



FILED

28 JUL 2023 PM 12:12

MACOMB COUNTY CLERK  
MT. CLEMENS, 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.

1. Committee I.D. Number <b>140265</b>		3. This Statement covers From: <b>01/03/2023</b> to <b>07/23/2023</b>	
2. Committee Name <b>CTE LORI STONE MAYOR</b>		4. Candidate Last Name <b>STONE</b> First Name <b>LORI</b> M.I. <b>M</b> 4a. Office Sought Including District # or Community Served (If applicable) <b>MAYOR, WARREN</b> 4b. County of Residence <b>MACOMB COUNTY</b>	
5. Committee's Mailing Address <b>P.O. BOX 1435 WARREN, MI 48090</b>  Area Code and Phone <b>(586) 764-4317</b> <small>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.</small>		6. Treasurer's Name & Residential Address <b>LORI M STONE 27582 EVELYN WARREN, MI 48093</b>  Area Code & Phone <b>(586) 764-4317</b>	
7. Treasurer's Business Address <b>27582 EVELYN WARREN, MI 48093</b>  Area Code and Phone <b>(586) 764-4317</b>		8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)   Area Code and Phone <b>() -</b>	
9. TYPE OF STATEMENT 9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus  Date of Election, Convention or Caucus <b>08/08/2023</b>		Required ONLY if candidate is not on the ballot for the current year: <input type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly 9c. <input type="checkbox"/> Annual Statement ( ) Coverage Year 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)  9e. Dissolution of Candidate Committee <input type="checkbox"/> 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 <b>07/28/2023</b>	
Candidate Type or Print Name _____ Signature _____		Submitted electronically, signature on file Date <b>07/28/2023</b>	



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 140265

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

2. Committee Name CTE LORI STONE MAYOR

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>35,394.99</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>35,394.99</u>	(18.) \$ <u>35,394.99</u>
4. Other Receipts (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>35,394.99</u>	(20.) \$ <u>35,394.99</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0.00</u>	(21.) \$ <u>0.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
<b>EXPENDITURES</b>		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>23,932.05</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>23,932.05</u>	(23.) \$ <u>23,932.05</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (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>	
<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>		
12. Debts and Obligations		
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>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>35,394.99</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>35,394.99</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>23,932.05</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>11,462.94</u>	*



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140265  
2. Committee Name CTE LORI STONE MAYOR

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>01/13/2023</u>	
Name & Address: <b>COMMITTEE TO ELECT LORI STONE</b> <b>27582 EVELYN AVE</b> <b>Warren, MI 48093</b>		\$ <u>22,000.00</u>	\$ <u>22,000.00</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>01/19/2023</u>	
Name & Address: <b>JANICE RIERA</b> <b>1023 GREENTREE RD</b> <b>BLOOMFIELD TWP, MI 48304</b>		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIREE</u> Employer <u>NOT APPLICABLE</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>01/19/2023</u>	
Name & Address: <b>LAURA VICTORY</b> <b>23106 AUDREY AVE</b> <b>WARREN, MI 48091</b>		\$ <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>01/21/2023</u>	
Name & Address: <b>ANDREA SCHEID</b> <b>30733 WINTHROP DR</b> <b>MADISON HEIGHTS, MI 48071</b>		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PEDIATRICIAN</u> Employer <u>COREWELL/BEAUMONT ROYAL OAK HEALTH SYSTEM</u> Business Address <u>3601 W 13 MILE RD, ROYAL OAK, MI 48073</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal **23,350.00**

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 140265  
2. Committee Name CTE LORI STONE MAYOR

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>01/21/2023</u>	
Name & Address: <b>RANDALL M YOUNG</b> <b>13250 IRVINGTON DR</b> <b>WARREN, MI 48088</b>		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROFESSOR</u> Employer <u>MACOMB COMMUNITY COLLEGE</u> Business Address <u>14500 TWELVE MILE RD, WARREN, MI 48088</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>01/21/2023</u>	
Name & Address: <b>EARL CLARK</b> <b>4649 E THIRTEEN MILE RD</b> <b>WARREN, MI 48092</b>		\$ <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>01/21/2023</u>	
Name & Address: <b>JACQUELINE KELLY</b> <b>2524 CHALK FARM RD N</b> <b>WARREN, MI 48091</b>		\$ <u>30.00</u>	\$ <u>30.00</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>01/22/2023</u>	
Name & Address: <b>DEBRA CUSMANO</b> <b>31201 HOOVER RD</b> <b>WARREN, MI 48093</b>		\$ <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 **380.00**

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 140265  
2. Committee Name CTE LORI STONE MAYOR

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>01/23/2023</u> Name & Address: BIRDIE NASH 29484 ASHLAND AVE APT 103 HARRISON TWP, MI 48045 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		\$ <u>25.00</u>	\$ <u>25.00</u>
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>01/23/2023</u> Name & Address: LAURIE ARTZ 3069 TUXEDO DR WARREN, MI 48092 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		\$ <u>50.00</u>	\$ <u>50.00</u>
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>01/25/2023</u> Name & Address: HEIDI BENNET 1520 MARTHA AVE ANN ARBOR, MI 48103 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		\$ <u>50.00</u>	\$ <u>50.00</u>
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>01/25/2023</u> Name & Address: DEBORAH DESANTIS 40331 SADDLEWOOD DR STERLING HEIGHTS, MI 48313 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		\$ <u>100.00</u>	\$ <u>100.00</u>

Page Subtotal 225.00

Grand Total of All Schedules 1A  
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3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>01/25/2023</u>	
Name & Address: GERALD HASSPACHER KENNEDY CIR UNIT 1 WARREN, MI 48093		\$ <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 #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>01/25/2023</u>	
Name & Address: SUSAN LODOVISI 8209 HETTENBERGER AVE WARREN, MI 48093		\$ <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 # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>01/26/2023</u>	
Name & Address: VONDA SIMPSON 30725 ELK ST NEW HAVEN, MI 48048		\$ <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 # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>01/27/2023</u>	
Name & Address: KELLY JONES 2809 RENSHAW DR TROY, MI 48085		\$ <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 190.00

Grand Total of All Schedules 1A  
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**ITEMIZED CONTRIBUTIONS  
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3. Contribution # 1      PAC Receipt? <input checked="" type="checkbox"/> YES      4. Date of Receipt <u>01/27/2023</u> Name & Address: AFSCME - PAC WARREN LOCAL 1917 4345 TUXEDO DR WARREN, MI 48092		\$ <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>01/27/2023</u> Name & Address: GEORGE CHAPP 4753 STILWELL DR WARREN, MI 48092		\$ <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>01/27/2023</u> Name & Address: DANIEL KUNERT 32328 COLUMBUS DR WARREN, MI 48088		\$ <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>01/27/2023</u> Name & Address: ALLEN SALYER 1657 WELLING DR TROY, MI 48085		\$ <u>35.00</u>	\$ <u>35.00</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 285.00

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**ITEMIZED CONTRIBUTIONS  
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CANDIDATE COMMITTEE**

