



FILED

24 OCT 2025 PM 04:39

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: 01/01/2025 to 10/19/2025

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

11/04/2025

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

10/24/2025

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/24/2025



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>38,200.12</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>38,200.12</u>	(18.) \$ <u>38,200.12</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>38,200.12</u>	(20.) \$ <u>38,200.12</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>2,425.00</u>	(21.) \$ <u>2,425.00</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>22,584.29</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>22,584.29</u>	(23.) \$ <u>24,836.29</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>9,224.76</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>38,200.12</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>47,424.88</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>22,584.29</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>24,840.59</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>07/15/2025</u>	
Name & Address: ALLEN AMBER 1501 SODON LAKE DR BLOOMFIELD TOWNSHIP, MI 48302		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CO OWNER</u> Employer <u>AMBER APARTMENTS</u> Business Address <u>3807 CROOKS RD, ROYAL OAK, MI 48073</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>07/22/2025</u>	
Name & Address: PRINCE YOUSIF 4205 CROOKS RD ROYAL OAK, MI 48073		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>HOUSE OF DANK</u> Business Address <u>30335 STEPHENSON HWY, MADISON HEIGHTS, MI 48071</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>07/22/2025</u>	
Name & Address: TODD FENTON 1765 BELLWOOD CT BLOOMFIELD HILLS, MI 48302		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>VICE PRESIDENT</u> Employer <u>PLANTE MORAN REALPOINTE</u> Business Address <u>3000 TOWN CENTER, SOUTHFIELD, MI 48075</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>07/24/2025</u>	
Name & Address: KELLY ALLEN 1128 S TIMBERVIEW TRAIL BLOOMFIELD TOWNSHIP, MI 48304		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>ADKISON, NEED, ALLEN, & RENTROP, PLLC</u> Business Address <u>39572 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 2,225.00

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>07/24/2025</u> Name & Address: CHRISTOPHER ALLEN 1128 TRAILWOOD PATH BLOOMFIELD HILLS, MI 48301		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>ADKISON, NEED, ALLEN, & RENTROP, PLLC</u> Business Address <u>39572 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			
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/24/2025</u> Name & Address: ANTHONY RANDAZZO 64 VERNIER RD GROSSE POINTE SHORES, MI 48236		\$ <u>1,225.00</u>	\$ <u>1,225.00</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			
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/24/2025</u> Name & Address: ANTHONY F RANDAZZO 30 SUNNINGDALE DR GROSSE POINTE SHORES, MI 48236		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>TROWBRIDGE</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			
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/24/2025</u> Name & Address: RALPH BIANCHI 16650 18 MILE RD CLINTON TWP, MI 48038		\$ <u>1,225.00</u>	\$ <u>1,225.00</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			

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
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>07/24/2025</u> Name & Address: JONATHAN WITZ 107 EVALINE DR TROY, MI 48085		\$ <u>1,225.00</u>	\$ <u>1,225.00</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			
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/24/2025</u> Name & Address: JEFF KLATT 324 AQUA CT ROYAL OAK, MI 48073		\$ <u>1,225.00</u>	\$ <u>1,225.00</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 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>07/24/2025</u> Name & Address: LEN NADOLSKI 5000 E GRAND RIVER AVE HOWELL, MI 48843		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>CHAMPION HARGRAVES CHEVROLET</u> Business Address <u>2000 E 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 # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/24/2025</u> Name & Address: PAUL GLANCE 303 GREY WOODS LN LAKE ANGELUS, MI 48326		\$ <u>750.00</u>	\$ <u>750.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>EMAGINE THEATRES</u> Business Address <u>200 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 **4,425.00**

