

### CANDIDATE COMMITTEE COVER PAGE

FILED 24 OCT 2025 PM 04:39

OAKLAND COUNTY CLERK PONTIAC, MICHIGAN

FOR OFFICIAL USE ONLY

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: 01/01/2025 to 10/19/2025 1. Committee I.D. Number 4. Candidate Last Name First Name M.I. MICHAEL **FOURNIER** 95371 4a. Office Sought Including District # or Community Served (If applicable) 2. Committee Name MAYOR, ROYAL OAK FRIENDS OF MIKE FOURNIER 4b. County of Residence OAKLAND COUNTY 5. Committee's Mailing Address 6. Treasurer's Name & Residential Address 711 S ALEXANDER AVE MICHAEL FOURNIER ROYAL OAK, MI 48067 711 S ALEXANDER AVE ROYAL OAK, MI 48067 Area Code and Phone (248) 224-3772

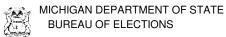
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may Area Code & Phone (248) 224-3772 be sent to this address by the filing official. 7. Treasurer's Business Address 8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) 711 S ALEXANDER AVE ROYAL OAK, MI 48067 Area Code and Phone (248) 224-3772 Area Code and Phone 9e. Dissolution of Candidate Committee 9. TYPE OF STATEMENT Required ONLY if candidate 9a. X Pre-Election OR 9b. Post-Election By checking this item I/We certify any outstanding debt is not on the ballot for the current year: by the committee to the candidate or his or her spouse is here Pre-Election or Post-Election Statement relates to: by discharged and forgiven, and no longer collectible from July Quarterly the committee. The committee has no oustanding assets, Primary owes no lates fees or has any oustanding debt. October Quarterly X General Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Convention Special Annual Statement ( Effective date of dissolution Coverage Year School Amendment to Campaign Statement (Complete Item 9a, 9b , 9c or 9e to Caucus Note: The disposition of residual funds must be reported on indicate which Statement is being Schedule 1B and the Summary Page. amended.) Date of Election, Convention or Caucus 11/04/2025 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. Submitted electronically. Current Treasurer or signature on file 10/24/2025 Designated Record keeper Date Type or Print Name Signature Submitted electronically, 10/24/2025 signature on file Candidate Date Type or Print Name Signature

1. Committee I.D. Number 95371

### **SUMMARY PAGE CANDIDATE COMMITTEE**

### 2. Committee Name FRIENDS OF MIKE FOURNIER

CANDIDATE COMMITTEE		
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions	00.000.10	
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>38,200.12</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ <u>38,200.12</u>	(18.) \$ 38,200.12
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _0.00	(19.) \$ 0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>38,200.12</u>	(20.) \$ 38,200.12
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <b>2,425.00</b>	(21.) \$ 2,425.00
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ 0.00	(22.) \$ 0.00
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ 22,584.29	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ 0.00	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ 0.00	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ 22,584.29	(23.) \$ 24,836.29
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$ 0.00	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ 0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS		
(Add Line 10a + Line 10b)	(11.) \$ 0.00	(24.) \$ 0.00
<b>DEBTS AND OBLIGATIONS</b> 12. Debts and Obligations		
a. Owed <b>by</b> the Committee (Schedule 1E)	(12a.) \$ 0.00	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ 0.00	
	BALANCE STATEMENT	I .
13. Ending Balance of last report filed	(13.) \$_9,224.76	
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.) + \$ 38,200.12	
(Line 5, Total Contributions & Other Receipts)	(15.) = \$_47,424.88	
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period		
(Add lines 9 and 11) 17. ENDING BALANCE	(16.) - \$ 22,584.29	
(Subtract line 16 from line 15)	(17.) \$ 24,840.59 *	



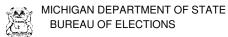
1. Committee I.D. Number 9537

95371

### **CANDIDATE COMMITTEE**

2. Committee Name

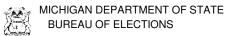
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/15/2025  Name & Address: ALLEN AMBER  1501 SODON LAKE DR	500.00	500.00
BLOOMFIELD TOWNSHIP, MI 48302	<sub>\$</sub> 500.00	<sub>\$</sub> 500.00
5. If over \$100.00 cumulative, please provide:		
Occupation CO OWNER Employer AMBER APARTMENTS  2807 CROOKS DD DOVAL OAK MI 48073		
Business Address 3807 CROOKS RD, ROYAL OAK, MI 48073		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/22/2025  Name & Address		
PRINCE YOUSIF		
4205 CROOKS RD	<sub>\$</sub> 1,225.00	<sub>\$</sub> 1,225.00
ROYAL OAK, MI 48073		
5. If over \$100.00 cumulative, please provide:		
Occupation OWNER Employer HOUSE OF DANK		
Business Address 30335 STEPHENSON HWY, MADISON HEIGHTS, MI 48071		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/22/2025  TODD FENTON	050.00	
1765 BELLWOOD CT BLOOMFIELD HILLS, MI 48302	§ 250.00	<sub>\$</sub> 250.00
5. If over \$100.00 cumulative, please provide:		
Occupation VICE PRESIDENT Employer PLANTE MORAN REALPOINTE		
Business Address 3000 TOWN CENTER, SOUTHFIELD, MI 48075		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/24/2025		
Name & Address  KELLY ALLEN		
1128 S TIMBERVIEW TRAIL	<sub>\$</sub> 250.00	, 250.00
BLOOMFIELD TOWNSHIP, MI 48304	§ 230.00	\$ <b>Z30.00</b>
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY ADKISON, NEED, ALLEN, & RENTROP, PLLC		
Business Address 39572 WOODWARD AVE, BLOOMFIELD HILLS, MI 48304		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	2,225.00	
Grand Total of All Schedules 1A		-
(Complete on last page of Schedule)	Enter this total on	_l
Page 1 of 20	line 3a of Summary Page.	



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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/24/2025  Name & Address: CHRISTOPHER ALLEN  1128 TRAILWOOD PATH BLOOMFIELD HILLS, MI 48301	<sub>\$</sub> 250.00	<sub>\$</sub> 250.00
5. If over \$100.00 cumulative, please provide:  Occupation ATTORNEY  Employer ADKISON, NEED, ALLEN, & RENTROP, PLLC		
Business Address 39572 WOODWARD AVE, BLOOMFIELD HILLS, MI 48304		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/24/2025	-	
Name & Address		
ANTHONY RANDAZZO	1 225 00	1 005 00
64 VERNIER RD GROSSE POINTE SHORES, MI 48236	<sub>\$</sub> 1,225.00	<sub>\$</sub> 1,225.00
·		
5. If over \$100.00 cumulative, please provide:  Occupation OWNER Employer ARC MANAGEMENT LLC		
Business Address 2617 BEACON HILL DR, AUBURN HILLS, MI 48326		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/24/2025  Name & Address:  ANTHONTY F RANDAZZO		
30 SUNNINGDALE DR	<sub>\$</sub> 1,225.00	<sub>\$</sub> 1,225.00
GROSSE POINTE SHORES, MI 48236	Ψ	\$ 1,==0100
5. If over \$100.00 cumulative, please provide:		
Occupation OWNER Employer TROWBRIDGE		
Business Address 2617 BEACON HILL DR, AUBURN HILLS, MI 48326		
Type of Contribution: Direct Loan from a person Fund Raiser		_
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/24/2025  Name & Address		
RALPH BIANCHI		
16650 18 MILE RD	<sub>\$</sub> 1,225.00	1,225.00
CLINTON TWP, MI 48038	<b>\$</b>	\$
5. If over \$100.00 cumulative, please provide:		
Occupation SALON OWNER BIANCHI SALON		
Business Address 723 N MAIN ST, ROYAL OAK, MI 48067		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	3,925.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on line 3a of Summary	<u>-</u>
Page 2 of 20	Page.	