1. Committee I.D. Number 140265  
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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>01/27/2023</u>	
Name & Address: <b>ROBIN STONE</b> <b>26421 WOODLAND DR</b> <b>CHESTERFIELD, MI 48051</b>		\$ <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>01/28/2023</u>	
Name & Address: <b>SUSAN BREWER</b> <b>24230 KAREN AVE</b> <b>WARREN, MI 48091</b>		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>WAREHOUSE WORKER</u> Employer <u>SCHREIBER ROOFING</u> Business Address <u>29945 BECK RD, WIXOM, MI 48393</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>01/28/2023</u>	
Name & Address: <b>FREDERICK HUEBENER</b> <b>12014 CARNEY ST</b> <b>WARREN, MI 48089</b>		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROPERT MANAGER</u> Employer <u>SELF EMPLOYED</u> Business Address <u>11955 FRAZHO RD, WARREN, MI 48089</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>01/28/2023</u>	
Name & Address: <b>CARL HOENLE</b> <b>3462 MICHAEL AVE</b> <b>WARREN, MI 48091</b>		\$ <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 575.00

Grand Total of All Schedules 1A  
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CANDIDATE COMMITTEE**

1. Committee I.D. Number 140265  
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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>01/28/2023</u>	
Name & Address: EUGENIA PALMER 11295 TARA DR WARREN, MI 48093		\$ <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>01/28/2023</u>	
Name & Address: DONALD WEATHERSPOON 8942 E SAGINAW ST BATH TWP, MI 48840		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIREE</u> Employer <u>NOT APPLICABLE</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>01/28/2023</u>	
Name & Address: JEANNE HUNTON 8831 INDEPENDENCE DR STERLING HEIGHTS, MI 48313		\$ <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>01/28/2023</u>	
Name & Address: GERALDINE BARCLAY 32241 SOUTHFIELD RD BEVERLY HILLS, MI 48025		\$ <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 400.00

Grand Total of All Schedules 1A  
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**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

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2. Committee Name CTE LORI STONE MAYOR

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3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>01/28/2023</u>	
Name & Address: KEITH GRABOSKE 30145 OHMER DR WARREN, MI 48092		\$ <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>01/28/2023</u>	
Name & Address: JUDITH SIMA 7433 PARKDALE RD West Bloomfield, MI 48322		\$ <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 # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>01/28/2023</u>	
Name & Address: GEORGE MASTIN 32773 MCCONNELL CT WARREN, MI 48092		\$ <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 # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>01/28/2023</u>	
Name & Address: DIANE MASTIN 32773 MCCONNELL CT WARREN, MI 48092		\$ <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 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 140265  
2. Committee Name CTE LORI STONE MAYOR

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>01/28/2023</u>	
Name & Address: GEORGE-MICHAEL HIGGINS 28045 MAVIS DR WARREN, MI 48088		\$ <u>99.99</u>	\$ <u>99.99</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>01/28/2023</u>	
Name & Address: MARY MATA CZYNSKI 28572 ASPEN WARREN, MI 48093		\$ <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>01/28/2023</u>	
Name & Address: JOHN SPICA 53978 CONNOR DR CHESTERFIELD, MI 48051		\$ <u>30.00</u>	\$ <u>30.00</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>01/28/2023</u>	
Name & Address: AMY SCHEID 4544 BAYLISS AVE WARREN, MI 48091		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SALES ASSOCIATE</u> Employer <u>TARGET CORPORATION</u> Business Address <u>30333 SOUTHFIELD RD, SOUTHFIELD, MI 48076</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 429.99

Grand Total of All Schedules 1A  
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**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140265  
2. Committee Name CTE LORI STONE MAYOR

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>01/28/2023</u>	
Name & Address: <b>DANIEL LINARES</b> <b>27705 WESTCOTT CRESCENT CIR</b> <b>FARMINGTON HILLS, MI 48334</b>		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TEACHER</u> Employer <u>BROTHER RICE HIGH SCHOOL</u> Business Address <u>7101 LAHSEY RD, BLOOMFIELD HILLS, MI 48301</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>01/28/2023</u>	
Name & Address: <b>RENEE WATSON</b> <b>3620 GLENBROOK DR</b> <b>LANSING, MI 48911</b>		\$ <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>01/28/2023</u>	
Name & Address: <b>CARMI FINN</b> <b>32632 DESMOND DR</b> <b>WARREN, MI 48093</b>		\$ <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>01/28/2023</u>	
Name & Address: <b>SUE PAULING</b> <b>27255 NORMA AVE</b> <b>WARREN, MI 48093</b>		\$ <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 400.00

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 140265  
2. Committee Name CTE LORI STONE MAYOR

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>01/28/2023</u> Name & Address: <b>HAVILAND JEREMY</b> <b>17840 ELIZABETH ST</b> <b>ROSEVILLE, MI 48066</b>		\$ <u>20.00</u>	\$ <u>20.00</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>01/28/2023</u> Name & Address: <b>HUWAIDA ARRAF</b> <b>45836 EDEN DR</b> <b>MACOMB, MI 48044</b>		\$ <u>30.00</u>	\$ <u>30.00</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>01/28/2023</u> Name & Address: <b>ANNE MORRELL</b> <b>1475 ANTLER CT</b> <b>ROCHESTER HILLS, MI 48309</b>		\$ <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>01/28/2023</u> Name & Address: <b>ANNE ERICKSON-GAULT</b> <b>5910 DIAMOND DR</b> <b>TROY, MI 48085</b>		\$ <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			

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 140265  
2. Committee Name CTE LORI STONE MAYOR

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>01/28/2023</u>	
Name & Address: <b>CHRISTINA BERTRAND</b> <b>4817 LA CHENE DR</b> <b>WARREN, MI 48092</b>		\$ <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>01/28/2023</u>	
Name & Address: <b>ROBIN TESTASECCA</b> <b>21649 BEHRENDT AVE</b> <b>WARREN, MI 48091</b>		\$ <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 # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>01/28/2023</u>	
Name & Address: <b>JASON GRUNENWALD</b> <b>1061 HAMPTON RD</b> <b>MT CLEMENS, MI 48043</b>		\$ <u>20.00</u>	\$ <u>20.00</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>01/28/2023</u>	
Name & Address: <b>PHYLLIS MAKUCH</b> <b>21506 BLACKMAR AVE</b> <b>WARREN, MI 48091</b>		\$ <u>20.00</u>	\$ <u>20.00</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 240.00

Grand Total of All Schedules 1A  
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**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140265  
2. Committee Name CTE LORI STONE MAYOR

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>01/28/2023</u>	
Name & Address: <b>ANNIE COVERT</b> <b>20833 ATLANTIC AVE</b> <b>WARREN, MI 48091</b>		\$ <u>100.00</u>	\$ <u>120.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIREE</u> Employer <u>RETIRED</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 #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>01/29/2023</u>	
Name & Address: <b>DEBBIE GRIGGS</b> <b>49336 KILKENNY DR</b> <b>MACOMB, MI 48044</b>		\$ <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 # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>01/29/2023</u>	
Name & Address: <b>WILLIAM MAURO</b> <b>5130 NEWPORT CT</b> <b>ROCHESTER, MI 48306</b>		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIREE</u> Employer <u>NOT APPLICABLE</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 # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>01/29/2023</u>	
Name & Address: <b>TINA BRAY</b> <b>40557 BRENDA LN</b> <b>NOVI, MI 48375</b>		\$ <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			

