



FILED

27 OCT 2023 AM 09:21

OAKLAND COUNTY CLERK
PONTIAC, MICHIGAN

FOR OFFICIAL USE ONLY

**CANDIDATE COMMITTEE
COVER PAGE**

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: 01/01/2023 to 10/22/2023

1. Committee I.D. Number

95371

2. Committee Name

FRIENDS OF MIKE FOURNIER

5. Committee's Mailing Address

**711 S ALEXANDER AVE
ROYAL OAK, MI 48067**

Area Code and Phone (248) 224-3772
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.

4. Candidate Last Name

FOURNIER

First Name

MICHAEL

M.I.

4a. Office Sought Including District # or Community Served (If applicable)

MAYOR, ROYAL OAK

4b. County of Residence **OAKLAND COUNTY**

6. Treasurer's Name & Residential Address

**MICHAEL FOURNIER
711 S ALEXANDER AVE
ROYAL OAK, MI 48067**

Area Code & Phone (248) 224-3772

7. Treasurer's Business Address

**711 S ALEXANDER AVE
ROYAL OAK, MI 48067**

Area Code and Phone (248) 224-3772

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

Area Code and Phone () -

9. TYPE OF STATEMENT

9a. ☒ Pre-Election OR 9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

- ☐ Primary
☒ General
☐ Convention
☐ Special
☐ School
☐ Caucus

Date of Election, Convention or Caucus

11/07/2023

Required ONLY if candidate is not on the ballot for the current year:

- ☐ July Quarterly
☐ October Quarterly

9c. ☐ Annual Statement ()
Coverage Year

9d. ☐ Amendment to Campaign Statement
(Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)

9e. Dissolution of Candidate Committee

☐ By checking this item I/We certify any outstanding debt by 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 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

Submitted electronically,
signature on file

Date

10/27/2023

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/27/2023



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
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>30,118.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>30,118.00</u>	(18.) \$ <u>30,118.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>30,118.00</u>	(20.) \$ <u>30,118.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>2,465.50</u>	(21.) \$ <u>2,465.50</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>11,246.01</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>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>11,246.01</u>	(23.) \$ <u>11,246.01</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
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>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>24,179.85</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>30,118.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>54,297.85</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>11,246.01</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>43,051.84</u>	*



**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	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/13/2023</u>	
Name & Address: RONET KASHAT 710 E UNIVERSITY AVE ROYAL OAK, MI 48067		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONTRACTOR</u> Employer <u>KASHAT CONSTRUCTION</u> Business Address <u>32327 NORWOOD DR, WARREN, MI 48092</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/13/2023</u>	
Name & Address: JEROME AMBER 1610 HANLEY CT BIRMINGHAM, MI 48009		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE MANAGEMENT</u> Employer <u>SELF</u> Business Address <u>380 N CROOKS RD, CLAWSON, MI 48017</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/13/2023</u>	
Name & Address: ALLEN AMBER 1501 SODON LAKE DR BLOOMFIELD TWP, MI 48302		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE MANAGEMENT</u> Employer <u>SELF</u> Business Address <u>380 N CROOKS RD, CLAWSON, MI 48017</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/13/2023</u>	
Name & Address: MICHAEL NADOLSKI 26849 WEMBLEY CT FARMINGTON HILLS, MI 48331		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE MANAGEMENT</u> Employer <u>BILLINGS PLACE</u> Business Address <u>221 N MAIN ST, ROYAL OAK, MI 48067</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal **1,250.00**

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

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	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/13/2023</u>	
Name & Address: RALPH BIANCHI 16650 18 MILE RD CLINTON TWP, MI 48038		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SALON OWNER</u> Employer <u>BIANCHI SALON</u> Business Address <u>723 N MAIN ST, ROYAL OAK, MI 48067</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/13/2023</u>	
Name & Address: LARRY BURR 32168 RIVERDALE ST HARRISON TWP, MI 48045		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DEALERSHIP PARTNER</u> Employer <u>MATTHEWS HARGRAVES</u> Business Address <u>2000 TWELVE MILE RD, ROYAL OAK, MI 48067</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/13/2023</u>	
Name & Address: ALLEN KROLL 1050 IROQUOIS BLVD ROYAL OAK, MI 48067		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>SPACE CARE INTERIORS</u> Business Address <u>210 W 6TH ST, ROYAL OAK, MI 48067</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/13/2023</u>	
Name & Address: DENNIS COWAN 2716 TRAFFORD RD ROYAL OAK, MI 48073		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>PLUNKETT COONEY</u> Business Address <u>38505 WOODWARD AVE, BLOOMFIELD HILLS, MI 48304</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 2,000.00