1. Committee I.D. Number 95371

2. Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <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? YES 4. Date of Receipt 07/24/2025  Name & Address: JONATHAN WITZ  107 EVALINE DR TROY, MI 48085  5. If over \$100.00 cumulative, please provide: Occupation OWNER  Employer ARTS BEATS AND EATS	<sub>\$</sub> 1,225.00	<sub>\$</sub> 1,225.00
Business Address  Type of Contribution:  Direct  Employer / 11		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/24/2025  Name & Address  JEFF KLATT  324 AQUA CT  ROYAL OAK, MI 48073	<sub>\$</sub> 1,225.00	<sub>\$</sub> 1,225.00
5. If over \$100.00 cumulative, please provide:  Occupation OWNER Employer KRIEGER KLATT ARCHITECTS  Business Address 2120 E ELEVEN MILE RD, ROYAL OAK, MI 48067  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/24/2025  Name & Address:  LEN NADOLSKI  5000 E GRAND RIVER AVE  HOWELL, MI 48843	<sub>\$</sub> 1,225.00	<sub>\$</sub> 1,225.00
5. If over \$100.00 cumulative, please provide:  Occupation OWNER  Employer CHAMPION HARGRAVES CHEVROLET  Business Address 2000 E TWELVE MILE RD, ROYAL OAK, MI 48067  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/24/2025  Name & Address  PAUL GLANCE  303 GREY WOODS LN  LAKE ANGELUS, MI 48326	<sub>\$</sub> 750.00	<sub>\$</sub> 750.00
5. If over \$100.00 cumulative, please provide:  Occupation OWNER Employer EMAGINE THEATRES  Business Address 200 N MAIN ST, ROYAL OAK, MI 48067		
Type of Contribution: Direct Loan from a person Fund Raiser  Page Subtotal	4 425 00	1
Grand Total of All Schedules 1A (Complete on last page of Schedule)  Page	Enter this total on line 3a of Summary Page.	

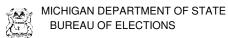


1. Committee I.D. Number

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### **CANDIDATE COMMITTEE**

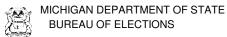
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/24/2025  Name & Address: RONET KASHAT  710 E UNIVERSITY AVE ROYAL OAK, MI 48067  5. If over \$100.00 cumulative, please provide: Occupation CONTRACTOR Employer KASHAT CONSTRUCTION  Business Address 32327 NORWOOD DR, WARREN, MI 48092  Type of Contribution: Direct Loan from a person Fund Raiser	<sub>\$</sub> 500.00	<sub>\$</sub> 500.00
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/24/2025  Name & Address  DENNIS COWAN  2716 TRAFFORD RD  ROYAL OAK, MI 48073	<sub>\$</sub> 500.00	<sub>\$</sub> 500.00
5. If over \$100.00 cumulative, please provide:  Occupation ATTORNEY Employer PLUNKETT COONEY  Business Address 38505 WOODWARD AVE, BLOOMFIELD HILLS, MI 48304  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/24/2025  Name & Address:  JIM ARKOURI 6442 NADINE LN BLOOMFIELD TOWNSHIP, MI 48322	<sub>\$</sub> 750.00	<sub>\$</sub> 750.00
5. If over \$100.00 cumulative, please provide:  Occupation DEVELOPER Employer ARKOURI REAL ESTATE  Business Address 6442 NADINE LN, BLOOMFIELD TOWNSHIP, MI 48322  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/24/2025  Name & Address  EDWARD MACEY 729 N WILSON AVE  ROYAL OAK, MI 48067	<sub>\$</sub> 30.12	<sub>\$</sub> 30.12
5. If over \$100.00 cumulative, please provide:		
Occupation Employer  Business Address  Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal  Grand Total of All Schedules 1A (Complete on last page of Schedule)  Page 4 of 20	1,780.12  Enter this total on line 3a of Summary Page.	-



95371 1. Committee I.D. Number

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/24/2025  Name & Address: DAVE WOODWARD 2915 WOODLAND AVE ROYAL OAK, MI 48073	<sub>\$</sub> 250.00	<sub>\$</sub> 250.00
5. If over \$100.00 cumulative, please provide:	Ψ	
Occupation COUNTY COMMISSIONER Employer OAKLAND COUNTY		
Business Address 1200 N TELEGRAPH, PONTIAC, MI 48341		
Type of Contribution: Direct Loan from a person Fund Raiser	_	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/24/2025		
Name & Address  KYLE DUBUC		
312 FAIRGROVE AVE	° 125.00	<sub>s</sub> 125.00
ROYAL OAK, MI 48067	\$ · <b>_</b> 3· 3· 3· 3· 3· 3· 3· 3· 3· 3· 3· 3· 3·	\$ 120.00
5. If over \$100.00 cumulative, please provide:		
Occupation VICE PRESIDENT Employer UNITED WAY FOR SE MICHIGAN		
Business Address 311 W GRAND BLVD, DETROIT, MI 48216		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/24/2025  Name & Address:  MICHAEL NADOLSKI		
26849 WEMBLEY CT	<sub>\$</sub> 750.00	<sub>\$</sub> 750.00
FARMINGTON HILLS, MI 48331	·	\$ <u></u>
5. If over \$100.00 cumulative, please provide:		
Occupation REAL ESTATE MANAGEMENT Employer BILLINGS PLACE		
Business Address 221 N MAIN ST, ROYAL OAK, MI 48067  Type of Contribution: Direct Loan from a person Fund Raiser		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/24/2025  Name & Address		
JASON KRIEGER		
1824 GREENLEAF DR	<sub>\$</sub> 1,225.00	<sub>\$</sub> 1,225.00
ROYAL OAK, MI 48067	<b>5</b>	\$
5. If over \$100.00 cumulative, please provide:		
Occupation ARCHITECT Employer KRIEGER KLATT ARCHITECTS		
Business Address 2120 E ELEVEN MILE RD, ROYAL OAK, MI 48067		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	2,350.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on line 3a of Summary	<b>→</b>
Page 5 of 20	Page.	



