

CANDIDATE COMMITTEE COVER PAGE

FILED 06 SEP 2023 PM 11:57

MACOMB COUNTY CLERK MT. CLEMENS, MICHIGAN

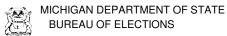
FOR OFFICIAL USE ONLY

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: 07/24/2023 to 08/28/2023 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. 8. Designated Record keeper's Name and Mailing Address (If the committee has a 7. Treasurer's Business Address 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. 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 09/06/2023 Designated Record keeper Date Type or Print Name Signature Submitted electronically, 09/06/2023 signature on file Candidate Date Signature Type or Print Name

1. Committee I.D. Number 140265

SUMMARY PAGE CANDIDATE COMMITTEE

RECEIPTS COMMITTEE	Column I	Column II
3. Contributions	This Period	Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 8,880.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ 8,880.00	(18.) \$ 44,274.99
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.) \$ _8,880.00	(20.) \$ 44,274.99
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.) \$	(22.) \$ 0.00
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ 4,218.04	
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.) \$ 4,218.04	(23.) \$ 28,150.09
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 12. Debts and Obligations	(11.) \$ <u></u>	(24.) ψ
a. Owed by the Committee (Schedule 1E)	(12a.) \$ 0.00	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ 0.00	
	BALANCE STATEMENT	
13. Ending Balance of last report filed	(13.) \$ <u>11,462.94</u>	<u> </u>
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.) + \$ 8,880.00	
(Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>20,342.94</u>	
 Amount expended during reporting period (Add lines 9 and 11) 	(16.) - \$ 4 ,218.04	_
17. ENDING BALANCÉ (Subtract line 16 from line 15)	(17.) \$ 16,124.90	*
(. , , ,	_



1. Committee I.D. Number

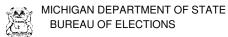
140265

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? Name & Address: OSWALD MEDLEY 5260 HAWKSEYE TRCE WARREN, MI 48092	YES 4. Date of Red	ceipt 07/24/2023	_{\$} 20.00	_{\$} 20.00
5. If over \$100.00 cumulative, please pro	ovide:			
Occupation	Employer			
Business Address	<u></u>			
Type of Contribution: Direct	Loan from a person	Fund Raiser		
3. Contribution #2 PAC Receipt?	YES 4. Date of Rec	peipt 07/27/2023		
REALTORS POLITICAL AC 720 N WASHINGTON AVE LANSING, MI 48906	TION COMMITTE O	F MICHIGAN	\$2,500.00	_{\$} 2,500.00
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: JACQUELINE KELLY 2524 CHALK FARM RD N WARREN, MI 48091	YES 4. Date of Re	07/28/2023	_{\$} 25.00	_{\$} 105.00
5. If over \$100.00 cumulative, please pro	ovide:			
Occupation HEALTH CARE		GLOBAL CORPORATION		
Business Address 7310 WOODWA		<u> </u>		
Type of Contribution: Direct	Loan from a person	Fund Raiser		
3. Contribution # 4 PAC Receipt?	YES 4. Date of Re	eceipt 07/29/2023		
ADAM DUBERSTEIN 1405 E GEORGE AVE HAZEL PARK, MI 48030			_{\$} 100.00	_{\$_} 100.00
5. If over \$100.00 cumulative, please pro	ovide:			
Occupation	Employer			
Business Address				
Type of Contribution: V Direct	Loan from a person	Fund Raiser		
·	_	Page Subtotal	2,645.00	
. 1 . 9		Grand Total of All Schedules 1A mplete on last page of Schedule)	Enter this total on line 3a of Summary	
Pageof			Page.	

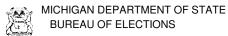


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140265

CANDIDATE COMMITTEE

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 08/03/2023 Name & Address: CAROLE CHI		
35325 MORAVIAN DR	25.00	25.00
STERLING HEIGHTS, MI 48312	_{\$} 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 08/03/2023		
Name & Address		
LEIGH BENIGNI	05.00	75.00
2165 WALTER CT	_{\$} 25.00	_{\$} 75.00
WARREN, MI 48092		
5. If over \$100.00 cumulative, please provide:		
Occupation RECEPTIONIST PARKVIEW ANIMAL HOSPITAL		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 08/06/2023		
ANNE HILL	_{\$} 100.00	250.00
24385 KINGS POINTE	\$ 100.00	_{\$} 250.00
NOVI, MI 48375		
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED 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 08/07/2023 Name & Address		
ADAM STONE		
1200 VERBENA LN	_{\$} 20.00	90 00
DEWITT, MI 48820	_{\$} <u>20.00</u>	_{\$_} 80.00
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		
Page Subtotal	170.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on	J
Page 2 of 9	line 3a of Summary Page.	



