

CANDIDATE COMMITTEE COVER PAGE

FILED 28 JUL 2023 PM 12:12

MACOMB COUNTY CLERK MT. CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

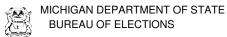
Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate. 3. This Statement covers From: 01/03/2023 to 07/23/2023 1. Committee I.D. Number 4. Candidate Last Name M.I. LORI STONE M 140265 4a. Office Sought Including District # or Community Served (If applicable) 2. Committee Name MAYOR, WARREN CTE LORI STONE MAYOR 4b. County of Residence MACOMB COUNTY 5. Committee's Mailing Address 6. Treasurer's Name & Residential Address P.O. BOX 1435 LORI M STONE **WARREN, MI 48090 27582 EVELYN WARREN, MI 48093** Area Code and Phone (586) 764-4317
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may Area Code & Phone (586) 764-4317 be sent to this address by the filing official. 7. Treasurer's Business Address 8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) **27582 EVELYN WARREN. MI 48093** Area Code and Phone (586) 764-4317 Area Code and Phone 9e. Dissolution of Candidate Committee 9. TYPE OF STATEMENT Required ONLY if candidate 9a. X Pre-Election OR 9b. Post-Election By checking this item I/We certify any outstanding debt is not on the ballot for the current year: by the committee to the candidate or his or her spouse is here Pre-Election or Post-Election Statement relates to: by discharged and forgiven, and no longer collectible from July Quarterly the committee. The committee has no oustanding assets, X Primary owes no lates fees or has any oustanding debt. October Quarterly General Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Convention Special Annual Statement (Effective date of dissolution Coverage Year School Amendment to Campaign Statement (Complete Item 9a, 9b , 9c or 9e to Caucus Note: The disposition of residual funds must be reported on indicate which Statement is being Schedule 1B and the Summary Page. amended.) Date of Election, Convention or Caucus 08/08/2023 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. Submitted electronically. Current Treasurer or signature on file 07/28/2023 Designated Record keeper Date Type or Print Name Signature Submitted electronically, 07/28/2023 signature on file Candidate Date Signature Type or Print Name

1. Committee I.D. Number 140265

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name CTE LORI STONE MAYOR

CANDIDATE COMMITTEE		
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		Cumulative this desitor cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 35,394.99	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ <u>35,394.99</u>	(18.) \$ _35,394.99
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ 0.00	(19.) \$ 0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>35,394.99</u>	(20.) \$ 35,394.99
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ 0.00	(21.) \$ 0.00
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ 0.00	(22.) \$ 0.00
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ 23,932.05	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ 0.00	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ 0.00	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ 23,932.05	(23.) \$ 23,932.05
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$ 0.00	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ 0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(100.) \$ 0.00	(24.) \$ 0.00
DEBTS AND OBLIGATIONS	(11.) \$	(24.) \$
12. Debts and Obligationsa. Owed by the Committee (Schedule 1E)	(12a.) \$ 0.00	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ 0.00	
 13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period (Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15) 	BALANCE STATEMENT (13.) \$ 0.00 (14.) + \$ 35,394.99 (15.) = \$ 35,394.99 (16.) - \$ 23,932.05 (17.) \$ 11,462.94	*



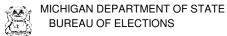
CANDIDATE COMMITTEE

1. Committee I.D. Number

140265

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? YES 4. Date of Receipt 01/13/2023 Name & Address: COMMITTEE TO ELECT LORI STONE 27582 EVELYN AVE Warren, MI 48093	\$22,000.00	_{\$} 22,000.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Loan from a person Fund Raiser	-	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 01/19/2023		
Name & Address JANICE RIERA 1023 GREENTREE RD BLOOMFIELD TWP, MI 48304	§ 250.00	§ 250.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIREE Employer NOT APPLICABLE		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 01/19/2023 Name & Address: LAURA VICTORY 23106 AUDREY AVE WARREN, MI 48091	_{\$} 100.00	_{\$} _100.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 01/21/2023		
ANDREA SCHEID 30733 WINTHROP DR MADISON HEIGHTS, MI 48071	_{\$} 1,000.00	_{\$_} 1,000.00
5. If over \$100.00 cumulative, please provide:		
Occupation PEDIATRICIAN Employer COREWELL/BEAUMONT ROYAL OAK HEALTH SYSTEM		
Business Address 3601 W 13 MILE RD, ROYAL OAK, MI 48073		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	23,350.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	
Page 1 of 35	line 3a of Summary Page.	



SCHEDULE 1A

1. Committee I.D. Number _

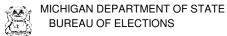
140265

CANDIDATE COMMITTEE 2. Committee

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 01/21/2023 Name & Address: RANDALL M YOUNG 13250 IRVINGTON DR WARREN, MI 48088	_{\$} 250.00	_{\$} 250.00
5. If over \$100.00 cumulative, please provide: Occupation PROFESSOR Employer MACOMB COMMUNITY COLLEGE Business Address 14500 TWELVE MILE RD, WARREN, MI 48088 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 01/21/2023 Name & Address EARL CLARK 4649 E THIRTEEN MILE RD WARREN, MI 48092	\$50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 01/21/2023 Name & Address: JACQUELINE KELLY 2524 CHALK FARM RD N WARREN, MI 48091	§ 30.00	_{\$} 30.00
5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 01/22/2023 DEBRA CUSMANO 31201 HOOVER RD WARREN, MI 48093	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	380.00 Enter this total on	-

 $_{\text{Page}}$ 2 $_{\text{of}}$ 35



1. Committee I.D. Number

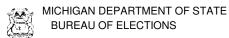
140265

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? YES 4. Date of Receipt 01/23/2023 Name & Address: BIRDIE NASH 29484 ASHLAND AVE APT 103 HARRISON TWP, MI 48045 5. If over \$100.00 cumulative, please provide:	_{\$} 25.00	_{\$} 25.00
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 01/23/2023 Name & Address LAURIE ARTZ 3069 TUXEDO DR WARREN, MI 48092	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 01/25/2023 Name & Address: HEIDI BENNET 1520 MARTHA AVE ANN ARBOR, MI 48103	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 01/25/2023 Name & Address DEBORAH DESANTIS 40331 SADDLEWOOD DR STERLING HEIGHTS, MI 48313	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtota	225.00	
Grand Total of All Schedules 1/		
(Complete on last page of Schedule	Enter this total on	<u>-</u>

Page 3 of 35



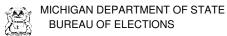
1. Committee I.D. Number

140265

CANDIDATE COMMITTEE

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 01/25/2023 Name & Address: GERALD HASSPACHER KENNEDY CIR UNIT 1 WARREN, MI 48093 5. If over \$100.00 cumulative, please provide:	_{\$} 40.00	_{\$} 40.00
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 01/25/2023 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: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 01/26/2023 Name & Address: VONDA SIMPSON 30725 ELK ST NEW HAVEN, MI 48048	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 01/27/2023 Name & Address KELLY JONES 2809 RENSHAW DR TROY, MI 48085	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser	ı	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 4 of 35	Enter this total on line 3a of Summary Page.	



CANDIDATE COMMITTEE

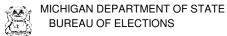
140265 1. Committee I.D. Number

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? YES 4. Date of Receipt 01/27/2023 Name & Address: AFSCME - PAC WARREN LOCAL 1917 4345 TUXEDO DR WARREN, MI 48092 5. If over \$100.00 cumulative, please provide: Occupation Employer	_{\$} 100.00	_{\$} 100.00
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 01/27/2023 Name & Address GEORGE CHAPP 4753 STILWELL DR WARREN, MI 48092	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide: Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 01/27/2023 Name & Address: DANIEL KUNERT 32328 COLUMBUS DR WARREN, MI 48088	_{\$} 100.00	_{\$} 100.00
If over \$100.00 cumulative, please provide: Occupation		
Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 01/27/2023 Name & Address ALLEN SALYER 1657 WELLING DR TROY, MI 48085	_{\$} 35.00	_{\$} 35.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer Business Address Loan from a person		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	285.00 Enter this total on line 3a of Summary	-

Page O of 35

Page.

