

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

2020 FEB 21 88: 50

RECEIVED FOR FILING DAKLAND COUNTY CLERK

CANDIDATE COMMITTEE

DEPUTY COUNTY CLERK

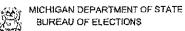
FOR OFFICIAL USE ONLY

COVERPAGE	DEI	Of Octivity Office	5.13	0.000 Anna 1000 P. Chapter 1000 D. Chapter 100
Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and c	d signed by andidate.	3. This Statement covers From	<sup>11</sup> 10/21/19 to 11	/25/19
1, Committee I.D. Number		4. Candidate Last Name	First Name	M.I.
95371		Fournier	Michael	С
			strict # or Community Served (If	CAT PART EXCUSION AND ADDRESS OF THE PART AND ADDRESS
2. Committee Name	2	Mayor Litte	CAK	$\Box$
Friends of Mike Four	rnier	4b. County of Residence OAI	KLAND T	
5, Committee's Mailing Address		6. Treasurer's Name & Reside	ential Address	
711 S. Alexander Ave Royal Oak, MI		Michael Fournier 711 S. Alexander Av		् ना कि नि
Toyal Cak, Ivii		Royal Oak, MI	e	學 時
		Troyar Jak, IVII		5XN -1 00
(248) 224-3772				3/1/2 3
Area Code and Phone (248) 224-3772 If the address in this box is different from the comm				<   Tr 22
mailing address on the Statement of Organization, be sent to this address by the filing official.	mail may	Area Code & Phone (248) 2	24-3772	
7. Treasurer's Business Address			's Name and Address (If the co	mmiffee has a
n/a		Designated Record Keeper)		
		I RM		(A)
10				
Area Code and Phone		Area Code and Phone		
9. TYPE OF STATEMENT			9e. Dissolution of Candidal	le Committee
9a. Pre-Election OR 9b. X Post-Election		VLY if candidate ballot for the		e certify any outstanding debt
Pre-Election or Post-Election Statement relates to:	current year:		by discharged and forgiven, a	
	July Quart	erly	the committee. The committee owes no lates fees or has any	e has no oustanding assets,
Primary	Farra	C. and and C.		
⊠ General	October C	luanerly	Further, If the dissolution cannot considered a request for the F	ot be granted, that this be
Convention			considered a request for the P	teporting waiver.
Special	9c. Annua	al Statement ( )		
School		Coverage Year	Effective date of dis	solution
Caucus		dment to Campaign Statement		
Commence 7.		plete Item 9a, 9b, 9c or 9e to te which Statement is being	Note: The disposition of resid	
	ameno		Schedule 1B and the Summa	ry Page.
Date of Election, Convention or Caucus				
11/03/19				
				e
				Professional Control C
10. Verification: (\text{\tiny{\text{\tiny{\text{\tinit}\text{\texi}\text{\text{\text{\text{\text{\text{\text{\text{\texi}\text{\text{\texi{\text{\texi\tin\texi{\text{\text{\text{\texi{\text{\texi}\texi{\texi{\texi{\texi{\	erice was used accurate and co	in the preparation of this statem omplete.	ent and attached schedules (if	any) and to the best of
			and the second	20010
Current Treasurer or Designated Record keeper  Michael Four	nier	1 ===	Date .	12-2-19 - 2-70-
Type or Print Name		Signature		
Candidate Michael Fournier		1		12-2-19 2-20
Type or Print Name	)	Signature	Dafe	77() 1 ( The control of the control
Authority granted under P.A. 388 of 1976	one with the same			AMENDED