1. Committee I.D. Number

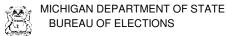
140265

CANDIDATE COMMITTEE

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 08/07/2023 Name & Address: CAROL HOGAN 26653 TOM ALLEN DR WARREN, MI 48089	_{\$} 5.00	_{\$} 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 08/09/2023		
Name & Address DENNIS URBANCZYK 29331 LLOYD DR WARREN, MI 48092	§ 250.00	_{\$} 250.00
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 29331 LLOYD DR, WARREN, MI 48092		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 08/09/2023 Name & Address: LYNNE LUNDGREN 31737 GILBERT DR WARREN, MI 48093	§ 25.00	_{\$} 25.00
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 08/09/2023 Name & Address ALISA DIEZ 13526 TOWERING OAKS DR SHELBY TWP, MI 48315	_{\$} 15.00	_{\$} 75.00
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address		
Page Subtotal	295.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 3 of 9	Enter this total on line 3a of Summary Page.	



ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Number

140265

2. Committee Name

CTE LORI STONE MAYOR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 08/Name & Address: MARK PARATORE 25554 GREEN CT WARREN, MI 48089	10/2023	_{\$} 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 F	Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/1	1/2023		
Name & Address MARY JANE TOTH 2427 CROMIE DR WARREN, MI 48092		<u>\$ 100.00</u>	_{\$} 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 08/- Name & Address: DUANE SLICKER 32972 KILLEWALD ST NEW BALTIMORE, MI 48047	12/2023	§ 350.00	_{\$} 525.00
5. If over \$100.00 cumulative, please provide:			
Occupation NOT EMPLOYED Employer NOT EMPLOYED)		
Business Address 32972 KILLEWALD ST, NEW BALTIMORE, M			
	Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 08/Name & Address KEVIN HIGGINS 28045 MAVIS DR WARREN, MI 48088	14/2023	_{\$} 125.00	_{\$_} 125.00
5. If over \$100.00 cumulative, please provide:			
Occupation REALTOR Employer MR. WONDER	FUL REALTY		
Business Address 28045 MAVIS DR, WARREN, MI 4808	8		
Type of Contribution:			
	Page Subtotal	595.00	
	of All Schedules 1A st page of Schedule)	Enter this total on line 3a of Summary Page.	

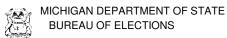


1. Committee I.D. Number

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CANDIDATE COMMITTEE 2. Committee

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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 08/15/2023 Name & Address: EMMA KRISS 3107 OTIS AVE WARREN, MI 48091	_{\$} 25.00	_{\$} 25.00
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 08/16/2023		
Name & Address ANGELA DIAZ		
2365 SW 21ST AVE	_{\$} 70.00	_{\$} 70.00
MIAMI, FL 33145	Ψ	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 08/16/2023 Name & Address: RANDALL M YOUNG 13250 IRVINGTON DR WARREN, MI 48088	_{\$} 100.00	_{\$} 350.00
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 # 4 PAC Receipt? YES 4. Date of Receipt 08/17/2023		
JOEL RUTHERFORD 5683 STORROW CT WARREN, MI 48092	_{\$} 50.00	_{\$} 75.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED - USAF RETIRED		
Business Address 5683 STORROW CT, WARREN, MI 48092		
Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal	245.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 5 of 9	Enter this total on line 3a of Summary	
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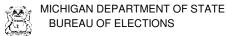


ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

140265 1. Committee I.D. Number

CTE LORI STONE MAYOR

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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 08/18/2023 Name & Address: RHONDA HAWE 28621 ROAN AVE WARREN, MI 48093 5. If over \$100.00 cumulative, please provide:	_{\$} 100.00	_{\$} 125.00
Occupation TEACHER Employer FITZGERALD PUBLIC SCHOOLS Business Address 23200 RYAN RD, WARREN, MI 48091		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/20/2023		
Name & Address MARYELLEN WELLING 13154 IRVINGTON DR WARREN, MI 48088	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation NURSE PRACTITIONER Employer BEAUMONT HOSPITAL		
Business Address 3601 W 13 MILE RD, ROYAL OAK, MI 48073		
Type of Contribution:		
3. Contribution #3 Name & Address: PADMA KUPPA 4275 MARYWOOD DR TROY, MI 48085	_{\$} 1,000.00	_{\$} 1,250.00
5. If over \$100.00 cumulative, please provide:		
Occupation UNEMPLOYED Employer UNEMPLOYED		
Business Address 4275 MARYWOOD DR, TROY, MI 48085		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 08/22/2023 JAMIE OPSOMMER 5175 TWINGING DRIVE MERIDIAN TWP, MI 48864	§ 250.00	_{\$} 250.00
5. If over \$100.00 cumulative, please provide:		
Occupation NURSE Employer SPARROW HOSPITAL		
Business Address 1215 E MICHIGAN AVE, LANSING, MI 48912		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 6 of 9	1,400.00 Enter this total on line 3a of Summary Page.	-

