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27 OCT 2023 PM 01:40

MACOMB COUNTY CLERK
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**CANDIDATE COMMITTEE
COVER PAGE**

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

1. Committee I.D. Number 140265		3. This Statement covers From: 08/29/2023 to 10/22/2023	
2. Committee Name CTE LORI STONE MAYOR		4. Candidate Last Name STONE First Name LORI M.I. M 4a. Office Sought Including District # or Community Served (If applicable) MAYOR, WARREN 4b. County of Residence MACOMB COUNTY	
5. Committee's Mailing Address P.O. BOX 1435 WARREN, MI 48090 Area Code and Phone (586) 764-4317 <small>If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.</small>		6. Treasurer's Name & Residential Address LORI M STONE 27582 EVELYN WARREN, MI 48093 Area Code & Phone (586) 764-4317	
7. Treasurer's Business Address 27582 EVELYN WARREN, MI 48093 Area Code and Phone (586) 764-4317		8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) Area Code and Phone () -	
9. TYPE OF STATEMENT 9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus Date of Election, Convention or Caucus 11/07/2023		Required ONLY if candidate is not on the ballot for the current year: <input type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly 9c. <input type="checkbox"/> Annual Statement () Coverage Year 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.) 9e. Dissolution of Candidate Committee <input type="checkbox"/> By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no lates fees or has any outstanding debt. Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Effective date of dissolution Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	
10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.			
Current Treasurer or Designated Record keeper Type or Print Name _____ Signature _____		Submitted electronically, signature on file _____ Date 10/27/2023	
Candidate Type or Print Name _____ Signature _____		Submitted electronically, signature on file _____ Date 10/27/2023	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140265

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE LORI STONE MAYOR

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>16,582.50</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>16,582.50</u>	(18.) \$ <u>60,857.49</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>16,582.50</u>	(20.) \$ <u>60,857.49</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0.00</u>	(21.) \$ <u>0.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>13,909.57</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>13,909.57</u>	(23.) \$ <u>42,059.66</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>16,124.90</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>16,582.50</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>32,707.40</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>13,909.57</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>18,797.83</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>08/29/2023</u>	
Name & Address: SUSAN MCQUEARY 29221 PALOMINO AVE. WARREN, MI 48093		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>08/29/2023</u>	
Name & Address: DEBRA CUSMANO 31201 HOOVER RD WARREN, MI 48093		\$ <u>50.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>08/30/2023</u>	
Name & Address: MELODY MAGEE 25800 TIMBERLINE DR WARREN, MI 48091		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>08/30/2023</u>	
Name & Address: GEORGE CHAPP 4753 STILWELL DR WARREN, MI 48092		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MENTAL-BEHAVIORAL HEALTH ADMINISTRATOR</u> Employer <u>GREAT LAKES PSYCHOLOGY GROUP</u> Business Address <u>1050 WILSHIRE DR, TROY, MI 48084</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 250.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/30/2023</u> Name & Address: GEORGE-MICHAEL HIGGINS 18331 BREEZEWAY FRASER, MI 48026		\$ <u>250.00</u>	\$ <u>349.99</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SENIOR ORGANIZER</u> Employer <u>FOR OUR FUTURE MICHIGAN</u> Business Address <u>18331 BREEZEWAY, FRASER, MI 48026</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>08/30/2023</u> Name & Address: IUPAT INTERNATIONAL UNION OF PAINTERS AND ALLIED TRADES PAC 7234 PARKWAY DR. HANOVER, MD 21076		\$ <u>1,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/30/2023</u> Name & Address: STEVEN HADDAD 6680 VACHON CT BLOOMFIELD HILLS, MI 48301		\$ <u>2,450.00</u>	\$ <u>2,450.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>CAPITAL SALES COMPANY</u> Business Address <u>1471 E 9 MILE RD, HAZEL PARK, MI 48030</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/30/2023</u> Name & Address: CHRISTOPHER OZOG 30105 WAGNER AVE WARREN, MI 48093		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal **3,750.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>08/30/2023</u>	
Name & Address: TERRY WISNIEWSKI 21725 PANAMA AVE WARREN, MI 48091		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>08/30/2023</u>	
Name & Address: AFSCME - PAC WARREN LOCAL 1917 4345 TUXEDO DR WARREN, MI 48092		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/02/2023</u>	
Name & Address: LISA SIMMS 30221 BRADMORE RD WARREN, MI 48092		\$ <u>25.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/02/2023</u>	
Name & Address: GEORGE TOTH 2427 CROMIE DR WARREN, MI 48092		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 325.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>09/04/2023</u></p> <p>Name & Address: L!UNA LABORERS LOCAL 1191 1118 CENTENNIAL WAY SUITE 100 LANSING, MI 48917</p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>6,000.00</u>	\$ <u>6,000.00</u>
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/05/2023</u></p> <p>Name & Address: FREDERICK HUEBENER 12014 CARNEY ST WARREN, MI 48089</p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>PROPERT MANAGER</u> Employer <u>SELF EMPLOYED</u> Business Address <u>12014 CARNEY ST, WARREN, MI 48089</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>250.00</u>	\$ <u>500.00</u>
<p>3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/05/2023</u></p> <p>Name & Address: DIANE MASTIN 32773 MCCONNELL CT WARREN, MI 48092</p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>32773 MCCONNELL CT, WARREN, MI 48092</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>100.00</u>	\$ <u>150.00</u>
<p>3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/07/2023</u></p> <p>Name & Address: JACKIE MARKS PO BOX 11057 LANSING, MI 48901</p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>25.00</u>	\$ <u>25.00</u>