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

Enter this total on
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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/24/2025</u> Name & Address: RONET KASHAT 710 E UNIVERSITY AVE ROYAL OAK, MI 48067		\$ <u>500.00</u>	\$ <u>500.00</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>07/24/2025</u> Name & Address: DENNIS COWAN 2716 TRAFFORD RD 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>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			
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/24/2025</u> Name & Address: JIM ARKOURI 6442 NADINE LN BLOOMFIELD TOWNSHIP, MI 48322		\$ <u>750.00</u>	\$ <u>750.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DEVELOPER</u> Employer <u>ARKOURI REAL ESTATE</u> Business Address <u>6442 NADINE LN, BLOOMFIELD TOWNSHIP, MI 48322</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>07/24/2025</u> Name & Address: EDWARD MACEY 729 N WILSON AVE ROYAL OAK, MI 48067		\$ <u>30.12</u>	\$ <u>30.12</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 **1,780.12**

Grand Total of All Schedules 1A
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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/24/2025</u> Name & Address: DAVE 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>COUNTY COMMISSIONER</u> Employer <u>OAKLAND COUNTY</u> Business Address <u>1200 N TELEGRAPH, PONTIAC, MI 48341</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>07/24/2025</u> Name & Address: KYLE DUBUC 312 FAIRGROVE AVE ROYAL OAK, MI 48067		\$ <u>125.00</u>	\$ <u>125.00</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 # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/24/2025</u> Name & Address: MICHAEL NADOLSKI 26849 WEMBLEY CT FARMINGTON HILLS, MI 48331		\$ <u>750.00</u>	\$ <u>750.00</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			
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/24/2025</u> Name & Address: JASON KRIEGER 1824 GREENLEAF DR ROYAL OAK, MI 48067		\$ <u>1,225.00</u>	\$ <u>1,225.00</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 type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 2,350.00

Grand Total of All Schedules 1A
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3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/24/2025</u>	
Name & Address: RONNIE BOJI 5334 TRILLIUM CT WEST BLOOMFIELD TOWNSHIP, MI 48323		\$ <u>500.00</u>	\$ <u>500.00</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 #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/30/2025</u>	
Name & Address: JORDAN JONNA 1774 MAPLEWOOD AVE BLOOMFIELD HILLS, MI 48302		\$ <u>1,225.00</u>	\$ <u>1,225.00</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 checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>09/03/2025</u>	
Name & Address: REALTORS PAC OF MICHIGAN I 720 N WASHINGTON AVE LANSING, MI 48906		\$ <u>1,000.00</u>	\$ <u>1,000.00</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 # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/08/2025</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			

Page Subtotal 3,225.00

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

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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>09/15/2025</u> Name & Address: JAMES SCHNIDER 833 S CENTER ST ROYAL OAK, MI 48067		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ARCHITECT</u> Employer <u>SCHNEIDER+ SMITH ARCHITECTS</u> Business Address <u>833 S CENTER 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>09/15/2025</u> Name & Address: GREGORY ARMSTRONG 726 HAWTHORN AVE ROYAL OAK, MI 48067		\$ <u>100.00</u>	\$ <u>100.00</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 # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/16/2025</u> Name & Address: JACOB CLODE 124 WOODSIDE RD ROYAL OAK, MI 48073		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COO</u> Employer <u>SERVE ELECTRIC</u> Business Address <u>34000 MOUND RD, STERLING HEIGHTS, MI 48310</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 checked="" type="checkbox"/> YES 4. Date of Receipt <u>09/16/2025</u> Name & Address: MICHIGAN REGIONAL COUNCIL OF CARPENTERS 11687 AMERICAN ST DETROIT, MI 48204		\$ <u>2,500.00</u>	\$ <u>2,500.00</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			

Page Subtotal 2,950.00

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>09/17/2025</u>	
Name & Address: MARY MILLS 5065 CROOKS 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 #2	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>09/17/2025</u>	
Name & Address: SHEET METAL WORKERS LOCAL 80 W TWELVE MILE RD SOUTHFIELD, MI 48076		\$ <u>580.00</u>	\$ <u>580.00</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>09/18/2025</u>	
Name & Address: EMILY BOGART 331 DEWEY ST 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			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/18/2025</u>	
Name & Address: CHRISTOPHER LECLAIR 703 ROYAL AVE 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>WARNER NORCROSS + JUDD LLP</u> Business Address <u>703 ROYAL AVE, ROYAL OAK, MI 48073</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 905.00