Grand Total of All Schedules 1A
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Enter this total on
line 3a of Summary
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**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 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/13/2023</u> Name & Address: KENNETH LUCIA 4105 GOLF RIDGE DR BLOOMFIELD TWP, MI 48302		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>BARRELS AND VINES</u> Business Address <u>31786 WOODWARD AVE, ROYAL OAK, MI 48073</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/13/2023</u> Name & Address: LAYTH KASSAB 7306 COLCHESTER LN WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>BARRELS AND VINES</u> Business Address <u>31786 WOODWARD AVE, ROYAL OAK, MI 48073</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/13/2023</u> Name & Address: RONNIE BOJI 5334 TRILLIUM CT WEST BLOOMFIELD TOWNSHIP, MI 48323		\$ <u>1,250.00</u>	\$ <u>1,250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>BOJI GROUP</u> Business Address <u>229 W MAPLE RD, BIRMINGHAM, MI 48009</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/13/2023</u> Name & Address: ANTHONY RANDAZZO 2617 BEACON HILL DR AUBURN HILLS, MI 48326		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>SELF</u> Business Address <u>2617 BEACON HILL DR, AUBURN HILLS, MI 48326</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 2,250.00

Grand Total of All Schedules 1A
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3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/13/2023</u>	
Name & Address: MIO LAWRENCE 1130 STANLEY BLVD BIRMINGHAM, MI 48009		\$ <u>1,050.00</u>	\$ <u>1,050.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGING PARTNER</u> Employer <u>UNITED HOSPITALITY GROUP & DELL ROSE</u> Business Address <u>555 S OLD WOODWARD AVE, BIRMINGHAM, MI 48009</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/13/2023</u>	
Name & Address: JAMES ALLEN 218 CHARING CROSS CT BLOOMFIELD HILLS, MI 48304		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SCHENK AND BRUETSCH PLC</u> Business Address <u>211 W FORT ST, DETROIT, MI 48226</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/13/2023</u>	
Name & Address: KYLE DUBUC 312 FAIRGROVE AVE ROYAL OAK, MI 48067		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>VICE PRESIDENT</u> Employer <u>UNITED WAY FOR SE MICHIGAN</u> Business Address <u>311 W GRAND BLVD, DETROIT, MI 48216</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/14/2023</u>	
Name & Address: JORDAN JONNA 1774 MAPLEWOOD AVE BLOOMFIELD HILLS, MI 48302		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>AF JONNA DEVELOPMENT</u> Business Address <u>4036 TELEGRAPH RD, BLOOMFIELD TWP, MI 48302</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 2,600.00

Grand Total of All Schedules 1A
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1. Committee I.D. Number 95371
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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	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/14/2023</u>	
Name & Address: JAY DUNSTAN 203 S TROY ST ROYAL OAK, MI 48067		\$ <u>100.00</u>	\$ <u>100.00</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			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/15/2023</u>	
Name & Address: MARK FOURNIER 43549 TUCKAWAY PL LEESBURG, VA 20176		\$ <u>750.00</u>	\$ <u>750.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PARTNER</u> Employer <u>STOUT</u> Business Address <u>1015 15TH ST NW, WASHINGTON, DC 20005</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/23/2023</u>	
Name & Address: JASON KRIEGER 1824 GREENLEAF DR ROYAL OAK, MI 48067		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ARCHITECT</u> Employer <u>KRIEGER KLATT ARCHITECTS</u> Business Address <u>2120 E ELEVEN MILE RD, ROYAL OAK, MI 48067</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/24/2023</u>	
Name & Address: JEFF KLATT 324 AQUA CT ROYAL OAK, MI 48073		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>KRIEGER KLATT ARCHITECTS</u> Business Address <u>2120 E ELEVEN MILE RD, ROYAL OAK, MI 48067</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **1,850.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>08/08/2023</u> Name & Address: SHEET METAL WORKERS LOCAL 80 17100 W 12 MILE RD SOUTHFIELD, MI 48076		\$ <u>500.00</u>	\$ <u>500.00</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			
3. Contribution #2 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>08/15/2023</u> Name & Address: MICHIGAN LABORERS POLITICAL LEAGUE 1118 CENTENNIAL WAY LANSING, MI 48917		\$ <u>5,000.00</u>	\$ <u>5,000.00</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			
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/05/2023</u> Name & Address: GREGORY ARMSTRONG 726 HAWTHORN AVE ROYAL OAK, MI 48067		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ACCOUNT EXECUTIVE</u> Employer <u>SICK, LLC</u> Business Address <u>6900 W 110TH ST, MINNEAPOLIS, MN 55438</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/05/2023</u> Name & Address: JENNIFER KOWALKOWSKI 118 RHODE ISLAND AVE ROYAL OAK, MI 48067		\$ <u>50.00</u>	\$ <u>50.00</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			