1. Committee LD. Number 95371

SUMMARY PAGE CANDIDATE COMMITTEE

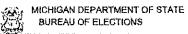
RECEIPTS		
3. Contributions	Column I This Period	Column ti Cumulative this election cycle
a. Hemized (Schedule 1A - Column 6)	(3a.) \$ 1,030.00	
b. Unitemized (less than \$20,01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ \$1,030.00	(18.) \$ \$33,335.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ \$0.00	(18.)\$ \$0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ \$1,030.00	(20.) \$ \$33,335.00
IN-KIND CONTRIBUTIONS & EXPENDITURES		
8. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ \$385.00	(21.) \$ \$1,040.00
7. In-Kind Expenditures (Schedule 18-IK, Column 6)	(7.) \$ \$0.00	(22.) \$ \$0.00
EXPENDITURES		(22.) \$ 44100
8. Expenditures	,07	
a. itemized (Schedule 18, Column 6)	(8a.) \$ \$16,737. <del>49</del>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ \$0.00	
c, Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ \$0.00	26,629.16
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ \$16,737. 19 , 6°7	(23.) \$ \$27,854.22
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		(23.) \$ ****
Disbursements     a, Itemized (Schedule 1C, Column 6)	(10a.) \$ \$0.00	
b. Unitemized (less than \$50.01 each - no Schedule)  11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS	(10b.) \$ \$0.00	·
(Add Line 10a + Line 10b)  DEBTS AND OBLIGATIONS 12. Debts and Obligations	(11.) \$ \$0.00	(24.) \$ \$0.00
g, Owed by the Committee (Schedule 1E)	(12e.) \$ \$300.00	
b. Owed to the Committee (Schedule 1E)		
	(12b.) \$ \$0.00 BALANCE STATEMENT	
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ \$49,201.01	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ \$1,030.00	
15, SUBTOTAL Add lines 13 and 14	(15.) = \$ \$50,231.01	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ \$16,737,19 [673]	UT
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ \$32,463.82 33 LI9	3.94
		}



95371

**CANDIDATE COMMITTEE** 

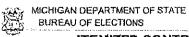
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to Indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.					6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 Name & Address: Vince Brown	PAC Receipt?		YES 4. Date of Receipt	10/23/19		
518 S. Vermont					<sub>s</sub> 100	. 100
Royal Oak, MI					\$_100	§ 100
5, If over \$100.00 cum	ulative, please pro	vid	e:		Click Here fo	or Memo Itemization
Occupation	.,	_	Employer	A STATE OF THE STA		THOUSE TO STANDARD
Business Address			, , , , , , , , , , , , , , , , , , ,			
Type of Contribution:	Direct		Loan from a person	Fund Raiser		
Contribution #2     Name & Address	PAC Receipt?		YES 4. Date of Receipt	10/23/19		
Heldi Esbri					00	00
4135 S. Fulton					<u>\$20</u>	<u>\$</u> 20
Royal Oak, MI						
5, If over \$100.00 cum	, , , ,		e; mployer		Click Here fo	r Memo Itemization
Occupation		. =1	npioyet			
Business Address	<del>-</del> 1 *			at the state of a substitution of the state		
Type of Contribution:	Direct		Loan from a person	Fund Raiser		<u> </u>
3, Contribution #3 Name & Address:	PAG Receipt?		YES 4, Date of Receipt	10/23/19		
Joe Miller 1118 Shelter La	ne .				<sub>\$</sub> 100	<sub>s</sub> 100
Lansing, MI	•					*
5. If over \$100.00 cum	ulative, please pro	vid	e:		Click Here for	Memo Itemization
Occupation		- 1	Employer			
Business Address						
Type of Contribution:	Direct	алуш	Loan from a person	Fund Raiser		
3, Contribution # 4 Name & Address	PAC Receipt?		YES 4. Date of Receip	10/23/19		
Pat Neveau					400	
807 N Sherman					<sub>\$</sub> 100	<sub>s</sub> 100
Royal Oak, MI 5. If over \$100.00 cum	ulative, please pro	vid	ė:	***	Click Here for	Memo Itemization
Occupation			Employer		Short fore for	MOING ROTHINGROH
Business Address			······································			
Type of Contribution:	Direct		Loan from a person	Fund Raiser		3
<del>- Theory and the state of the </del>		<del></del>		Page Sublotal d Total of All Schedules 1A e on last page of Schedule)	\$320.00  Enter this total on	
1 4					line 3a of Summary	