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>09/20/2025</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			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/21/2025</u>	
Name & Address: CARL LAUBACH 4311 ARDEN PL ROYAL OAK, MI 48073		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> 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>09/22/2025</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>09/24/2025</u>	
Name & Address: JENNIFER CARNEY 602 N WILSON 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 **375.00**

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 checked="" type="checkbox"/> YES	4. Date of Receipt <u>09/24/2025</u>	
Name & Address: OPERATING ENGINEERS LOCAL 324 500 HULET DR BLOOMFIELD TOWNSHIP, MI 48302		\$ <u>150.00</u>	\$ <u>150.00</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>09/29/2025</u>	
Name & Address: MATTHEW CROWE 807 E 4TH ST ROYAL OAK, MI 48067		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>VP SOLUTION ENGINEERING</u> Employer <u>TANIUM</u> Business Address <u>807 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>10/01/2025</u>	
Name & Address: LORI WITZ 107A EVALINE DR.. TROY, MI 48085		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>ARTS BEATS AND EATS CHARITY</u> Business Address <u>301 W 4TH ST A, 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>10/01/2025</u>	
Name & Address: REALTORS PAC OF MICHIGAN I 720 N WASHINGTON AVE LANSING, MI 48906		\$ <u>1,000.00</u>	\$ <u>2,000.00</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 2,775.00

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 checked="" type="checkbox"/> YES	4. Date of Receipt <u>10/03/2025</u>	
Name & Address: LIUNA PAC 2633 CLAY ST NE WASHINGTON, DC 20019		\$ <u>2,500.00</u>	\$ <u>2,500.00</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 type="checkbox"/> YES	4. Date of Receipt <u>10/04/2025</u>	
Name & Address: JOHN RUMMEL 806 CATALPA DR ROYAL OAK, MI 48067		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> 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>10/07/2025</u>	
Name & Address: JEANNE DOLSON 126 N CONNECTICUT 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			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/07/2025</u>	
Name & Address: JEANNE DOLSON 126 N CONNECTICUT AVE ROYAL OAK, MI 48067		\$ <u>50.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 2,700.00

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>10/08/2025</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 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>10/08/2025</u>	
Name & Address: APRIL SMITH 806 CATALPA DR ROYAL OAK, MI 48067		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> 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>10/09/2025</u>	
Name & Address: BRANDON WULF 906 E FIFTH ST ROYAL OAK, MI 48067		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ADMINISTRATOR</u> Employer <u>UNIVERSITY OF MICHIGAN (DEARBORN)</u> Business Address <u>Wolverine Tower, Ann Arbor, MI, USA, ANN ARBOR, MI 48108</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>10/09/2025</u>	
Name & Address: NATALIE PRICE 2428 PHILLIPS AVE BERKLEY, MI 48072		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>STATE REPRESENTATIVE</u> Employer <u>STATE OF MICHIGAN</u> Business Address <u>3888 COOLIDGE HWY, BERKLEY, MI 48072</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 600.00

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>10/09/2025</u> Name & Address: ILENE ORLANSKI 3442 DEVON 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 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>10/09/2025</u> Name & Address: SHELLY KEMP 1012 LAWNDAL 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 checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/09/2025</u> Name & Address: DAVID WANDOFF 2906 WOODLAND CT 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 # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/09/2025</u> Name & Address: AUSTIN VANDER MEER 25090 WOODWARD 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 250.00