Page Subtotal 5,800.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

1. Committee I.D. Number 95371
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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	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>09/06/2023</u>	
Name & Address: REALTORS PAC OF MICHIGAN I 720 N WASHINGTON AVE LANSING, MI 48906		\$ <u>750.00</u>	\$ <u>750.00</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			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/06/2023</u>	
Name & Address: MARY MILLS 5065 CROOKS RD ROYAL OAK, MI 48073		\$ <u>35.00</u>	\$ <u>35.00</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			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/06/2023</u>	
Name & Address: CARL LAUBACH 4311 ARDEN PL ROYAL OAK, MI 48073		\$ <u>50.00</u>	\$ <u>50.00</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			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/06/2023</u>	
Name & Address: LAUREN JASINSKI 642 S VERMONT AVE ROYAL OAK, MI 48067		\$ <u>50.00</u>	\$ <u>50.00</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			

Page Subtotal 885.00

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

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	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/07/2023</u>	
Name & Address: KURT VON EBERSTEIN 3105 CLAWSON AVE ROYAL OAK, MI 48073		\$ <u>100.00</u>	\$ <u>100.00</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			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/07/2023</u>	
Name & Address: TIM CIECHORSKI 227 E TWELVE MILE RD ROYAL OAK, MI 48073		\$ <u>50.00</u>	\$ <u>50.00</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			
3. Contribution # 3	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>09/07/2023</u>	
Name & Address: SHEET METAL WORKERS LOCAL 80 W TWELVE MILE RD SOUTHFIELD, MI 48076		\$ <u>250.00</u>	\$ <u>750.00</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			
3. Contribution # 4	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>09/08/2023</u>	
Name & Address: IUPAT POLITICAL ACTION TOGETHRE COMMITTEE 7234 PARKWAY DR HANOVER, MD 21076		\$ <u>250.00</u>	\$ <u>250.00</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			

Page Subtotal 650.00

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

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line 3a of Summary
Page.



**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	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>09/13/2023</u>	
Name & Address: PLUNKETT COONEY PAC 38505 WOODWARD AVE BLOOMFIELD HILLS, MI 48304		\$ <u>350.00</u>	\$ <u>350.00</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			
3. Contribution #2	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>09/13/2023</u>	
Name & Address: BOJI GROUP PAC 124 W ALLEGAN ST LANSING, MI 48933		\$ <u>1,225.00</u>	\$ <u>1,225.00</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			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/13/2023</u>	
Name & Address: JANET ARMIL 233 E WINDEMERE AVE ROYAL OAK, MI 48073		\$ <u>50.00</u>	\$ <u>50.00</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			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/13/2023</u>	
Name & Address: PENNY LUEBS 639 HENDRICKSON BLVD CLAWSON, MI 48017		\$ <u>50.00</u>	\$ <u>50.00</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			