1, Committee I.D. Number 95371

CANDIDATE COMMITTEE

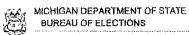
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.					7, Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Recei Name & Address: Janet Richards	<b>31?</b>	YES 4. Date of Receip	10/23/19		
415 Potawatomi Blvd				<sub>s</sub> 50	° 50
Royal Oak, MI			•	\$ 00	\$ 00
5. If over \$100,00 cumulative, please	provi	fe:		Click Horo &	or Memo Itemization
Occupation		Employer	The state of the s	CHOK HATE R	i Meno lemzadon 1
Business Address					
Type of Contribution: Direct		Loan from a person	Fund Raiser		
Contribution #2 PAC Receip Name & Address	17	YES 4. Date of Receip	10/23/19		
Bob Sheldon				4.0.0	
26766 Brush St		• .		<sub>\$</sub> 100	<sub>s</sub> 100
Madison Heights, MI				**************************************	· • • • • • • • • • • • • • • • • • • •
5, If over \$100,00 cumulative, please				Click Here fo	r Memo Itemization
Occupation	f	mployer			
Business Address		***************************************			
Type of Contribution: Direct		Loan from a person	Fund Raiser		
3, Contribution #3 PAC Receip	17 [	YES 4. Date of Recei	<sup>pt</sup> 10/23/19		
Name & Address:					/
Kurt Von Eberstein 3230 Benjamin Ave				<sub>s</sub> 100	175
Royal Oak, MI				9	. 5 1 1 2
-		<b>.</b>		Click Here fo	r Memo Itemization
5. If over \$100.00 cumulative, please	provi				فتنا
Occupation Refued		Employer			
Business AddressOlroct		31	I po conti		
Type of Contribution:   Direct		Loan from a person	Fund Raiser	(	
3. Contribution #4 PAC Received Name & Address	ot? [	YES 4. Date of Rece	ipi 10/23/19		
Mike & Mary Lienweber					,
1704 BASSETT				<sub>s</sub> 50	. 350
ROYAL OAK, MI					Y
5. If over \$100.00 comulative, please	provi	de:	<i>i</i>	Click Here fo	r Memo Itemization
Occupation ENSINTE		Employer Koji	6 rup	,	en.
Business Address 174 W	. /	Flleson St	Sv. tr 2100	Lunsi	3 Mj
Type of Contribution: Direct	Ĺ	Loan from a person 🗸	Fund Røiser		~
			Page Subfotal	\$300,00	
		Gra	and Total of All Schedules 1A		
		(Comp	lete on last page of Schedule)	Enter this total on	
Prop 2 of 4				line 3a of Summar Page,	y



1. Committee I.D. Number 95371

**CANDIDATE COMMITTEE** 

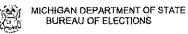
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an independent Committee (PAC) Report all contributions regardless of amount.					8. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Kelly Allen 2177 Clinton Vie	PAC Receipt? w Circle	YES 4. Date of	Recei	ot 10/23/19	400	100
Rochester Hills, I	MI				<u>\$ 100</u>	<sub>\$</sub> 100
5. If over \$100,00 cumu	lative, please pro	ovide:			Click Here fo	r Memo Itemization
Occupation		_ Employer		7.44.57.47.47.47.47.47.47.47.47.47.47.47.47.47	Office (C	· Mono hemization
Business Address				9888 with the \$1000000000000000000000000000000000000		
Type of Contribution:	Direct	Loan from a person		Fund Raiser		
3. Contribution #2 Name & Address	PAC Receipt?	YES 4. Date of I	Receip	10/23/19		,
Robert Wittenber 13302 Borgman Huntington Wood	Äve				<sub>\$</sub> 100	<sub>s</sub> 100
5. If over \$100.00 cumu	lative, please pro	vide;			Click Here for	Memo Itemization
Occupation		Employer	,	<u> </u>		Lund
Business Address		-				
Type of Contribution:	Direct	Loan from a person	П	Fund Raiser		
3. Contribution #3	PAC Receipt?	YES 4. Date of	Recel	<sup>pt</sup> 10/23/19	· · · · · · · · · · · · · · · · · · ·	
Name & Address:	k familion .	hand		10,20,10		
Paula Martinos - 101 Curry +101	Maritay				<sub>\$</sub> 50	<sub>&amp;</sub> 50
Royal Oak, MI					***************************************	Ψ
5. If over \$100.00 cumu	lative, please pro	vlde;			Click Here for	Memo Itemization ▼
Occupation		Employer		4 hay 14 had been to be a second of the seco		
Business Address				- TO STATE OF THE		
Type of Contribution:	Direct	Loan from a person	<b>V</b>	Fund Ralser		
3. Contribution # 4 Name & Address	PAC Receipt?	YES 4. Date of	f Rece	pt 10/23/19		
Brandon Lee  1315 W Farnum /  Royal Oak, MI	Apt 5				<sub>\$</sub> 50	<sub>\$</sub> 50
5. If over \$100.00 cumu	lative, please pro	vide:				
Occupation		Employer			Click Here for	Memo Itemization
Business Address						
Type of Contribution:	Direct	Loan from a person	1	Fund Raiser		
				Page Subtotal	\$300.00	
		s.		nd Total of All Schedules 1A		
9		(1	Compl	ete on last page of Schedule)	Enter this total on tine 3a of Summary	٠
3 .					Poop	