Page Subtotal **6,375.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/07/2023</u>	
Name & Address: CAROL HOGAN 26653 TOM ALLEN DR WARREN, MI 48089		\$ <u>5.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/07/2023</u>	
Name & Address: ADAM STONE 1200 VERBENA LN DEWITT, MI 48820		\$ <u>20.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RESEARCH ADMINISTRATOR</u> Employer <u>MICHIGAN STATE UNIVERSITY</u> Business Address <u>426 AUDITORIUM RD, EAST LANSING, MI 48824</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/09/2023</u>	
Name & Address: ALISA DIEZ 13526 TOWERING OAKS DR SHELBY TWP, MI 48315		\$ <u>15.00</u>	\$ <u>90.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>13526 TOWERING OAKS DR, SHELBY TWP, MI 48315</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/10/2023</u>	
Name & Address: TINA BRAY 40557 BRENDA LN NOVI, MI 48375		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>40557 BRENDA LN, NOVI, MI 48375</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 140.00

Grand Total of All Schedules 1A
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Enter this total on
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
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1. Committee I.D. Number 140265
2. Committee Name CTE LORI STONE MAYOR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/11/2023</u>	
Name & Address: DIANE YOUNG 13250 IRVINGTON DR WARREN, MI 48088		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/14/2023</u>	
Name & Address: ALLISON BALL 330 W SQUARE LAKE RD TROY, MI 48098		\$ <u>65.00</u>	\$ <u>65.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/15/2023</u>	
Name & Address: MARY CUENY 13866 TEFFT DR WARREN, MI 48088		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/18/2023</u>	
Name & Address: JERRY BURDEN 3510 BERNICE AVE WARREN, MI 48091		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 205.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/21/2023</u>	
Name & Address: LORI STONE 27582 EVELYN AVE WARREN, MI 48093		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>STATE REPRESENTATIVE</u> Employer <u>STATE OF MICHIGAN</u> Business Address <u>124 N CAPITOL AVE, LANSING, MI 48933</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/21/2023</u>	
Name & Address: KEVIN HIGGINS 28045 MAVIS DR WARREN, MI 48088		\$ <u>250.00</u>	\$ <u>375.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REALTOR</u> Employer <u>MR. WONDERFUL REALTY</u> Business Address <u>28045 MAVIS DR, WARREN, MI 48088</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/21/2023</u>	
Name & Address: CELIA CIECKO 8475 BAIRD AVE WARREN, MI 48093		\$ <u>12.50</u>	\$ <u>12.50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/22/2023</u>	
Name & Address: SUMON KOBIR 4036 GARBOR DR WARREN, MI 48092		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal **387.50**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140265
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/22/2023</u>	
Name & Address: HEIDI BENNET 1520 MARTHA AVE ANN ARBOR, MI 48103		\$ <u>25.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/22/2023</u>	
Name & Address: ANNE HILL 24385 KINGS POINTE NOVI, MI 48375		\$ <u>50.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>NOT APPLICABLE</u> Business Address <u>24385 KINGS POINTE, NOVI, MI 48375</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/22/2023</u>	
Name & Address: LISA SIMMS 30221 BRADMORE RD WARREN, MI 48092		\$ <u>25.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/22/2023</u>	
Name & Address: JOEL RUTHERFORD 5683 STORROW CT WARREN, MI 48092		\$ <u>12.50</u>	\$ <u>87.50</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED - USAF</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal **112.50**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/22/2023</u>	
Name & Address: MARGARET HUNTONE 8479 TOWNE CENTER NORTH WARREN, MI 48093		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/22/2023</u>	
Name & Address: GEORGE HIGGINS 18331 BREEZEWAY FRASER, MI 48026		\$ <u>112.50</u>	\$ <u>112.50</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SENIOR ORGANIZER</u> Employer <u>FOR OUR FUTURE MICHIGAN</u> Business Address <u>18331 BREEZEWAY, FRASER, MI 48026</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/22/2023</u>	
Name & Address: MARYELLEN WELLING 13154 IRVINGTON DR WARREN, MI 48088		\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/23/2023</u>	
Name & Address: SORANA BARROW 14015 KNOLLWOOD DR STERLING HEIGHTS, MI 48312		\$ <u>12.50</u>	\$ <u>37.50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer <u>FITZGERALD PUBLIC SCHOOLS</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 235.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/23/2023</u>	
Name & Address: LINDA KOCH 30563 RIDGEFIELD AVE WARREN, MI 48088		\$ <u>50.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>30563 RIDGEFIELD AVE, WARREN, MI 48088</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/25/2023</u>	
Name & Address: HENRY NEWNAN 27156 GAIL DR WARREN, MI 48093		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/27/2023</u>	
Name & Address: DIANE MEITZNER 50 AMHERST RD PLEASANT RIDGE, MI 48069		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/27/2023</u>	
Name & Address: LEAH BERDY 32252 HAWTHORNE DR WARREN, MI 48092		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 350.00