Page Subtotal 425.00

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 140265  
2. Committee Name CTE LORI STONE MAYOR

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>01/29/2023</u>	
Name & Address: <b>THOMAS STONE</b> <b>23823 VIRGINIA</b> <b>WARREN, MI 48091</b>		\$ <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>01/30/2023</u>	
Name & Address: <b>MATTHEW STONE</b> <b>28 BUENA VISTA RD</b> <b>ARLINGTON, MA 02476</b>		\$ <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 # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>01/31/2023</u>	
Name & Address: <b>ANNE HILL</b> <b>24385 KINGS POINTE</b> <b>NOVI, MI 48375</b>		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>NOT APPLICABLE</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 # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>02/01/2023</u>	
Name & Address: <b>LYNNE NOELKE</b> <b>41578 SUNNYDALE LN</b> <b>NORTHVILLE, MI 48168</b>		\$ <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			

Page Subtotal 400.00

Grand Total of All Schedules 1A  
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**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140265  
2. Committee Name CTE LORI STONE MAYOR

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>02/03/2023</u>	
Name & Address: WILLIAM MCGLYNN 16426 SUDBURY CT MACOMB, MI 48044		\$ <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>02/03/2023</u>	
Name & Address: COMMITTEE TO ELECT ROBERT BINSON 7356 VOERNER AVE CENTER LINE, MI 48015		\$ <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 # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>02/03/2023</u>	
Name & Address: JAMES HAADSMA 249 SNOW AVE BATTLE CREEK, MI 49037		\$ <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>02/04/2023</u>	
Name & Address: KEITH TONN 43622 RIVERGATE DR CLINTON TWP, MI 48038		\$ <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  
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**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140265  
2. Committee Name CTE LORI STONE MAYOR

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>02/06/2023</u> Name & Address: <b>ANGELA ROGENSUES</b> <b>13254 COMMON RD</b> <b>WARREN, MI 48088</b>		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FOUNDER</u> Employer <u>COMMON ROAD ADVISORS, LLC</u> Business Address <u>13254 COMMON RD, WARREN, MI 48088</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>02/06/2023</u> Name & Address: <b>MARY KATHLEEN SWAN</b> <b>31720 LEXINGTON ST</b> <b>WARREN, MI 48092</b>		\$ <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>02/10/2023</u> Name & Address: <b>NINA ABRAMS</b> <b>12959 TALBOT LN</b> <b>HUNTINGTON WOODS, MI 48070</b>		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>NOT APPLICABLE</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 # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>02/11/2023</u> Name & Address: <b>LINDA KOCH</b> <b>30563 RIDGEFIELD AVE</b> <b>WARREN, MI 48088</b>		\$ <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 850.00

Grand Total of All Schedules 1A  
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**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140265  
2. Committee Name CTE LORI STONE MAYOR

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>02/20/2023</u>	
Name & Address: ELIZABETH HUCK 27576 EVELYN AVE WARREN, MI 48093		\$ <u>20.00</u>	\$ <u>20.00</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>02/21/2023</u>	
Name & Address: RITA BROWN E MAPLE RD TROY, MI 48083		\$ <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 # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/04/2023</u>	
Name & Address: JANICE KOSI 18901 BRIGHTON DR MACOMB, MI 48042		\$ <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>03/04/2023</u>	
Name & Address: JENNIFER GOULAH 3756 NORBERT AVE WARREN, MI 48091		\$ <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			

Page Subtotal 245.00

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 140265  
2. Committee Name CTE LORI STONE MAYOR

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>03/05/2023</u>	
Name & Address: <b>BRADLEY O DONNELL</b> <b>6685 AUBURN RD</b> <b>UTICA, MI 48317</b>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR OF DEVELOPMENT</u> Employer <u>PLAY-PLACE FOR AUTISTIC CHILDREN</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 #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/11/2023</u>	
Name & Address: <b>SARAH GAGNON</b> <b>1390 LARKMOOR BLVD</b> <b>BERKLEY, MI 48072</b>		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TEACHER</u> Employer <u>FITZGERALD PUBLIC SCHOOLS</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>03/23/2023</u>	
Name & Address: <b>LAURA KROPP</b> <b>15 BELLEVIEW ST</b> <b>MT CLEMENS, MI 48043</b>		\$ <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>03/25/2023</u>	
Name & Address: <b>MARK JOHNSON</b> <b>33607 SHIAWASSEE ST</b> <b>FARMINGTON, MI 48335</b>		\$ <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			

Page Subtotal **350.00**

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 140265  
2. Committee Name CTE LORI STONE MAYOR

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>03/25/2023</u>	
Name & Address: MONICA BIHAR-NATZKE 11347 LOGINAW DR WARREN, MI 48089		\$ <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>03/27/2023</u>	
Name & Address: DENNIS DRAGOTTA 36000 JEFFERSON AVE K109 HARRISON TWP, MI 48045		\$ <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 # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/31/2023</u>	
Name & Address: SHANIA CHEHAB 45787 KENSINGTON ST UTICA, MI 48317		\$ <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>03/31/2023</u>	
Name & Address: MICHAEL CHEHAB 38410 WESTCHESTER RD STERLING HEIGHTS, MI 48310		\$ <u>20.00</u>	\$ <u>20.00</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 **145.00**

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 140265  
2. Committee Name CTE LORI STONE MAYOR

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>04/03/2023</u>	
Name & Address: NANCY DESANTIS 1296 WELLAND DR ROCHESTER, MI 48306		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PHYSICIAN</u> Employer <u>PREMIER PHYSICAL MEDICINE AND REHABILITATION OF MI</u> Business Address <u>33717 WOODWARD AVE, #416, BIRMINGHAM, MI 48009</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>04/03/2023</u>	
Name & Address: CONSTANCE TUCKER 2515 FRED ST WARREN, MI 48092		\$ <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 # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/09/2023</u>	
Name & Address: ALISA DIEZ 13526 TOWERING OAKS DR SHELBY TWP, MI 48315		\$ <u>15.00</u>	\$ <u>15.00</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>04/13/2023</u>	
Name & Address: DEBBIE LEE 6946 SEA PL AVE ST. AUGUSTINE, FL 32086		\$ <u>20.00</u>	\$ <u>20.00</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 285.00

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 140265  
2. Committee Name CTE LORI STONE MAYOR

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>04/16/2023</u>	
Name & Address: <b>LEIGH BENIGNI</b> <b>2165 WALTER CT</b> <b>WARREN, MI 48092</b>		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RECEPTIONIST</u> Employer <u>PARKVIEW ANIMAL HOSPITAL</u> Business Address <u>1972 E ELEVEN MILE RD, WARREN, MI 48091</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>04/23/2023</u>	
Name & Address: <b>DANIEL FARR</b> <b>23207 PORT ST</b> <b>ST CLAIR SHORES, MI 48082</b>		\$ <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 # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/05/2023</u>	
Name & Address: <b>CARL HOENLE</b> <b>3462 MICHAEL AVE</b> <b>WARREN, MI 48091</b>		\$ <u>50.00</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>05/07/2023</u>	
Name & Address: <b>JEFFREY MAY</b> <b>24146 PATRICIA AVE</b> <b>WARREN, MI 48091</b>		\$ <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 250.00