Page Subtotal 1,675.00

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

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line 3a of Summary
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**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	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/13/2023</u>	
Name & Address: JEANNE DOLSON 126 N CONNECTICUT AVE ROYAL OAK, MI 48067		\$ <u>100.00</u>	\$ <u>100.00</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			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/13/2023</u>	
Name & Address: RYAN JOHNSON 1103 HOFFMAN AVE ROYAL OAK, MI 48067		\$ <u>100.00</u>	\$ <u>100.00</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			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/13/2023</u>	
Name & Address: ARVIND REDDY 618 S PLEASANT ST ROYAL OAK, MI 48067		\$ <u>50.00</u>	\$ <u>50.00</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			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/13/2023</u>	
Name & Address: ELAINE ASHER 1003 IRVING AVE ROYAL OAK, MI 48067		\$ <u>50.00</u>	\$ <u>50.00</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			

Page Subtotal 300.00

Grand Total of All Schedules 1A
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line 3a of Summary
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**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 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/13/2023</u> Name & Address: JEANNE DENEWERTH 121 EDMUND AVE ROYAL OAK, MI 48073		\$ <u>100.00</u>	\$ <u>100.00</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			
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/13/2023</u> Name & Address: KATHRYN BRANHAM 1508 NORTHWOOD BLVD ROYAL OAK, MI 48073		\$ <u>100.00</u>	\$ <u>100.00</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			
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/13/2023</u> Name & Address: APRIL SMITH 806 CATALPA DR ROYAL OAK, MI 48067		\$ <u>100.00</u>	\$ <u>100.00</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			
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/13/2023</u> Name & Address: MARIE DONIGAN 503 POPLAR AVE ROYAL OAK, MI 48073		\$ <u>50.00</u>	\$ <u>50.00</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			

Page Subtotal 350.00

Grand Total of All Schedules 1A
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**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	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/13/2023</u>	
Name & Address: EDWARD MACEY 729 N WILSON AVE ROYAL OAK, MI 48067		\$ <u>100.00</u>	\$ <u>100.00</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			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/13/2023</u>	
Name & Address: PAUL VIAL 2408 GALPIN AVE ROYAL OAK, MI 48073		\$ <u>50.00</u>	\$ <u>50.00</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			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/13/2023</u>	
Name & Address: STACIE WOODWARD 2915 WOODLAND AVE ROYAL OAK, MI 48073		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TEACHER</u> Employer <u>OAKLAND SCHOOLS</u> Business Address <u>2111 PONTIAC LAKE RD, WATERFORD TWP, MI 48328</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/13/2023</u>	
Name & Address: JONATHAN WITZ 107 EVALINE DR TROY, MI 48085		\$ <u>1,250.00</u>	\$ <u>1,250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>ARTS BEATS AND EATS</u> Business Address <u>301 W 4TH ST, ROYAL OAK, MI 48067</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal **1,650.00**

Grand Total of All Schedules 1A
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**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 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/14/2023</u> Name & Address: JAMES RASOR 502 W LINCOLN AVE ROYAL OAK, MI 48067		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>RASOR LAW FIRM</u> Business Address <u>201 E 4TH ST, ROYAL OAK, MI 48067</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/16/2023</u> Name & Address: RICHARD LOCKWOOD 1110 BUTTERNUT AVE ROYAL OAK, MI 48073		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>MOTOR CITY GAS</u> Business Address <u>325 E 4TH ST, ROYAL OAK, MI 48067</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/16/2023</u> Name & Address: DAVID PARUCH 1624 WOODSBORO DR ROYAL OAK, MI 48067		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>IMMIGRATION JUDGE</u> Employer <u>EOIR-USDOJ</u> Business Address <u>477 MICHIGAN AVE, DETROIT, MI 48226</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/17/2023</u> Name & Address: DIANA DARLAND 1907 WOODSBORO DR ROYAL OAK, MI 48067		\$ <u>50.00</u>	\$ <u>50.00</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			

Page Subtotal 2,050.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
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1. Committee I.D. Number 95371
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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	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/18/2023</u>	
Name & Address: TOM REGAN 3126 GLENVIEW AVE ROYAL OAK, MI 48073		\$ <u>100.00</u>	\$ <u>100.00</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			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/19/2023</u>	
Name & Address: JOANNE BRAUND 5003 ELMHURST AVE ROYAL OAK, MI 48073		\$ <u>50.00</u>	\$ <u>50.00</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			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/20/2023</u>	
Name & Address: SHARLAN DOUGLAS 101 CURRY AVE ROYAL OAK, MI 48067		\$ <u>100.00</u>	\$ <u>100.00</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			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/20/2023</u>	
Name & Address: CHARLES FLEETHAM 22553 MAYWOOD CT FARMINGTON HILLS, MI 48335		\$ <u>100.00</u>	\$ <u>100.00</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			

