



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

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**CANDIDATE COMMITTEE  
COVER PAGE**

BY: DEPUTY COUNTY CLERK

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: <u>10/21/19</u> to <u>11/25/19</u>	
1. Committee I.D. Number <b>95371</b>	4. Candidate Last Name <b>Fournier</b> First Name <b>Michael</b> M.I. <b>C</b>
2. Committee Name <b>Friends of Mike Fournier</b>	4a. Office Sought Including District # or Community Served (If applicable) <b>Mayor ROYAL OAK</b>
5. Committee's Mailing Address <b>711 S. Alexander Ave Royal Oak, MI</b>	4b. County of Residence <b>OAKLAND</b>
Area Code and Phone <u>(248) 224-3772</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.	6. Treasurer's Name & Residential Address <b>Michael Fournier 711 S. Alexander Ave Royal Oak, MI</b>
7. Treasurer's Business Address <b>n/a</b>	8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) <b>n/a</b>
Area Code and Phone _____	Area Code and Phone <u>(248) 224-3772</u>
9. TYPE OF STATEMENT	
9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election	
Pre-Election or Post-Election Statement relates to:	
<input type="checkbox"/> Primary	
<input checked="" 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 <u>11/03/19</u>	
Required ONLY if candidate is not on the ballot for the current year:	
<input type="checkbox"/> July Quarterly	
<input type="checkbox"/> October Quarterly	
9c. <input type="checkbox"/> Annual Statement ( ) Coverage Year	
9d. <input 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 <u>Michael Fournier</u> Date <u>12-2-19</u>	
Type or Print Name Signature	
Candidate <u>Michael Fournier</u> Date <u>12-2-19</u>	
Type or Print Name Signature	

Authority granted under P.A. 388 of 1976

AMENDED



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
<b>3. Contributions</b>			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>1,030.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>\$1,030.00</u>	(18.) \$ <u>\$33,335.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u>\$0.00</u>	(19.) \$ <u>\$0.00</u>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$	<u>\$1,030.00</u>	(20.) \$ <u>\$33,335.00</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>\$385.00</u>	(21.) \$ <u>\$1,040.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u>\$0.00</u>	(22.) \$ <u>\$0.00</u>
<b>EXPENDITURES</b>			
<b>8. Expenditures</b>			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>\$16,737.<sup>07</sup><del>49</del></u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u>\$0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u>\$0.00</u>	
<b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>\$16,737.<sup>07</sup><del>49</del></u>	(23.) \$ <u>26,029.16</u> <u>\$27,854.22</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)			
<b>10. Disbursements</b>			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u>\$0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u>\$0.00</u>	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$	<u>\$0.00</u>	(24.) \$ <u>\$0.00</u>
<b>DEBTS AND OBLIGATIONS</b>			
<b>12. Debts and Obligations</b>			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>\$300.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u>\$0.00</u>	
<b>BALANCE STATEMENT</b>			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>\$49,201.01</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>\$1,030.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>\$50,231.01</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>\$16,737.<sup>07</sup><del>49</del></u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>\$33,493.94</u>	



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 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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: <u>Vince Brown</u> <u>518 S. Vermont</u> <u>Royal Oak, MI</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/23/19</u>		\$ <u>100</u>	\$ <u>100</u>
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 checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #2 Name & Address: <u>Heldi Esbri</u> <u>4135 S. Fulton</u> <u>Royal Oak, MI</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/23/19</u>		\$ <u>20</u>	\$ <u>20</u>
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 checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 3 Name & Address: <u>Joe Miller</u> <u>1118 Shelter Lane</u> <u>Lansing, MI</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/23/19</u>		\$ <u>100</u>	\$ <u>100</u>
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 checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 4 Name & Address: <u>Pat Neveau</u> <u>807 N Sherman</u> <u>Royal Oak, MI</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/23/19</u>		\$ <u>100</u>	\$ <u>100</u>
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 checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal \$320.00

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 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	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/23/19</u>	
Name & Address: <u>Janet Richards</u> <u>415 Potawatomi Blvd</u> <u>Royal Oak, MI</u>		\$ <u>50</u>	\$ <u>50</u>
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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization <input type="button" value="v"/>	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/23/19</u>	
Name & Address: <u>Bob Sheldon</u> <u>26766 Brush St</u> <u>Madison Heights, MI</u>		\$ <u>100</u>	\$ <u>100</u>
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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization <input type="button" value="v"/>	
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/23/19</u>	
Name & Address: <u>Kurt Von Eberstein</u> <u>3230 Benjamin Ave</u> <u>Royal Oak, MI</u>		\$ <u>100</u>	\$ <u>175</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization <input type="button" value="v"/>	
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/23/19</u>	
Name & Address: <u>Mike &amp; Mary Lienweber</u> <u>1704 BASSETT</u> <u>ROYAL OAK, MI</u>		\$ <u>50</u>	\$ <u>550</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Engineer</u> Employer <u>Boji Group</u> Business Address <u>124 W. Allegan St Suite 2100 Lansing, MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization <input type="button" value="v"/>	