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

Enter this total on  
line 3a of Summary  
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**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140265  
2. Committee Name CTE LORI STONE MAYOR

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>05/07/2023</u> Name & Address: <b>CAROL HOGAN</b> <b>26653 TOM ALLEN DR</b> <b>WARREN, MI 48089</b>		\$ <u>5.00</u>	\$ <u>5.00</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>05/07/2023</u> Name & Address: <b>ADAM STONE</b> <b>1200 VERBENA LN</b> <b>DEWITT, MI 48820</b>		\$ <u>20.00</u>	\$ <u>20.00</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>05/09/2023</u> Name & Address: <b>ALISA DIEZ</b> <b>13526 TOWERING OAKS DR</b> <b>SHELBY TWP, MI 48315</b>		\$ <u>15.00</u>	\$ <u>30.00</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 # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/20/2023</u> Name & Address: <b>GARY CYNOWA</b> <b>45451 FIELDING ST</b> <b>MACOMB, MI 48042</b>		\$ <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 90.00

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 140265  
2. Committee Name CTE LORI STONE MAYOR

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>05/20/2023</u> Name & Address: <b>CHARLENE GOIKE</b> <b>14550 26 MILE RD</b> <b>SHELBY TWP, MI 48315</b>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</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 #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/21/2023</u> Name & Address: <b>FAITH MAURO-HUSE</b> <b>10907 BROOKHAVEN CT</b> <b>COLUMBIA, MD 21044</b>		\$ <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 # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/21/2023</u> Name & Address: <b>PADMA KUPPA</b> <b>4275 MARYWOOD DR</b> <b>TROY, MI 48085</b>		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>UNEMPLOYED</u> Employer <u>UNEMPLOYED</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 # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/22/2023</u> Name & Address: <b>HEIDI MUSZALL</b> <b>424 E DRAYTON ST</b> <b>FERNDAL, MI 48220</b>		\$ <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 **475.00**

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 140265  
2. Committee Name CTE LORI STONE MAYOR

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>05/23/2023</u> Name & Address: <b>JOSEPH DAGNES</b> <b>4428 GLENOAKS CT</b> <b>WARREN, MI 48092</b>		\$ <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>05/24/2023</u> Name & Address: <b>PETE SUTLIFF</b> <b>3957 BERKSHIRE AVE</b> <b>WARREN, MI 48091</b>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROFESSOR</u> Employer <u>WCCCD</u> Business Address <u>3957 BERKSHIRE AVE, WARREN, MI 48091</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>05/26/2023</u> Name & Address: <b>RAFAYATH AHMED</b> <b>2709 COMMON RD</b> <b>WARREN, MI 48092</b>		\$ <u>5.00</u>	\$ <u>5.00</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>06/02/2023</u> Name & Address: <b>RYAN FEWINS-BLISS</b> <b>13764 MEAD CREEK RD</b> <b>BATH TWP, MI 48808</b>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ASSISTANT DIRECTOR</u> Employer <u>MICHIAN COLLEGE ACCESS NETWORK</u> Business Address <u>13764 MEAD CREEK RD, BATH TWP, MI 48808</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 230.00

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 140265  
2. Committee Name CTE LORI STONE MAYOR

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>06/03/2023</u>	
Name & Address: JOYCE RUSSELL 24274 HILL AVE WARREN, MI 48091		\$ <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>06/03/2023</u>	
Name & Address: MARY MATA CZYNSKI 28572 ASPEN WARREN, MI 48093		\$ <u>60.00</u>	\$ <u>110.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</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>06/04/2023</u>	
Name & Address: JAMES MAURO 3533 JOSETTE LN LANSING, MI 48906		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAWYER</u> Employer <u>DICKENSON WRIGHT</u> Business Address <u>123 W ALLEGAN ST, LANSING, MI 48933</u> Type of Contribution: <input checked="" 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>06/04/2023</u>	
Name & Address: JOEL RUTHERFORD 5683 STORROW CT WARREN, MI 48092		\$ <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 285.00

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 140265  
2. Committee Name CTE LORI STONE MAYOR

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>06/04/2023</u>	
Name & Address: <b>ANDREA SCHEID</b> <b>30733 WINTHROP DR</b> <b>MADISON HEIGHTS, MI 48071</b>		\$ <u>100.00</u>	\$ <u>1,100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PEDIATRICIAN</u> Employer <u>COREWELL/BEAUMONT ROYAL OAK HEALTH SYSTEM</u> Business Address <u>3601 W 13 MILE RD, ROYAL OAK, MI 48073</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>06/06/2023</u>	
Name & Address: <b>MEGAN LOOMER</b> <b>214 N DORCHESTER AVE</b> <b>ROYAL OAK, MI 48067</b>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PHYSICIAN</u> 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>06/09/2023</u>	
Name & Address: <b>ADAM STONE</b> <b>1200 VERBENA LN</b> <b>DEWITT, MI 48820</b>		\$ <u>20.00</u>	\$ <u>40.00</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>06/09/2023</u>	
Name & Address: <b>CAROL HOGAN</b> <b>26653 TOM ALLEN DR</b> <b>WARREN, MI 48089</b>		\$ <u>5.00</u>	\$ <u>10.00</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 225.00

Grand Total of All Schedules 1A  
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**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140265  
2. Committee Name CTE LORI STONE MAYOR

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>06/11/2023</u> Name & Address: <b>RHONDA HAWE</b> <b>28621 ROAN AVE</b> <b>WARREN, MI 48093</b>		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TEACHER</u> Employer <u>FITZGERALD PUBLIC SCHOOLS</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 #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>06/13/2023</u> Name & Address: <b>PATRICK GUMBLETON</b> <b>1291 TREVINO DR</b> <b>TROY, MI 48085</b>		\$ <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>06/13/2023</u> Name & Address: <b>ALISA DIEZ</b> <b>13526 TOWERING OAKS DR</b> <b>SHELBY TWP, MI 48315</b>		\$ <u>15.00</u>	\$ <u>45.00</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 # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>06/14/2023</u> Name & Address: <b>LINDA KOCH</b> <b>30563 RIDGEFIELD AVE</b> <b>WARREN, MI 48088</b>		\$ <u>50.00</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			

Page Subtotal **140.00**

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 140265  
2. Committee Name CTE LORI STONE MAYOR

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>06/17/2023</u> Name & Address: <b>GEORGE CHAPP</b> <b>4753 STILWELL DR</b> <b>WARREN, MI 48092</b>		\$ <u>25.00</u>	\$ <u>75.00</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>06/17/2023</u> Name & Address: <b>KRISTINA LODOVISI</b> <b>24106 MASCH AVE</b> <b>WARREN, MI 48091</b>		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>24106 MASCH AVE, WARREN, MI 48091</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>06/17/2023</u> Name & Address: <b>DUANE SLICKER</b> <b>32972 KILLEWALD ST</b> <b>NEW BALTIMORE, MI 48047</b>		\$ <u>175.00</u>	\$ <u>175.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETAIL</u> Employer <u>BIG D TRADING</u> Business Address <u>32972 KILLEWALD ST, NEW BALTIMORE, MI 48047</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>06/17/2023</u> Name & Address: <b>THOMAS GUMBLETON</b> <b>1291 TREVINO DR</b> <b>TROY, MI 48085</b>		\$ <u>20.00</u>	\$ <u>20.00</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 720.00