Page Subtotal **350.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 95371
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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/26/2023</u> Name & Address: WILLIAM MITCHELL 508 E LINCOLN AVE ROYAL OAK, MI 48067		\$ <u>5.00</u>	\$ <u>5.00</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			
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/26/2023</u> Name & Address: MARK WALTON 2929 BEMBRIDGE RD ROYAL OAK, MI 48073		\$ <u>50.00</u>	\$ <u>50.00</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			
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/28/2023</u> Name & Address: ROBERT GOODMAN 504 PARKDALE AVE ROYAL OAK, MI 48073		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>GOODMAN FROST PLLC</u> Business Address <u>20300 W 12 MILE RD, SOUTHFIELD, MI 48076</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/29/2023</u> Name & Address: CYNTHIA HAMPEL-LITWINOWICZ 3028 ELMHURST AVE ROYAL OAK, MI 48073		\$ <u>75.00</u>	\$ <u>75.00</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			

Page Subtotal **630.00**

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

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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 95371
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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 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/01/2023</u> Name & Address: JANICE SANECKI 1104 OTTAWA AVE ROYAL OAK, MI 48073		\$ <u>10.00</u>	\$ <u>10.00</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			
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/01/2023</u> Name & Address: SHARON MACDONELL 724 LONGFELLOW DR TROY, MI 48085		\$ <u>25.00</u>	\$ <u>25.00</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			
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/04/2023</u> Name & Address: MONICA BRADY 1631 W TWELVE MILE RD ROYAL OAK, MI 48073		\$ <u>18.00</u>	\$ <u>18.00</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			
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/05/2023</u> Name & Address: CHRIS MORAN 1003 ORCHARD GROVE DR ROYAL OAK, MI 48067		\$ <u>25.00</u>	\$ <u>25.00</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			

Page Subtotal 78.00

Grand Total of All Schedules 1A
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**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	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/07/2023</u>	
Name & Address: LARYSA BLYSNIUK 2429 FERNCLIFF AVE ROYAL OAK, MI 48073		\$ <u>50.00</u>	\$ <u>50.00</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			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/09/2023</u>	
Name & Address: LISA MASON 2225 FERNCLIFF AVE ROYAL OAK, MI 48073		\$ <u>50.00</u>	\$ <u>50.00</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			
3. Contribution # 3	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>10/15/2023</u>	
Name & Address: REALTORS PAC OF MICHIGAN I 720 N WASHINGTON AVE LANSING, MI 48906		\$ <u>500.00</u>	\$ <u>1,250.00</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			
3. Contribution # 4	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>10/17/2023</u>	
Name & Address: MICHIGAN REGIONAL COUNCIL OF CARPENTERS 11687 AMERICAN ST DETROIT, MI 48204		\$ <u>5,000.00</u>	\$ <u>5,000.00</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			

Page Subtotal **5,600.00**

Grand Total of All Schedules 1A
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**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 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/18/2023</u> Name & Address: JENNIFER CARNEY 602 N WILSON AVE ROYAL OAK, MI 48067		\$ <u>100.00</u>	\$ <u>100.00</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			
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/22/2023</u> Name & Address: MICHAEL JAMES 2914 BEMBRIDGE RD ROYAL OAK, MI 48073		\$ <u>50.00</u>	\$ <u>50.00</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			
3. Contribution # 3 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			
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			

Page Subtotal **150.00**

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

30,118.00

Enter this total on
line 3a of Summary
Page.