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>10/09/2025</u> Name & Address: MARK CARPENTER-FRERE 616 CATALPA 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 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>10/09/2025</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 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>10/09/2025</u> Name & Address: MICHAEL LEINWEBER 1704 BASSETT RD ROYAL OAK, MI 48067		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>VP CONSTRUCTION</u> Employer <u>EW GROBBEL</u> Business Address <u>2500 ORLEANS ST, DETROIT, MI 48207</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>10/09/2025</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 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
(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>10/09/2025</u>	
Name & Address: PAUL BASTIAN 1118 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 #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/09/2025</u>	
Name & Address: JEANNE DOLSON 126 N CONNECTICUT AVE ROYAL OAK, MI 48067		\$ <u>50.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>126 N CONNECTICUT AVE, 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>10/09/2025</u>	
Name & Address: KURT VON EBERSTEIN 3105 CLAWSON 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>10/09/2025</u>	
Name & Address: MITZI HOFFMAN 3442 DEVON RD ROYAL OAK, MI 48073		\$ <u>25.00</u>	\$ <u>25.00</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 225.00

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>10/09/2025</u>	
Name & Address: MONICA HUNT 1302 13 MILE RD ROYAL OAK, MI 48073		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTONEY</u> Employer <u>THE ALLEN LAW GROUP</u> Business Address <u>3031 W GRAND BLVD, DETROIT, MI 48202</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>10/09/2025</u>	
Name & Address: GREGORY ARMSTRONG 726 HAWTHORN AVE ROYAL OAK, MI 48067		\$ <u>100.00</u>	\$ <u>200.00</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 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>10/09/2025</u>	
Name & Address: CLYDE ESBRI 4135 S FULTON PL ROYAL OAK, MI 48073		\$ <u>40.00</u>	\$ <u>40.00</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>10/09/2025</u>	
Name & Address: MICHAEL RIPINSKI 3152 PARKER DR 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 440.00

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>10/09/2025</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>10/09/2025</u> Name & Address: BECKY KRIEGER 1824 GREENLEAF DR ROYAL OAK, MI 48067		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MARKETING CONSULTANT</u> Employer <u>SELF</u> Business Address <u>1824 GREENLEAF DR, 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>10/09/2025</u> Name & Address: EDWARD MACEY 729 N WILSON AVE ROYAL OAK, MI 48067		\$ <u>250.00</u>	\$ <u>280.12</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAWYER</u> Employer <u>UAW</u> Business Address <u>8000 E JEFFERSON AVE, DETROIT, MI 48214</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>10/09/2025</u> Name & Address: BRIAN HARTWELL 1606 MILLARD AVE MADISON HEIGHTS, MI 48071		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>JUDGE</u> Employer <u>43 DISTRICT COURT</u> Business Address <u>43 E 9 MILE RD, HAZEL PARK, MI 48030</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 550.00

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>10/09/2025</u> Name & Address: ALLISON ADAMS 806 E FIFTH ST 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 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>10/09/2025</u> Name & Address: JIM ARKOURI 6442 NADINE LN BLOOMFIELD TOWNSHIP, MI 48322		\$ <u>475.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DEVELOPER</u> Employer <u>ARKOURI REAL ESTATE</u> Business Address <u>6442 NADINE LN, BLOOMFIELD TOWNSHIP, MI 48322</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>10/09/2025</u> Name & Address: DAVE WOODWARD 2915 WOODLAND AVE ROYAL OAK, MI 48073		\$ <u>500.00</u>	\$ <u>750.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COUNTY COMMISSIONER</u> Employer <u>OAKLAND COUNTY</u> Business Address <u>1200 N TELEGRAPH, PONTIAC, MI 48341</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>10/09/2025</u> Name & Address: STACEY PARDIKES 9319 CALIFORNIA BLVD LIVONIA, MI 48150		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REALTOR</u> Employer <u>HARMONY HOME REAL ESTATE</u> Business Address <u>32233 SCHOOLCRAFT RD, LIVONIA, MI 48150</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>10/09/2025</u> Name & Address: JOSEPH MANCINELLI 19847 PIERSON DR NORTHVILLE, MI 48167		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUILDER</u> Employer <u>JCM BUILDING</u> Business Address <u>32233 SCHOOLCRAFT RD, LIVONIA, MI 48150</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>10/09/2025</u> Name & Address: FRANCESCA TABBI 41741 ALDEN DR CLINTON TOWNSHIP, MI 48038		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>41741 ALDEN DR, CLINTON TOWNSHIP, MI 48038</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>10/09/2025</u> Name & Address: NATALIE PRICE 2428 PHILLIPS AVE BERKLEY, MI 48072		\$ <u>100.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>STATE REPRESENTATIVE</u> Employer <u>STATE OF MICHIGAN</u> Business Address <u>3888 COOLIDGE HWY, BERKLEY, MI 48072</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 checked="" type="checkbox"/> YES 4. Date of Receipt <u>10/13/2025</u> Name & Address: REGISTRARS PAC LOCAL 58 IBEW 1358 ABBOTT ST DETROIT, MI 48216		\$ <u>1,000.00</u>	\$ <u>1,000.00</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 **1,850.00**