1, Committee I.D. Number 97371

#### **CANDIDATE COMMITTEE**

Enter contributor's nammiddle initial. Check b	ox to indicate il con	tribution is from a Poli	tical Commit	nter last name, first name, tee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Illene Orlanski 1851 Torquay Royal Oak, MI	PAC Receipt?	YES 4, De	ate of Receip	1 10/23/19	<u>,</u> 50	<sub>\$</sub> 50
5. If over \$100.00 cum	ulative, please pr	ovide:			Click Here fo	r Memo Itemization
Occupation		_ Employer			Q101(1101010	, ifforms to the state of the s
Business Address	<del></del>					
Type of Contribution;	Direct	Loan from a pers	зол 🗸	Fund Raiser		
3. Contribution #2 Name & Address	PAC Receipt?	YES 4, Da	ile of Receip	10/23/19		
Jay Dunstan					25	25
111 E Parent					<u>\$35</u>	<sub>\$</sub> 35
Royal Oak, MI						F3
5. If over \$100,00 cum	1.7				Click Here fo	r Memo Itemization
Occupation	en e	Employer				
Business Address						
Type of Contribution:	Direct	Loan from a pers	on 🗸	Fund Raiser		
3. Contribution #3	PAC Receipt?	YES 4, D	ate of Recei	<sup>pt</sup> 10/30/19		· · · · · · · · · · · · · · · · · · ·
Name & Address:		Principle				
Shar Douglas  813 N Washing	ากก				<sub>s</sub> 25	, 25
Royal Oak, Mi				1	· · · · · · · · · · · · · · · · · · ·	3
5. If over \$100.00 cum	ulative, please pro	ovide:			Click Here for	Memo Itemization -
Occupation		Employer		······································		
Business Address	Mar Direct	I am from a com	<u>Г</u>	To a control of the c		
Type of Contribution:		Loan from a pers		Fund Ralser		
3. Contribution # 4 Name & Address	PAC Receipt?	YES 4, C	Date of Recei	pt		
THE CONTRACT OF THE CONTRACT O					<b>\$</b>	\$
5. If over \$100.00 cum	ulative, please pr	pyldė:			Click Here for	Memo Itemization
Occupation		Employer				Edul
Business Address				·		
Type of Contribution:	Direct	Loan from a pen	son	Fund Raiser		
				Page Subtotal	\$110.00	
				and Total of All Schedules 1A	1030.00	
			(Compl	ete on last page of Schedule)	Enter this total on	and.
Page 4 of H					line 3a of Summary Page.	



#### ITEMIZED IN-KIND CONTRIBUTIONS

**SCHEDULE 1-IK** 

1. Committee I, D. Number 953

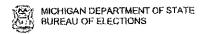
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CA	N	ni	n	Δ	TF	CC	ì	ďΕ	V.	1	۲F	r

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		
Contribution #1 PAC Receipt? Yes Name & Address: Greg Reyner 1181 Atkinson Detroit, MI If over \$100,00 cumulative, please provide: Occupation: LESTAWAT ONCE Employer Name & Business Address: Cafe Muse 418 S Washington Ave, Royal Oak, MI 48067	Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN Description Food, Beverages, Service at fundraiser  5. Date Of Receipt: 10/23/19 6. Vendor Name & Address:	350 <sub>\$</sub> 350	
Contribution #2 PAC Receipt? Yes Name & Address Tony Yezbick 950 N Main Street Royal Oak, MI If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: Fifth Avenue 215 Fifth Ave Royal Oak, MI	Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others - LOAN Description Food for election night party  5. Date Of Receipt: 11/05/19  6. Vondor Name & Address:	35 \$ 35	
Contribution #3 PAC Receipt? Yes Name & Address:  If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4.	\$	ì
	Page Subtota Grand Total of all Schedules 1-ll (Complete on last page of Schedule	\$385.00	