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 <u>all</u> 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)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name & Address: JOHN HANNAH 9795 FISH LAKE RD HOLLY, MI 48442 If over \$100.00 cumulative, please provide: Occupation: RESTAURANT OWNER Employer Name & Business Address: D'AMATOS 222 SHERMAN DR, ROYAL OAK, MI 48067 <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input checked="" 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 Description FOOD AND BEVERAGE 5. Date Of Receipt: 07/13/2023 6. Vendor Name & Address: D'AMATOS 222 SHERMAN DR, ROYAL OAK, MI 48067	\$ 1,515.50	\$ 1,515.50
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: ANTHONY YEZBICK 1825 PARMENTER BLVD ROYAL OAK, MI 48073 If over \$100.00 cumulative, please provide: Occupation: RESTAURANT OWNER Employer Name & Address: FIFTH AVENUE 215 W 5TH ST, ROYAL OAK, MI 48067 <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input checked="" 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 Description FOOD AND BEVERAGE 5. Date Of Receipt: 09/13/2023 6. Vendor Name & Address: FIFTH AVENUE 215 W 5TH ST, ROYAL OAK, MI 48067	\$ 950.00	\$ 950.00
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: <input type="checkbox"/> Fund Raiser Contribution	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 Description 5. Date Of Receipt: 6. Vendor Name & Address: Click Here for Memo Itemization	\$	\$

Page Subtotal **2,465.50** **2,465.50**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) **2,465.50**

Enter this total
on line 6 of Summary
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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 OAKLAND COUNTY Address 1200 N TELEGRAPH PONTIAC, MI 48341 <input type="checkbox"/> Fund Raiser	Purpose: LATE FEE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	01/19/2023 Date	\$ 25.00
Expenditure #2 Name CTE HELENA SCOTT Address P.O. BOX, 21835 DETROIT, MI 48221 <input type="checkbox"/> Fund Raiser	Purpose: FUNDRAISER TICKET <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	04/14/2023 Date	\$ 100.00
Expenditure #3 Name RAISE THE MONEY Address PO BOX 26466 LITTLE ROCK, AR 72221 <input type="checkbox"/> Fund Raiser	Purpose: ONLINE CONTRIBUTION PROCESSING FEE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/13/2023 Date	\$ 112.95
Expenditure #4 Name ACTBLU Address 366 SUMMER ST SOMERVILLE, MA 02144 <input type="checkbox"/> Fund Raiser	Purpose: ONLINE CONTRIBUTION PROCESSING FEE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/17/2023 Date	\$ 21.04
Expenditure #5 Name ACTBLU Address 366 SUMMER ST SOMERVILLE, MA 02144 <input type="checkbox"/> Fund Raiser	Purpose: ONLINE CONTRIBUTION PROCESSING FEE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/18/2023 Date	\$ 37.23

Subtotal this page **296.22**
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

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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 CITY OF ROYAL OAK Address 203 S TROY ST ROYAL OAK, MI 48067 <input type="checkbox"/> Fund Raiser	Purpose: FILING FEE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/24/2023 Date	\$ 35.00
Expenditure #2 Name OUR CREDIT UNION Address 3070 NORMANDY RD ROYAL OAK, MI 48073 <input type="checkbox"/> Fund Raiser	Purpose: STAMPS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/25/2023 Date	\$ 63.00
Expenditure #3 Name RAISE THE MONEY Address PO BOX 26466 LITTLE ROCK, AR 72221 <input type="checkbox"/> Fund Raiser	Purpose: ONLINE CONTRIBUTION PROCESSING FEE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/02/2023 Date	\$ 37.00
Expenditure #4 Name RAISE THE MONEY Address PO BOX 26466 LITTLE ROCK, AR 72221 <input type="checkbox"/> Fund Raiser	Purpose: ONLINE CONTRIBUTION PROCESSING FEE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/03/2023 Date	\$ 5.15
Expenditure #5 Name ACTBLU Address 366 SUMMER ST SOMERVILLE, MA 02144 <input type="checkbox"/> Fund Raiser	Purpose: ONLINE CONTRIBUTION PROCESSING FEE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/07/2023 Date	\$ 11.26