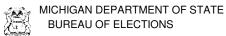
1. Committee I.D. Number \_

95371

### **CANDIDATE COMMITTEE**

2. Committee Name

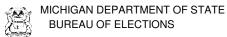
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/24/2025  Name & Address: RONNIE BOJI 5334 TRILLIUM CT WEST BLOOMFIELD TOWNSHIP, MI 48323  5. If over \$100.00 cumulative, please provide:	<sub>\$</sub> 500.00	<sub>\$</sub> 500.00
Occupation OWNER Employer BOJI GROUP		
Business Address 229 W MAPLE RD, BIRMINGHAM, MI 48009  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/30/2025  Name & Address		
JORDAN JONNA 1774 MAPLEWOOD AVE BLOOMFIELD HILLS, MI 48302	<sub>\$</sub> 1,225.00	<sub>\$</sub> _1,225.00
5. If over \$100.00 cumulative, please provide:  Occupation OWNER Employer AF JONNA DEVELOPMENT		
Occupation OWNER Employer AF JONNA DEVELOPMENT Business Address 4036 TELEGRAPH RD, BLOOMFIELD TWP, MI 48302		
Type of Contribution:   Direct  Loan from a person  Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 09/03/2025  REALTORS PAC OF MICHIGAN I 720 N WASHINGTON AVE	<sub>\$</sub> 1,000.00	<sub>\$</sub> 1,000.00
LANSING, MI 48906  5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address  Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09/08/2025  Name & Address  DAVID PARUCH  1624 WOODSBORO DR  ROYAL OAK, MI 48067	<sub>\$</sub> 500.00	<sub>\$_</sub> 500.00
5. If over \$100.00 cumulative, please provide:		
Occupation IMMIGRATION JUDGE Employer EOIR-USDOJ		
Business Address 477 MICHIGAN AVE, DETROIT, MI 48226		
Type of Contribution: Direct Loan from a person Fund Raiser	T	1
Page Subtotal  Grand Total of All Schedules 1A (Complete on last page of Schedule)  Page6 of20	3,225.00  Enter this total on line 3a of Summary Page.	



1. Committee I.D. Number \_\_\_\_95371

2. Committee Name

Enter contributor's name and address. If contribution is from an individual anter last r	name, first name, 6. Amount	7. Cumulative for
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.		Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 09/1	5/2025	, , , , , , , , , , , , , , , , , , , ,
Name & Address: JAMES SCHNIDER		
833 S CENTER ST		
ROYAL OAK, MI 48067	<sub>\$</sub> 100.0	<u>00</u> <u>\$ 100.00</u>
5. If over \$100.00 cumulative, please provide:		
Occupation ARCHITECT Employer SCHNEIDER+ SMITH	ARCHITECTS	
Business Address 833 S CENTER ST, ROYAL OAK, MI 480	67	
Type of Contribution: Direct Loan from a person Fund R.	aiser	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/1	5/2025	
Name & Address GREGORY ARMSTRONG		
726 HAWTHORN AVE	100.0	0 \$ 100.00
ROYAL OAK, MI 48067	\$ 100.0	<u> </u>
5. If over \$100.00 cumulative, please provide:		
Occupation ACCOUNT EXECUTIVE Employer SICK, LLC		
Business Address 6900 W 110TH ST, MINNEAPOLIS, MN 5	55438	
Type of Contribution: Direct Loan from a person Fund F	Raiser	
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 09/1	6/2025	
Name & Address:		
JACOB CLODE 124 WOODSIDE RD	, 250.0	<u>0</u> <sub>\$</sub> 250.00
ROYAL OAK, MI 48073	<u>\$ 200.0</u>	<u> </u>
5. If over \$100.00 cumulative, please provide:	^	
Occupation COO Employer SERVE ELECTRIC		
Business Address 34000 MOUND RD, STERLING HEIGHTS, MI	48310	
Type of Contribution: Direct Loan from a person Fund	Raiser	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09/1	6/2025	
MICHIGAN REGIONAL COUNCIL OF CARPENTERS		
11687 AMERICAN ST	<sub>\$</sub> 2,500.0	00 \$ 2,500.00
DETROIT, MI 48204	<sub>\$</sub> 2,300.0	<u>\$ 2,300.00</u>
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund R	aiser	
	Page Subtotal 2,950.00	
Grand Total	of All Schedules 1A	
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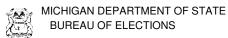
1. Committee I.D. Number \_\_\_\_\_\_

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### **CANDIDATE COMMITTEE**

2. Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <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? YES 4. Date of ReName & Address: MARY MILLS 5065 CROOKS RD ROYAL OAK, MI 48073	eceipt <u>09/17/2025</u>	<sub>\$</sub> 50.00	<sub>\$</sub> 50.00
5. If over \$100.00 cumulative, please provide:			
Occupation Employer			
Business Address			
Type of Contribution: Direct Loan from a person	Fund Raiser		
	ceipt 09/17/2025		
Name & Address SHEET METAL WORKERS LOCAL 80 W TWELVE MILE RD SOUTHFIELD, MI 48076		<u>\$580.00</u>	<sub>\$</sub> 580.00
5. If over \$100.00 cumulative, please provide:			
Occupation Employer			
Business Address			
Type of Contribution: Direct Loan from a person	Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Rename & Address: EMILY BOGART 331 DEWEY ST ROYAL OAK, MI 48067	09/18/2025	<sub>\$</sub> 25.00	<sub>\$</sub> 25.00
5. If over \$100.00 cumulative, please provide:			
Occupation Employer			
Business Address	Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of R Name & Address CHRISTOPHER LECLAIR 703 ROYAL AVE ROYAL OAK, MI 48073	 deceipt <u>09/18/2025</u>	<sub>\$</sub> 250.00	<sub>\$</sub> 250.00
5. If over \$100.00 cumulative, please provide:			
Occupation ATTORNEY Employer WARNER	NORCROSS + JUDD LLP		
Business Address 703 ROYAL AVE, ROYAL OAK	(, MI 48073		
Type of Contribution: Direct Loan from a person	Fund Raiser		
	Page Subtotal	905.00	
(Cc	Grand Total of All Schedules 1A omplete on last page of Schedule)	Enter this total on	
Page 8 of 20		line 3a of Summary Page.	

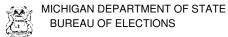


1. Committee I.D. Number \_\_\_\_95371

### **CANDIDATE COMMITTEE**

2. Committee Name FRIENDS OF MIKE FOURNIER

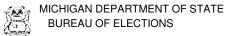
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 09/20/2025  Name & Address: CHRIS MORAN 1003 ORCHARD GROVE DR ROYAL OAK, MI 48067  5. If over \$100.00 cumulative, please provide:		<sub>\$</sub> 25.00	<sub>\$</sub> 25.00
Occupation Employer			
Type of Contribution: Direct Loan from a	a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES Name & Address CARL LAUBACH 4311 ARDEN PL ROYAL OAK, MI 48073  5. If over \$100.00 cumulative, please provide:	4. Date of Receipt <u>09/21/2025</u>	\$ <u>200.00</u>	\$ 200.00
Occupation NOT EMPLOYED Employer NO	OT EMPLOYED		
Business Address			
Type of Contribution: Direct Loan from a	person Fund Raiser		
3. Contribution #3 PAC Receipt? YES Name & Address: SHARLAN DOUGLAS 101 CURRY AVE ROYAL OAK, MI 48067	4. Date of Receipt <u>09/22/2025</u>	<sub>\$</sub> 100.00	<sub>\$</sub> 100.00
5. If over \$100.00 cumulative, please provide:			
Occupation Employer			
Business Address			
Type of Contribution: Direct Loan from a			
3. Contribution # 4 PAC Receipt? YES Name & Address JENNIFER CARNEY 602 N WILSON AVE ROYAL OAK, MI 48067	4. Date of Receipt <u>09/24/2025</u>	<sub>\$</sub> 50.00	<sub>\$</sub> 50.00
5. If over \$100.00 cumulative, please provide:			
Occupation Employer			
Business Address			
Type of Contribution: Direct Loan from a	a person Fund Raiser		
Page 9 of 20	Page Subtotal  Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary	-