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

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line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/27/2023</u>	
Name & Address: ANN MCMILLAN 30073 LORRAINE AVE WARREN, MI 48093		\$ <u>12.50</u>	\$ <u>12.50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/29/2023</u>	
Name & Address: CHRISTINA BERTRAND 4817 LA CHENE DR WARREN, MI 48092		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>WASHTENAW COUNTY PROSECUTORS OFFICE</u> Business Address <u>200 N MAIN ST, ANN ARBOR, MI 48104</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/30/2023</u>	
Name & Address: JEREMY FISHER 31428 SARATOGA AVE WARREN, MI 48093		\$ <u>50.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNERY</u> Employer <u>MACOMB COUNTY PROSECUTOR'S OFFICE</u> Business Address <u>1 S MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/01/2023</u>	
Name & Address: KIMBERLY LUBINSKI 30540 LUND AVE WARREN, MI 48093		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 262.50

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

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line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/01/2023</u>	
Name & Address: EMMA KRISS 3107 OTIS AVE WARREN, MI 48091		\$ <u>40.00</u>	\$ <u>65.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/02/2023</u>	
Name & Address: GEORGE TOTH 2427 CROMIE DR WARREN, MI 48092		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>2427 CROMIE DR, WARREN, MI 48092</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/04/2023</u>	
Name & Address: EVERYTOWN FOR GUN SAFETY PAC 002182 P.O. BOX 3638 NEW YORK, NY 10163		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/06/2023</u>	
Name & Address: WILLIAM RIDELLA 13124 OUTER DR E DETROIT, MI 48224		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 690.00

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/06/2023</u>	
Name & Address: DUANE SLICKER 32972 KILLEWALD ST NEW BALTIMORE, MI 48047		\$ <u>200.00</u>	\$ <u>725.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/07/2023</u>	
Name & Address: ADAM STONE 1200 VERBENA LN DEWITT, MI 48820		\$ <u>20.00</u>	\$ <u>120.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RESEARCH ADMINISTRATOR</u> Employer <u>MICHIGAN STATE UNIVERSITY</u> Business Address <u>426 AUDITORIUM RD, EAST LANSING, MI 48824</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/07/2023</u>	
Name & Address: CAROL HOGAN 26653 TOM ALLEN DR WARREN, MI 48089		\$ <u>5.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/09/2023</u>	
Name & Address: ALISA DIEZ 13526 TOWERING OAKS DR SHELBY TWP, MI 48315		\$ <u>15.00</u>	\$ <u>105.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>13526 TOWERING OAKS DR, SHELBY TWP, MI 48315</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 240.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/11/2023</u>	
Name & Address: LYNNE LUNDGREN 31737 GILBERT DR WARREN, MI 48093		\$ <u>25.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>10/14/2023</u>	
Name & Address: RED AND BLUE PAC 718 BERKSHIRE RD GROSSE POINTE PARK, MI 48230		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>10/16/2023</u>	
Name & Address: IBEW REGISTRARS PAC LOCAL 58 CHECK #6527 1358 ABBOTT ST DETROIT, MI 48216		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/16/2023</u>	
Name & Address: HUBERT GERSCH 11704 MEADOW LN DR WARREN, MI 48093		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 2,125.00