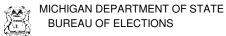


1. Committee I.D. Number

140265

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? YES 4. Date of Receipt 01/27/2023 Name & Address: ROBIN STONE 26421 WOODLAND DR CHESTERFIELD, MI 48051	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 01/28/2023		
Name & Address SUSAN BREWER 24230 KAREN AVE WARREN, MI 48091	§ 250.00	_{\$} 250.00
5. If over \$100.00 cumulative, please provide:		
Occupation WAREHOUSE WORKER Employer SCHREIBER ROOFING		
Business Address 29945 BECK RD, WIXOM, MI 48393		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 01/28/2023 Name & Address: FREDERICK HUEBENER 12014 CARNEY ST WARREN, MI 48089	_{\$} 250.00	_{\$} 250.00
5. If over \$100.00 cumulative, please provide:		
Occupation PROPERT MANAGER Employer SELF EMPLOYED		
Business Address 11955 FRAZHO RD, WARREN, MI 48089		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 01/28/2023 Name & Address CARL HOENLE 3462 MICHAEL AVE	50.00	50.00
WARREN, MI 48091	_{\$} 50.00	_{\$_} 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	575.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	
Page 6 of 35	line 3a of Summary Page.	

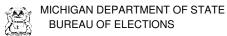


140265

1. Committee I.D. Number

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 01/28/2023 Name & Address: EUGENIA PALMER 11295 TARA DR WARREN, MI 48093 5. If over \$100.00 cumulative, please provide:	_{\$} 100.00	_{\$} 100.00
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 01/28/2023 Name & Address DONALD WEATHERSPOON 8942 E SAGINAW ST BATH TWP, MI 48840	\$200.00	_{\$} 200.00
5. If over \$100.00 cumulative, please provide: Occupation RETIREE Employer NOT APPLICABLE Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 01/28/2023 Name & Address: JEANNE HUNTON 8831 INDEPENDENCE DR STERLING HEIGHTS, MI 48313	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 01/28/2023 Name & Address GERALDINE BARCLAY 32241 SOUTHFIELD RD BEVERLY HILLS, MI 48025 5. If over \$100.00 cumulative, please provide: Occupation Employer	_{\$} 50.00	_{\$} 50.00
Business Address		
Type of Contribution: Loan from a person Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 7 of 35	Enter this total on line 3a of Summary Page.	



1. Committee I.D. Number

140265

CANDIDATE COMMITTEE 2. Commit

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? YES 4. Date of Receipt 01/28/2023 Name & Address: KEITH GRABOSKE 30145 OHMER DR WARREN, MI 48092 5. If over \$100.00 cumulative, please provide:	_{\$} 50.00	_{\$} 50.00
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
Essan norma person		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 01/28/2023 Name & Address JUDITH SIMA 7433 PARKDALE RD West Bloomfield, MI 48322	_{\$} 100.00	_{\$} _100.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 01/28/2023 Name & Address: GEORGE MASTIN 32773 MCCONNELL CT WARREN, MI 48092	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 01/28/2023 Name & Address DIANE MASTIN 32773 MCCONNELL CT WARREN, MI 48092	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	225.00 Enter this total on	

Page 8 of 35



1. Committee I.D. Number

140265

CANDIDATE COMMITTEE

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 01/28/2023 Name & Address: GEORGE-MICHAEL HIGGINS 28045 MAVIS DR WARREN, MI 48088 5. If over \$100.00 cumulative, please provide:	_{\$} 99.99	_§ 99.99
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 01/28/2023 Name & Address MARY MATACZYNSKI 28572 ASPEN WARREN, MI 48093	\$50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 01/28/2023 Name & Address: JOHN SPICA 53978 CONNOR DR CHESTERFIELD, MI 48051	§ 30.00	_{\$} 30.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 01/28/2023 Name & Address AMY SCHEID 4544 BAYLISS AVE WARREN, MI 48091	_{\$} 250.00	_{\$} 250.00
5. If over \$100.00 cumulative, please provide:		
Occupation SALES ASSOCIATE Employer TARGET CORPORATION		
Business Address Type of Contribution: Direct Direct		
Page Subtotal	429.99	
Grand Total of All Schedules 1A (Complete on last page of Schedule) Page _ of _ 35	Enter this total on line 3a of Summary Page.	



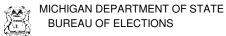
1. Committee I.D. Number

140265

CTE LORI STONE MAYOR

CANDIDATE COMMITTEE 2. Committee Name Enter contributor's name and address. If contribution is from an individual, enter last name, first name, 6. Amount 7. Cumulative for middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Election Cycle for Each Committee (PAC) Report all contributions regardless of amount. Contributor (Through date of receipt) PAC Receipt? 3. Contribution # 1 4. Date of Receipt 01/28/2023 Name & Address: **DANIEL LINARES** 27705 WESTCOTT CRESCENT CIR _s 250.00 _s 250.00 FARMINGTON HILLS, MI 48334 5. If over \$100.00 cumulative, please provide: Employer BROTHER RICE HIGH SCHOOL Occupation TEACHER Business Address 7101 LAHSER RD, BLOOMFIELD HILLS, MI 48301 Type of Contribution: Direct **Fund Raiser** Loan from a person 3. Contribution #2 YES 4. Date of Receipt 01/28/2023 PAC Receipt? Name & Address RENEE WATSON _s 50.00 \$ 50.00 3620 GLENBROOK DR LANSING, MI 48911 5. If over \$100.00 cumulative, please provide: Occupation _ Business Address _ Type of Contribution: Direct **Fund Raiser** Loan from a person 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 01/28/2023 Name & Address: CARMI FINN \$ 50.00 \$ 50.00 32632 DESMOND DR **WARREN, MI 48093** 5. If over \$100.00 cumulative, please provide: Occupation _ Employer_ Business Address Direct Type of Contribution: Loan from a person **Fund Raiser** 3. Contribution # 4 PAC Receipt? 4. Date of Receipt 01/28/2023 Name & Address SUE PAULING 27255 NORMA AVE _s 50.00 _s 50.00 **WARREN**, MI 48093 5. If over \$100.00 cumulative, please provide: Occupation_ Employer _ **Business Address** Type of Contribution: Fund Raiser Direct Loan from a person Page Subtotal 400.00 Grand Total of All Schedules 1A (Complete on last page of Schedule)

 $_{Page}$ 10 $_{of}$ 35



1. Committee I.D. Number

140265

CANDIDATE COMMITTEE

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 01/28/2023 Name & Address: HAVILAND JEREMY 17840 ELIZABETH ST ROSEVILLE, MI 48066	_{\$} 20.00	_{\$} 20.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 01/28/2023		
HUWAIDA ARRAF 45836 EDEN DR MACOMB, MI 48044	_{\$} 30.00	§ 30.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 01/28/2023 Name & Address: ANNE MORRELL 1475 ANTLER CT ROCHESTER HILLS, MI 48309	\$ 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 01/28/2023 Name & Address ANNE ERICKSON-GAULT 5910 DIAMOND DR TROY, MI 48085	_{\$} 100.00	_{\$} _100.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		,
Page Subtotal	250.00	_
Grand Total of All Schedules 1A (Complete on last page of Schedule)		J
Page 11 of 35	Enter this total on line 3a of Summary Page.	