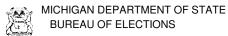


1. Committee I.D. Number 140

140265

CANDIDATE COMMITTEE 2. Committee N

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 08/22/2023 Name & Address: JEREMY FISHER 31428 SARATOGA AVE WARREN, MI 48093	_{\$} 250.00	_{\$} 250.00
5. If over \$100.00 cumulative, please provide: Occupation ATTORNERY Employer MACOMB COUNTY PROSECUTOR'S OFFICE Business Address MOUNT CLEMENS, MI 480?? Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/22/2023 Name & Address BETH WALLIS 24795 LOIS LN SOUTHFIELD, MI 48075	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution: ✓ Direct		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 08/22/2023 Name & Address: DEBORAH DESANTIS 40331 SADDLEWOOD DR STERLING HEIGHTS, MI 48313	<u>\$ 100.00</u>	_{\$} 200.00
5. If over \$100.00 cumulative, please provide: Occupation ACCOUNTANT Employer BLUE CROSS BLUE SHEILD OF MI Business Address 40331 SADDLEWOOD DR, STERLING HEIGHTS, MI 48313 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 08/24/2023 Name & Address KATHERINE GIROUARD 23175 TALBOT ST CLINTON TWP, MI 48035 5. If over \$100.00 cumulative, please provide:	_{\$} 100.00	_{\$} 100.00
Business Address 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) Page 7 of 9	Enter this total on line 3a of Summary Page.	

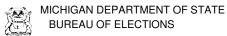


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CANDIDATE COMMITTEE

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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 08/24/2023 Name & Address: CASSANDRA VERSTRATE 6114 POTOMAC AVE WARREN, MI 48091 5. If over \$100.00 cumulative, please provide:	_{\$} 40.00	_{\$} 40.00
Occupation Employer Business Address		
Type of Contribution:		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/25/2023 Name & Address SHARON ROSE 28359 ALINE DR WARREN, MI 48093 5. If over \$100.00 cumulative, please provide:	\$ 100.00	_{\$} 200.00
Occupation RETIRED Employer RETIRED		
Business Address 28359 ALINE DR, WARREN, MI 48093		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 08/25/2023 Name & Address: GARY CYNOWA 45451 FIELDING ST MACOMB, MI 48042	_{\$} 50.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer RETIRED Business Address 45451 FIELDING ST, MACOMB, MI 48042		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 08/26/2023 Name & Address DENO GARZOLINI 30733 WINTHROP DR MADISON HEIGHTS, MI 48071	_{\$} 2,450.00	_{\$} 2,450.00
5. If over \$100.00 cumulative, please provide:		
Occupation UNEMPLOYED Employer UNEMPLOYED		
Business Address 30733 WINTHROP DR, MADISON HEIGHTS, MI 48071 Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal	2,640.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 6 of 9	Enter this total on line 3a of Summary Page.	



1. Committee I.D. Number

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CANDIDATE COMMITTEE 2. Commi

CTE LORI STONE MAYOR

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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 08/26/2023 Name & Address: ANDREA SCHEID 30733 WINTHROP DR MADISON HEIGHTS, MI 48071	_{\$} 250.00	_{\$} 2,350.00
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 08/28/2023 Name & Address MARY MATACZYNSKI 28572 ASPEN WARREN, MI 48093	\$ 40.00	_{\$} _150.00
5. If over \$100.00 cumulative, please provide: Occupation SUBSTITUTE TEACHER Employer WARREN CONSOLIDATED SCHOOLS Business Address 31300 ANITA DR, WARREN, MI 48093 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 08/28/2023 Name & Address: SUSAN KEFFER 32757 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 08/28/2023 Name & Address ANNE MORRELL 1475 ANTLER CT ROCHESTER HILLS, MI 48309	_{\$} 100.00	_{\$} 200.00
5. If over \$100.00 cumulative, please provide: Occupation REALTOR Employer SIGNATURE SOTHEBY'S INTERNATIONAL REALTY		
Business Address 415 S OLD WOODWARD AVE, BIRMINGHAM, MI 48009		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	415.00	