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>10/13/2025</u>	
Name & Address: CYNTHIA LITWINOWICZ 3028 ELMHURST 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 checked="" type="checkbox"/> YES	4. Date of Receipt <u>10/17/2025</u>	
Name & Address: MICHIGAN REGIONAL COUNCIL OF CARPENTERS 11687 AMERICAN ST DETROIT, MI 48204		\$ <u>5,000.00</u>	\$ <u>7,500.00</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 # 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

5,100.00

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

38,200.12

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line 3a of Summary
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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: 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 <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" 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 APPETIZERS AND BEVERAGE 5. Date Of Receipt: 07/24/2025 6. Vendor Name & Address:	\$ 225.00	\$ 725.00
Contribution # 2 PAC Receipt? <input type="checkbox"/> 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: <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" 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 DESSERTS FOR FR 5. Date Of Receipt: 10/09/2025 6. Vendor Name & Address:	\$ 300.00	\$ 300.00
Contribution #3 PAC Receipt? <input type="checkbox"/> 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 <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 TENT AND SERVICE STAFF 5. Date Of Receipt: 10/09/2025 6. Vendor Name & Address:	\$ 900.00	\$ 900.00

Page Subtotal

1,425.00

1,925.00

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

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on line 6 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: JAMES RASOR 502 W LINCOLN AVE ROYAL OAK, MI 48067 If over \$100.00 cumulative, please provide: Occupation: ATTORNEY Employer Name & Business Address: RASOR LAW FIRM 201 E 4TH 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 BEVERAGE SERVICE 5. Date Of Receipt: 10/09/2025 6. Vendor Name & Address:	\$ 1,000.00	\$ 1,000.00
Contribution # 2 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	\$	\$
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

1,000.00

1,000.00

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

2,425.00

Enter this total
on line 6 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 FRIENDS OF BRANDON KOLO Address 600 E HUDSON AVE ROYAL OAK, MI 48067 <input type="checkbox"/> Fund Raiser	Purpose: FUNDRAISER <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	02/21/2025 Date	\$ 100.00
Expenditure #2 Name ACTBLU Address 366 SUMMER ST SOMERVILLE, MA 02144 <input type="checkbox"/> Fund Raiser	Purpose: CONTRIBUTION PROCESSING FEES <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/31/2025 Date	\$ 317.52
Expenditure #3 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	08/07/2025 Date	\$ 131.40
Expenditure #4 Name INLAND PRESS Address 2001 W LAFAYETTE BLVD DETROIT, MI 48216 <input type="checkbox"/> Fund Raiser	Purpose: LITERATURE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/25/2025 Date	\$ 1,182.42
Expenditure #5 Name ACTBLU Address 366 SUMMER ST SOMERVILLE, MA 02144 <input type="checkbox"/> Fund Raiser	Purpose: ACTBLUE FEES <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/03/2025 Date	\$ 18.73

