



FILED

02 DEC 2025 PM 04:54

OAKLAND COUNTY CLERK  
PONTIAC, MICHIGAN

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**CANDIDATE COMMITTEE  
COVER PAGE**

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 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

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.)

Date of Election, Convention or Caucus

11/04/2025

**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

12/02/2025

Candidate

Type or Print Name

Signature

Submitted electronically,  
signature on file

Date

12/02/2025



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
<b>3. Contributions</b>			
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>
<b>4. Other Receipts</b> (Schedule 1A -1, Column 6)	(4.) \$	<u>0.00</u>	(19.) \$ <u>0.00</u>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$	<u>38,200.12</u>	(20.) \$ <u>38,200.12</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>			
<b>6. In-Kind Contributions</b> (Schedule 1-IK, Column 7)	(6.) \$	<u>2,425.00</u>	(21.) \$ <u>2,425.00</u>
<b>7. In-Kind Expenditures</b> (Schedule 1B-IK, Column 6)	(7.) \$	<u>0.00</u>	(22.) \$ <u>0.00</u>
<b>EXPENDITURES</b>			
<b>8. Expenditures</b>			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>22,484.29</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>	
<b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>22,484.29</u>	(23.) \$ <u>24,736.29</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)			
<b>10. Disbursements</b>			
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>	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$	<u>0.00</u>	(24.) \$ <u>0.00</u>
<b>DEBTS AND OBLIGATIONS</b>			
<b>12. Debts and Obligations</b>			
a. Owed <b>by</b> the Committee (Schedule 1E)	(12a.) \$	<u>0.00</u>	
b. Owed <b>to</b> the Committee (Schedule 1E)	(12b.) \$	<u>0.00</u>	
<b>BALANCE STATEMENT</b>			
<b>13. Ending Balance of last report filed</b> (Enter zero if no previous reports have been filed.)	(13.) \$	<u>9,224.76</u>	
<b>14. Amount received during reporting period</b> (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>38,200.12</u>	
<b>15. SUBTOTAL</b> Add lines 13 and 14	(15.) = \$	<u>47,424.88</u>	
<b>16. Amount expended during reporting period</b> (Add lines 9 and 11)	(16.) - \$	<u>22,484.29</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$	<u>24,940.59</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 checked="" type="checkbox"/> YES	4. Date of Receipt <u>09/24/2025</u>	
Name & Address: <b>OPERATING ENGINEERS LOCAL 324</b> <b>500 HULET DR</b> <b>BLOOMFIELD TOWNSHIP, MI 48302</b>		\$ <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: <b>MATTHEW CROWE</b> <b>807 E 4TH ST</b> <b>ROYAL OAK, MI 48067</b>		\$ <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: <b>LORI WITZ</b> <b>107A EVALINE DR..</b> <b>TROY, MI 48085</b>		\$ <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 checked="" type="checkbox"/> YES	4. Date of Receipt <u>10/01/2025</u>	
Name & Address: <b>REALTORS PAC OF MICHIGAN I</b> <b>720 N WASHINGTON AVE</b> <b>LANSING, MI 48906</b>		\$ <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 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: <b>DENNIS COWAN</b> <b>2716 TRAFFORD RD</b> <b>ROYAL OAK, MI 48073</b> If over \$100.00 cumulative, please provide: Occupation: <b>ATTORNEY</b> Employer Name & Business Address: <b>DENNIS COWAN PLLC</b> <b>38505 WOODWARD AVE,</b> <b>BLOOMFIELD HILLS, MI 48304</b> <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 type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <b>APPETIZERS AND BEVERAGE</b> 5. Date Of Receipt: <b>07/24/2025</b> 6. Vendor Name & Address: <b>TEQUILA BLUE</b> <b>526 S MAIN ST,</b> <b>ROYAL OAK, MI 48067</b>	\$ <b>225.00</b>	\$ <b>725.00</b>
Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>GIVE THANKS BAKERY</b> <b>317 S MAIN ST</b> <b>ROYAL OAK, MI 48067</b> 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- <b>LOAN</b> Description <b>DESSERTS FOR FR</b> 5. Date Of Receipt: <b>10/09/2025</b> 6. Vendor Name & Address:	\$ <b>300.00</b>	\$ <b>300.00</b>
Contribution #3      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>JON CALVIN</b> <b>502 W LINCOLN AVE</b> <b>ROYAL OAK, MI 48067</b> If over \$100.00 cumulative, please provide: Occupation: <b>HOTEL MANAGER</b> Employer Name & Address: <b>HOTEL ROYAL OAK</b> <b>811 E 11 MILE RD,</b> <b>ROYAL OAK, MI 48067</b> <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 type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <b>TENT</b> 5. Date Of Receipt: <b>10/09/2025</b> 6. Vendor Name & Address: <b>JWA</b> <b>301 W 4TH ST,</b> <b>ROYAL OAK, MI 48067</b>	\$ <b>900.00</b>	\$ <b>900.00</b>

Page Subtotal **1,425.00** **1,925.00**

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

Enter this total  
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: <b>JAMES RASOR</b> <b>502 W LINCOLN AVE</b> <b>ROYAL OAK, MI 48067</b> <b>If over \$100.00 cumulative, please provide:</b> Occupation: <b>ATTORNEY</b> Employer Name & Business Address: <b>RASOR LAW FIRM</b> <b>201 E 4TH ST,</b> <b>ROYAL OAK, MI 48067</b> <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 type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <b>BEVERAGE SERVICE</b> 5. Date Of Receipt: <b>10/09/2025</b> 6. <b>Vendor Name &amp; Address:</b> <b>HOTEL ROYAL OAK</b> <b>811 E 11 MILE RD,</b> <b>ROYAL OAK, MI 48067</b>	\$ <b>1,000.00</b>	\$ <b>1,000.00</b>
Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes Name & Address:   <b>If over \$100.00 cumulative, please provide:</b> 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- <b>LOAN</b> Description 5. Date Of Receipt: 6. <b>Vendor Name &amp; Address:</b>	\$	\$
Contribution #3      PAC Receipt? <input type="checkbox"/> Yes Name & Address:   <b>If over \$100.00 cumulative, please provide:</b> 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- <b>LOAN</b> Description 5. Date Of Receipt: 6. <b>Vendor Name &amp; Address:</b>	\$	\$

[Click Here for Memo Itemization](#)

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

Subtotal this page **3,184.21**

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

Enter this total  
on line 8a of  
Summary Page