1. Committee I.D. Number \_\_\_95371

2. Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <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? YE YE Name & Address: OPERATING ENGINEERS LOCA 500 HULET DR BLOOMFIELD TOWNSHIP, MI 48	AL 324	ipt 09/24/2025	<sub>\$</sub> 150.00	<sub>\$</sub> 150.00
5. If over \$100.00 cumulative, please provide:				
Occupation Em	ployer			
Business Address	<u>.</u> .	<del></del>		
Type of Contribution: V Direct Lo	pan from a person	Fund Raiser		
3. Contribution #2 PAC Receipt? YE	S 4. Date of Recei	pt 09/29/2025		
Name & Address MATTHEW CROWE 807 E 4TH ST ROYAL OAK, MI 48067			<u>\$400.00</u>	§ 400.00
5. If over \$100.00 cumulative, please provide:				
Occupation VP SOLUTION ENGINEERING Emplo	<sub>oyer</sub> I ANIUM			
Business Address 807 E 4TH ST, RO	YAL OAK, MI 48	3067		
Type of Contribution: Direct	an from a person	Fund Raiser		
3. Contribution # 3 PAC Receipt? YNAme & Address: LORI WITZ 107A EVALINE DR TROY, MI 48085	ES 4. Date of Rece	eipt 10/01/2025	<sub>\$</sub> 1,225.00	<sub>\$</sub> 1,225.00
•				
5. If over \$100.00 cumulative, please provide:	. ARTS BEATS	AND EATS CHARITY		
Occupation OWNER Employees Address 301 W 4TH ST A, RO				
	pan from a person	Fund Raiser		
	YES 4. Date of Rec	eipt 10/01/2025		
Name & Address REALTORS PAC OF MICHIGAN 720 N WASHINGTON AVE LANSING, MI 48906		10/01/2020	<sub>\$</sub> 1,000.00	<sub>\$</sub> 2,000.00
5. If over \$100.00 cumulative, please provide:				
Occupation	Employer			
Business Address				
	pan from a person	Fund Raiser		
		Page Subtotal	2,775.00	
10 00		rand Total of All Schedules 1A blete on last page of Schedule)	Enter this total on line 3a of Summary	
Page 10 of 20			Page.	



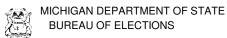
1. Committee I.D. Number \_\_

95371

**CANDIDATE COMMITTEE** 

2. Committee Name

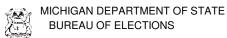
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 10/03/2025  Name & Address: LIUNA PAC  2633 CLAY ST NE	<sub>\$</sub> 2,500.00	2,500.00
WASHINGTON, DC 20019	\$ <b>2</b> ,000.00	<u>\$</u>
5. If over \$100.00 cumulative, please provide:  Occupation Employer		
Business Address  Type of Contribution:   Loan from a person  Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/04/2025  Name & Address  JOHN RUMMEL	400.00	400.00
806 CATALPA DR	<sub>\$</sub> 100.00	<sub>\$</sub> 100.00
ROYAL OAK, MI 48067		
5. If over \$100.00 cumulative, please provide:  Occupation NOT EMPLOYED Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 10/07/2025  Name & Address:  JEANNE DOLSON  126 N CONNECTICUT AVE  ROYAL OAK, MI 48067	<sub>\$</sub> 50.00	<sub>\$</sub> 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/07/2025  Name & Address  JEANNE DOLSON  126 N CONNECTICUT AVE  ROYAL OAK, MI 48067	<sub>§</sub> 50.00	<sub>\$_</sub> 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	2,700.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary	
Page 11 of 20	Page.	



95371 1. Committee I.D. Number

### 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? YES 4. Date of Receipt 10/08/2025  APRIL SMITH  806 CATALPA DR  ROYAL OAK, MI 48067	<sub>\$</sub> 100.00	<sub>\$</sub> 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/08/2025  Name & Address  APRIL SMITH  806 CATALPA DR  ROYAL OAK, MI 48067	\$ 100.00	<sub>\$</sub> 200.00
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 10/09/2025  Name & Address:  BRANDON WULF  906 E FIFTH ST  ROYAL OAK, MI 48067	<sub>\$</sub> 250.00	<sub>\$</sub> 250.00
5. If over \$100.00 cumulative, please provide:		
Occupation ADMINISTRATOR Employer UNIVERSITY OF MICHIGAN (DEARBORN)		
Business Address Wolverine Tower, Ann Arbor, MI, USA, ANN ARBOR, MI 48108		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/09/2025  NATALIE PRICE 2428 PHILLIPS AVE BERKLEY, MI 48072	<sub>\$</sub> 150.00	<sub>\$</sub> 150.00
5. If over \$100.00 cumulative, please provide:		
Occupation STATE REPRESENTATIVE Employer STATE OF MICHIGAN		
Business Address 3888 COOLIDGE HWY, BERKLEY, MI 48072		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	600.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	
Page 12 of 20	line 3a of Summary Page.	



1. Committee I.D. Number

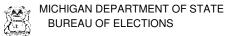
95371

### **CANDIDATE COMMITTEE**

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? YES 4. Date of Receipt 10/09/2025  Name & Address: ILENE ORLANSKI 3442 DEVON RD ROYAL OAK, MI 48073  5. If over \$100.00 cumulative, please provide:	<sub>\$</sub> 50.00	<sub>\$</sub> 50.00
Occupation Employer		
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/09/2025  Name & Address  SHELLY KEMP  1012 LAWNDALE DR  ROYAL OAK, MI 48067	<sub>\$</sub> 50.00	<sub>\$</sub> 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 10/09/2025  Name & Address:  DAVID WANDOFF  2906 WOODLAND CT  ROYAL OAK, MI 48073	<sub>\$</sub> 100.00	<sub>\$</sub> 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/09/2025  Name & Address  AUSTIN VANDER MEER  25090 WOODWARD AVE  ROYAL OAK, MI 48067	<sub>\$</sub> 50.00	<sub>\$</sub> _50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	250.00	
Grand Total of All Schedules 1A		-
(Complete on last page of Schedule)	Enter this total on line 3a of Summary	J

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1. Committee I.D. Number

95371

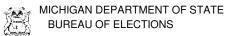
**CANDIDATE COMMITTEE** 

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? YES 4. Date of Receipt 10/09/2025  Name & Address: MARK CARPENTER-FRERE 616 CATALPA DR ROYAL OAK, MI 48067  5. If over \$100.00 cumulative, please provide:  Occupation Employer	<sub>\$</sub> 50.00	<sub>\$</sub> 50.00
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/09/2025  Name & Address  LISA MASON 2225 FERNCLIFF AVE ROYAL OAK, MI 48073	<sub>\$</sub> 50.00	<sub>\$</sub> 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 10/09/2025  Name & Address:  MICHAEL LEINWEBER  1704 BASSETT RD  ROYAL OAK, MI 48067	<sub>\$</sub> 150.00	<sub>\$</sub> 150.00
5. If over \$100.00 cumulative, please provide:  Occupation VP CONSTRUCTION Employer EW GROBBEL  Business Address 2500 ORLEANS ST, DETROIT, MI 48207  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/09/2025  Name & Address TIM CIECHORSKI 227 E TWELVE MILE RD  ROYAL OAK, MI 48073	<sub>\$</sub> 50.00	<sub>\$</sub> 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		T
Page Subtotal  Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary	