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 140265  
2. Committee Name CTE LORI STONE MAYOR

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>06/17/2023</u>	
Name & Address: MARY ZABAWSKI 32497 SUNNY LN WARREN, MI 48092		\$ <u>20.00</u>	\$ <u>20.00</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>06/17/2023</u>	
Name & Address: VALERIE GUMBLETON 1291 TREVINO DR TROY, MI 48085		\$ <u>20.00</u>	\$ <u>20.00</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>06/17/2023</u>	
Name & Address: CATHERINE PIERNAK 26605 OSMUN ST MADISON HEIGHTS, MI 48071		\$ <u>20.00</u>	\$ <u>20.00</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>06/17/2023</u>	
Name & Address: DIANA DAVIS 61235 SADDLECREEK DR SOUTH LYON, MI 48178		\$ <u>20.00</u>	\$ <u>20.00</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 80.00

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 140265  
2. Committee Name CTE LORI STONE MAYOR

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>06/17/2023</u>	
Name & Address: <b>ASHLEY DAVIS</b> <b>4926 REIGER AVE</b> <b>DALLAS, TX 75214</b>		\$ <u>20.00</u>	\$ <u>20.00</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>06/17/2023</u>	
Name & Address: <b>SCHELLY PATERSON</b> <b>25542 PATRICIA AVE</b> <b>WARREN, MI 48091</b>		\$ <u>75.00</u>	\$ <u>75.00</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>06/17/2023</u>	
Name & Address: <b>MARY MATA CZYNSKI</b> <b>28572 ASPEN</b> <b>Warren, MI 48093</b>		\$ <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 # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/17/2023</u>	
Name & Address: <b>DANIEL LINARES</b> <b>27705 WESTCOTT CRESCENT CIR</b> <b>FARMINGTON HILLS, MI 48334</b>		\$ <u>100.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TEACHER</u> Employer <u>BROTHER RICE HIGH SCHOOL</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 220.00

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 140265  
2. Committee Name CTE LORI STONE MAYOR

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>06/17/2023</u> Name & Address: <b>BIANCA MEFFERT</b> <b>29393 LAUREL WOODS DR</b> <b>SOUTHFIELD, MI 48034</b>		\$ <u>10.00</u>	\$ <u>10.00</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>06/19/2023</u> Name & Address: <b>ANNE HILL</b> <b>24385 KINGS POINTE</b> <b>NOVI, MI 48375</b>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>24385 KINGS POINTE, NOVI, MI 48375</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>06/23/2023</u> Name & Address: <b>CHARLENE GOIKE</b> <b>14550 26 MILE RD</b> <b>SHELBY TWP, MI 48315</b>		\$ <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 _____ 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>06/24/2023</u> Name & Address: <b>CARLOS MATTI</b> <b>21590 HIGHVIEW ST</b> <b>CLINTON TWP, MI 48036</b>		\$ <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 210.00

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 140265  
2. Committee Name CTE LORI STONE MAYOR

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>06/30/2023</u> Name & Address: <b>ANDREA SCHEID</b> <b>30733 WINTHROP DR</b> <b>MADISON HEIGHTS, MI 48071</b>		\$ <u>1,000.00</u>	\$ <u>2,100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PEDIATRICIAN</u> Employer <u>COREWELL/BEAUMONT ROYAL OAK HEALTH SYSTEM</u> Business Address <u>3601 W 13 MILE 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>07/03/2023</u> Name & Address: <b>SHARON ROSE</b> <b>28359 ALINE DR</b> <b>WARREN, MI 48093</b>		\$ <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 # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/05/2023</u> Name & Address: <b>JACQUELINE KELLY</b> <b>2524 CHALK FARM RD N</b> <b>WARREN, MI 48091</b>		\$ <u>50.00</u>	\$ <u>80.00</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>07/06/2023</u> Name & Address: <b>SORANA BARROW</b> <b>14015 KNOLLWOOD DR</b> <b>STERLING HEIGHTS, MI 48312</b>		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____      Employer <u>FITZGERALD PUBLIC SCHOOLS</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **1,175.00**

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 140265  
2. Committee Name CTE LORI STONE MAYOR

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>07/07/2023</u>	
Name & Address: <b>ADAM STONE</b> <b>1200 VERBENA LN</b> <b>DEWITT, MI 48820</b>		\$ <u>20.00</u>	\$ <u>60.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer <u>MICHIGAN STATE UNIVERSITY</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 #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/07/2023</u>	
Name & Address: <b>CAROL HOGAN</b> <b>26653 TOM ALLEN DR</b> <b>WARREN, MI 48089</b>		\$ <u>5.00</u>	\$ <u>15.00</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>07/09/2023</u>	
Name & Address: <b>ALISA DIEZ</b> <b>13526 TOWERING OAKS DR</b> <b>SHELBY TWP, MI 48315</b>		\$ <u>15.00</u>	\$ <u>60.00</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 # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/14/2023</u>	
Name & Address: <b>DOUGLAS MARSHALL</b> <b>27750 ROAN AVE</b> <b>WARREN, MI 48093</b>		\$ <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 90.00

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 140265  
2. Committee Name CTE LORI STONE MAYOR

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>07/18/2023</u> Name & Address: IUPAT INTERNATIONAL UNION OF PAINTERS AND ALLIED TRADES PAC 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>07/19/2023</u> Name & Address: LISA SIMMS 30221 BRADMORE RD WARREN, MI 48092		\$ <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 # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/19/2023</u> Name & Address: LINDSEY PARTON 8409 FISHER AVE WARREN, MI 48089		\$ <u>20.00</u>	\$ <u>20.00</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>07/19/2023</u> Name & Address: SOFEARIA JABARI 8705 TEXAS CT WARREN, MI 48093		\$ <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			

Page Subtotal **1,145.00**

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 140265  
2. Committee Name CTE LORI STONE MAYOR

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>07/19/2023</u>	
Name & Address: BIRDIE NASH 29484 ASHLAND AVE APT 103 HARRISON TWP, MI 48045		\$ <u>35.00</u>	\$ <u>60.00</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>07/19/2023</u>	
Name & Address: CARL HOENLE 3462 MICHAEL AVE WARREN, MI 48091		\$ <u>50.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED TEACHER</u> Employer <u>RETIRED</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>07/20/2023</u>	
Name & Address: GEORGE CHAPP 4753 STILWELL DR WARREN, MI 48092		\$ <u>25.00</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>07/20/2023</u>	
Name & Address: DAVID HINES 4817 LA CHENE DR WARREN, MI 48092		\$ <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 160.00

