



FILED
29 JAN 2026 AM 08:37
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: 10/20/2025 to 11/24/2025

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 lates fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper _____ / _____
Type or Print Name Signature

Submitted electronically, signature on file Date 01/29/2026

Candidate _____ / _____
Type or Print Name Signature

Submitted electronically, signature on file Date 01/29/2026



**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>11/03/2025</u> Name & Address: IUPAT POLITICAL ACTION TOGETHRE COMMITTEE 7234 PARKWAY DR HANOVER, MD 21076	<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 #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/03/2025</u> Name & Address: ROBERT GOODMAN 504 PARKDALE AVE ROYAL OAK, MI 48073	<u>\$ 1,225.00</u>	<u>\$ 1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>GOODMAN FROST PLLC</u> Business Address <u>20300 W 12 MILE RD, SOUTHFIELD, MI 48076</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 checked="" type="checkbox"/> YES 4. Date of Receipt <u>11/04/2025</u> Name & Address: UAW MICHIGAN V-PAC 8000 E JEFFERSON AVE DETROIT, MI 48214	<u>\$ 5,000.00</u>	<u>\$ 5,000.00</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 _____ 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		

[Click Here for Memo Itemization](#)

Page Subtotal	7,225.00
Grand Total of All Schedules 1A (Complete on last page of Schedule)	7,925.00

Enter this total on line 3a of Summary Page.