Subtotal this page **1,750.07**

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 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	09/11/2025 Date	\$ 1,048.08
Expenditure #2 Name OAKLAND COUNTY TIMES Address PO BOX 20293 FERNDAL, MI 48220 <input type="checkbox"/> Fund Raiser	Purpose: CANDIDATE INTERVIEW <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/12/2025 Date	\$ 350.00
Expenditure #3 Name FRIENDS OF WOODY GONTINA Address 1805 GREENLEAF DR ROYAL OAK, MI 48067 <input checked="" type="checkbox"/> Fund Raiser	Purpose: FUNDRAISER <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/18/2025 Date	\$ 100.00
Expenditure #4 Name PAUL BASTIEN FOR ROYAL OAK CITY COMMISSION Address 1118 HOFFMAN AVE ROYAL OAK, MI 48067 <input checked="" type="checkbox"/> Fund Raiser	Purpose: FUNDRAISER <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/19/2025 Date	\$ 100.00
Expenditure #5 Name INLAND PRESS Address 2001 W LAFAYETTE BLVD DETROIT, MI 48216 <input type="checkbox"/> Fund Raiser	Purpose: PRINTED MATERIALS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/19/2025 Date	\$ 373.94

Subtotal this page **1,972.02**

Grand Total of all Schedules 1B
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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: PROCESSING FEES <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/22/2025 Date	\$ 48.79
Expenditure #2 Name INLAND PRESS Address 2001 W LAFAYETTE BLVD DETROIT, MI 48216 <input type="checkbox"/> Fund Raiser	Purpose: PRINT AND MAIL <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/25/2025 Date	\$ 4,044.89
Expenditure #3 Name INLAND PRESS Address 2001 W LAFAYETTE BLVD DETROIT, MI 48216 <input type="checkbox"/> Fund Raiser	Purpose: PRINT AND MAIL OF LITERATURE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/26/2025 Date	\$ 1,039.38
Expenditure #4 Name C&G NEWSPAPERS Address 13650 E ELEVEN MILE RD WARREN, MI 48089 <input type="checkbox"/> Fund Raiser	Purpose: NEWSPAPER AD <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/29/2025 Date	\$ 675.75
Expenditure #5 Name FACEBOOK Address 1 HACKER WY MENLO PARK, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: ONLINE ADVERTISING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/01/2025 Date	\$ 105.00

Subtotal this page **5,913.81**

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 FRIENDS OF WOODY GONTINA Address 1805 GREENLEAF DR ROYAL OAK, MI 48067 <input type="checkbox"/> Fund Raiser	Purpose: FUNDRAISER <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/01/2025 Date	\$ 100.00
Expenditure #2 Name ACTBLU Address 366 SUMMER ST SOMERVILLE, MA 02144 <input type="checkbox"/> Fund Raiser	Purpose: PROCESSING FEES <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/01/2025 Date	\$ 25.90
Expenditure #3 Name PIVOT POINT STRATEGIES Address 312 FAIRGROVE AVE ROYAL OAK, MI 48067 <input type="checkbox"/> Fund Raiser	Purpose: DESIGN AND CONSULTING FEES <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/02/2025 Date	\$ 2,216.50
Expenditure #4 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	10/03/2025 Date	\$ 298.89
Expenditure #5 Name INLAND PRESS Address 2001 W LAFAYETTE BLVD DETROIT, MI 48216 <input type="checkbox"/> Fund Raiser	Purpose: POSTAGE AND HANDLING MAILER <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/03/2025 Date	\$ 642.92

Subtotal this page **3,284.21**

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 PIVOT POINT STRATEGIES Address 312 FAIRGROVE AVE ROYAL OAK, MI 48067 <input type="checkbox"/> Fund Raiser	Purpose: <u>SERVICES FOR MAIL AND PRINT</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/05/2025</u> Date	\$ <u>1,300.00</u>
Expenditure #2 Name FACEBOOK Address 1 HACKER WY MENLO PARK, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: <u>DIGITAL ADS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/07/2025</u> Date	\$ <u>30.00</u>
Expenditure #3 Name INLAND PRESS Address 2001 W LAFAYETTE BLVD DETROIT, MI 48216 <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTED MATERIALS 1</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/08/2025</u> Date	\$ <u>625.40</u>
Expenditure #4 Name INLAND PRESS Address 2001 W LAFAYETTE BLVD DETROIT, MI 48216 <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTED MATERIALS 2</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/08/2025</u> Date	\$ <u>625.40</u>
Expenditure #5 Name FACEBOOK Address 1 HACKER WY MENLO PARK, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: <u>DIGITAL ADS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/09/2025</u> Date	\$ <u>34.00</u>