Page Subtotal \$300.00

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 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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/23/19</u></p> <p>Name &amp; Address: <u>Kelly Allen</u> <u>2177 Clinton View Circle</u> <u>Rochester Hills, MI</u></p> <p>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</p>		\$ <u>100</u>	\$ <u>100</u>
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/23/19</u></p> <p>Name &amp; Address: <u>Robert Wittenberg</u> <u>13302 Borgman Ave</u> <u>Huntington Woods, MI</u></p> <p>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</p>		\$ <u>100</u>	\$ <u>100</u>
<p>3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/23/19</u></p> <p>Name &amp; Address: <u>Paula Martinos - Mantay</u> <u>101 Curry +101</u> <u>Royal Oak, MI</u></p> <p>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 checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>50</u>	\$ <u>50</u>
<p>3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/23/19</u></p> <p>Name &amp; Address: <u>Brandon Lee</u> <u>1315 W Farnum Apt 5</u> <u>Royal Oak, MI</u></p> <p>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 checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>50</u>	\$ <u>50</u>

Page Subtotal \$300.00

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 97371

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	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/23/19</u>	
Name & Address: Ilene Orłanski 1851 Torquay Royal Oak, MI		\$ <u>50</u>	\$ <u>50</u>
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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization <input type="button" value="v"/>	
3. Contribution # 2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/23/19</u>	
Name & Address: Jay Dunstan 111 E Parent Royal Oak, MI		\$ <u>35</u>	\$ <u>35</u>
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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization <input type="button" value="v"/>	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/30/19</u>	
Name & Address: Shar Douglas 813 N Washington Royal Oak, MI		\$ <u>25</u>	\$ <u>25</u>
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 <input type="button" value="v"/>	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt _____	
Name & Address: _____ _____ _____		\$ _____	\$ _____
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 <input type="button" value="v"/>	

Page Subtotal \$110.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

1030.00

Enter this total on  
line 3a of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I, D. Number 95371

CANDIDATE COMMITTEE

2. Committee Name Friends of Mike Fournier

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
<p>Contribution #1 PAC Receipt? <input type="checkbox"/> Yes</p> <p>Name &amp; Address: <b>Greg Reyner</b> 1181 Atkinson Detroit, MI</p> <p>If over \$100.00 cumulative, please provide: Occupation: <u>RESTAURANT OWNER</u> Employer Name &amp; Business Address: <b>Cafe Muse</b> 418 S Washington Ave, Royal Oak, MI 48067</p> <p><input checked="" type="checkbox"/> Fund Raiser Contribution</p>	<p>4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" type="checkbox"/> <u>YES</u> Goods Donated or Loaned <input checked="" type="checkbox"/> <u>NO</u> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN</p> <p>Description: <u>Food, Beverages, Service at fundraiser</u></p> <p>5. Date Of Receipt: <u>10/23/19</u></p> <p>6. Vendor Name &amp; Address: <b>Cafe Muse</b> 418 S Washington Ave, Royal Oak, MI 48067</p> <p>Click Here for Memo Itemization</p>	<p>\$ 350</p>	<p>\$ 350</p>
<p>Contribution #2 PAC Receipt? <input type="checkbox"/> Yes</p> <p>Name &amp; Address: <b>Tony Yezbick</b> 950 N Main Street Royal Oak, MI</p> <p>If over \$100.00 cumulative, please provide: Occupation: Employer Name &amp; Address: <b>Fifth Avenue</b> 215 Fifth Ave Royal Oak, MI</p> <p><input type="checkbox"/> Fund Raiser Contribution</p>	<p>4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" type="checkbox"/> <u>YES</u> Goods Donated or Loaned <input checked="" type="checkbox"/> <u>NO</u> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN</p> <p>Description: <u>Food for election night party</u></p> <p>5. Date Of Receipt: <u>11/05/19</u></p> <p>6. Vendor Name &amp; Address: <b>Fifth Avenue</b> 215 Fifth Ave Royal Oak MI</p> <p>Click Here for Memo Itemization</p>	<p>\$ 35</p>	<p>\$ 35</p>
<p>Contribution #3 PAC Receipt? <input type="checkbox"/> Yes</p> <p>Name &amp; Address:</p> <p>If over \$100.00 cumulative, please provide: Occupation: Employer Name &amp; Address:</p> <p><input type="checkbox"/> Fund Raiser Contribution</p>	<p>4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN</p> <p>Description:</p> <p>5. Date Of Receipt:</p> <p>6. Vendor Name &amp; Address:</p> <p>Click Here for Memo Itemization</p>	<p>\$</p>	<p>\$</p>
Page Subtotal		\$385.00	
Grand Total of all Schedules 1-IK (Complete on last page of Schedule)		\$385.00	

Enter this total  
on line 8 of Summary  
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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

