

CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

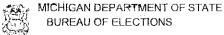
Committee LD. Number Sand Continue Sand Committee Sand Committee Sand Committee Sand Committee Sand Sand Committee Sand Committee Sand Committee Sand Sand Committee Committee Sand Committee Sand Committee Sand Committee Committee Sand Committee Committee Committee Com	Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and c	l signed by andidate.	3. This State	ement covers From	[:] 10/18/2021	to 11	1/22/2021		
Ac Office Sought Including District & or Community Served (if applicable) Royal Oak Mayor 5. Committee's Mailing Address 711 S. Alexander Royal Oak MI 48067 Ans Code and Phone The address in this box is different from the committee milling address on the Statement of Organization, mail may be sent to this address by the filing clinical. 7. Treasurer's Business Address 8. Designated Record Keeper's Name and Address (if the committee milling address by the filing clinical. 7. Treasurer's Business Address 8. Designated Record Keeper's Name and Address (if the committee milling address or the Statement of Organization, mail may be sent to this address by the filing clinical. 7. Treasurer's Business Address 8. Designated Record Keeper's Name and Address (if the committee sent to this address by the filing clinical. 7. Treasurer's Business Address 8. Designated Record Keeper's Name and Address (if the committee sent to this address by the filing clinical to the cardidate Committee sent to the saddless of the committee or t	1. Committee I.D. Number							M.I.	
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Friends of Mike Fournier 5. Cammittee's Mailing Address 711 S. Alexander Royal Oak MI 48067 Area Code and Phone If the address in this box is different from the committee in the address in this box is different from the committee in the address in this box is different from the committee in the address in this box is different from the committee in the committee	2. Committee Name			5 0	trict # or Commi	unity Served (I	f applicable)	
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Area Code and Phone	If the address in this box is different from the committee mailing address on the Statement of Organization, mail may								
Area Code and Phone	7. Treasurer's Business Address				s Name and Ad	dress (If the co	mmittee ha	Sa 🦂	
Area Code and Phone			Designated	Record Keeper)			\mathcal{D}	D 2.50	
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9. TYPE OF STATEMENT 9a.							×	F (15)	
9. TYPE OF STATEMENT 9a.									
Required ONLY if candidate is not on the ballot for the current year. Pre-Election OR 9b. Post-Election Pre-Election or Post-Election Statement relates to: Primary General Convention Special Caucus October Quarterly Gamenal (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being armended.) Date of Election, Convention or Caucus Overification: IWe certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of mylour knowledge and belief the contents are true, accurate and complete. Candidate I per-Election OR 9b. Post-Election I pre-Election OR 9b. Post-Election I place of the condidate or his or her spouse is here by discharged and forgiven, and no longer collectible from 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 to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. 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 to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee to the candidate or his or her spouse, swess on lates fees or has any oustanding seets, owes no lates fees or has any oustanding seets, owes no lates fees or has any oustanding seets, owes no lates fees or has any oustanding seets, owes no lates fees or has any oustanding seets, owes no lates fees or has any oustanding seets, owes no lates fees or has any oustanding seet	Area Code and Phone		Area Code	and Phone					
Pre-Election OR 9b. Post-Election Is not on the ballot for the current year: Is not on the ballot for t	9. TYPE OF STATEMENT		NOSTRIBUTE TO STATE OF THE STAT		9e. Dissolutio	on of Candida	te Commit	tee	
Pre-Election or Post-Election Statement relates to: Primary	9a. Pre-Election OR 9b. Post-Election	is not on the	ballot for the	te	By checkin	ng this item I/W	e certify an	y outstanding	g debt
Primary	Pre-Election or Post-Election Statement relates to:	current year.			by discharged a	and forgiven, a	ind no longe	er collectible f	from
General Convention Special School Caucus Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.) Date of Election, Convention or Caucus 10. Verification: INWe certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of mylour knowledge and belief the contents are true, accurate and complete. Current Treasurer or Designated Record Keeper Type or Print Name Candidate Ca	Primary	July Quart	erly						sets,
Special 9c. Annual Statement () Coverage Year 9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.) 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 mylour knowledge and belief the contents are true, accurate and complete. I 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 mylour knowledge and belief the contents are true, accurate and complete. I 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 mylour knowledge and belief the contents are true, accurate and complete. Date	5-500 W	October C	uarterly		Further if the d	issolution can	not he grant	ed that this h	10
School Gaucus Gamendaria	Convention				considered a re	quest for the F	Reporting W	aiver.)C
Coverage Year Caucus Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.) Date of Election, Convention or Caucus 10. Verification: NWe certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of myNour knowledge and belief the contents are true, accurate and complete. Current Treasurer or Designated Record Reeper Type or Print Name Signature Effective date of dissolution Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page. Date Date Date Date Candidate Date	Special	9c. Appua	I Statement <i>I</i>	e op					
Date of Election, Convention or Caucus Date of Election, Convention or Caucus 10. Verification: IWe certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/lour knowledge and belief the contents are true, accurate and complete. Current Treasurer or Designated Record Reeper Type or Print Name Candidate Candidate Date Dat	School				Effec	tive date of dis	solution		
Indicate which Statement is being amended.) Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page. 10. Verification: INWe certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of mylour knowledge and belief the contents are true, accurate and complete. Current Treasurer or Designated Record Reeper Type or Print Name Signature Date Candidate Date	Caucus	9d. Amen	dment to Can	npaign Statement	i 				
Date of Election, Convention or Caucus 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 Date								iust be report	ed on
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 Reeper Type or Print Name Signature Date Candidate Date		amend	led.)	5700	Schedule 1B at	nd the Summa	ry Page.		
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Designated Record Reeper Type or Print Name Signature Candidate Date Date Date	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.								
Type or Print Name Signature Candidate				3					
Candidate Date						—— Date		-	
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Date	Candidate	<u>=</u>	I Michael I	** OHM (\$100.23, 2021 07:43 8.53)		P-1			
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1. Committee I.D. Number 95371

