



**FILED**  
**03 FEB 2026 AM 09:55**  
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 First Name M.I.  
**FOURNIER** **MICHAEL**

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 <span style="float: right;">Signature</span>	Submitted electronically, signature on file Date <u>02/03/2026</u>
Candidate _____ Type or Print Name <span style="float: right;">Signature</span>	Submitted electronically, signature on file Date <u>02/03/2026</u>



**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> <b>If over \$100.00 cumulative, please provide:</b> 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 <u>APPETIZERS AND BEVERAGE</u> 5. Date Of Receipt: <u>07/24/2025</u> 6. <b>Vendor Name &amp; Address:</b> <b>TEQUILA BLUE</b> <b>526 S MAIN ST,</b> <b>ROYAL OAK, MI 48067</b>	\$ <u>225.00</u>	\$ <u>725.00</u>
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>JON CALVIN</b> <b>502 W LINCOLN AVE</b> <b>ROYAL OAK, MI 48067</b> <b>If over \$100.00 cumulative, please provide:</b> 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 <u>TENT</u> 5. Date Of Receipt: <u>10/09/2025</u> 6. <b>Vendor Name &amp; Address:</b> <b>JWA</b> <b>301 W 4TH ST,</b> <b>ROYAL OAK, MI 48067</b>	\$ <u>900.00</u>	\$ <u>900.00</u>

[Click Here for Memo Itemization](#)

Page Subtotal      **1,125.00**      **1,625.00**

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**

**CANDIDATE COMMITTEE**

1. Committee I. D. Number 95371  
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: <u>10/09/2025</u> 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>	\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>KATY KNOER</b> <b>724 KNOWLES ST</b> <b>ROYAL OAK, MI 48067</b> <b>If over \$100.00 cumulative, please provide:</b> Occupation: <b>OWNER</b> Employer Name & Address: <b>GIVE THANKS BAKERY</b> <b>317 S MAIN 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>DESSERTS FOR FR</b> 5. Date Of Receipt: <u>10/09/2025</u> 6. <b>Vendor Name &amp; Address:</b> <b>GIVE THANKS BAKERY</b> <b>317 S MAIN ST,</b> <b>ROYAL OAK, MI 48067</b>	\$ <u>300.00</u>	\$ <u>300.00</u>
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>	\$ _____	\$ _____

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Page Subtotal	<b>1,300.00</b>	<b>1,300.00</b>
Grand Total of all Schedules 1-IK (Complete on last page of Schedule)	<b>2,425.00</b>	

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

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