SCHEDULE 1A

1. Committee I.D. Number

140265

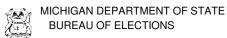
CANDIDATE COMMITTEE 2. Comm

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 01/28/2023 Name & Address: CHRISTINA BERTRAND 4817 LA CHENE DR WARREN, MI 48092	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 01/28/2023 Name & Address ROBIN TESTASECCA 21649 BEHRENDT AVE WARREN, MI 48091	<u>\$</u> 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 Name & Address: JASON GRUNENWALD 1061 HAMPTON RD MT CLEMENS, MI 48043 5. If over \$100.00 cumulative, please provide:	\$ 20.00	_{\$} 20.00
Occupation Employer		
Disappea Address		
Type of Contribution: ☐ Direct ☐ Loan from a person ✓ Fund Raiser	=	_
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 01/28/2023 PHYLLIS MAKUCH 21506 BLACKMAR AVE WARREN, MI 48091	_{\$} 20.00	_{\$} 20.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	240.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

 $_{\text{Page}}\underline{12}_{\text{of}}\underline{35}$

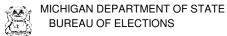


1. Committee I.D. Number

140265

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? YES 4. Date of Receipt 01/28/2023 Name & Address: ANNIE COVERT 20833 ATLANTIC AVE WARREN, MI 48091 5. If over \$100.00 cumulative, please provide: Occupation RETIREE Employer RETIRED	_{\$} 100.00	_{\$} 120.00
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 01/29/2023 Name & Address DEBBIE GRIGGS 49336 KILKENNY DR MACOMB, MI 48044	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide: Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 01/29/2023 Name & Address: WILLIAM MAURO 5130 NEWPORT CT ROCHESTER, MI 48306	\$200.00	_{\$} 200.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIREE Employer NOT APPLICABLE		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 01/29/2023 Name & Address TINA BRAY 40557 BRENDA LN NOVI, MI 48375	_{\$} 100.00	_{\$_} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	425.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 13 of 35		



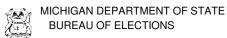
1. Committee I.D. Number

140265

CANDIDATE COMMITTEE

2. Committee Name CTE LORI STONE MAYOR

Enter contributor's nar middle initial. Check to Committee (PAC) Rep	ox to indicate if con	tribution is from a I	Political Committ	nter last name, first name, ee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: THOMAS STOI 23823 VIRGINI WARREN, MI 4	Α	YES 4	. Date of Receip	1 01/29/2023	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cun	nulative, please pro	ovide:				
Occupation		Employer				
Business Address			· · · · · · · · · · · · · · · · · · ·			
Type of Contribution:	Direct	Loan from a	person	Fund Raiser		
3. Contribution #2 Name & Address	PAC Receipt?	YES 4.	Date of Receipt	01/30/2023		
MATTHEW STO 28 BUENA VIS ARLINGTON, M	TA RD				<u>\$ 100.00</u>	<u>\$ 100.00</u>
5. If over \$100.00 cum	nulative, please pro	ovide:				
Occupation		Employer				
Business Address						
Type of Contribution:	Direct	Loan from a p	erson 🔽	Fund Raiser		
3. Contribution # 3 Name & Address: ANNE HILL 24385 KINGS F NOVI, MI 4837	_	YES 4	. Date of Receip	ot <u>01/31/2023</u>	_{\$} 150.00	_{\$} 150.00
5. If over \$100.00 cun	nulative, please pro	ovide:				
Occupation RETIR	ED	_ Employer NC	OT APPLIC	CABLE		
Business Address Type of Contribution:	Direct	Loan from a	porson [4]	Fund Driver		
3. Contribution # 4				Fund Raiser	=	
Name & Address LYNNE NOELK 41578 SUNNYI NORTHVILLE,	DALE LN	YES	4. Date of Hecel	pt <u>02/01/2023</u>	_{\$} 100.00	_{\$_} 100.00
5. If over \$100.00 cun	nulative, please pro	ovide:				
Occupation		Employer _				
Business Address	_ <u></u>	. <u></u>				
Type of Contribution:	Direct	Loan from a	person	Fund Raiser		
				Page Subtotal	400.00	
				nd Total of All Schedules 1A ete on last page of Schedule)	Enter this total on	
Page 14 of 35	_				line 3a of Summary Page.	



SCHEDULE 1A

1. Committee I.D. Number

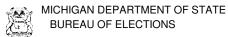
140265

CANDIDATE COMMITTEE 2. Committee

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? YES 4. Date of Receipt 02/03/2023 Name & Address: WILLIAM MCGLYNN 16426 SUDBURY CT MACOMB, MI 48044 5. If over \$100.00 cumulative, please provide:	_{\$} 50.00	_{\$} 50.00
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 02/03/2023 Name & Address COMMITTEE TO ELECT ROBERT BINSON 7356 VOERNER AVE CENTER LINE, MI 48015	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 02/03/2023 Name & Address: JAMES HAADSMA 249 SNOW AVE BATTLE CREEK, MI 49037 5. If over \$100.00 cumulative, please provide:	§ 50.00	_{\$} 50.00
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 02/04/2023 Name & Address KEITH TONN 43622 RIVERGATE DR CLINTON TWP, MI 48038 5. If over \$100.00 cumulative, please provide:	_{\$} 50.00	_{\$} 50.00
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	250.00 Enter this total on	

Page 15 of 35



CANDIDATE COMMITTEE

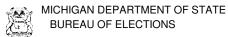
140265 1. Committee I.D. Number

Page.

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 02/06/2023 Name & Address: ANGELA ROGENSUES 13254 COMMON RD WARREN, MI 48088	_{\$} 500.00	_{\$} 500.00
5. If over \$100.00 cumulative, please provide: Occupation FOUNDER Employer COMMON ROAD ADVISORS, LLC		
Business Address 13254 COMMON RD, WARREN, MI 48088		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 02/06/2023 Name & Address		
MARY KATHLEEN SWAN 31720 LEXINGTON ST WARREN, MI 48092	_{\$} 50.00	§ 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 02/10/2023 NINA ABRAMS 12959 TALBOT LN HUNTINGTON WOODS, MI 48070	\$ 250.00	_{\$} 250.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer NOT APPLICABLE		
Business Address		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 02/11/2023 Name & Address LINDA KOCH 30563 RIDGEFIELD AVE WARREN, MI 48088	_{\$} 50.00	_{\$_} 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	850.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
16 35	Enter this total on line 3a of Summary	

Page 16 of 35



1. Committee I.D. Number

140265

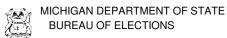
CANDIDATE COMMITTEE

CTE LORI STONE MAYOR

Enter contributor's name and address. If c middle initial. Check box to indicate if cont Committee (PAC) Report <u>all</u> contributions	tribution is from a Political Co		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? Name & Address: ELIZABETH HUCK 27576 EVELYN AVE WARREN, MI 48093	YES 4. Date of R	Deceipt 02/20/2023	_{\$} 20.00	_{\$} 20.00
5. If over \$100.00 cumulative, please pro	ovide:			
Occupation	Employer			
Business Address		- <u></u>		
Type of Contribution: V Direct	Loan from a person	Fund Raiser		
3. Contribution #2 PAC Receipt?	YES 4. Date of R	eceipt 02/21/2023	-	
Name & Address				
RITA BROWN E MAPLE RD			_s 100.00	_{\$} 100.00
TROY, MI 48083			\$ 100.00	<u>\$ 100.00</u>
5. If over \$100.00 cumulative, please pro	ovide:			
Occupation	_ Employer			
Business Address				
Type of Contribution: Direct	Loan from a person	Fund Raiser		
3. Contribution # 3 PAC Receipt? Name & Address: JANICE KOSI 18901 BRIGHTON DR MACOMB, MI 48042	YES 4. Date of F	Receipt 03/04/2023	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please pro				
Occupation	_ Employer			
Business Address Direct	Loan from a person	Fund Raiser		
3. Contribution # 4 PAC Receipt?	<u> </u>			
Name & Address JENNIFER GOULAH 3756 NORBERT AVE WARREN, MI 48091	YES 4. Date of	Receipt <u>03/04/2023</u>	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please pro	ovide:			
Occupation	Employer			
Business Address				
Type of Contribution: Direct	Loan from a person	Fund Raiser		
		Page Subtotal	245.00	
		Grand Total of All Schedules 1A		-
	(C	Complete on last page of Schedule)	Enter this total on	_l
17 . 35			line 3a of Summary	

Page of of

Page.