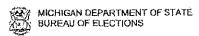
Page 1 of 1



#### ITEMIZED EXPENDITURES **SCHEDULE 1B** CANDIDATE COMMITTEE

95371

3, Name and address of person or vendor to whom paid	4. Purpose (Required Information) 5. Date	6. Amount
Expenditure #1		VIA.
Name Inland Press	11/01/19	\$ 2172.95
Address	Purpose: Mailers & Postage Date	
2001 W Lafayette Blvd, Detroit, MI		mo Itemization Type
	Check box if this expenditure is payment of	
Fund Raiser	debt or obligation reported on previous statement	
Expenditure #2		
Name Inland Press	10/25/19	s 4128.67
Address	Purpose: Mailers and Postage Date	
2001 W Lafayette Blvd, Detroit, Mt		btt Time
	Click Here for Mel	no Itemization Type
	Check box if this expenditure is payment of debt or obligation reported on previous	
Fund Raiser	statement	
Expenditure #3		
Name Inland Press	10/29/1	9 s 2712.80
Address	Purpose: Mailers and Postage Date	
2001 W Lafayette Blvd, Detroit, MI		no Itemization Type
	r-1	no tenuzation type
r-}	Check box if this expenditure is payment of debt or obligation reported on previous	
Fund Reiser	statement	
Expenditure #4		
Name C&G Publishing	10/30/19	- \$ 504.75
Address	Purpose: Newspaper ad Date	**************************************
13650 11 Mile Road		
Warren, MI		mo Itemization Type
<u></u>	Check box if this expenditure is payment of debt or obligation reported on previous	
Fund Raiser	statement	
Expenditure #5		
Name Inland Press	10/31/19	6650 07
Address	Purpose: Mailers and Postage Date	\$652.87
2001 W Lafayette Blvd, Detroit, MI		mo Itemization Type
	Check box if this expenditure is payment of	The section of the se
Fund Raiser	debt or obligation reported on previous statement	
	Subtotal this pag	\$10,172 <b>46</b>
	Grand Total of all Schedules	
	(Complete on last page of Schedu	1
		Enter this total
		on line 8a of Summary Page



# ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

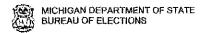
95371

1, Committee I. D. Number	
2. Committee Name Fri	ends of Mike Fournier

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Dale	6. Amount
Expenditure #1			
Name Inland Press		11/01/19	s 394.74
Address	Purpose: Mailers and Postage	Date	-
2001 W Lafayette Blvd, Detroit, MI		lere for Memo I	temization Type
	; p		· ·
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			ļ
Name Inland Press		11/02/19	s 435.92
Address	Purpose: Mailers and Postage	Date	
2001 W Lafayette Blvd, Detroit, MI		iara for Mama li	emization Type
	Glick P	POS IOI MOUTO	Citine and Library
F-***	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement	Manuscon 1 . 1 . 1 . 1	
Expenditure #3			
Name Pivot Point		11/07/19	\$ 1825
Address	Purpose: Design of Literature	Date	
312 Fairgrove	Click F	lere for Memó II	emization Type
Royal Oak, MI	Check box if this expenditure is payment of		السا
Fund Ralser	debt or abligation reported on previous		
Expenditure #4	statement		
Name Lowes		11/04/19	
LOWGO	Signuscad	Date	s <u>10.39</u>
Address	Purpose: Sign wood		
434 Twelve Mile Rd, Madison Heights, MI 48071	Click I	lere for Memo I	emization Type
1907 1	Check box if this expenditure is payment of		-
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5			
Name Fifth Avenue Billiards		11/05/19	!
	Purpose; Food & Drink	Date	\$ <u>26</u>
Address 215 W 5th St, Royal Oak, MI 48067			
	<b></b>		temization Type
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		***
	Subte	otal this page	\$2,692.05
	Grænd Total of all (Complete on last pag		
	Pombière ou sait haif	- in posteriors	Foter this total

