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OAKLAND COUNTY CLERK
PONTIAC, MICHIGAN

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**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: 11/28/2023 to 12/31/2023

1. Committee I.D. Number

95371

2. Committee Name

FRIENDS OF MIKE FOURNIER

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**

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.

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

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

- ☐ July Quarterly
☐ October Quarterly

9c. ☒ Annual Statement (2023)
Coverage Year

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

Date of Election, Convention or Caucus

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 lates 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

01/30/2024

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

01/30/2024



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>0.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>0.00</u>	(18.) \$ <u>0.00</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>0.00</u>	(20.) \$ <u>0.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>0.00</u>	(21.) \$ <u>0.00</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>2,152.00</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>2,152.00</u>	(23.) \$ <u>2,152.00</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>11,476.76</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>0.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>11,476.76</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>2,152.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>9,324.76</u>	*



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: <u>LATE FEE OAKLAND COUNTY</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12/13/2023</u> Date	\$ <u>25.00</u>
Expenditure #2 Name INLAND PRESS Address 2001 W LAFAYETTE BLVD DETROIT, MI 48216 <input type="checkbox"/> Fund Raiser	Purpose: <u>MAIL AND PRINT</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12/28/2023</u> Date	\$ <u>2,127.00</u>
Expenditure #3 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____ Click Here for Memo Itemization Type
Expenditure #4 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____ Click Here for Memo Itemization Type
Expenditure #5 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____ Click Here for Memo Itemization Type

Subtotal this page **2,152.00**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **2,152.00**

Enter this total
on line 8a of
Summary Page