1. Committee I.D. Number

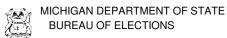
140265

CTE LORI STONE MAYOR

Enter contributor's name and address. If c middle initial. Check box to indicate if cont Committee (PAC) Report <u>all</u> contributions	ribution is from a Political		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? Name & Address: BRADLEY O DONNELL 6685 AUBURN RD UTICA, MI 48317	YES 4. Date o	of Receipt 03/05/2023	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please pro Occupation DIRECTOR OF DEVELOPMEN Business Address		ACE FOR AUTISTIC CHILDREN		
Type of Contribution: Direct	Loan from a person	Fund Raiser		
3. Contribution #2 PAC Receipt? Name & Address SARAH GAGNON 1390 LARKMOOR BLVD BERKLEY, MI 48072	YES 4. Date o	f Receipt <u>03/11/2023</u>	_{\$} 50.00	\$ 50.00
5. If over \$100.00 cumulative, please pro Occupation TEACHER		ALD PUBLIC SCHOOLS		
Business Address		 		
Type of Contribution:	Loan from a person	Fund Raiser		
3. Contribution # 3 PAC Receipt? Name & Address: LAURA KROPP 15 BELLEVIEW ST MT CLEMENS, MI 48043	YES 4. Date of	of Receipt 03/23/2023	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please pro	vide:			
Occupation	_ Employer			
Business Address				
Type of Contribution: Direct	Loan from a person	Fund Raiser		
3. Contribution # 4 PAC Receipt? Name & Address MARK JOHNSON 33607 SHIAWASSEE ST FARMINGTON, MI 48335	YES 4. Date	of Receipt <u>03/25/2023</u>	_{\$} 100.00	_{\$} _100.00
5. If over \$100.00 cumulative, please pro	vide:			
Occupation	Employer			
Business Address	- <u></u>			
Type of Contribution: Direct	Loan from a person	Fund Raiser		
		Page Subtotal	350.00	_
		Grand Total of All Schedules 1A		
18 35		(Complete on last page of Schedule)	Enter this total on line 3a of Summary	

Page 10 of 00

Page.



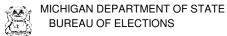
1. Committee I.D. Number

140265

CANDIDATE COMMITTEE 2. Committee

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? YES 4. Date of Receipt 03/25/2023 Name & Address: MONICA BIHAR-NATZKE 11347 LOGINAW DR WARREN, MI 48089 5. If over \$100.00 cumulative, please provide: Occupation Employer	_{\$} 25.00	_{\$} 25.00
Business Address Type of Contribution: Direct Loan from a person Fund Raiser	_	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 03/27/2023 Name & Address DENNIS DRAGOTTA 36000 JEFFERSON AVE K109 HARRISON TWP, MI 48045 5. If over \$100.00 cumulative, please provide:	_{\$} 50.00	_{\$} 50.00
Occupation Employer Business Address Type of Contribution:		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 03/31/2023 Name & Address: SHANIA CHEHAB 45787 KENSINGTON ST UTICA, MI 48317	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer Business Address Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 03/31/2023 Name & Address MICHAEL CHEHAB 38410 WESTCHESTER RD STERLING HEIGHTS, MI 48310	_{\$} 20.00	_{\$} 20.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Page Subtotal	145.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule) Page	Enter this total on line 3a of Summary Page.	



1. Committee I.D. Number

140265

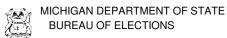
CANDIDATE COMMITTEE

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 04/03/2023 Name & Address: NANCY DESANTIS 1296 WELLAND DR ROCHESTER, MI 48306 5. If over \$100.00 cumulative, please provide: Occupation PHYSICIAN Employer PREMIER PHYSICAL MEDICINE AND REHABILITATION OF MI	_{\$} 200.00	_{\$} 200.00
Business Address 33717 WOODWARD AVE, #416, BIRMINGHAM, MI 48009 Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 04/03/2023 Name & Address CONSTANCE TUCKER 2515 FRED ST WARREN, MI 48092	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer Business Address Type of Contribution: Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 04/09/2023 Name & Address: ALISA DIEZ 13526 TOWERING OAKS DR SHELBY TWP, MI 48315	_{\$} 15.00	_{\$} 15.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer Business Address Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 04/13/2023 Name & Address DEBBIE LEE 6946 SEA PL AVE ST. AUGUSTINE, FL 32086	_{\$} 20.00	_{\$} 20.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	285.00 Enter this total on line 3a of Summary	-

Page 20 of 35

Page.

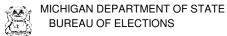


140265

1. Committee I.D. Number

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 04/16/2023 Name & Address: LEIGH BENIGNI 2165 WALTER CT WARREN, MI 48092	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide: Occupation RECEPTIONIST Employer PARKVIEW ANIMAL HOSPITAL Business Address 1972 E ELEVEN MILE RD, WARREN, MI 48091 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 04/23/2023 Name & Address DANIEL FARR 23207 PORT ST ST CLAIR SHORES, MI 48082	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 05/05/2023 Name & Address: CARL HOENLE 3462 MICHAEL AVE WARREN, MI 48091	_{\$} 50.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer Business Address Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/07/2023 Name & Address JEFFREY MAY 24146 PATRICIA AVE WARREN, MI 48091	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	250.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 21 of 35	Enter this total on line 3a of Summary	J
Page of	Page.	



1. Committee I.D. Number

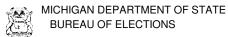
140265

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 05/07/2023 Name & Address: CAROL HOGAN 26653 TOM ALLEN DR WARREN, MI 48089 5. If over \$100.00 cumulative, please provide:	_{\$} 5.00	_{\$} 5.00
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/07/2023 Name & Address ADAM STONE 1200 VERBENA LN DEWITT, MI 48820	_{\$} 20.00	_{\$} 20.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 05/09/2023 Name & Address: ALISA DIEZ 13526 TOWERING OAKS DR SHELBY TWP, MI 48315	_{\$} 15.00	_{\$} 30.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/20/2023 Name & Address GARY CYNOWA 45451 FIELDING ST MACOMB, MI 48042	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	90.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	
22 25	line 3a of Summary	

Page 22 of 35

Page.



CANDIDATE COMMITTEE

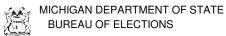
1. Committee I.D. Number _____140265

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 05/20/2023 Name & Address: CHARLENE GOIKE 14550 26 MILE RD SHELBY TWP, MI 48315	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer RETIRED		
Business Address Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/21/2023 Name & Address FAITH MAURO-HUSE 10907 BROOKHAVEN CT COLUMBIA, MD 21044	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution:		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 05/21/2023 PADMA KUPPA 4275 MARYWOOD DR TROY, MI 48085 5. If over \$100.00 cumulative, please provide:	_{\$} 250.00	_{\$} 250.00
Occupation UNEMPLOYED Employer UNEMPLOYED		
Business Address Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/22/2023 Name & Address HEIDI MUSZALL 424 E DRAYTON ST FERNDALE, MI 48220	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal	475.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	

 $_{\text{Page}}\underline{23}_{\text{of}}\underline{35}$



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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 05/23/2023 Name & Address: JOSEPH DAGNES 4428 GLENOAKS CT WARREN, MI 48092	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/24/2023 Name & Address PETE SUTLIFF 3957 BERKSHIRE AVE WARREN, MI 48091	_{\$} 100.00	_{\$_} 100.00
5. If over \$100.00 cumulative, please provide: Occupation PROFESSOR Employer WCCCD Business Address 3957 BERKSHIRE AVE, WARREN, MI 48091 Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 05/26/2023 Name & Address: RAFAYATH AHMED 2709 COMMON RD WARREN, MI 48092	_{\$} 5.00	§ 5.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/02/2023 RYAN FEWINS-BLISS 13764 MEAD CREEK RD BATH TWP, MI 48808	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation ASSISTANT DIRECTOR Employer MICHIAN COLLEGE ACCESS NETWORK		
Business Address 13764 MEAD CREEK RD, BATH TWP, MI 48808 Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal	230.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	J

Page 24 of 35

line 3a of Summary Page.