Enter this total on line 8a of Summary Page

Page 2 of 3



## TTEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

Committee I, D, Number	953/1
Continues i. D. Monde	

	Crianda of Miles Coursing				
CANDIDATE COMMITTEE	2. Committee Name FITERIUS OF WIRE	2. Committee Name Friends of Mike Fournier			
Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date 6. Amount			
Expenditure #1					
Name Winning Connections		11/04/19 \$ 3872.98			
Address	Purpose: Phone Survey	Dete			
317 Pennsylvania Ave SE 2nd Floor		Object the section of the second of Transfer			
Washington, DC 20003	<u> </u>	Click Here for Memo Itemization Type			
Fund Raiser	Check box if this expenditure is payn debt or obligation reported on previous statement	ent of			
Expenditure #2					
Name					
		Date \$			
Address	Purpose:				
		Click Here for Memo Itemization Type			
	Check box if this expenditure is payn	nent of			
Fund Ruiser	debt or obligation reported on previous statement	MIS V			
Expenditure #3					
Name					
		<b>\$</b>			
Address	Purpose:	Date			
		Click Here for Memo Itemization Type			
		in-L			
<b></b>	LiCheck box if this expenditure is payre debt or obligation reported on previous	nent of			
Fund Raiser	statement				
Expenditure #4					
Name					
		Dale \$			
Address	Purpose:	niversity.			
		Click Here for Memo Itemization Type			
	Check box if this expenditure is payn	nent of			
Fund Reiser	debt or obligation reported on previous statement				
Expenditure #5					
Name					
	1	<u> </u>			
Address	Purpose:	Date			
		Click Here for Memo Itemization Type			
	Check box if this expenditure is payr	- Longon			
Fund Raiser	debt or obligation reported on previous statement				
	O STANIE STATE	Subtotel this page 2 9 7 7 9 6			

Enter this total on line 8a of Summary Page

Grand Total of all Schedules 18 (Complete on last page of Schedule)



#### FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

1. Committee I.D. Number 65371

2. Committee Name FRIENDS OF MIKE FOURNIER

- USE A SEPARATE SHEET FOR EACH EVENT -						
3. Date Event Was Held	4. Number of Individuals Attending or Participating (whichever is	5. Type of Fund Raising Activity	Address and Name (If any) of the place where the activity was held.			
10-23-19	greater)	HAPPY HOUR	CAPE MUSE 4185. WASTIM Private Residence R.C. A			
7. Total Contributions	<u> 805</u>	00				
8. Other Receipts	0.00					
9. Gross Receipts (Add lines 7	and 8) $\frac{\$805,0}{}$	. O				
10. Total Cost of Event (Total Cost includes In-Kind Co	ontributions and All Expenditures	Made For the Event)				
11. Check if event was a jo	oint fund raiser and complete the	following:				
Co-Sponsor(s)	Contribution S (%)	Split	Expenditure Split (%)			
		· .				
,	entry or any and a second principle of the second prin	·····	New York and a control of control of back the best of control of the best of the best of the control of the best of the best of the control of the best of the			
water a first control of the state of the st						
·.						
period covered by the	ired to file a separate Fund Rais Campaign Statement. ures listed on a Fund Raiser Sch					
Schedule (1A), Itemize Summary Page	d In-Kind Contributions Schedul	e (1-IK), Itemized Expenditures	s Schedule (1B) and the			
<ul> <li>Each committee that p</li> </ul>	articipated in a joint fund raiser r	nust file a Fund Kalser Schedu	lie for the event.			



### **DEBTS AND OBLIGATIONS**

1. Committee LD. Number 95371

SCHEDULE 1E Friends of Mike Fournier **CANDIDATE COMMITTEE** 

This Schedule itemizes:				
a Debts and obligations owed by or logiven the co	mmittee OR b. Debt	s and obligations owed <u>to</u> o pose checked.)	r forgiven <u>by</u> ,the con	nmittee.
3. Name and Malling 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 enforsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was Incurred 6. Indicate original amount of debt	7. Dale 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 Corp7 Yes Owed to or by: Michael Fournier 711 S. Alexander Ave Royal Oak, MI	4. Type: Loan  5. Date Debt Was Insurred:  06/10/11  6. Original Amount of Dobt:  \$ 100.00	\$ \$	\$	5_100,00
Oebi #2 Corp? Yes		I Au	obini Endorsed: \$ T	A. T. T. STORY A
Owel to or by: Michael Fournier 711 S. Alexander Ave Royal Oak, MI  If bank loan, name of endorser or guaranter:	4. Type: Loan  5. Date Debt Was Incurred: 7/26/11  5. Original Amount of Debt 5. 200.00	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	S	\$ 200.00
Dobt #3 Corp? Yes  Cwed to er by:	4. Type:  5. Date Debi Was Incurred:  6. Original Amount of Dabt:  5.	\$ \$ \$	\$	\$
If bank loan, name of endorser or guerantor:	· · · · · · · · · · · · · · · · · · ·	Ar	nount Endorsod: S_	
Mylen-ad-e-g-Q-(Aleskinson) (12. 400)	ne en e	Page Sublotel	(Outstanding debt)	\$300.00
)) A debt or abligation must be shown on this Schec	, , ,	Grand Total of all Schedules 1E ale showing amounts owed by or to the committee)		\$300.00 Enter this total on line 12a "owe by" or line 12b: "owed to" of the