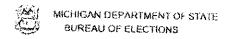


CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in link the treasurer (or designated record keeper) an	and signed by discountries	3. This Statement covers Fr	om: 10/19/2021			**************************************
1. Committee I.D. Number	******	4. Candidate Last Name		to 11/22/2021		I.
95371	71		First N	ame	M.I.	WWW.C.O.C. Co. Service Springers
		Fournier	Michael	SCANNING SERVICE CONTRACTOR OF THE SERVICE C		
2. Committee Name		4a. Office Sought Including District # or Community Served (If applicable) Royal Oak Mayor				
Friends of Mike Fournier				14		
L.		4b. County of Residence O		न	in El	
5. Committee's Mailing Address 711 S. Alexander		6. Treasurer's Name & Resi	6. Treasurer's Name & Residential Address			
Royal Oak MI 48067		Mike Fournier			60	= 200
		711 S. Alexander		5		
TO .		Royal Oak MI 4806	7	- 1 T	200	
A C				100	(O	
Area Code and Phone If the address in this box is different from the committing address.	millae				7.734	
mailing address on the Statement of Organization be sent to this address by the filing official.	1, mail may				275	
7. Treasurer's Business Address	·	, 100 miles (100	Area Code & Phone			
A Notice 3 Dustiless Address		Designated Record Keeper Designated Record Keeper)	or's Name and Address (I	f the committee has a		
		2009nated NetCott Reciper)		<i>D</i> :-	€£7	- 1
				2	+ *** u 6.5	
				**	快想	
×					7.	-
				5		
Area Code and Phone		Area Code and Phone				
9. TYPE OF STATEMENT	T		9e. Dissolution of Ca	undidate Committee	A control	
9a. Pre-Election OR 9b. X Post-Election	Required ON is not on the	LY if candidate	Manager 1			
	Cliffent veer	nailor for the	By checking this its by the committee to the	em I/We certify any ou	itstanding d	ebt
Pre-Election or Post-Election Statement relates to:	\$100 miles	-E.				
Primary	July Quarte	uty	the committee. The co owes no lates fees or ha	Hillimee has no mietor	metion ander	s.
General	October Qu	arterly .				
Convention			Further, if the dissolution considered a request for	n cannot be granted, the	hat this be	
Special			contridence a request to	, the Reporting Walver	G.	-
	9c. Annual	Statement (
School		Coverage Year	Effective date of dissolution			
Caucus	9d, Amend	ment to Campaign Statement		**************************************		
I // ICOMDIE		ete Item 9a, 9b, 9c or 9e to which Statement is being	Note: The disposition of	testricial fuerte munt h		
	amende	d.)	Schedule 1B and the St	ımmary Page.	a reponed	on
Date of Election, Convention or Caucus						
						· ·
Verification; I/We certify that all reasonable diligi- your knowledge and belief the contents are true, i	ence was used in	the preparation of this statement				
	accurate and com	plete.	ili and attached scheduli	s (if any) and to the b	est of	•
urent Treasurer or		The state of the s	554			
esignated Record keeper Type or Print Name		for the consequences of for	n.	1-19-7) 7	
Med to 1 and Maille		Signature)	f arms 1 2 2	on my distance	
Pendidate	1/2		wy.	te $1-19-3$	77	
Type or Print Name			Da	le 1-14-	(m)	
Authority granted under P.A. 388 of 1976		Signature //				

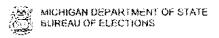


1. Committee I.D. Number 95371

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name Friends of Mike Fourneir

RECEIPTS	77.1	The second secon
3. Contributions	Column I This Period	Column II Cumulative this election cycle
a. Itamized (Schedule 1A - Column 5)	(3a.) § 2,700.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(36) \$	(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 Expanditures (Schedule 1B-IK, Column 6)	(7.) \$ ***********************************	(22,) \$
EXPENDITURES		demand of the second of the se
8. Expenditures		
a. Itemized (Schedule 18, Column 8)	(8a.) \$ \$18,581.80	**
b. Itemized Get-Out-the-Vote (Schedule 18-G)	(8b.) \$	
c. Unllemized (less than \$50.01 each - no Schedule)	(8c.) \$	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8a)	(9.) \$	(23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		Andrew Management of the Control of
10. Disbursements ø. Itemized (Schedule 1C, Column 6)	(10a.)\$	
b. Unitemized (less than \$50.01 each - no Schedule)		
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(10b.)\$	
DEBTS AND OBLIGATIONS 12. Debts and Obligations	(11.) \$	(24.) \$
a, Owed by the Committee (Schedule 1E)	(12a.) \$ 4300000 \$ 0.00	
b. Owed to the Committee (Schedule 1E)		
	(12b.) \$BALANCE STATEMENT	
13. Ending Balance of last report filed		
(Enter zero if no previous reports have been filed t	(13.) \$ \$49,033.31	**************************************
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + s \$2,700.00	- Company - Comp
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period	(15.) = \$ \$51,733.31	
(Add lines 9 and 11) 17. ENDING BALANCE	(16.) - \$ \$18,581.80	***************************************
(Subtract line 16 from line 15)	(17.) \$ \$33,151.51	1188