SCHEDULE 1A

1. Committee I.D. Number

140265

CANDIDATE COMMITTEE

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/03/2023 Name & Address: JOYCE RUSSELL 24274 HILL AVE WARREN, MI 48091	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/03/2023 Name & Address MARY MATACZYNSKI 28572 ASPEN WARREN, MI 48093	_{\$} 60.00	<u>\$ 110.00</u>
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer RETIRED		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/04/2023 Name & Address: JAMES MAURO 3533 JOSETTE LN LANSING, MI 48906 5. If over \$100.00 cumulative, please provide:	\$ 100.00	_{\$} 100.00
Occupation LAWYER Employer DICKENSON WRIGHT		
Business Address 123 W ALLEGAN ST, LANSING, MI 48933 Type of Contribution: Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/04/2023 Name & Address JOEL RUTHERFORD 5683 STORROW CT WARREN, MI 48092 5. If over \$100.00 cumulative, please provide: Occupation Employer	_{\$} 25.00	_{\$} 25.00
Cocapation Employer		
Business Address		
Type of Contribution: ☐ Direct ☐ Loan from a person ✔ Fund Raiser	005.00	
Page Subtotal	285.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	

 $_{\text{Page}}\underline{25}_{\text{of}}\underline{35}$



1. Committee I.D. Number

140265

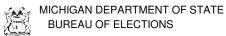
CANDIDATE COMMITTEE

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/04/2023 Name & Address: ANDREA SCHEID 30733 WINTHROP DR MADISON HEIGHTS, MI 48071	_{\$} 100.00	_{\$} 1,100.00
5. If over \$100.00 cumulative, please provide: Occupation PEDIATRICIAN Employer COREWELL/BEAUMONT ROYAL OAK HEALTH SYSTEM		
Business Address 3601 W 13 MILE RD, ROYAL OAK, MI 48073		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/06/2023 Name & Address MEGAN LOOMER		
214 N DORCHESTER AVE ROYAL OAK, MI 48067	\$ 100.00	<u>\$ 100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation PHYSICIAN Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/09/2023 Name & Address: ADAM STONE 1200 VERBENA LN DEWITT, MI 48820	_{\$} 20.00	_{\$} 40.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/09/2023 Name & Address CAROL HOGAN 26653 TOM ALLEN DR WARREN, MI 48089	_{\$} 5.00	_{\$} 10.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser	T	T
Page Subtotal	225.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
OC OF	Enter this total on line 3a of Summary	

Page 26 of 35

Page.

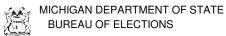


140265

1. Committee I.D. Number

CTE LORI STONE MAYOR

Enter contributor's name and address. If contribution is from an individual, enter last name, first nam 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.	e, 6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/11/2023 Name & Address: RHONDA HAWE 28621 ROAN AVE WARREN, MI 48093	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide: Occupation TEACHER Employer FITZGERALD PUBLIC SCHOOL	<u>.s</u>	
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/13/2023		
Name & Address PATRICK GUMBLETON 1291 TREVINO DR	_s 50.00	_{\$} 50.00
TROY, MI 48085	<u> </u>	Ψ
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 06/13/2023 Name & Address: ALISA DIEZ 13526 TOWERING OAKS DR SHELBY TWP, MI 48315	 _{\$} 15.00	_{\$_} 45.00
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/14/2023		_
Name & Address LINDA KOCH 30563 RIDGEFIELD AVE WARREN, MI 48088	_{\$} 50.00	_{\$_} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer	_	
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Sub	140.00	
Grand Total of All Schedule (Complete on last page of Sche		
Page 27 of 35	Enter this total on line 3a of Summary Page.	



1. Committee I.D. Number

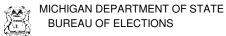
140265

CANDIDATE COMMITTEE 2. Committee

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/17/2023 Name & Address: GEORGE CHAPP 4753 STILWELL DR WARREN, MI 48092	_{\$} 25.00	_{\$} 75.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Loan from a person Fund Raiser	-	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/17/2023 Name & Address KRISTINA LODOVISI 24106 MASCH AVE WARREN, MI 48091	\$ <u>500.00</u>	_{\$} 500.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 24106 MASCH AVE, WARREN, MI 48091		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 06/17/2023 Name & Address: DUANE SLICKER 32972 KILLEWALD ST NEW BALTIMORE, MI 48047	_{\$} 175.00	_{\$} 175.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETAIL Employer BIG D TRADING		
Business Address 32972 KILLEWALD ST, NEW BALTIMORE, MI 48047		
Type of Contribution: Direct Loan from a person Fund Raiser	=	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/17/2023 Name & Address THOMAS GUMBLETON 1291 TREVINO DR TROY, MI 48085	<u>\$20.00</u>	_{\$} 20.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	720.00	

 $_{\text{Page}}\underline{28}_{\text{of}}\underline{35}$



1. Committee I.D. Number ___

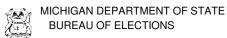
140265

CANDIDATE COMMITTEE 2. Committe

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/17/2023 Name & Address: MARY ZABAWSKI 32497 SUNNY LN WARREN, MI 48092	_{\$} 20.00	_{\$} 20.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/17/2023 Name & Address VALERIE GUMBLETON 1291 TREVINO DR TROY, MI 48085	_{\$} 20.00	_{\$} 20.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/17/2023 Name & Address: CATHERINE PIERNAK 26605 OSMUN ST MADISON HEIGHTS, MI 48071 5. If over \$100.00 cumulative, please provide:	_{\$} 20.00	_{\$} 20.00
Occupation Employer		
Business Address		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/17/2023 Name & Address DIANA DAVIS 61235 SADDLECREEK DR SOUTH LYON, MI 48178	_{\$} 20.00	_{\$} 20.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	80.00 Enter this total on	-

Page 29 of 35



SCHEDULE 1A

1. Committee I.D. Number ___

140265

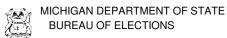
CANDIDATE COMMITTEE

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? YES 4. Date of Receipt 06/17/2023 Name & Address: ASHLEY DAVIS 4926 REIGER AVE DALLAS, TX 75214	_{\$} 20.00	_{\$} 20.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/17/2023 Name & Address SCHELLY PATERSON 25542 PATRICIA AVE WARREN, MI 48091	_{\$} 75.00	_{\$} 75.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/17/2023 Name & Address: MARY MATACZYNSKI 28572 ASPEN Warren, MI 48093	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/17/2023 Name & Address DANIEL LINARES 27705 WESTCOTT CRESCENT CIR FARMINGTON HILLS, MI 48334	_{\$} 100.00	_{\$} 350.00
5. If over \$100.00 cumulative, please provide:		
Occupation TEACHER Employer BROTHER RICE HIGH SCHOOL		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	220.00 Enter this total on	

 $_{\text{Page}} \underline{30}_{\text{ of }} \underline{35}$



1. Committee I.D. Number

140265

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/17/2023 Name & Address: BIANCA MEFFERT 29393 LAUREL WOODS DR SOUTHFIELD, MI 48034	_{\$} _10.00	_{\$} 10.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Loan from a person Fund Raiser	-	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/19/2023 Name & Address		
ANNE HILL		
24385 KINGS POINTE	_s 100.00	_s 100.00
NOVI, MI 48375	Ψ	Ψ
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer RETIRED		
Business Address 24385 KINGS POINTE, NOVI, MI 48375		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 06/23/2023 Name & Address: CHARLENE GOIKE 14550 26 MILE RD SHELBY TWP, MI 48315	_{\$} 50.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer RETIRED		
Business Address		
Type of Contribution: ✓ Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/24/2023		
CARLOS MATTI 21590 HIGHVIEW ST	_{\$} 50.00	_e 50.00
CLINTON TWP, MI 48036	<u>\$ 00.00</u>	\$ <u>00.00</u>
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	210.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule) Page 31 of 35	Enter this total on line 3a of Summary	-
Page of of	Page.	