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name Friends of Mike Fourneir

RECEIPTS	Column I	Column II
3. Contributions	This Period	Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 2,700.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ \$2,700.00	(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ \$0.00	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.)\$
EXPENDITURES		
8. Expenditures	***	
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ \$18,581.80	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	(23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$	
b. Unitemized (less than \$50.01 each - no Schedule) 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS	(10b.)\$	
(Add Line 10a + Line 10b)	(11.) \$	(24.) \$
DEBTS AND OBLIGATIONS 12. Debts and Obligations		(24.) ψ
a. Owed by the Committee (Schedule 1E)	(12a.) \$ _\$300.00	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
	BALANCE STATEMENT	
13. Ending Balance of last report filed	(13.) \$ \$49,033.31	
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.) + \$ \$2,700.00	- ,
(Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$51,733.31</u>	
 Amount expended during reporting period (Add lines 9 and 11) 	(16.) - \$ \$18,581.80	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ \$33,151.51	*



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number _____95371

2. Committee Name Friends of Mike Fournier

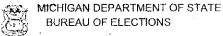
Z. Constitute Name		
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? VES 4. Date of Receipt 11/02/2021 Name & Address: United Auto Workers 500 Hullet Dr. Bloomfield Twp. MI 48302	_{\$} 2000	_{\$} 2000
5. If over \$100.00 cumulative, please provide:	Olista Hawa 4a	
Occupation Employer	Click Here to	r Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 11/01/2021 Name & Address	Beggewickstramsteresters (1-4-magnitude) gewickstrate entransis	
Operating Engineers Local 324 500 Hulet Drive, Suite 100 Bloomfield Twp MI 48302	<u>\$</u> 250	_{\$} 250
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization 🔽
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		NT DESCRIPTION DESCRIPTION
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 11/01/2021 Name & Address:		
Dave Paruch 1624 Woodsboro Dr, Royal Oak, MI 48067	<u>\$250</u>	_{\$} 250
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Self Employer Attorney		
Business Address 1624 Woodsboro Dr, Royal Oak, MI 48067		
Type of Contribution:		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 10/31/2021 Name & Address Dave Richards		
415 Potawatomi Blvd Royal Oak, MI, 48073	_{\$} 100	_{\$_} 100
5. If over \$100.00 cumulative, please provide:	Clink Uses for	Momo Itomization
Occupation Employer	Click Here for	Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	\$2,600.00	
Grand Total of All Schedules 1A		

Page _____of ____

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

Enter this total on line 3a of Summary

Page.



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 95371

2. Committee Name Friends of Mike Fournier

Ç	MINDIDAIL		·	2. Committee Name		
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 Name & Address: Chris George 259 Burning Tre Naples FL 3401		YES 4. Date	of Receipt	11/01/2021	_{\$} 100	_{\$} 400
5. If over \$100.00 cumulative, please provide: Occupation Retired Employer Retired			Click Here for Memo Itemization			
Business Address Type of Contribution:	Direct	Loan from a person		Fund Raiser	mil haddaministeriorisministeri	
3. Contribution #2 Name & Address	PAC Receipt?	YES 4. Date	of Receipt			
					\$	_ \$
5. If over \$100.00 cum	nulative, please pro	vide:			Click Here f	for Memo Itemization
Occupation		Employer				(accounts)
Business Address						
Type of Contribution:	Direct	Loan from a person		Fund Raiser		
Contribution # 3 Name & Address:	PAC Receipt?	YES 4. Date	of Receip			
	·				\$	\$
5. If over \$100.00 cum	nulative, please pro	vide:			Click Here fo	or Memo Itemization
Occupation		Employer				
Business Address Type of Contribution:	Direct	Loan from a person		Fund Raiser		
3. Contribution # 4 Name & Address	PAC Receipt?	YES 4. Date	e of Receip	ot		
5. If over \$100.00 cum	nulative, please pro				\$Click Here fo	ss
Rueinose Addroca						
Business Address Type of Contribution:	Direct	Loan from a persor	,	Fund Raiser		
				Page Subtotal	\$100.00	
				nd Total of All Schedules 1A	\$2,700.00	
				ete on last page of Schedule)	Enter this total on	

line 3a of Summary Page.