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Enter this total on line 3a of Summary 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 LOWE'S Address 31140 VAN DYKE AVE WARREN, MI 48093	Purpose: LAWN SIGN SUPPLIES	07/24/2023 Date	\$ <u>19.04</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2 Name CANVA Address 200 E 6TH ST	Purpose: SOFTWARE SUBSCRIPTION	07/24/2023 Date	\$ <u>119.99</u>
AUSTIN, TX 78701	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: PRINTED WALK LIT	07/26/2023 Date	\$ <u>636.00</u>
PONTIAC, MI 48341 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4 Name OFFICE DEPOT Address 37600 VAN DYKE AVE	Purpose: CAMPAIGN OFFICE SUPPLIES	07/28/2023 Date	\$ <u>94.14</u>
STERLING HEIGHTS, MI 48312	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5 Name ORIGINAL PRINT SHOPPE Address 270 S TELEGRAPH RD PONTIAC, MI 48341	Purpose: POLL CARDS FOR ELECTION DAY	08/03/2023 Date	\$ <u>323.30</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
	Subto Grand Total of all S (Complete on last page		1,192.47

Enter this total on line 8a of Summary 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 JIMMY JOHNS Address 30661 HOOVER RD WARREN, MI 48093 Fund Raiser	Purpose: Check box if this expenditure is payment of debt or obligation reported on previous statement	08/08/2023 Date	\$ <u>95.39</u>
Expenditure #2 Name ALE & EDDIES Address 15015 13 MILE RD WARREN, MI 48088	Purpose: ELECTION DAY PARTY	08/10/2023 Date	\$ <u>185.87</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3 Name LEXINGTON TOWNHOUSE CLUBHOUSE Address 8181 HETTENBERGER AVE	Purpose: LEXINGTON TOWNHOUSE CLUBHOUSE RENTAL	08/11/2023 Date	\$ <u>300.00</u>
WARREN, MI 48093 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4 Name HUNTINGTON BANK Address 29333 HOOVER RD WARREN, MI 48093	Purpose: BANK FEE	08/15/2023 Date	\$ <u>5.00</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5 Name ULINE Address P.O. BOX 88741 CHICAGO, IL 60680	Purpose:	08/19/2023 Date	\$ <u>77.19</u>
Fund Raiser	statement	tal this page	662.45
	Grand Total of all S (Complete on last page	Schedules 1B	663.45

Enter this total on line 8a of Summary 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 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 statement	08/20/2023 Date	\$ 1,100.00
Name ORIGINAL PRINT SHOPPE Address 270 S TELEGRAPH RD PONTIAC, MI 48341	Purpose: COPIES OF WALK LIT	08/22/2023 Date	\$ <u>636.00</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Name LITTLE CAESAR'S PIZZA Address HOOVER	Purpose: FOOD FOR VOLUNTEERS	08/24/2023 Date	\$ <u>30.17</u>
WARREN, MI 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 PONTIAC, MI 48341	Purpose: ELECTION DAY POLLING LIT	08/25/2023 Date	\$ 33.74
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Name LEXINGTON TOWNHOUSE CLUBHOUSE Address 8181 HETTENBERGER AVE WARREN, MI 48093	Purpose: FACILITIES RENTAL Check box if this expenditure is payment of	08/25/2023 Date	\$ <u>300.00</u>
Fund Raiser	debt or obligation reported on previous statement	tal this page	2 000 01
Grand Total of all Schedules 1B (Complete on last page of Schedule)			2,099.91

Enter this total on line 8a of Summary 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		08/28/2023	\$ 262.21
Address	Purpose: ACT BLUE BANK FEES	Date	
366 SUMMER ST	1 dipose.		
SOMERVILLE, MA 02144			
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name			•
		Date	\$
Address	Purpose:		
	Click H	ere for Memo	Itemization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3	Statement		
Name			
Traine			\$
Address	Purpose:	Date	
	Olistata	f M	An anni ann athaire. Ta ann a
		ere for iviemo i	temization Type
	LICheck box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #4			
Name			
		Date	\$
Address	Purpose:		
	Click H	ere for Memo	temization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5			
Name			
			\$
Address	Purpose:	Date	·
	Click H	ere for Memo	Itemization Type
	Check box if this expenditure is payment of		71-
Fund Raiser	debt or obligation reported on previous statement		
<u> </u>	Subtot	al this page	262.21
	Grand Total of all S	chedules 1B	4,218.04
	(Complete on last page	of Schedule)	T, Z 10.04

Enter this total on line 8a of Summary Page

(Complete on last page of Schedule)