Subtotal this page

151.41

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

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on line 8a of
Summary Page



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 SAWICKI AND SON Address 1521 W LAFAYETTE BLVD DETROIT, MI 48216 <input type="checkbox"/> Fund Raiser	Purpose: YARD SIGNS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/07/2023 Date	\$ 973.88
Expenditure #2 Name ACTBLU Address 366 SUMMER ST SOMERVILLE, MA 02144 <input type="checkbox"/> Fund Raiser	Purpose: ONLINE CONTRIBUTION PROCESSING FEE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/08/2023 Date	\$ 5.69
Expenditure #3 Name ACTBLU Address 366 SUMMER ST SOMERVILLE, MA 02144 <input type="checkbox"/> Fund Raiser	Purpose: ONLINE CONTRIBUTION PROCESSING FEE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/11/2023 Date	\$ 6.01
Expenditure #4 Name CTE MONICA HUNT Address 1302 W 13 MILE RD ROYAL OAK, MI 48073 <input type="checkbox"/> Fund Raiser	Purpose: FUNDRAISER TICKET <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/12/2023 Date	\$ 100.00
Expenditure #5 Name ACTBLU Address 366 SUMMER ST SOMERVILLE, MA 02144 <input type="checkbox"/> Fund Raiser	Purpose: ONLINE CONTRIBUTION PROCESSING FEE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/14/2023 Date	\$ 37.23

Subtotal this page **1,122.81**
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

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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 INLAND PRESS Address 2001 W LAFAYETTE BLVD DETROIT, MI 48216 <input type="checkbox"/> Fund Raiser	Purpose: FLYERS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/14/2023 Date	\$ 1,813.66
Expenditure #2 Name ACTBLU Address 366 SUMMER ST SOMERVILLE, MA 02144 <input type="checkbox"/> Fund Raiser	Purpose: ONLINE CONTRIBUTION PROCESSING FEE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/15/2023 Date	\$ 24.04
Expenditure #3 Name CTE AMANDA HERZOG Address 306 RHODE ISLAND AVE ROYAL OAK, MI 48067 <input type="checkbox"/> Fund Raiser	Purpose: FUNDRAISER TICKET <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/18/2023 Date	\$ 100.00
Expenditure #4 Name ACTBLU Address 366 SUMMER ST SOMERVILLE, MA 02144 <input type="checkbox"/> Fund Raiser	Purpose: ONLINE CONTRIBUTION PROCESSING FEE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/20/2023 Date	\$ 43.47
Expenditure #5 Name ACTBLU Address 366 SUMMER ST SOMERVILLE, MA 02144 <input type="checkbox"/> Fund Raiser	Purpose: ONLINE CONTRIBUTION PROCESSING FEE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/21/2023 Date	\$ 2.08

Subtotal this page **1,983.25**
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

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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 ACTBLU Address 366 SUMMER ST SOMERVILLE, MA 02144 <input type="checkbox"/> Fund Raiser	Purpose: <u>ONLINE CONTRIBUTION PROCESSING FEE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/22/2023</u> Date	\$ <u>3.93</u>
Expenditure #2 Name CITY OF ROYAL OAK Address 203 S TROY ST ROYAL OAK, MI 48067 <input type="checkbox"/> Fund Raiser	Purpose: <u>VOTER DATA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/26/2023</u> Date	\$ <u>41.50</u>
Expenditure #3 Name ACTBLU Address 366 SUMMER ST SOMERVILLE, MA 02144 <input type="checkbox"/> Fund Raiser	Purpose: <u>ONLINE CONTRIBUTION PROCESSING FEE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/02/2023</u> Date	\$ <u>18.73</u>
Expenditure #4 Name INLAND PRESS Address 2001 W LAFAYETTE BLVD DETROIT, MI 48216 <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINT AND MAIL SERVICES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/03/2023</u> Date	\$ <u>3,000.97</u>
Expenditure #5 Name ACTBLU Address 366 SUMMER ST SOMERVILLE, MA 02144 <input type="checkbox"/> Fund Raiser	Purpose: <u>ONLINE CONTRIBUTION PROCESSING FEE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/04/2023</u> Date	\$ <u>1.76</u>

