



FILED

02 APR 2024 PM 12:50

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**

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

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

04/02/2024

Candidate

Type or Print Name

Signature

Submitted electronically,  
signature on file

Date

04/02/2024



**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: <b>RONET KASHAT</b> 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: <b>JEROME AMBER</b> 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>AMBER APARTMENTS</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: <b>ALLEN AMBER</b> 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>AMBER APARTMENTS</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: <b>MICHAEL NADOLSKI</b> 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: <b>KENNETH LUCIA</b> <b>4105 GOLF RIDGE DR</b> <b>BLOOMFIELD TWP, MI 48302</b>		\$ <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: <b>LAYTH KASSAB</b> <b>7306 COLCHESTER LN</b> <b>WEST BLOOMFIELD TOWNSHIP, MI 48322</b>		\$ <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: <b>RONNIE BOJI</b> <b>5334 TRILLIUM CT</b> <b>WEST BLOOMFIELD TOWNSHIP, MI 48323</b>		\$ <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: <b>ANTHONY RANDAZZO</b> <b>2617 BEACON HILL DR</b> <b>AUBURN HILLS, MI 48326</b>		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>ARC MANAGEMENT LLC</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  
(Complete on last page of Schedule)

Enter this total on  
line 3a 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  <b>07/13/2023</b>	4. Number of Individuals Attending or Participating (whichever is greater)  <b>26</b>	5. Type of Fund Raising Activity  <b>CAMPAIGN FUNDRAISER</b>	6. Address and Name (If any) of the place where the activity was held. <b>D'AMATOS RESTAURANT 222 SHERMAN DR ROYAL OAK, MI 48067</b> <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 **1,515.50**  
(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.