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1. Committee I.D. Number

95371

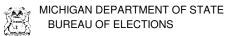
**CANDIDATE COMMITTEE** 

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? YES 4. Date of Receipt 10/09/2025  Name & Address: PAUL BASTIAN  1118 HOFFMAN AVE ROYAL OAK, MI 48067  5. If over \$100.00 cumulative, please provide:  Occupation Employer	<sub>\$</sub> 100.00	<sub>\$</sub> 100.00
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/09/2025  Name & Address  JEANNE DOLSON 126 N CONNECTICUT AVE ROYAL OAK, MI 48067  5. If over \$100.00 cumulative, please provide:  Occupation RETIRED Employer RETIRED	<sub>\$</sub> 50.00	<sub>\$</sub> 150.00
Business Address 126 N CONNECTICUT AVE, ROYAL OAK, MI 48067  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 10/09/2025  Name & Address:  KURT VON EBERSTEIN  3105 CLAWSON AVE  ROYAL OAK, MI 48073	<sub>\$</sub> 50.00	<sub>\$</sub> 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer  Business Address  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/09/2025  Name & Address  MITZI HOFFMAN  3442 DEVON RD  ROYAL OAK, MI 48073	<sub>\$</sub> 25.00	<sub>\$</sub> 25.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal  Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary	-

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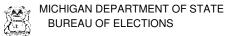
1. Committee I.D. Number 9537

95371

**CANDIDATE COMMITTEE** 

2. Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 10/09/2025  Name & Address: MONICA HUNT 1302 13 MILE RD	250.00	<sub>\$</sub> 250.00
ROYAL OAK, MI 48073	<sub>\$</sub> 250.00	<u>\$ 230.00</u>
5. If over \$100.00 cumulative, please provide:		
Occupation ATTONEY Employer THE ALLEN LAW GROUP		
Business Address 3031 W GRAND BLVD, DETROIT, MI 48202		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/09/2025  Name & Address		
GREGORY ARMSTRONG		
726 HAWTHORN AVE	<sub>\$</sub> 100.00	<sub>s</sub> 200.00
ROYAL OAK, MI 48067	\$	\$ <u></u>
5. If over \$100.00 cumulative, please provide:		
Occupation ACCOUNT EXECUTIVE Employer SICK, LLC		
Business Address 6900 W 110TH ST, MINNEAPOLIS, MN 55438		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10/09/2025  Name & Address:  CLYDE ESBRI 4135 S FULTON PL  ROYAL OAK, MI 48073	<sub>\$</sub> 40.00	<sub>\$</sub> 40.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 10/09/2025  Name & Address  MICHAEL RIPINSKI 3152 PARKER DR  ROYAL OAK, MI 48073	<sub>\$</sub> 50.00	<sub>\$_</sub> 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	440.00	
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(Complete on last page of Schedule)	Enter this total on	J
Page 16 of 20	line 3a of Summary Page.	



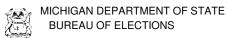
1. Committee I.D. Number 9537

95371

### **CANDIDATE COMMITTEE**

2. Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 10/09/2025  Name & Address: JEANNE DENEWERTH  121 EDMUND AVE ROYAL OAK, MI 48073  5. If over \$100.00 cumulative, please provide:  Occupation Employer	<sub>\$</sub> 100.00	<sub>\$</sub> 100.00
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/09/2025  Name & Address  BECKY KRIEGER  1824 GREENLEAF DR  ROYAL OAK, MI 48067  5. If over \$100.00 cumulative, please provide:	<sub>\$</sub> 100.00	<sub>\$</sub> 100.00
Occupation MARKETING CONSULTANT Employer SELF		
Business Address 1824 GREENLEAF DR, ROYAL OAK, MI 48067  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 10/09/2025  Name & Address:  EDWARD MACEY 729 N WILSON AVE ROYAL OAK, MI 48067  5. If over \$100.00 cumulative, please provide:	<sub>\$</sub> 250.00	<sub>\$</sub> 280.12
Occupation LAWYER Employer UAW Business Address 8000 E JEFFERSON AVE, DETROIT, MI 48214		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/09/2025  Name & Address  BRIAN HARTWELL  1606 MILLARD AVE  MADISON HEIGHTS, MI 48071	<sub>\$</sub> 100.00	<sub>\$_</sub> 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation JUDGE Employer 43 DISTRICT COURT		
Business Address 43 E 9 MILE RD, HAZEL PARK, MI 48030  Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal  Grand Total of All Schedules 1A (Complete on last page of Schedule)  Page 17 of 20	Enter this total on line 3a of Summary Page.	-



1. Committee I.D. Number

95371

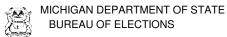
### **CANDIDATE COMMITTEE**

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 10/09/2025  Name & Address: ALLISON ADAMS  806 E FIFTH ST  ROYAL OAK, MI 48067  5. If over \$100.00 cumulative, please provide:	<sub>\$</sub> 25.00	<sub>\$</sub> 25.00
Occupation Employer		
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/09/2025  Name & Address  JIM ARKOURI 6442 NADINE LN BLOOMFIELD TOWNSHIP, MI 48322	<sub>\$</sub> 475.00	<sub>\$</sub> 1,225.00
5. If over \$100.00 cumulative, please provide:  Occupation DEVELOPER Employer ARKOURI REAL ESTATE  Business Address 6442 NADINE LN, BLOOMFIELD TOWNSHIP, MI 48322		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 10/09/2025  Name & Address:  DAVE WOODWARD 2915 WOODLAND AVE ROYAL OAK, MI 48073	§ 500.00	<sub>\$</sub> 750.00
5. If over \$100.00 cumulative, please provide:		
Occupation COUNTY COMMISSIONER Employer OAKLAND COUNTY  Business Address 1200 N TELEGRAPH, PONTIAC, MI 48341  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/09/2025  Name & Address  STACEY PARDIKES  9319 CALIFORNIA BLVD  LIVONIA, MI 48150	<sub>\$</sub> 250.00	<sub>\$</sub> 250.00
5. If over \$100.00 cumulative, please provide:  Occupation REALTOR Employer HARMONY HOME REAL ESTATE		
Business Address 32233 SCHOOLCRAFT RD, LIVONIA, MI 48150		
Type of Contribution: Direct Loan from a person Fund Raiser  Page Subtotal	1 250 00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	1,250.00  Enter this total on line 3a of Summary	-

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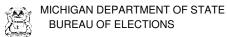
1. Committee I.D. Number 953