_

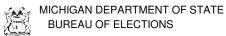
1. Committee I.D. Number

140265

2. Committee Name CTE LORI STONE MAYOR

CANDIDATE CONNINTTEL 2. Committee Name		
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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/30/2023 Name & Address: ANDREA SCHEID 30733 WINTHROP DR MADISON HEIGHTS, MI 48071	_{\$} 1,000.00	_{\$} 2,100.00
5. If over \$100.00 cumulative, please provide: Occupation PEDIATRICIAN Employer COREWELL/BEAUMONT ROYAL OAK HEALTH SYSTEM Business Address 3601 W 13 MILE RD, ROYAL OAK, MI 48073 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/03/2023 Name & Address SHARON ROSE 28359 ALINE DR WARREN, MI 48093	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/05/2023 Name & Address: JACQUELINE KELLY 2524 CHALK FARM RD N WARREN, MI 48091	_{\$} 50.00	_{\$} 80.00
5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/06/2023 Name & Address SORANA BARROW 14015 KNOLLWOOD DR STERLING HEIGHTS, MI 48312	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide: Occupation Employer FITZGERALD PUBLIC SCHOOLS Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	1,175.00	

 $_{\text{Page}}\underline{32}_{\text{of}}\underline{35}$



1. Committee I.D. Number

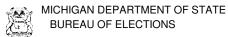
140265

CANDIDATE COMMITTEE

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? YES 4. Date of Receipt 07/07/2023 Name & Address: ADAM STONE 1200 VERBENA LN DEWITT, MI 48820	_{\$} 20.00	_{\$} 60.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer MICHIGAN STATE UNIVERSITY		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/07/2023 Name & Address CAROL HOGAN 26653 TOM ALLEN DR WARREN, MI 48089	_{\$} 5.00	_{\$} 15.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/09/2023 Name & Address: ALISA DIEZ 13526 TOWERING OAKS DR SHELBY TWP, MI 48315	_{\$} 15.00	_{\$} 60.00
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/14/2023		
DOUGLAS MARSHALL 27750 ROAN AVE WARREN, MI 48093	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	90.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule) Page 33 of 35	Enter this total on line 3a of Summary Page.	.

Page of of



1. Committee I.D. Number _

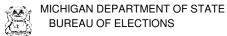
140265

Committee Nam

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? VES 4. Date of Receipt 07/18/2023 Name & Address: IUPAT INTERNATIONAL UNION OF PAINTERS AND ALLIED TRADES PAC 7234 PARKWAY DR. HANOVER, MD 21076 5. If over \$100.00 cumulative, please provide:	_{\$} 1,000.00	_{\$} 1,000.00
Occupation Employer		
Business Address Type of Contribution:		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/19/2023 Name & Address LISA SIMMS 30221 BRADMORE RD WARREN, MI 48092	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/19/2023 Name & Address: LINDSEY PARTON 8409 FISHER AVE WARREN, MI 48089 5. If over \$100.00 cumulative, please provide:	_{\$} 20.00	_{\$} 20.00
Occupation Employer		
Business Address		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/19/2023 Name & Address SOFEARIA JABARI 8705 TEXAS CT WARREN, MI 48093	_{\$} 100.00	_{\$_} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	1,145.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on	<u>-</u>

 $_{\text{Page}}\underline{34}_{\text{of}}\underline{35}$



ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

140265

Committee Name

1. Committee I.D. Number

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/19/2023 Name & Address: BIRDIE NASH 29484 ASHLAND AVE APT 103	35.00	£ 60.00
HARRISON TWP, MI 48045	_{\$} 35.00	\$ 00.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/19/2023 Name & Address CARL HOENLE		
3462 MICHAEL AVE WARREN, MI 48091	\$ 50.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED TEACHER Employer RETIRED		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/20/2023 Name & Address: GEORGE CHAPP		
4753 STILWELL DR WARREN, MI 48092	_{\$} 25.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Time of Contribution		
Type of Contribution. Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/20/2023 Name & Address DAVID HINES		
4817 LA CHENE DR WARREN, MI 48092	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	160.00	

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

35,394.99



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 ALEX DESIGN LLC		01/03/2023	\$ 450.00
Address 5685 ARDEN AVE WARREN, MI 48092	Purpose: CAMPAIGN GRAPHIC DESIGN	Date	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2 Name ORIGINAL PRINT SHOPPE		01/10/2023	\$ <u>373.12</u>
Address 270 S TELEGRAPH RD PONTIAC, MI 48341	PRINT CAMPAIGN FUNDRAISER INVITES & STICKERS Purpose:	Date	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name CAROLYN BROWN	FUNDRAISER CATERING DEPOSIT	01/16/2023 Date	\$ <u>500.00</u>
Address 11521 BRIARCLIFF DR WARREN, MI 48093	Purpose: FUNDRAISER CATERING DEPOSIT	Date	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4			
Name UNITED STATES POSTAL SERVICE		01/23/2023	\$ 166.00
Address 28401 MOUND RD WARREN, MI 48090	Purpose: POST OFFICE BOX	Date	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name MICHIGAN DEMOCRATIC PARTY		01/23/2023	. 100 00
Address 606 TOWNSEND ST LANSING, MI 48933	Purpose: MICHIGAN DEMOCRATIC PARTY MEMBERSHIP DUES	Date	\$ <u>120.00</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
	Subto	tal this page	1,609.12
	Grand Total of all ((Complete on last page		·



1. Committee I. D. Number 140265

2. Committee Name CTE LORI STONE MAYOR

Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name MICHIGAN DEMOCRATIC PARTY		01/23/2023	* 250 00
	Purpose:	Date	\$ <u>250.00</u>
Address 606 TOWNSEND ST	Furpose.		
LANSING, MI 48933			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #2		0.1.10=10000	
Name HUNTINGTON BANK		01/25/2023	\$ 70.19
Address	Purpose:	Date	
29333 HOOVER RD			
WARREN, MI 48093			
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous		
Expenditure #3	statement		
Name GORDON FOOD SERVICES (GFS)	FOOD EVDENIOE	01/27/2023	\$ <u>15.00</u>
Address 7835 CONVENTION BLVD	Purpose: FOOD EXPENSE	Date	
WARREN, MI 48092			
,	Check box if this expenditure is payment of		
✓ Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
Name AMERICAN GRAPHICS PRINTING		01/27/2023	. 550.00
Address	Purpose:	Date	\$ <u>556.60</u>
34895 GROESBECK HWY	Purpose:		
CLINTON TWP, MI 48035			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5			
Name CAROLYN BROWN		01/28/2023	
Address	BALANCE OF FUNDRAISER CATERING Purpose:	Date	\$ <u>787.50</u>
11521 BRIARCLIFF DR			
WARREN, MI 48093	Check box if this expenditure is payment of		
✓ Fund Raiser	debt or obligation reported on previous statement		
		tal this page	1,679.29
	Grand Total of all S		1,070.20
	(Complete on last page		



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 ACT BLUE		01/31/2023	\$ 54.14
Address 366 SUMMER ST SOMERVILLE, MA 02144	Purpose: ACT BLUE - BANK FEES	Date	<u> </u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name WARREN PARKS & RECREATION		02/07/2023 Date	\$ <u>100.00</u>
Address 5460 ARDEN AVE WARREN, MI 48092	Purpose:	Date	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name OFFICE DEPOT	CAMPAIGN OFFICE CUPPLIES	02/16/2023	\$ <u>210.58</u>
Address 37600 VAN DYKE AVE	Purpose: CAMPAIGN OFFICE SUPPLIES	Date	
STERLING HEIGHTS, MI 48312 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4			
Name ACT BLUE		02/28/2023	\$ 41.62
Address 366 SUMMER ST SOMERVILLE, MA 02144	Purpose: ACT BLUE - BANK FEES	Date	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name ORIGINAL PRINT SHOPPE		03/04/2023	¢ 557.00
Address 270 S TELEGRAPH RD	Purpose: CAMPAIGN STICKERS AND BUTTONS	Date	\$ <u>557.03</u>
PONTIAC, MI 48341 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
	Subto	tal this page	963.37
	Grand Total of all S (Complete on last page		
	(55р.5.5 5		



1. Committee I. D. Number 140265

2. Committee Name CTE LORI STONE MAYOR

	The state of the s	T = D :	2.4
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name HUNTINGTON BANK		03/15/2023	• 5 00
TION THOU BY WIN	DANIZ EEE	Date	\$ <u>5.00</u>
Address	Purpose: BANK FEE	Date	
29333 HOOVER RD			
WARREN, MI 48093			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2	Statement		
·			
Name OFFICE DEPOT		03/19/2023	\$ 72.84
	Purpose: OFFICE SUPPLIES	Date	72101
Address	Purpose: OTTIOL OOTTLIEO		
37600 VAN DYKE AVE			
STERLING HEIGHTS, MI 48312			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Expenditure #3	statement		
·			
Name WARREN PARKS & RECREATION		03/23/2023	a 100 00
	DADY DENTAL FOR NON FLINDRAIGING EVENT	Date	\$ <u>100.00</u>
Address 5460 ARDEN AVE	Purpose: PARK RENTAL FOR NON FUNDRAISING EVENT	Date	
WARREN, MI 48092			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
Name AMERICAN GRAPHICS PRINTING			
AMERICAN GRAPHICS PRINTING		03/30/2023	\$ 4,240.00
Address	CAMPAIGN LAWN SIGN PRINTING & STAKES	Date	Ψ 1,2 10.00
34895 GROESBECK HWY	Purpose:		
CLINTON TWP, MI 48035			
OLINTOIN TVVF, WIL 40000			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5			
Name CITY OF WARREN		03/30/2023	. 400 00
Address	Purpose: FILING FEE	Date	\$ <u>100.00</u>
ONE CITY SQUARE	Fulpose.		
Warren, MI 48093			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
L I UIIU NAISEI	statement		
	Subto	otal this page	4,517.84
	Grand Total of all	Schadulae 1P	,
	(Complete on last page		
	/	/	