Subtotal this page **2,614.80**

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 FACEBOOK Address 1 HACKER WY MENLO PARK, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: DIGITAL ADS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/11/2025 Date	\$ 35.00
Expenditure #2 Name INLAND PRESS Address 2001 W LAFAYETTE BLVD DETROIT, MI 48216 <input type="checkbox"/> Fund Raiser	Purpose: PRINTED MATERIALS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/13/2025 Date	\$ 229.23
Expenditure #3 Name INLAND PRESS Address 2001 W LAFAYETTE BLVD DETROIT, MI 48216 <input type="checkbox"/> Fund Raiser	Purpose: POSTAGE AND HANDLING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/13/2025 Date	\$ 4,098.66
Expenditure #4 Name FACEBOOK Address 1 HACKER WY MENLO PARK, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: DIGITAL ADS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/13/2025 Date	\$ 42.00
Expenditure #5 Name INLAND PRESS Address 2001 W LAFAYETTE BLVD DETROIT, MI 48216 <input type="checkbox"/> Fund Raiser	Purpose: PRINTED MATERIALS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/14/2025 Date	\$ 901.00

Subtotal this page **5,305.89**

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 MATERIALS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/14/2025 Date	\$ 625.40
Expenditure #2 Name PIVOT POINT STRATEGIES Address 312 FAIRGROVE AVE ROYAL OAK, MI 48067 <input type="checkbox"/> Fund Raiser	Purpose: DESIGN OF LITERATURE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/15/2025 Date	\$ 800.00
Expenditure #3 Name FACEBOOK Address 1 HACKER WY MENLO PARK, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: DIGITAL ADS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/16/2025 Date	\$ 45.00
Expenditure #4 Name FACEBOOK Address 1 HACKER WY MENLO PARK, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: DIGITAL ADS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/17/2025 Date	\$ 48.00
Expenditure #5 Name ACTBLU Address 366 SUMMER ST SOMERVILLE, MA 02144 <input type="checkbox"/> Fund Raiser	Purpose: PROCESSING FEES <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/19/2025 Date	\$ 125.09

Subtotal this page **1,643.49**
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 COMMITTEE TO ELECT NATALIE PRICE Address 2428 PHILLIPS AVE BERKLEY, MI 48072 <input checked="" 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	10/19/2025 Date	\$ 100.00
Expenditure #2 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 #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 **100.00**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **22,584.29**

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 <u>07/24/2025</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>31</u>	5. Type of Fund Raising Activity <u>FUNDRAISER</u>	6. Address and Name (If any) of the place where the activity was held. <u>TEQUILA BLUE</u> <u>526 S MAIN ST</u> <u>ROYAL OAK, MI 48067</u> <input type="checkbox"/> Private Residence
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7. Total Contributions 15,680.12
8. Other Receipts 0.00
9. Gross Receipts (Add lines 7 and 8) 15,680.12
10. Total Cost of Event 225.00
(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 (%)
<u>FRIENDS OF MIKE FOURNIER</u>	<u>0</u>	<u>50</u>
<u>FRIENDS OF BRANDON KOLO</u>	<u>0</u>	<u>50</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
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<u> </u>	<u> </u>	<u> </u>

- 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 10/09/2025	4. Number of Individuals Attending or Participating (whichever is greater) 73	5. Type of Fund Raising Activity FUNDRAISER	6. Address and Name (If any) of the place where the activity was held. RASOR LAW FIRM 201 E 4TH ST ROYAL OAK, MI 48067 <input type="checkbox"/> Private Residence
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7. Total Contributions **5,415.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **5,415.00**
10. Total Cost of Event **2,200.00**
(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.