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

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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/17/2023</u>	
Name & Address: ANDY ENGLAND 24660 BOLAM AVE WARREN, MI 48089		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/18/2023</u>	
Name & Address: ANN MCMILLAN 30073 LORRAINE AVE WARREN, MI 48093		\$ <u>25.00</u>	\$ <u>37.50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/18/2023</u>	
Name & Address: KEITH GRABOSKE 30145 OHMER DR WARREN, MI 48092		\$ <u>50.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/20/2023</u>	
Name & Address: MARYELLEN WELLING 13154 IRVINGTON DR WARREN, MI 48088		\$ <u>10.00</u>	\$ <u>60.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NURSE PRACTITIONER</u> Employer <u>BEAUMONT HOSPITAL</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **135.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>10/20/2023</u>	
Name & Address: REALTORS POLITICAL ACTION COMMITTEE OF MICHIGAN 720 N WASHINGTON AVE LANSING, MI 48906		\$ <u>1,000.00</u>	\$ <u>3,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt _____	
Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt _____	
Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt _____	
Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal

1,000.00

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

16,582.50

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name AMERICAN GRAPHICS PRINTING Address 34895 GROESBECK HWY CLINTON TWP, MI 48035 <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING LAWN SIGNS & STAKES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/30/2023</u> Date	\$ <u>2,385.00</u>
Expenditure #2 Name ALDI Address 29475 MOUND RD WARREN, MI 48092 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN FUNDRAISER</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/30/2023</u> Date	\$ <u>110.63</u>
Expenditure #3 Name ORIGINAL PRINT SHOPPE Address 270 S TELEGRAPH RD PONTIAC, MI 48341 <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN WALK LIT</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/06/2023</u> Date	\$ <u>318.00</u>
Expenditure #4 Name OFF DUTY WEAR, INC. Address PO BOX 99364 Troy, MI 48099 <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN T-SHIRTS FOR VOLUNTEERS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/08/2023</u> Date	\$ <u>617.50</u>
Expenditure #5 Name MEIJER Address 29505 MOUND RD WARREN, MI 48092 <input type="checkbox"/> Fund Raiser	Purpose: <u>FOOD FOR CAMPAIGN VOLUNTEERS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/10/2023</u> Date	\$ <u>48.06</u>

Subtotal this page **3,479.19**

Grand Total of all Schedules 1B
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Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name JETS PIZZA Address 11908 E 10 MILE RD WARREN, MI 48089 <input type="checkbox"/> Fund Raiser	Purpose: <u>FOOD FOR CAMPAIGN VOLUNTEERS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/10/2023</u> Date	\$ <u>80.83</u>
Expenditure #2 Name AMERICAN GRAPHICS PRINTING Address 34895 GROESBECK HWY CLINTON TWP, MI 48035 <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING LAWN SIGNS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/13/2023</u> Date	\$ <u>715.50</u>
Expenditure #3 Name OFFICE DEPOT Address 37600 VAN DYKE AVE STERLING HEIGHTS, MI 48312 <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN OFFICE SUPPLIES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/13/2023</u> Date	\$ <u>120.36</u>
Expenditure #4 Name HUNTINGTON BANK Address 29333 HOOVER RD WARREN, MI 48093 <input type="checkbox"/> Fund Raiser	Purpose: <u>BANK FEE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/15/2023</u> Date	\$ <u>5.00</u>
Expenditure #5 Name SIMPLE PALATE Address 27380 VAN DYKE AVE WARREN, MI 48093 <input type="checkbox"/> Fund Raiser	Purpose: <u>FOOD FOR CANDIDATE MEET & GREET</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/18/2023</u> Date	\$ <u>157.00</u>

Subtotal this page

1,078.69

Grand Total of all Schedules 1B
(Complete on last page of Schedule)