SCHEDULE 1B CANDIDATE COMMITTEE

omittee LD Number 95371

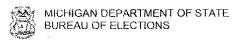
1. Committee I. D. Number

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 Facebook		10/30/2021	s 181.98
Address	Purpose: Facebook Ads	Date	101.00
1 Hacker Way,		laua fau Nilaua	teneda tina Toma
Menlo Park, CA 94025	CHCK P	tere for Menio	Itemization Type
	Check box if this expenditure is payment of debt or obligation reported on previous	**	
Fund Raiser	statement		
Expenditure #2			
Name Inland Press		10/20/2021	\$ 1113
2001 W Lafayette Blvd,	Purpose: Printing	Date	
Detroit, MI 48216	,		
	Click F	lere for Memo	Itemization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3			
Name Inland Press		10/20/2021	. 4 070 00
	Purpose: Printing	Date	\$ <u>1,676.92</u>
2001 W Lafayette Blvd, Detroit, MI 48216	Purpose: 171131119		
	Click H	lere for Memo I	temization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
Name Inland Press		10/20/2021	
	Printing	Date	\$ 369.25
2001 W Lafayette Blvd, Detroit, MI 48216	Purpose: Printing		
33831, 781 19210	Click F	lere for Memo I	temization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5	MONOTE		
Name Inland Press			
Illianu F1655	Mailing	10/25/2021	\$ 2,454.20
2001 W Lafayette Blvd, Detroit, MI 48216	_{Purpose:} Mailing	Date	
	Click H	Here for Memo	Itemization Type
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
	Subto	tal this page	\$5,795.35
	Grand Total of all	Schedules 1B	-
	(Complete on last page		

Enter this total on line 8a of Summary Page

Page _____ of ____



SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number

95371

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 Inland Press	·	10/24/2021	\$ 3,417.25
	Purpose: Mailing	Date	
Address 2001 W Lafayette Blvd,	'		[···]
Detroit, MI 48216	Click H	ere for Memo I	temization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
Name Inland Press		10/24/2021	. 400.00
mana i 1000	Moiling	—————Date	\$ <u>463.60</u>
Address	Purpose: Mailing		
2001 W Lafayette Blvd,	Click H	ere for Memo I	temization Type
Detroit, MI 48216			anas .
·	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement	 	
Expenditure #3			
Name Inland Press		10/24/2021	\$ 3,330.25
Address	Purpose: Mailing	Date	
2001 W Lafayette Blvd,			E
Detroit, MI 48216	Click H	ere for Memo I	lemization Type ▼
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
Name Inland Press		10/24/2021	
		Date	\$ <u>473.60</u>
Address	Purpose: Mailing		
2001 W Lafayette Blvd,	Click H	ere for Memo l	temization Type
Detroit, MI 48216			النبيسا - ، ، ،
П	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name Inland Press		10/24/2021	
Address	_{Purpose:} Mailing	Date	\$ 2,426.75
2001 W Lafayette Blvd,			[-1]
Detroit, MI 48216	Click H Check box if this expenditure is payment of	ere tor Memo I	temization Type
	debt or obligation reported on previous		
Fund Raiser	statement		
	Subto	tal this page	\$10,111.45
	Grand Total of all S	Schedules 1B	
	(Complete on last page	of Schedule)	

Enter this total on line 8a of Summary Page

Page ____ of ____



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1, Committee I. D. Number

95371

2. Committee Name Friends of Mike Fournier

Name and address of person or vendor to whom paid	Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name Stones Phones		10/23/2021	\$ 1,400.00
Address	Purpose: Phone Calls	Date	
41-750 Rancho Las Palmas Drive		Jora for Mama I	temization Type
Suite E-3 Rancho Mirage, CA 92270		TETE TOT METHO	terriization Type
F-randominal Control of Control o	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #2			
Name Manatee Graphics		10/25/2021	\$ 125.00
Address	Purpose: Graphic Design	Date	
840 S. Clark		Joro for Mama I	temization Type
Dansville MI, 48819	. Glick i	Tere lus Meisio i	ternization Type
[]	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement previous		· · · · · · · · · · · · · · · · · · ·
Expenditure #3			
Name Tele-Town Hall LLC			\$ 1,000.00
Address	Purpose: Tele-town hall	Date	
3033 Wilson Blvd, Suite 700,			
Arlington, VA 22201		lere far Memo I	temization Type
[LICheck box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement	· · · · · · · · · · · · · · · · · · ·	
Expenditure #4			
Name Manatee Graphic		10/29/2021	\$ 150.00
Address	Purpose: Graphic Design	Date	\$ 100.00
840 S. Clark	·		
Dansville MI, 48819	Click ł	lere for Memo I	temization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5			
Name			
Address	Purposo:	 Date	\$
, address	Purpose:		1
	Click I Check box if this expenditure is payment of	Here for Memo I	temization Type
Fund Raiser	debt or obligation reported on previous statement		
	Subto	otal this page	\$2,675.00
	Grand Total of all	Schedules 1B	\$18,5 81. 80
	(Complete on fact page	a of Schadula)	·ΨΙΟ,ΟΜΑ-ΟΟ

Enter this total on line 8a of Summary Page