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 ACT BLUE Address 366 SUMMER ST SOMERVILLE, MA 02144	Purpose: BANK FEES	03/31/2023 Date	\$ <u>17.11</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Name ETCHED BY STONE Address 26421 WOODLAND DR	Purpose: CAMPAIGN NAIL FILES	04/10/2023 Date	\$ <u>756.33</u>
NEW BALTIMORE, MI 48051 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3 Name HUNTINGTON BANK Address 29333 HOOVER RD	Purpose: BANK FEE	04/17/2023 Date	\$ 5.00
WARREN, MI 48093 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Name ORIGINAL PRINT SHOPPE Address 270 S TELEGRAPH RD	Purpose:	04/20/2023 Date	\$ <u>371.00</u>
PONTIAC, MI 48341	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5 Name HOME DEPOT Address 25879 HOOVER RD WARREN, MI 48089	Purpose: CAMPAGIN SUPPLIES Check box if this expenditure is payment of	04/24/2023 Date	\$ <u>69.71</u>
Fund Raiser	debt or obligation reported on previous statement	tal this page	1 010 15
	Grand Total of all S (Complete on last page		1,219.15



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 OFFICE DEPOT Address 37600 VAN DYKE AVE STERLING HEIGHTS, MI 48312	Purpose: OFFICE SUPPLIES Check box if this expenditure is payment of debt or obligation reported on previous	04/28/2023 Date	\$ <u>225.19</u>
Fund Raiser	statement		
Expenditure #2 Name ACT BLUE Address 366 SUMMER ST	Purpose: ACT BLUE BANK FEES	04/29/2023 Date	\$ <u>20.53</u>
SOMERVILLE, MA 02144 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3 Name OFFICE DEPOT Address 37600 VAN DYKE AVE	Purpose: OFFICE SUPPLIES	05/01/2023 Date	\$ <u>40.27</u>
STERLING HEIGHTS, MI 48312 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Name ORIGINAL PRINT SHOPPE Address 270 S TELEGRAPH RD	Purpose: PRINTING EXPENSE FOR WALK LIT	05/07/2023 Date	\$ <u>424.00</u>
PONTIAC, MI 48341 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5 Name WARREN STERLING HEIGHTS AREA DEMOCRATIC CLUB Address	Purpose:	05/07/2023 Date	\$ <u>100.00</u>
4753 STILWELL DR WARREN, MI 48092 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
	Subtot	tal this page	809.99
	Grand Total of all S (Complete on last page		



1. Committee I. D. Number 140265

2 Committee Name CTE LORI STONE MAYOR

2.0	ommittee Name		
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name HUNTINGTON BANK		05/15/2023	. F 00
HONTINGTON BANK	DANIZ EEEO	 Date	\$ <u>5.00</u>
Address	Purpose: BANK FEES	Date	
29333 HOOVER RD			
WARREN, MI 48093			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2	Statement		
Name OFFICE DEPOT		05/19/2023	\$ 172.94
	Purpose: OFFICE SUPPLIES	Date	· <u> </u>
Address	Purpose: OTTIOL COTTLETES		
37600 VAN DYKE AVE			
STERLING HEIGHTS, MI 48312			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3	Statement		
Normal III II I			
Name JENNIFER ORESTI		05/19/2023	\$ 387.50
Address	Purpose: CAMPAIGN MANAGER	Date	φ <u>307.30</u>
Address 23816 GROVE ST	Purpose: Or Will 7 Walt Will Will Control		
ST CLAIR SHORES, MI 48080			
OT CEATT SHOTLES, WII 40000	□		
	LICheck box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #4			
Name ORIGINAL PRINT SHOPPE		05/20/2023	
Ortidity (E11th VI Orio) 1 E			\$ 424.00
Address	Purpose: PRINTING WALK LIT	Date	
270 S TELEGRAPH RD			
PONTIAC, MI 48341			
,	Check box if this expenditure is payment of		
	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name ACT BLUE			
AOT BLOL	DANIK EEEO	05/31/2023	\$ 30.45
Address	Purpose: BANK FEES	Date	+ <u>00.40</u>
366 SUMMER ST			
SOMERVILLE, MA 02144			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
	Subto	tal this page	1,019.89
			1,013.03
	Grand Total of all S		
	(Complete on last page	or Scheanle)	



1. Committee I. D. Number 140265

2 Committee Name CTE LORI STONE MAYOR

2. 0	ommittee rame		
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name JENNIFER ORESTI Address 23816 GROVE ST ST CLAIR SHORES, MI 48080 Fund Raiser	Purpose: CAMPAIGN MANAGER Check box if this expenditure is payment of debt or obligation reported on previous	06/01/2023 Date	\$ <u>475.00</u>
Expenditure #2	statement		
Name ORIGINAL PRINT SHOPPE Address 270 S TELEGRAPH RD PONTIAC, MI 48341	Purpose: PRINT WALK LIT	06/04/2023 Date	\$ <u>636.00</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Name ORIENTAL TRADING Address 4206 S 108TH ST OMAHA, NE 68137	Purpose: NON-FUNDRAISER EVENT	06/15/2023 Date	\$ <u>165.34</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4			
Name HUNTINGTON BANK Address	Purpose: BANK FEE	06/15/2023 Date	\$ 5.00
29333 HOOVER RD WARREN, MI 48093	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5			
Address 30550 STEPHENSON HWY MADISON HEIGHTS, MI 48071	Purpose: NonFundraising event - Food For constituents Check box if this expenditure is payment of debt or obligation reported on previous	06/16/2023 Date	\$ <u>78.11</u>
Fund Raiser	statement	tal this man-	1.050.15
		tal this page	1,359.45
	Grand Total of all S (Complete on last page		



1. Committee I. D. Number 140265

2 Committee Name CTE LORI STONE MAYOR

2.0	ommittee Name		
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name COSTCO WAREHOUSE		06/20/2023	400.05
COSTOO WARLITOOSE			\$ <u>139.85</u>
Address	NON FUNDRAISING EVENT - FOOD FOR CONSTITUENTS Purpose:	Date	
30550 STEPHENSON HWY			
MADISON HEIGHTS, MI 48071			
	Charle have if this associations is massociated at		
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #2			
Name ALLIED MEDIA		06/21/2023	
ALLILD WILDIA			\$ 1,306.24
Address	Purpose: CAMPAIGN MAILING	Date	
240 N FENWAY DR	Тигрозс		
FENTON, MI 48430			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Expenditure #3	statement		
Experiordie #5			
Name JENNIFER ORESTI		06/26/2023	
02111111 211 0112011			\$ 1,087.50
Address	Purpose: CAMPAIGN MANAGER	Date	·
23816 GROVE ST	•		
ST CLAIR SHORES, MI 48080			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
	statement		
Expenditure #4			
Name PROFESSIONAL PARTY PLANNER, INC.		00/00/0000	
THO EOGIONALTAITITI LANNEH, INC.		06/28/2023	\$ 398.00
Address	Purpose: FUNDRAISER FOOD	Date	<u> </u>
1117 PINE ST	Purpose:		
_			
GRAND LEDGE, MI 48837			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
	Statement		
Expenditure #5			
Name C&G NEWSPAPERS		06/28/2023	
	CAMPAIGN ADVEDTISEMENT STICKEDS		\$ 3,485.82
Address	Purpose:	Date	
13650 E ELEVEN MILE RD			
WARREN, MI 48089			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
. 		tal this page	C 417 41
	Subio	La. Il lio page	6,417.41
	Grand Total of all S		
	(Complete on last page	of Schedule)	