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

35,394.99

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED EXPENDITURES**  
**SCHEDULE 1B**  
**CANDIDATE COMMITTEE**

1. Committee I. D. Number **140265**  
2. Committee Name **CTE LORI STONE MAYOR**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
<b>Expenditure #1</b> Name <b>ALEX DESIGN LLC</b>  Address <b>5685 ARDEN AVE</b> <b>WARREN, MI 48092</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN GRAPHIC DESIGN</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/03/2023</u> Date	\$ <u>450.00</u>
<b>Expenditure #2</b> Name <b>ORIGINAL PRINT SHOPPE</b>  Address <b>270 S TELEGRAPH RD</b> <b>PONTIAC, MI 48341</b>  <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>PRINT CAMPAIGN FUNDRAISER INVITES &amp; STICKERS</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/10/2023</u> Date	\$ <u>373.12</u>
<b>Expenditure #3</b> Name <b>CAROLYN BROWN</b>  Address <b>11521 BRIARCLIFF DR</b> <b>WARREN, MI 48093</b>  <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>FUNDRAISER CATERING DEPOSIT</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/16/2023</u> Date	\$ <u>500.00</u>
<b>Expenditure #4</b> Name <b>UNITED STATES POSTAL SERVICE</b>  Address <b>28401 MOUND RD</b> <b>WARREN, MI 48090</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>POST OFFICE BOX</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/23/2023</u> Date	\$ <u>166.00</u>
<b>Expenditure #5</b> Name <b>MICHIGAN DEMOCRATIC PARTY</b>  Address <b>606 TOWNSEND ST</b> <b>LANSING, MI 48933</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>MICHIGAN DEMOCRATIC PARTY MEMBERSHIP DUES</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/23/2023</u> Date	\$ <u>120.00</u>

Subtotal this page **1,609.12**  
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**ITEMIZED EXPENDITURES**  
**SCHEDULE 1B**  
**CANDIDATE COMMITTEE**

1. Committee I. D. Number 140265  
2. Committee Name CTE LORI STONE MAYOR

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
<b>Expenditure #1</b> Name <b>MICHIGAN DEMOCRATIC PARTY</b>  Address <b>606 TOWNSEND ST</b> <b>LANSING, MI 48933</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>VOTEBUILDER SOFTWARE ACCESS</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/23/2023</u> Date	\$ <u>250.00</u>
<b>Expenditure #2</b> Name <b>HUNTINGTON BANK</b>  Address <b>29333 HOOVER RD</b> <b>WARREN, MI 48093</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>PURCHASE CHECKS FOR CAMPAIGN ACCOUNT</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/25/2023</u> Date	\$ <u>70.19</u>
<b>Expenditure #3</b> Name <b>GORDON FOOD SERVICES (GFS)</b>  Address <b>7835 CONVENTION BLVD</b> <b>WARREN, MI 48092</b>  <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>FOOD EXPENSE</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/27/2023</u> Date	\$ <u>15.00</u>
<b>Expenditure #4</b> Name <b>AMERICAN GRAPHICS PRINTING</b>  Address <b>34895 GROESBECK HWY</b> <b>CLINTON TWP, MI 48035</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>LAWN SIGN PRINTING AND STAKES</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/27/2023</u> Date	\$ <u>556.60</u>
<b>Expenditure #5</b> Name <b>CAROLYN BROWN</b>  Address <b>11521 BRIARCLIFF DR</b> <b>WARREN, MI 48093</b>  <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>BALANCE OF FUNDRAISER CATERING</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/28/2023</u> Date	\$ <u>787.50</u>

Subtotal this page

**1,679.29**

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**ITEMIZED EXPENDITURES**  
**SCHEDULE 1B**  
**CANDIDATE COMMITTEE**

1. Committee I. D. Number 140265  
2. Committee Name CTE LORI STONE MAYOR

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>ACT BLUE</b>  Address 366 SUMMER ST SOMERVILLE, MA 02144  <input type="checkbox"/> Fund Raiser	Purpose: <u>ACT BLUE - BANK FEES</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/31/2023</u> Date	\$ <u>54.14</u>
Expenditure #2 Name <b>WARREN PARKS &amp; RECREATION</b>  Address 5460 ARDEN AVE WARREN, MI 48092  <input type="checkbox"/> Fund Raiser	Purpose: <u>RESERVE PARK FOR NON FUNDRAISING CONSTITUENT EVENT</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/07/2023</u> Date	\$ <u>100.00</u>
Expenditure #3 Name <b>OFFICE DEPOT</b>  Address 37600 VAN DYKE AVE STERLING HEIGHTS, MI 48312  <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN OFFICE SUPPLIES</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/16/2023</u> Date	\$ <u>210.58</u>
Expenditure #4 Name <b>ACT BLUE</b>  Address 366 SUMMER ST SOMERVILLE, MA 02144  <input type="checkbox"/> Fund Raiser	Purpose: <u>ACT BLUE - BANK FEES</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/28/2023</u> Date	\$ <u>41.62</u>
Expenditure #5 Name <b>ORIGINAL PRINT SHOPPE</b>  Address 270 S TELEGRAPH RD PONTIAC, MI 48341  <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN STICKERS AND BUTTONS</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/04/2023</u> Date	\$ <u>557.03</u>

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**ITEMIZED EXPENDITURES**  
**SCHEDULE 1B**  
**CANDIDATE COMMITTEE**

1. Committee I. D. Number **140265**  
2. Committee Name **CTE LORI STONE MAYOR**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>HUNTINGTON BANK</b>  Address <b>29333 HOOVER RD WARREN, MI 48093</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>BANK FEE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>03/15/2023</b> Date	\$ <b>5.00</b>
Expenditure #2 Name <b>OFFICE DEPOT</b>  Address <b>37600 VAN DYKE AVE STERLING HEIGHTS, MI 48312</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>OFFICE SUPPLIES</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>03/19/2023</b> Date	\$ <b>72.84</b>
Expenditure #3 Name <b>WARREN PARKS &amp; RECREATION</b>  Address <b>5460 ARDEN AVE WARREN, MI 48092</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>PARK RENTAL FOR NON FUNDRAISING EVENT</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>03/23/2023</b> Date	\$ <b>100.00</b>
Expenditure #4 Name <b>AMERICAN GRAPHICS PRINTING</b>  Address <b>34895 GROESBECK HWY CLINTON TWP, MI 48035</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>CAMPAIGN LAWN SIGN PRINTING &amp; STAKES</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>03/30/2023</b> Date	\$ <b>4,240.00</b>
Expenditure #5 Name <b>CITY OF WARREN</b>  Address <b>ONE CITY SQUARE Warren, MI 48093</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>FILING FEE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>03/30/2023</b> Date	\$ <b>100.00</b>

Subtotal this page **4,517.84**

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**ITEMIZED EXPENDITURES**  
**SCHEDULE 1B**  
**CANDIDATE COMMITTEE**

1. Committee I. D. Number 140265  
2. Committee Name CTE LORI STONE MAYOR

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>ACT BLUE</b>  Address 366 SUMMER ST SOMERVILLE, MA 02144  <input type="checkbox"/> Fund Raiser	Purpose: <b>BANK FEES</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	03/31/2023 Date	\$ <b>17.11</b>
Expenditure #2 Name <b>ETCHED BY STONE</b>  Address 26421 WOODLAND DR NEW BALTIMORE, MI 48051  <input type="checkbox"/> Fund Raiser	Purpose: <b>CAMPAIGN NAIL FILES</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	04/10/2023 Date	\$ <b>756.33</b>
Expenditure #3 Name <b>HUNTINGTON BANK</b>  Address 29333 HOOVER RD WARREN, MI 48093  <input type="checkbox"/> Fund Raiser	Purpose: <b>BANK FEE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	04/17/2023 Date	\$ <b>5.00</b>
Expenditure #4 Name <b>ORIGINAL PRINT SHOPPE</b>  Address 270 S TELEGRAPH RD PONTIAC, MI 48341  <input type="checkbox"/> Fund Raiser	Purpose: <b>CAMPAIGN POSTCARD PRINTING</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	04/20/2023 Date	\$ <b>371.00</b>
Expenditure #5 Name <b>HOME DEPOT</b>  Address 25879 HOOVER RD WARREN, MI 48089  <input type="checkbox"/> Fund Raiser	Purpose: <b>CAMPAGIN SUPPLIES</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	04/24/2023 Date	\$ <b>69.71</b>