95371

### **CANDIDATE COMMITTEE**

2. Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 10/09/2025  Name & Address: JOSEPH MANCINELLI  19847 PIERSON DR  NORTHVILLE, MI 48167  5. If over \$100.00 cumulative, please provide: Occupation BUILDER Employer JCM BUILDING	<sub>\$</sub> 500.00	<sub>\$</sub> 500.00
Business Address  32233 SCHOOLCRAFT RD, LIVONIA, MI 48150  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/09/2025  Name & Address  FRANCESCA TABBI 41741 ALDEN DR CLINTON TOWNSHIP, MI 48038  5. If over \$100.00 cumulative, please provide:	<sub>\$</sub> 250.00	<sub>\$</sub> 250.00
Occupation NOT EMPLOYED Employer NOT EMPLOYED  Business Address 41741 ALDEN DR, CLINTON TOWNSHIP, MI 48038  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 10/09/2025  Name & Address:  NATALIE PRICE 2428 PHILLIPS AVE BERKLEY, MI 48072	<sub>\$</sub> 100.00	<sub>\$</sub> 250.00
5. If over \$100.00 cumulative, please provide:  Occupation STATE REPRESENTATIVE Employer STATE OF MICHIGAN  Business Address 3888 COOLIDGE HWY, BERKLEY, MI 48072  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? VES 4. Date of Receipt 10/13/2025  Name & Address  REGISTRARS PAC LOCAL 58 IBEW  1358 ABBOTT ST  DETROIT, MI 48216	<sub>\$</sub> 1,000.00	<sub>\$_</sub> 1,000.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address  Type of Contribution:  Loan from a person Fund Raiser		
Page Subtotal  Grand Total of All Schedules 1A (Complete on last page of Schedule)  Page 19 of 20	1,850.00  Enter this total on line 3a of Summary Page.	-



95371 1. Committee I.D. Number

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? YES 4. Date of Receipt 10/13/2025  Name & Address: CYNTHIA LITWINOWICZ 3028 ELMHURST AVE ROYAL OAK, MI 48073	<sub>\$</sub> 100.00	<sub>\$</sub> 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/17/2025  Name & Address  MICHIGAN REGIONAL COUNCIL OF CARPENTERS  11687 AMERICAN ST  DETROIT, MI 48204	<sub>\$</sub> 5,000.00	<sub>\$_</sub> 7,500.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution:		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt  Name & Address:		
	\$	¢
	·	Φ
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Contribution # 4 PAC Receipt? YES 4. Date of Receipt  Name & Address		
	\$	\$
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer	Chick Field IOI	Momo Romization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	5,100.00	
Grand Total of All Schedules 1A	38,200.12	
(Complete on lest page of Schoolule)	100,200.12	

(Complete on last page of Schedule)



### **ITEMIZED IN-KIND CONTRIBUTIONS SCHEDULE 1-IK**

1. Committee I. D. Number 95371

### CANDIDATE COMMITTEE

### 2. Committee Name FRIENDS OF MIKE FOURNIER

CANDIDATE COMIN			
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 all 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? Yes Name & Address: DENNIS COWAN 2716 TRAFFORD RD ROYAL OAK, MI 48073 If over \$100.00 cumulative, please provide: Occupation: ATTORNEY Employer Name & Business Address: DENNIS COWAN PLLC 38505 WOODWARD AVE, BLOOMFIELD HILLS, MI 48304  Fund Raiser Contribution	4. Endorsement or Guarantee of Bank Loan  Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN Description APPETIZERS AND BEVERAGE  5. Date Of Receipt: 07/24/2025 6. Vendor Name & Address:	225.00	\$ 725.00
Contribution # 2 PAC Receipt? Yes Name & Address GIVE THANKS BAKERY 317 S MAIN ST ROYAL OAK, MI 48067  If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. ☐ Endorsement or Guarantee of Bank Loan  ✓ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others-LOAN Description DESSERTS FOR FR  5. Date Of Receipt: 10/09/2025 6. Vendor Name & Address:	300.00	300.00
Contribution #3 PAC Receipt? Yes Name & Address: JON CALVIN 502 W LINCOLN AVE ROYAL OAK, MI 48067 If over \$100.00 cumulative, please provide: Occupation: HOTEL MANAGER Employer Name & Address: HOTEL ROYAL OAK 811 E 11 MILE RD, ROYAL OAK, MI 48067  Fund Raiser Contribution	4.	00.00 \$	900.00
	Page Subtota	1,425.00	1,925.00
	Grand Total of all Schedules 1-l (Complete on last page of Schedule		



### **ITEMIZED IN-KIND CONTRIBUTIONS SCHEDULE 1-IK**

1. Committee I. D. Number 95371

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CAN	<i>י</i> טוטו	~ I L \		/III I <b>L</b> .

2. Committee Name FRIENDS OF MIKE FOURNIER

OANDIDATE GOWIN			
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).	Type of In-Kind Contribution (Check applicable box)     Date of Receipt     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)
Report all in-kind contributions.	paronasca		
Contribution # 1 PAC Receipt? Yes	4. Endorsement or Guarantee of Bank Loan		
Name & Address:  JAMES RASOR	Goods Donated or Loaned Services Donated	1,000.00	<sub>\$</sub> 1,000.00
502 W LINCOLN AVE	Goods or Services Purchased by Candidate or Others		*
ROYAL OAK, MI 48067	Goods or Services Purchased by Candidate or Others- <b>LOAN</b>		
If over \$100.00 cumulative, please provide:  Occupation: ATTORNEY	Description BEVERAGE SERVICE		
Employer Name & Business Address:	5. Date Of Receipt: 10/09/2025		
RASÓR LAW FIRM	6. Vendor Name & Address:		
201 E 4TH ST,			
ROYAL OAK, MI 48067			
✓ Fund Raiser Contribution			
Contribution # 2 PAC Receipt? Yes	4. Endorsement or Guarantee of Bank Loan		
Name & Address	Goods Donated or Loaned Services Donated		
	\$	9	\$
	Goods or Services Purchased by Candidate or Others		-
	Goods or Services Purchased by Candidate or Others- LOAN		
If over \$100.00 cumulative, please provide: Occupation:	Description		
Employer Name & Address:	5. Date Of Receipt:		
Employer Hamo a ridarooc.	6. Vendor Name & Address:		
	Cli	ick Here for Memo It	temization
Fund Raiser Contribution			
<u> </u>	4. Findorsement or Guarantee of Bank Loan		
Contribution #3 PAC Receipt? Yes Name & Address:			
Traine & Address.	Goods Donated or Loaned Services Donated \$	\$	
	Goods or Services Purchased by Candidate or Others		
	Goods or Services Purchased by Candidate or Others- <b>LOAN</b>		
If over \$100.00 cumulative, please provide:	Description		
Occupation:	5. Date Of Receipt:		
Employer Name & Address:	6. Vendor Name & Address:		
		ick Here for Memo I	temization
Fund Raiser Contribution			
	Page Subtota	1,000.00	1,000.00
		-	,
	Grand Total of all Schedules 1-II (Complete on last page of Schedule		