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 OFF DUTY WEAR, INC.		06/29/2023	• 07F 00
Off Bott WEATH, INO.	Purpose: CAMPAIGN T-SHIRTS	Date	\$ <u>975.00</u>
Address PO BOX 99364	Purpose: OAIVII AIGIN 1-31111113	24.0	
Troy, MI 48099			
110y, WII 40000	Check box if this expenditure is payment of		
□ Ford Poisson	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #2			
Name UNITED STATES POSTAL SERVICE		06/29/2023	\$ 480.00
	Purpose: POSTAGE	Date	Ψ <u>+00.00</u>
Address	Purpose: 1 OOTAGE		
28401 MOUND RD			
WARREN, MI 48090			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3			
Name UNITED STATES POSTAL SERVICE		00/00/0000	
UNITED STATES FOSTAL SERVICE		06/29/2023	\$ 355.20
Address	Purpose: POSTAGE	Date	·
28401 MOUND RD			
WARREN, MI 48090			
	LICheck box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #4			
Name ACT BLUE		06/30/2023	
7101 B202			\$ 92.37
Address	Purpose: BANK FEES	Date	·
366 SUMMER ST			
SOMERVILLE, MA 02144			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5	Statement		
'			
Name AMERICAN GRAPHICS PRINTING		06/30/2023	* 000 00
Address	Purpose: PRINT CAMPAIGN YARD SIGNS	Date	\$ <u>800.30</u>
34895 GROESBECK HWY			
CLINTON TWP, MI 48035			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
	Subto	otal this page	2,702.87
	Grand Total of all	Schedules 1P	_,. 00.
	(Complete on last page		



1. Committee I. D. Number 140265

2 Committee Name CTE LORI STONE MAYOR

	Onlinitee Name		
Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name OFFICE DEPOT		07/02/2023	\$ 308.16
	Purpose: CAMPAIGN OFFICE SUPPLIES	Date	Ψ <u>300.10</u>
37600 VAN DYKE AVE	Purpose:		
STERLING HEIGHTS, MI 48312			
0 1 1 1 1 1 1 1 1 1	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
	statement		
Expenditure #2			
Name LEXINGTON TOWNHOUSE CLUBHOUSE		07/06/2023	\$ 300.00
Adduses	LEXINGTON TOWNHOUSE COOP CLUBHOUSE RESERVATION	Date	
Address 8181 HETTENBERGER AVE	Purpose:		
WARREN, MI 48093			
747 II II II I I I I I I I I I I I I I I	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Expenditure #3	statement		
'			
Name LOWE'S		07/07/2023	\$21.16
Address	Purpose: LAWN SIGN SUPPLIES	Date	Ψ <u>Ζ1.10</u>
31140 VAN DYKE AVE	Purpose:		
WARREN, MI 48093			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4	Statement		
Name JENNIFER ORESTI		07/08/2023	\$ 450.00
Address	Purpose: CAMPAIGN MANAGER	Date	100100
23816 GROVE ST	Turpose.		
ST CLAIR SHORES, MI 48080			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5	Statement		
Name HUNTINGTON BANK		07/17/2023	¢ F 00
Address	Purpose: BANK FEES	Date	\$ <u>5.00</u>
29333 HOOVER RD			
WARREN, MI 48093	Cheek hey if this pyramality as in account of		
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
	Subto	tal this page	1,084.32
	Grand Total of all	Schedules 1R	,
	(Complete on last page		



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 DOLLAR TREE Address 5590 TWELVE MILE RD WARREN, MI 48092 Fund Raiser	Purpose: EVENT SUPPLIES Check box if this expenditure is payment of debt or obligation reported on previous statement	07/17/2023 Date	\$ <u>10.60</u>
Expenditure #2	Statement		
Name ACT BLUE Address 366 SUMMER ST SOMERVILLE, MA 02144	Purpose: BANK FEES	07/20/2023 Date	\$ <u>13.75</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Address 23816 GROVE ST ST CLAIR SHORES, MI 48080	Purpose: CAMPAIGN MANAGER	07/23/2023 Date	\$ <u>525.00</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4			
Name Address	Purpose:	Date	\$
	Click H	lere for Memo I	temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5 Name			
Address	Purpose:	Date	\$
Fund Raiser	Click H Check box if this expenditure is payment of debt or obligation reported on previous statement	Here for Memo I	Itemization Type
	Subto	tal this page	549.35
	Grand Total of all S (Complete on last page		23,932.05



FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

140265 1. Committee I.D. Number

2. Committee Name CTE LORI STONE MAYOR

	- USE A SEPARATE S	HEET FOR EACH EVENT -		
Date Event Was Held	Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity	6. Address and Name (If any) of the place where the activity was held. IUPAT/PAINTERS UNIOI 14587 BARBER AVE WARREN, MI 48088 Private Residence	
1/28/2023	86	KICKOFF FUNDRAISER		
Fotal Contributions	6,874.99			
Other Receipts	0.00			
Gross Receipts (Add lines 7 a	and 8) 6,874.99			
Total Cost of Event otal Cost includes In-Kind Cor	1,454.50 ntributions and All Expenditure	es Made For the Event)		
	int fund raiser and complete t			
Co-Sponsor(s)	Contribution (%)	ı Split	Expenditure Split (%)	
Co-Sponsor(s)		n Split		
Co-Sponsor(s)		n Split		
Co-Sponsor(s)		n Split		
Co-Sponsor(s)		n Split		

- 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.

_	1	. 3
Page	•	of O



FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

140265 1. Committee I.D. Number

2. Committee Name CTE LORI STONE MAYOR

	- USE A	SEPARATE SH	EET FOR EACH EVENT	-
3. Date Event Was Held	4. Number or Participa greater)	of Individuals Attending ating (whichever is	5. Type of Fund Raising Activity	6. Address and Name (If any) of t place where the activity was held MML
05/17/2023	,	10	LANSING FUNDRAISEF	108 N CAPITOL AV
7. Total Contributions		100.00		
8. Other Receipts		0.00		
9. Gross Receipts (Add lines 7 a	and 8)	100.00		
10. Total Cost of Event (Total Cost includes In-Kind Co	ntributions	398.00 and All Expenditures	Made For the Event)	
11. Check if event was a jo		·		
Co-Sponsor(s)		Contribution S (%)	plit	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.

Page	2	of	3



Page 3 of 3

FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

140265 1. Committee I.D. Number

CTF LOBI STONE MAYOR

	01.11.21.2111.2.00		2. Con	nmittee Name OIL		TONE WATOR
		- USE A	SEPARATE SH	EET FOR EACH	EVENT -	
3. Date E	Event Was Held		of Individuals Attending tting (whichever is	5. Type of Fund Raising	g Activity	6. Address and Name (If any) of the place where the activity was held HOSTS AMY SCHEID &
06/17	7/2023	,	42	S'MORE MAKING FL	JNDRAISER	NICOLLE PIERNAK HOME 4544 BAYLISS AVE WARREN, MI 48091 Private Residence
7. Total	Contributions		1,455.00		_	
8. Other	Receipts		0.00		-	
9. Gross	s Receipts (Add lines 7	and 8)	1,455.00			
	al Cost of Event ost includes In-Kind Co	ntributions	0.00 and All Expenditures	s Made For the Even	t)	
11. 🔲	Check if event was a jo	int fund rai	ser and complete the	e following:		
	Co-Sponsor(s)		Contribution (%)	Split		Expenditure Split (%)
-						
		_				
•		_				
-		_				
-		_				
-						
-		_				
•	Schedule (1A), Itemized Summary Page.	Campaign Sures listed of In-Kind C	Statement. on a Fund Raiser Sc Contributions Schedu	nedule must also be le (1-IK), Itemized Ex	reported on spenditures	the Itemized Contributions Schedule (1B) and the
;	Schedule (1A), Itemized	d In-Kind C	Contributions Schedu	le (1-IK), Itemized Ex	penditures :	Scl