Enter this total
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Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ORIGINAL PRINT SHOPPE Address 270 S TELEGRAPH RD PONTIAC, MI 48341 <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN WALK LIT</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/20/2023</u> Date	\$ <u>71.02</u>
Expenditure #2 Name ALLIED MEDIA Address 240 N FENWAY DR FENTON, MI 48430 <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN MAILER</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/21/2023</u> Date	\$ <u>2,721.50</u>
Expenditure #3 Name ORIGINAL PRINT SHOPPE Address 270 S TELEGRAPH RD PONTIAC, MI 48341 <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN WALK LIT</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/21/2023</u> Date	\$ <u>63.60</u>
Expenditure #4 Name UNITED STATES POSTAL SERVICE Address 28401 MOUND RD WARREN, MI 48090 <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN POSTCARD POSTAGE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/02/2023</u> Date	\$ <u>306.00</u>
Expenditure #5 Name JENNIFER ORESTI Address 23816 GROVE ST ST CLAIR SHORES, MI 48080 <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN MANAGER</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/02/2023</u> Date	\$ <u>562.50</u>

Subtotal this page **3,724.62**

Grand Total of all Schedules 1B
(Complete on last page of Schedule)

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ALLIED MEDIA Address 240 N FENWAY DR FENTON, MI 48430 <input type="checkbox"/> Fund Raiser	Purpose: CAMPAIGN MAILING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/05/2023 Date	\$ 2,905.70
Expenditure #2 Name ORIENTAL TRADE CATALOG Address 4206 S 108TH ST OMAHA, NE 68137 <input type="checkbox"/> Fund Raiser	Purpose: NONFUNDRAISING EVENT <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/06/2023 Date	\$ 495.26
Expenditure #3 Name MEIJER Address 29505 MOUND RD WARREN, MI 48092 <input type="checkbox"/> Fund Raiser	Purpose: CAMPAIGN FOOD FOR VOLUNTEERS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/10/2023 Date	\$ 110.14
Expenditure #4 Name HUNTINGTON BANK Address 29333 HOOVER RD WARREN, MI 48093 <input type="checkbox"/> Fund Raiser	Purpose: BANK FEE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/16/2023 Date	\$ 5.00
Expenditure #5 Name AMANDAR BANGLA Address 36282 GREGORY DR STERLING HEIGHTS, MI 48312 <input type="checkbox"/> Fund Raiser	Purpose: BANGLADESHI VOTER OUTREACH VIDEO <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/16/2023 Date	\$ 375.00

Subtotal this page **3,891.10**

Grand Total of all Schedules 1B
(Complete on last page of Schedule)

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Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name YASINE BACCOUCHE Address 1229 S STATE ST ANN ARBOR, MI 48104 <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN SOCIAL MEDIA MANAGEMENT</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/19/2023</u> Date	\$ <u>200.00</u>
Expenditure #2 Name AMERICAN GRAPHICS PRINTING Address 34895 GROESBECK HWY CLINTON TWP, MI 48035 <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN PRINTING - FLYERS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/19/2023</u> Date	\$ <u>1,502.02</u>
Expenditure #3 Name ACT BLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 <input type="checkbox"/> Fund Raiser	Purpose: <u>ACT BLUE BANK FEES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/22/2023</u> Date	\$ <u>33.95</u>
Expenditure #4 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type	_____ Date	\$ _____
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type	_____ Date	\$ _____

Subtotal this page	1,735.97
Grand Total of all Schedules 1B (Complete on last page of Schedule)	13,909.57

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Summary Page



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

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

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>08/30/2023</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>15</u>	5. Type of Fund Raising Activity <u>FUNDRAISER</u>	6. Address and Name (If any) of the place where the activity was held. LEXINGTON TOWNHOUSE CO-OP CLUBHOUSE 8181 HETTENBERGER AVE WARREN, MI 48093 <input type="checkbox"/> Private Residence
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7. Total Contributions 3,825.00
8. Other Receipts 0.00
9. Gross Receipts (Add lines 7 and 8) 3,825.00
10. Total Cost of Event 160.63
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

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

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>09/23/2023</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>28</u>	5. Type of Fund Raising Activity <small>JOINT FUNDRAISER LORI M. STONE & ANGELA ROGENSUES</small>	6. Address and Name (If any) of the place where the activity was held. CHRISTINA & DAVID HINES 4817 LA CHENE DR WARREN, MI 48092 <input checked="" type="checkbox"/> Private Residence
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7. Total Contributions 787.50
8. Other Receipts 0.00
9. Gross Receipts (Add lines 7 and 8) 787.50
10. Total Cost of Event 0.00
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☒ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
<u>LORI M. STONE</u>	<u>50</u>	<u>50</u>
<u>ANGELA ROGENSUES</u>	<u>50</u>	<u>50</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
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<u> </u>	<u> </u>	<u> </u>

- 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.