1. Committee I. D. Number 95371

2 Committee Name FRIENDS OF MIKE FOURNIER

	oninitee Name		
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name FRIENDS OF BRANDON KOLO		02/21/2025	\$ 100.00
7 1 1 1 2 1 2 3 1 2 1 1 1 1 2 3 1 1 1 1 2 3 1 1 1 1	Purpose: FUNDRAISER	Date	\$ <u>100.00</u>
Address 600 E HUDSON AVE	Purpose: 1 ONDITATOLIT		
ROYAL OAK, MI 48067			
TIOTAL OAK, WII 40007	Charle have if their assessed it was in masses of		
□	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #2			
Name ACTBLU		07/31/2025	\$ 317.52
	CONTRIBUTION PROCESSING FEES	Date	\$ 317.52
Address	Purpose: CONTRIBUTION PROCESSING FEES		
366 SUMMER ST			
SOMERVILLE, MA 02144			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3			
Name OUR CREDIT UNION		00/07/0005	
OUR CREDIT UNION		08/07/2025	\$ 131.40
Address	Purpose: STAMPS	Date	
3070 NORMANDY RD			
ROYAL OAK, MI 48073			
_	LICheck box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #4			
Name INLAND PRESS		08/25/2025	
		Date	\$ 1,182.42
Address	Purpose: LITERATURE	Date	
2001 W LAFAYETTE BLVD			
DETROIT, MI 48216			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5			
· ·			
Name ACTBLU		09/03/2025	¢ 10 72
Address	Purpose: ACTBLUE FEES	Date	\$ <u>18.73</u>
366 SUMMER ST			
SOMERVILLE, MA 02144	Charle have if their account it to the control of t		
_	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
	Subto	tal this page	1,750.07
	Grand Total of all S	Soboduloo 1D	.,
	(Complete on last page		



# SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number

95371

. Committee Name FRIENDS OF MIKE FOURNIER

CANDIDATE COMMINITTEE 2. C	ommittee Name	<u> </u>	
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		09/11/2025	± 1 0/10 00
CANTOIN AND COIL	VADD SIGNS	Date	\$ <u>1,048.08</u>
Address	Purpose: YARD SIGNS	Bato	
1521 W LAFAYETTE BLVD			
DETROIT, MI 48216			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
Name OAKLAND COLINITY TIMES		09/12/2025	
Name OAKLAND COUNTY TIMES		<del></del>	\$ 350.00
Address	Purpose: CANDIDATE INTERVIEW	Date	
PO BOX 20293			
FERNDALE, MI 48220			
TETHORIEE, WIT HOLLO	Charle have if their assessment in the common to the		
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #3			
Name FRIENDS OF WOODY GONTINA		00/10/0005	
THIENDS OF WOOD I GONTINA		09/18/2025	\$ 100.00
Address	Purpose: FUNDRAISER	Date	
1805 GREENLEAF DR	,		
ROYAL OAK, MI 48067			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4	otatomom		
·			
Name PAUL BASTIEN FOR ROYAL OAK CITY COMMISSION		09/19/2025	\$ 100.00
Address	Purpose: FUNDRAISER	Date	Ψ <u>100.00</u>
1118 HOFFMAN AVE	Purpose: 1 OTTO TO TO ETT		
ROYAL OAK, MI 48067			
TIOTAL OAK, MI 40007			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name INLAND PRESS			
INLAND PRESS		09/19/2025	\$ 373.94
Address	Purpose: PRINTED MATERIALS	Date	♥ <u>373.94</u>
2001 W LAFAYETTE BLVD			
DETROIT, MI 48216			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
<del></del>	Suhto	tal this page	1 070 00
	Subio	La. IIIIo page	1,972.02
	Grand Total of all S		
	(Complete on last page	i or ochedille) i	



1. Committee I. D. Number 95371

2 Committee Name FRIENDS OF MIKE FOURNIER

2.0	ommittee Name		
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name ACTBLU		09/22/2025	\$ 48.79
	Purpose: PROCESSING FEES	Date	♥ <del>40.73</del>
Address 366 SUMMER ST	Purpose: 111000011101120		
SOMERVILLE, MA 02144			
OCIVILITY ILLE, IVIN COLTAR	Check box if this expenditure is payment of		
Cond Daises	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #2			
Name INLAND PRESS		09/25/2025	\$ 4,044.89
	Purpose: PRINT AND MAIL	Date	<u> </u>
Address	Purpose: TITITI AND MAIL		
2001 W LAFAYETTE BLVD			
DETROIT, MI 48216			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #3			
Name INLAND PRESS		00/26/2025	
INLAND I ILEGO		09/26/2025	\$ 1,039.38
Address	Purpose: PRINT AND MAIL OF LITERATURE	Date	
2001 W LAFAYETTE BLVD			
DETROIT, MI 48216			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #4			
Name C&G NEWSPAPERS		09/29/2025	
		Date	\$ <u>675.75</u>
Address	Purpose: NEWSPAPER AD	24.0	
13650 E ELEVEN MILE RD			
WARREN, MI 48089			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5			
Name FACEBOOK			
IAULDOON	ONII INIE ADVEDTICINO	10/01/2025	\$ 105.00
Address	Purpose: ONLINE ADVERTISING	Date	100.00
1 HACKER WY			
MENLO PARK, CA 94025	Check box if this expenditure is payment of		
□ Fund Privat	debt or obligation reported on previous		
Fund Raiser	statement	<del> </del>	
	Subto	tal this page	5,913.81
	Grand Total of all S	Schedules 1B	· ·
	(Complete on last page		



1. Committee I. D. Number 95371

FRIENDS OF MIKE FOURNIER

2. 0	ommittee Name		
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name FRIENDS OF WOODY GONTINA	5100004050	10/01/2025	\$ 100.00
Address 1805 GREENLEAF DR ROYAL OAK, MI 48067	Purpose: FUNDRAISER	Date	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name ACTBLU		10/01/2025	\$ 25.90
Address 366 SUMMER ST SOMERVILLE, MA 02144	Purpose: PROCESSING FEES	Date	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name PIVOT POINT STRATEGIES		10/02/2025	\$ 2,216.50
Address 312 FAIRGROVE AVE	Purpose: DESIGN AND CONSULTING FEES	Date	
ROYAL OAK, MI 48067	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
Name INLAND PRESS		10/03/2025	\$ 298.89
Address 2001 W LAFAYETTE BLVD DETROIT, MI 48216	Purpose: PRINTED LITERATURE	Date	* <u>200.00</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name INLAND PRESS		10/03/2025	¢ C 4O OO
Address 2001 W LAFAYETTE BLVD DETROIT, MI 48216	Purpose: POSTAGE AND HANDLING MAILER	Date	\$ <u>642.92</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
	Subto	tal this page	3,284.21
	Grand Total of all \$ (Complete on last page		



