Fundraising Ticket</u> <input type="checkbox"/> 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 <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page **\$200.00**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **\$200.00**

Enter this total
on line 8a of
Summary Page