Subtotal this page **3,066.89**

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

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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 ACTBLU Address 366 SUMMER ST SOMERVILLE, MA 02144 <input type="checkbox"/> Fund Raiser	Purpose: <u>ONLINE CONTRIBUTION PROCESSING FEE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/06/2023</u> Date	\$ <u>0.90</u>
Expenditure #2 Name ACTBLU Address 366 SUMMER ST SOMERVILLE, MA 02144 <input type="checkbox"/> Fund Raiser	Purpose: <u>ONLINE CONTRIBUTION PROCESSING FEE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/10/2023</u> Date	\$ <u>1.16</u>
Expenditure #3 Name C&G NEWSPAPERS Address 13650 E ELEVEN MILE RD WARREN, MI 48089 <input type="checkbox"/> Fund Raiser	Purpose: <u>NEWSPAPER ADVERTISEMENT</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/10/2023</u> Date	\$ <u>557.50</u>
Expenditure #4 Name OAKLAND COUNTY TIMES Address PO BOX 20293 FERNDAL, MI 48220 <input type="checkbox"/> Fund Raiser	Purpose: <u>VIDEO</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/10/2023</u> Date	\$ <u>150.00</u>
Expenditure #5 Name PIVOT POINT STRATEGIES Address 312 FAIRGROVE AVE ROYAL OAK, MI 48067 <input type="checkbox"/> Fund Raiser	Purpose: <u>CONSULTING AND DESIGN WORK</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/10/2023</u> Date	\$ <u>1,825.00</u>

Subtotal this page **2,534.56**

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

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Summary Page



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 ACTBLU Address 366 SUMMER ST SOMERVILLE, MA 02144 <input type="checkbox"/> Fund Raiser	Purpose: <u>ONLINE CONTRIBUTION PROCESSING FEE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/12/2023</u> Date	\$ <u>4.16</u>
Expenditure #2 Name ACTBLU Address 366 SUMMER ST SOMERVILLE, MA 02144 <input type="checkbox"/> Fund Raiser	Purpose: <u>ONLINE CONTRIBUTION PROCESSING FEE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/12/2023</u> Date	\$ <u>2.50</u>
Expenditure #3 Name CONTRACT DESIGN GROUP Address P.O. BOX 1397 ROYAL OAK, MI 48078 <input type="checkbox"/> Fund Raiser	Purpose: <u>ADVERTISING BOARD</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/16/2023</u> Date	\$ <u>361.00</u>
Expenditure #4 Name INLAND PRESS Address 2001 W LAFAYETTE BLVD DETROIT, MI 48216 <input type="checkbox"/> Fund Raiser	Purpose: <u>MAILERS AND PRINT</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/17/2023</u> Date	\$ <u>723.45</u>
Expenditure #5 Name ACTBLU Address 366 SUMMER ST SOMERVILLE, MA 02144 <input type="checkbox"/> Fund Raiser	Purpose: <u>ONLINE CONTRIBUTION FEES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/18/2023</u> Date	\$ <u>3.93</u>

Subtotal this page

1,095.04

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

Enter this total
on line 8a of
Summary Page



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 INLAND PRESS Address 2001 W LAFAYETTE BLVD DETROIT, MI 48216 <input type="checkbox"/> Fund Raiser	Purpose: PRINTED LITERATURE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/20/2023 Date	\$ 993.75
Expenditure #2 Name ACTBLU Address 366 SUMMER ST SOMERVILLE, MA 02144 <input type="checkbox"/> Fund Raiser	Purpose: ONLINE CONTRIBUTION SERVICE FEE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/22/2023 Date	\$ 2.08
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 **995.83**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **11,246.01**

Enter this total
on line 8a of
Summary Page



**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 07/13/2023	4. Number of Individuals Attending or Participating (whichever is greater) 26	5. Type of Fund Raising Activity CAMPAIGN FUNDRAISER	6. Address and Name (If any) of the place where the activity was held. D'AMATOS RESTAURANT 222 SHERMAN DR ROYAL OAK, MI 48067 <input type="checkbox"/> Private Residence
---	---	--	---

7. Total Contributions **7,100.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **7,100.00**
10. Total Cost of Event **1,550.50**
(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.



**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 09/13/2023	4. Number of Individuals Attending or Participating (whichever is greater) 22	5. Type of Fund Raising Activity CAMPAIGN FUNDRAISER	6. Address and Name (If any) of the place where the activity was held. FIFTH AVENUE 215 W 5TH ST ROYAL OAK, MI 48067 <input type="checkbox"/> Private Residence
---	---	--	--

7. Total Contributions **2,400.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **2,400.00**
10. Total Cost of Event **950.00**
(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.