1. Committee I. D. Number 95371

2 Committee Name FRIENDS OF MIKE FOURNIER

2. 0	ommittee Name		
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1  Name PIVOT POINT STRATEGIES  Address 312 FAIRGROVE AVE	Purpose: SERVICES FOR MAIL AND PRINT	10/05/2025 Date	\$ 1,300.00
ROYAL OAK, MI 48067	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #2  Name FACEBOOK		10/07/2025	\$ 30.00
Address 1 HACKER WY MENLO PARK, CA 94025	Purpose: DIGITAL ADS	Date	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name INLAND PRESS	DDINTED MATERIAL C 1	10/08/2025	\$ <u>625.40</u>
Address 2001 W LAFAYETTE BLVD DETROIT, MI 48216	Purpose: PRINTED MATERIALS 1	Date	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4			
Name INLAND PRESS		10/08/2025 Date	\$ 625.40
Address 2001 W LAFAYETTE BLVD DETROIT, MI 48216	Purpose: PRINTED MATERIALS 2	Ballo	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name FACEBOOK		10/09/2025	. 0.4.00
Address 1 HACKER WY MENLO PARK, CA 94025	Purpose: DIGITAL ADS	Date	\$ <u>34.00</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
	Subto	tal this page	2,614.80
	Grand Total of all S (Complete on last page		•



1. Committee I. D. Number 95371

FRIENDS OF MIKE FOURNIER

2. 0	ommittee Name		
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name FACEBOOK		10/11/2025	05.00
TACLBOOK	DIOLTAL ADO	D-1-	\$ <u>35.00</u>
Address	Purpose: DIGITAL ADS	Date	
1 HACKER WY			
MENLO PARK, CA 94025			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
	statement		
Expenditure #2			
Name INLAND PRESS		10/13/2025	\$ 229.23
	DDINITED MATERIAL C	Date	\$ <u>ZZ3.Z3</u>
Address	Purpose: PRINTED MATERIALS		
2001 W LAFAYETTE BLVD			
DETROIT, MI 48216			
	Check box if this expenditure is payment of		
Fund Poisor	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #3			
Name INLAND PRESS		10/10/0005	
INLAND I NESS		10/13/2025	\$ 4,098.66
Address	Purpose: POSTAGE AND HANDLING	Date	
2001 W LAFAYETTE BLVD			
DETROIT, MI 48216			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
	statement		
Expenditure #4			
Name FACEBOOK		10/13/2025	
		Date	\$ 42.00
Address	Purpose: DIGITAL ADS	Date	
1 HACKER WY			
MENLO PARK, CA 94025			
	Check box if this expenditure is payment of		
Π	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name INLAND PRESS			
HALMID I HLOO		10/14/2025	\$ 901.00
Address	Purpose: PRINTED MATERIALS	Date	* <u>301.00</u>
2001 W LAFAYETTE BLVD			
DETROIT, MI 48216			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
	Subto	tal this page	5,305.89
	Grand Total of all S	Schedules 1B	
	(Complete on last page		



1. Committee I. D. Number 95371

2 Committee Name FRIENDS OF MIKE FOURNIER

2.0	ommittee Name		
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	Purpose: PRINTED MATERIALS	10/14/2025 Date	\$ <u>625.40</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name PIVOT POINT STRATEGIES		10/15/2025 Date	\$ <u>800.00</u>
Address 312 FAIRGROVE AVE ROYAL OAK, MI 48067	Purpose: DESIGN OF LITERATURE	Date	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name FACEBOOK		10/16/2025	\$ 45.00
Address 1 HACKER WY MENLO PARK, CA 94025	Purpose: DIGITAL ADS	Date	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4			
Name FACEBOOK		10/17/2025	\$ 48.00
Address 1 HACKER WY MENLO PARK, CA 94025	Purpose: DIGITAL ADS	Date	10100
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name ACTBLU		10/10/0005	
Address 366 SUMMER ST SOMERVILLE, MA 02144	Purpose: PROCESSING FEES	10/19/2025 Date	\$ <u>125.09</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	<del>,</del>	
	Subto	tal this page	1,643.49
	Grand Total of all S (Complete on last page		,



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 COMMITTEE TO ELECT NATALIE PRICE		10/19/2025	\$ 100.00
Address 2428 PHILLIPS AVE BERKLEY, MI 48072	Purpose: FUNDRAISER TICKET	Date	
DERNLET, IVII 40072			
✓ Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name			
		Date	\$
Address	Purpose:	Dale	
	Click H	ere for Memo	Itemization Type
	Check box if this expenditure is payment of		
Fund Baisar	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #3			
Name			
			\$
Address	Purpose:	Date	
	OF JULI		As as in a diam Tour
	Click H	ere for Memo I	temization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4	- Clarion Control Cont		
Name			
			\$
Address	_	Date	Ψ
Addiess	Purpose:		
	Click H	ere for Memo I	temization Type
		010 101 11101110 1	tormzation Typo
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name			
Tallo			\$
Address	Purpose:	Date	Ψ
	,		
		ere for Memo	Itemization Type
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
<del></del>		al this page	100.00
	Sublot	ai iiiis paye	100.00
	Grand Total of all S		22,584.29



Page 1 of 2

#### **FUND RAISER SCHEDULE 1F** CANDIDATE COMMITTEE

1. Committee I.D. Number 95371

	2. Com	mittee Name FRIENDS OF	WINE FOURNIER
	- USE A SEPARATE SH	ET FOR EACH EVENT -	
3. Date Event Was Held	Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity	6. Address and Name (If any) of the place where the activity was held. TEQUILA BLUE
07/24/2025	31	FUNDRAISER	526 S MAIN ST ROYAL OAK, MI 48067 Private Residence
7. Total Contributions	15,680.12		
8. Other Receipts	0.00		
9. Gross Receipts (Add lines 7 a	,		
10. Total Cost of Event (Total Cost includes In-Kind Co	225.00 ntributions and All Expenditures	Made For the Event)	
11. Check if event was a join	int fund raiser and complete the	following:	
Co-Sponsor(s)	Contribution S (%)	plit	Expenditure Split (%)
FRIENDS OF MIKE FOURNIEF	0		50
FRIENDS OF BRANDON KOLO	0		50
-	<u> </u>		
		<del></del>	
<ul> <li>period covered by the C</li> <li>Receipts and expenditu</li> <li>Schedule (1A), Itemized</li> <li>Summary Page.</li> </ul>	Campaign Statement. res listed on a Fund Raiser Sch d In-Kind Contributions Schedule	er Schedule for each fund raising edule must also be reported on e (1-IK), Itemized Expenditures nust file a Fund Raiser Schedule	the Itemized Contributions Schedule (1B) and the



#### **FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE**

95371 1. Committee I.D. Number

2. Committee Name FRIENDS OF MIKE FOURNIER

	- USE A SEPARATE SHI	EET FOR EACH EVENT -		
3. Date Event Was Held	Held  4. Number of Individuals Attending or Participating (whichever is greater)  5. Type of Fund Raising Activity		6. Address and Name (If any) of the place where the activity was held.  RASOR LAW FIRM	
10/09/2025	73	FUNDRAISER	201 E 4TH ST	
7. Total Contributions	5,415.00			
8. Other Receipts	0.00			
9. Gross Receipts (Add lines 7 a	· · · · · · · · · · · · · · · · · · ·			
10. Total Cost of Event (Total Cost includes In-Kind Coi	2,200.00  ntributions and All Expenditures	Made For the Event)		
11. Check if event was a join	int fund raiser and complete the	following:		
Co-Sponsor(s)	Contribution S (%)	plit	Expenditure Split (%)	
The committee is requir	rad to file a congrete Fund Daio	or Sahadula for agab fund raising	a avent hold during the	

- 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.

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