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>Inland Press</u> Address <u>2001 W Lafayette Blvd, Detroit, MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Mailers &amp; Postage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/01/19</u> Date	<u>\$ 2172.95</u>
Expenditure #2 Name <u>Inland Press</u> Address <u>2001 W Lafayette Blvd, Detroit, MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Mailers and Postage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/25/19</u> Date	<u>\$ 4128.67</u>
Expenditure #3 Name <u>Inland Press</u> Address <u>2001 W Lafayette Blvd, Detroit, MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Mailers and Postage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/29/19</u> Date	<u>\$ 2712.80</u>
Expenditure #4 Name <u>C&amp;G Publishing</u> Address <u>13650 11 Mile Road Warren, MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Newspaper ad</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/30/19</u> Date	<u>\$ 504.75</u>
Expenditure #5 Name <u>Inland Press</u> Address <u>2001 W Lafayette Blvd, Detroit, MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Mailers and Postage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/31/19</u> Date	<u>\$ 652.87</u>

Subtotal this page \$10,172.40 04

Grand Total of all Schedules 1B  
(Complete on last page of Schedule)

Enter this total  
on line 8a of  
Summary Page





MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

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>Inland Press</u> Address <u>2001 W Lafayette Blvd, Detroit, MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Mailers and Postage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/01/19</u> Date	<u>\$ 394.74</u> Click Here for Memo Itemization Type <input type="button" value="v"/>
Expenditure #2 Name <u>Inland Press</u> Address <u>2001 W Lafayette Blvd, Detroit, MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Mailers and Postage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/02/19</u> Date	<u>\$ 435.92</u> Click Here for Memo Itemization Type <input type="button" value="v"/>
Expenditure #3 Name <u>Pivot Point</u> Address <u>312 Fairgrove Royal Oak, MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Design of Literature</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/07/19</u> Date	<u>\$ 1825</u> Click Here for Memo Itemization Type <input type="button" value="v"/>
Expenditure #4 Name <u>Lowes</u> Address <u>434 Twelve Mile Rd, Madison Heights, MI 48071</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Sign wood</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/04/19</u> Date	<u>\$ 10.39</u> Click Here for Memo Itemization Type <input type="button" value="v"/>
Expenditure #5 Name <u>Fifth Avenue Billiards</u> Address <u>215 W 5th St, Royal Oak, MI 48067</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Food &amp; Drink</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/05/19</u> Date	<u>\$ 26</u> Click Here for Memo Itemization Type <input type="button" value="v"/>
Subtotal this page			<u>\$2,692.05</u>
Grand Total of all Schedules 1B (Complete on last page of Schedule)			

Enter this total  
on line 8a of  
Summary Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

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>Winning Connections</u> Address <u>317 Pennsylvania Ave SE 2nd Floor</u> <u>Washington, DC 20003</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Phone Survey</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/04/19</u> Date	\$ <u>3872.98</u> Click Here for Memo Itemization Type <input type="checkbox"/>
Expenditure #2 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 \$	Click Here for Memo Itemization Type <input type="checkbox"/>
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 \$	Click Here for Memo Itemization Type <input type="checkbox"/>
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 \$	Click Here for Memo Itemization Type <input type="checkbox"/>
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 \$	Click Here for Memo Itemization Type <input type="checkbox"/>

Subtotal this page

3872.98

Grand Total of all Schedules 1B  
(Complete on last page of Schedule)

16737.07

Enter this total  
on line 8a of  
Summary Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**FUND RAISER SCHEDULE 1F  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 95371  
2. Committee Name FRIENDS OF MIKE FOURNIER

**- USE A SEPARATE SHEET FOR EACH EVENT -**

3. Date Event Was Held <u>10-23-19</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>12</u>	5. Type of Fund Raising Activity <u>HAPPY HOUR</u>	6. Address and Name (If any) of the place where the activity was held. <u>CAPE MUSE</u> <u>4185 WASHINGTON</u> <input type="checkbox"/> Private Residence <u>R.O. MI</u>
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7. Total Contributions \$ 805.00  
8. Other Receipts 0.00  
9. Gross Receipts (Add lines 7 and 8) \$ 805.00  
10. Total Cost of Event 350  
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS  
SCHEDULE 1E  
CANDIDATE COMMITTEE

1. Committee I.D. Number 95371  
2. Committee Name Friends of Mike Fournier

This Schedule itemizes:				
a. <input checked="" type="checkbox"/> Debts and obligations owed by or forgiven the committee OR b. <input type="checkbox"/> 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 debt is owed.  Check box to indicate whether debt is 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 (Item 6 minus Item 8)
Debt #1 Owed to or by: Corp? <input type="checkbox"/> Yes Michael Fournier 711 S. Alexander Ave Royal Oak, MI	4. Type: <u>Loan</u> 5. Date Debt Was Incurred: <u>06/10/11</u> 6. Original Amount of Debt: <u>\$ 100.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>100.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #2 Owed to or by: Corp? <input type="checkbox"/> Yes Michael Fournier 711 S. Alexander Ave Royal Oak, MI	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>200.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #3 Owed to or by: Corp? <input type="checkbox"/> Yes	4. Type: _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: _____	\$ \$ \$ \$ \$	\$	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Page Subtotal (Outstanding debt)				<b>\$300.00</b>
Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee)				<b>\$300.00</b>

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