ITEMIZED EXPENDITURES SCHEDULE 18 **CANDIDATE COMMITTEE**

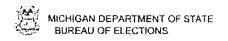
1. Committee I. D. Number 95371

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			and the second s
Name Stones Phones		10/23/2021	s 1,400.00
Address	Purpose: Phone Calls	Date	
41-750 Rancho Las Palmas Drive		Mara for Mare	Itamirring Tunn
Suite E-3 Rancho Mirage, CA 92270			Itemization Type
	Check box if this expenditure is payment of debt or obligation reported on previous	ř	
Fund Raiser	stalement	AND THE STREET,	i Normaline de la compa de la companie de pela des de la companie de la companie de la companie de la companie
Expenditure #2		i	
Name Manatee Graphics		10/25/2021	s 125.00
Address	Purpose: Graphic Design	Date	
Address 840 S. Clark			
Dansville MI, 48819	Click	Here for Memo	Itemization Type
	Check box if this expenditure is payment of	f	
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3			
Name Tele-Town Hall LLC		- 12717	· }
	Tolo toxin boll	Date Date	\$ 1,000.00
Address 3033 Wilson Blvd, Suite 700,	Purpose: Tele-town hall	r)tite	
Arlington, VA 22201	Click	Here for Memo	Itemization Type
remagning to Canada 1	Check box if this expenditure is payment of	ıt	suite de
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Name Manatee Graphic		10/29/2021	
manace orapino		Date	\$ 150,00
Address	Purpose: Graphic Design	·	
840 S. Clark	Click	Hore for Mareo	Itemization Type
Dansville MI, 48819	grantering.		manner (ypu)
ln	Check box if this expenditure is payment of debt or obligation reported on previous	Я	
Fund Raiser	statement		
Expenditure #5			
Nam a			
Address	Purpose:	Date	\$ ************************************
		Hara for Mama	Itemization Type
	Check box if this expenditure is payment of		iconizacini i ype
Fund Raiser	debt or obligation reported on previous		
T s with Manager	statement	destal this case	#0 07F 00
	Sur	otal this page	\$2,675.00
	Grand Total of a (Complete on fast pa		\$18,581.80
·		,	Enter this total

on line 8a of Summary Page

 $3 \quad \text{of} \quad 3$



DEBTS AND OBLIGATIONS SCHEDULE 15

1. Committee I.D. Number 95

95371

SCHEDULE IE	Friends of Mike Fournier				
CANDIDATE COMMITTEE 2.1	Committee Name 1 1101103 O	North of the state		Commence of the control of the contr	
This Schedule itemizes:					
a Debts and obligations owed by or forgiven the cor (Ch	nmittee OR b. Debt	s and obligations owed <u>to</u> o irpose checked.)	r forgiven <u>by</u> the cor	nmittee.	
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 endorsers 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 Corp? Yes Owed to or by: Michael Fournier	4. Type: loan	<u> </u>			
711 S. Alexander Ave	5. Date Debt Was Incurred:	\$			
Royal Oak MI	06/10/2011	\$		0.00	
•	6. Original Amount of Debt:	S S S S S S S S S S S S S S S S S S S		\$ 0.00 FORGIVEN	
If bank loan, name of endorser or guarantor:			ount Endorsed: \$ _	,	
Debt #2 Corp? Yes Owed to or by:	4. Type: loan	\$			
Michael Fournier 711 S. Alexander Ave	5. Date Debt Was Incurred:	\$\$	**************************************		
Royal Oak MI	07/26/2011	5	mer avendo.		
	6. Original Amount of Debt:	\$	\$	S	
	s 200.00	Manufacture State of the State		FORGIVEN	
		\$,		
If benk loan, name of endorser or guarantor:		An	nount Endorsed: \$_	J.UU	
Owed to or by: Corp? Yes	4. Type:	5		The state of the s	
	5. Date Debt Was Incurred:	\$			
		<u> </u>			
	6. Original Amount of Debt:	\$ \$	\$	15	
	\$	<u> </u>		FORGIVEN	
If bank loan, name of endorser or guarantor:		A	mount Endorsed: \$_		
		Page Subtotal	(Outstanding debt)	\$0.00	
(1)	Complete on last page of Schedule :	Grand Total showing amounts owed by o	of all Schedules 1E or to the committee)	\$0.00	

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

Page of ____