Subtotal this page **1,219.15**  
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**ITEMIZED EXPENDITURES**  
**SCHEDULE 1B**  
**CANDIDATE COMMITTEE**

1. Committee I. D. Number 140265  
2. Committee Name CTE LORI STONE MAYOR

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>OFFICE DEPOT</b>  Address 37600 VAN DYKE AVE STERLING HEIGHTS, MI 48312  <input type="checkbox"/> Fund Raiser	Purpose: <u>OFFICE SUPPLIES</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/28/2023</u> Date	\$ <u>225.19</u>
Expenditure #2 Name <b>ACT BLUE</b>  Address 366 SUMMER ST SOMERVILLE, MA 02144  <input type="checkbox"/> Fund Raiser	Purpose: <u>ACT BLUE BANK FEES</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/29/2023</u> Date	\$ <u>20.53</u>
Expenditure #3 Name <b>OFFICE DEPOT</b>  Address 37600 VAN DYKE AVE STERLING HEIGHTS, MI 48312  <input type="checkbox"/> Fund Raiser	Purpose: <u>OFFICE SUPPLIES</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/01/2023</u> Date	\$ <u>40.27</u>
Expenditure #4 Name <b>ORIGINAL PRINT SHOPPE</b>  Address 270 S TELEGRAPH RD PONTIAC, MI 48341  <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING EXPENSE FOR WALK LIT</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/07/2023</u> Date	\$ <u>424.00</u>
Expenditure #5 Name <b>WARREN STERLING HEIGHTS AREA DEMOCRATIC CLUB</b>  Address 4753 STILWELL DR WARREN, MI 48092  <input type="checkbox"/> Fund Raiser	Purpose: <u>WARREN STERLING HEIGHTS PAC DINNER TICKET</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/07/2023</u> Date	\$ <u>100.00</u>

Subtotal this page **809.99**

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**ITEMIZED EXPENDITURES**  
**SCHEDULE 1B**  
**CANDIDATE COMMITTEE**

1. Committee I. D. Number 140265  
2. Committee Name CTE LORI STONE MAYOR

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>HUNTINGTON BANK</b>  Address 29333 HOOVER RD WARREN, MI 48093  <input type="checkbox"/> Fund Raiser	Purpose: <b>BANK FEES</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	05/15/2023 Date	\$ <b>5.00</b>
Expenditure #2 Name <b>OFFICE DEPOT</b>  Address 37600 VAN DYKE AVE STERLING HEIGHTS, MI 48312  <input type="checkbox"/> Fund Raiser	Purpose: <b>OFFICE SUPPLIES</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	05/19/2023 Date	\$ <b>172.94</b>
Expenditure #3 Name <b>JENNIFER ORESTI</b>  Address 23816 GROVE ST ST CLAIR SHORES, MI 48080  <input type="checkbox"/> Fund Raiser	Purpose: <b>CAMPAIGN MANAGER</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	05/19/2023 Date	\$ <b>387.50</b>
Expenditure #4 Name <b>ORIGINAL PRINT SHOPPE</b>  Address 270 S TELEGRAPH RD PONTIAC, MI 48341  <input type="checkbox"/> Fund Raiser	Purpose: <b>PRINTING WALK LIT</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	05/20/2023 Date	\$ <b>424.00</b>
Expenditure #5 Name <b>ACT BLUE</b>  Address 366 SUMMER ST SOMERVILLE, MA 02144  <input type="checkbox"/> Fund Raiser	Purpose: <b>BANK FEES</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	05/31/2023 Date	\$ <b>30.45</b>

Subtotal this page **1,019.89**

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**ITEMIZED EXPENDITURES**  
**SCHEDULE 1B**  
**CANDIDATE COMMITTEE**

1. Committee I. D. Number 140265  
2. Committee Name CTE LORI STONE MAYOR

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>JENNIFER ORESTI</b>  Address 23816 GROVE ST ST CLAIR SHORES, MI 48080  <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN MANAGER</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/01/2023</u> Date	\$ <u>475.00</u>
Expenditure #2 Name <b>ORIGINAL PRINT SHOPPE</b>  Address 270 S TELEGRAPH RD PONTIAC, MI 48341  <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINT WALK LIT</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/04/2023</u> Date	\$ <u>636.00</u>
Expenditure #3 Name <b>ORIENTAL TRADING</b>  Address 4206 S 108TH ST OMAHA, NE 68137  <input type="checkbox"/> Fund Raiser	Purpose: <u>NON-FUNDRAISER EVENT</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/15/2023</u> Date	\$ <u>165.34</u>
Expenditure #4 Name <b>HUNTINGTON BANK</b>  Address 29333 HOOVER RD WARREN, MI 48093  <input type="checkbox"/> Fund Raiser	Purpose: <u>BANK FEE</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/15/2023</u> Date	\$ <u>5.00</u>
Expenditure #5 Name <b>COSTCO WAREHOUSE</b>  Address 30550 STEPHENSON HWY MADISON HEIGHTS, MI 48071  <input type="checkbox"/> Fund Raiser	Purpose: <u>NONFUNDRAISING EVENT - FOOD FOR CONSTITUENTS</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/16/2023</u> Date	\$ <u>78.11</u>

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**1,359.45**

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**ITEMIZED EXPENDITURES**  
**SCHEDULE 1B**  
**CANDIDATE COMMITTEE**

1. Committee I. D. Number 140265  
2. Committee Name CTE LORI STONE MAYOR

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>COSTCO WAREHOUSE</b>  Address 30550 STEPHENSON HWY MADISON HEIGHTS, MI 48071  <input type="checkbox"/> Fund Raiser	Purpose: <u>NON FUNDRAISING EVENT - FOOD FOR CONSTITUENTS</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/20/2023</u> Date	\$ <u>139.85</u>
Expenditure #2 Name <b>ALLIED MEDIA</b>  Address 240 N FENWAY DR FENTON, MI 48430  <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN MAILING</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/21/2023</u> Date	\$ <u>1,306.24</u>
Expenditure #3 Name <b>JENNIFER ORESTI</b>  Address 23816 GROVE ST ST CLAIR SHORES, MI 48080  <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN MANAGER</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/26/2023</u> Date	\$ <u>1,087.50</u>
Expenditure #4 Name <b>PROFESSIONAL PARTY PLANNER, INC.</b>  Address 1117 PINE ST GRAND LEDGE, MI 48837  <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>FUNDRAISER FOOD</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/28/2023</u> Date	\$ <u>398.00</u>
Expenditure #5 Name <b>C&amp;G NEWSPAPERS</b>  Address 13650 E ELEVEN MILE RD WARREN, MI 48089  <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN ADVERTISEMENT STICKERS</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/28/2023</u> Date	\$ <u>3,485.82</u>

Subtotal this page **6,417.41**

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**ITEMIZED EXPENDITURES**  
**SCHEDULE 1B**  
**CANDIDATE COMMITTEE**

1. Committee I. D. Number 140265  
2. Committee Name CTE LORI STONE MAYOR

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
<b>Expenditure #1</b> Name <b>OFF DUTY WEAR, INC.</b>  Address <b>PO BOX 99364</b> <b>Troy, MI 48099</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>CAMPAIGN T-SHIRTS</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>06/29/2023</b> Date	\$ <b>975.00</b>
<b>Expenditure #2</b> Name <b>UNITED STATES POSTAL SERVICE</b>  Address <b>28401 MOUND RD</b> <b>WARREN, MI 48090</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>POSTAGE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>06/29/2023</b> Date	\$ <b>480.00</b>
<b>Expenditure #3</b> Name <b>UNITED STATES POSTAL SERVICE</b>  Address <b>28401 MOUND RD</b> <b>WARREN, MI 48090</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>POSTAGE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>06/29/2023</b> Date	\$ <b>355.20</b>
<b>Expenditure #4</b> Name <b>ACT BLUE</b>  Address <b>366 SUMMER ST</b> <b>SOMERVILLE, MA 02144</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>BANK FEES</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>06/30/2023</b> Date	\$ <b>92.37</b>
<b>Expenditure #5</b> Name <b>AMERICAN GRAPHICS PRINTING</b>  Address <b>34895 GROESBECK HWY</b> <b>CLINTON TWP, MI 48035</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>PRINT CAMPAIGN YARD SIGNS</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>06/30/2023</b> Date	\$ <b>800.30</b>

Subtotal this page **2,702.87**  
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**ITEMIZED EXPENDITURES**  
**SCHEDULE 1B**  
**CANDIDATE COMMITTEE**

1. Committee I. D. Number 140265  
2. Committee Name CTE LORI STONE MAYOR

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>OFFICE DEPOT</b>  Address <b>37600 VAN DYKE AVE STERLING HEIGHTS, MI 48312</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN OFFICE SUPPLIES</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/02/2023</u> Date	\$ <u>308.16</u>
Expenditure #2 Name <b>LEXINGTON TOWNHOUSE CLUBHOUSE</b>  Address <b>8181 HETTENBERGER AVE WARREN, MI 48093</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>LEXINGTON TOWNHOUSE COOP CLUBHOUSE RESERVATION</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/06/2023</u> Date	\$ <u>300.00</u>
Expenditure #3 Name <b>LOWE'S</b>  Address <b>31140 VAN DYKE AVE WARREN, MI 48093</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>LAWN SIGN SUPPLIES</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/07/2023</u> Date	\$ <u>21.16</u>
Expenditure #4 Name <b>JENNIFER ORESTI</b>  Address <b>23816 GROVE ST ST CLAIR SHORES, MI 48080</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN MANAGER</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/08/2023</u> Date	\$ <u>450.00</u>
Expenditure #5 Name <b>HUNTINGTON BANK</b>  Address <b>29333 HOOVER RD WARREN, MI 48093</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>BANK FEES</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/17/2023</u> Date	\$ <u>5.00</u>

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**1,084.32**

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**ITEMIZED EXPENDITURES**  
**SCHEDULE 1B**  
**CANDIDATE COMMITTEE**

1. Committee I. D. Number 140265  
2. Committee Name CTE LORI STONE MAYOR

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>DOLLAR TREE</b>  Address 5590 TWELVE MILE RD WARREN, MI 48092  <input type="checkbox"/> Fund Raiser	Purpose: <b>EVENT SUPPLIES</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/17/2023 Date	\$ <b>10.60</b>
Expenditure #2 Name <b>ACT BLUE</b>  Address 366 SUMMER ST SOMERVILLE, MA 02144  <input type="checkbox"/> Fund Raiser	Purpose: <b>BANK FEES</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/20/2023 Date	\$ <b>13.75</b>
Expenditure #3 Name <b>JENNIFER ORESTI</b>  Address 23816 GROVE ST ST CLAIR SHORES, MI 48080  <input type="checkbox"/> Fund Raiser	Purpose: <b>CAMPAIGN MANAGER</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/23/2023 Date	\$ <b>525.00</b>
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  <a href="#">Click Here for Memo Itemization Type</a>	_____ 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  <a href="#">Click Here for Memo Itemization Type</a>	_____ Date	\$ _____

Subtotal this page	<b>549.35</b>
Grand Total of all Schedules 1B (Complete on last page of Schedule)	<b>23,932.05</b>

Enter this total  
on line 8a of  
Summary Page



**FUND RAISER SCHEDULE 1F  
CANDIDATE COMMITTEE**

1. Committee I.D. Number **140265**  
2. Committee Name **CTE LORI STONE MAYOR**

**- USE A SEPARATE SHEET FOR EACH EVENT -**

3. Date Event Was Held  <b>01/28/2023</b>	4. Number of Individuals Attending or Participating (whichever is greater)  <b>86</b>	5. Type of Fund Raising Activity  <b>KICKOFF FUNDRAISER</b>	6. Address and Name (If any) of the place where the activity was held. <b>IUPAT/PAINTERS UNION</b> <b>14587 BARBER AVE</b> <b>WARREN, MI 48088</b> <input type="checkbox"/> Private Residence
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7. Total Contributions **6,874.99**  
8. Other Receipts **0.00**  
9. Gross Receipts (Add lines 7 and 8) **6,874.99**  
10. Total Cost of Event **1,454.50**  
(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.



**FUND RAISER SCHEDULE 1F  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140265  
2. Committee Name CTE LORI STONE MAYOR

**- USE A SEPARATE SHEET FOR EACH EVENT -**

3. Date Event Was Held  <u>05/17/2023</u>	4. Number of Individuals Attending or Participating (whichever is greater)  <u>10</u>	5. Type of Fund Raising Activity  <u>LANSING FUNDRAISER</u>	6. Address and Name (If any) of the place where the activity was held. <u>MML</u> <u>108 N CAPITOL AVE</u> <u>LANSING, MI 48933</u> <input type="checkbox"/> Private Residence
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7. Total Contributions 100.00  
8. Other Receipts 0.00  
9. Gross Receipts (Add lines 7 and 8) 100.00  
10. Total Cost of Event 398.00  
(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 (%)
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

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- 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 **140265**  
2. Committee Name **CTE LORI STONE MAYOR**

**- USE A SEPARATE SHEET FOR EACH EVENT -**

3. Date Event Was Held  <b>06/17/2023</b>	4. Number of Individuals Attending or Participating (whichever is greater)  <b>42</b>	5. Type of Fund Raising Activity  S'MORE MAKING FUNDRAISER	6. Address and Name (If any) of the place where the activity was held. HOSTS AMY SCHEID & NICOLLE PIERNAK HOME 4544 BAYLISS AVE WARREN, MI 48091 <input checked="" type="checkbox"/> Private Residence
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7. Total Contributions **1,455.00**  
8. Other Receipts **0.00**  
9. Gross Receipts (Add lines 7 and 8) **1,455.00**  
10. Total Cost of Event **0.00**  
(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 (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.