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07 DEC 2023 AM 06:32

MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

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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: 10/23/2023 to 11/27/2023	
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 type="checkbox"/> Pre-Election OR 9b. <input checked="" 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 12/07/2023	
Candidate Type or Print Name _____ Signature _____		Submitted electronically, signature on file Date 12/07/2023	



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>20,460.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>20,460.00</u>	(18.) \$ <u>81,317.49</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>20,460.00</u>	(20.) \$ <u>81,317.49</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>29,341.36</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>29,341.36</u>	(23.) \$ <u>71,401.02</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>18,797.83</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>20,460.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>39,257.83</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>29,341.36</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>9,916.47</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>10/24/2023</u>	
Name & Address: LISA GRIFFIN 27351 GAIL DR 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 checked="" type="checkbox"/> YES	4. Date of Receipt <u>10/27/2023</u>	
Name & Address: UAW MICHIGAN V-PAC 8000 E JEFFERSON AVE DETROIT, MI 48214		\$ <u>20,000.00</u>	\$ <u>20,000.00</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>11/02/2023</u>	
Name & Address: YOUSEF RABHI 1255 KENSINGTON DR ANN ARBOR, MI 48104		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COUNTY COMMISSIONER</u> Employer <u>WASHTENAW COUNTY</u> Business Address <u>220 N MAIN ST, ANN ARBOR, MI 48104</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>11/07/2023</u>	
Name & Address: CAROL HOGAN 26653 TOM ALLEN DR WARREN, MI 48089		\$ <u>5.00</u>	\$ <u>35.00</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 20,305.00

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>11/07/2023</u>	
Name & Address: ADAM STONE 1200 VERBENA LN DEWITT, MI 48820		\$ <u>20.00</u>	\$ <u>140.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RESEARCH ADMINISTRATOR</u> Employer <u>MICHIGAN STATE UNIVERSITY</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>11/08/2023</u>	
Name & Address: KRISTI KELLY 31416 W STONEWOOD CT FARMINGTON HILLS, MI 48334		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>SELF</u> Business Address <u>31416 W STONEWOOD CT, FARMINGTON HILLS, MI 48334</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>11/09/2023</u>	
Name & Address: ALISA DIEZ 13526 TOWERING OAKS DR SHELBY TWP, MI 48315		\$ <u>15.00</u>	\$ <u>120.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>11/09/2023</u>	
Name & Address: TAHMID CHOWDHURY 3106 MCKINLEY AVE WARREN, MI 48091		\$ <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			

Page Subtotal **145.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>11/20/2023</u>	
Name & Address: MARYELLEN WELLING 13154 IRVINGTON DR WARREN, MI 48088		\$ <u>10.00</u>	\$ <u>70.00</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			
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

10.00

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

20,460.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name TIM HORTONS Address 26807 HOOVER RD WARREN, MI 48089 <input type="checkbox"/> Fund Raiser	Purpose: <u>FOOD FOR A CONSTITUENT EVENT</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/21/2023</u> Date	\$ <u>27.78</u>
Expenditure #2 Name C&G NEWSPAPERS Address 13650 E ELEVEN MILE RD WARREN, MI 48089 <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN AD NEWSPAPER STICKERS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/23/2023</u> Date	\$ <u>3,485.80</u>
Expenditure #3 Name C&G NEWSPAPERS Address 13650 E ELEVEN MILE RD WARREN, MI 48089 <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN FULL PAGE AD SPLIT 3 WAYS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/23/2023</u> Date	\$ <u>792.33</u>
Expenditure #4 Name THE ORIGINAL PRINT SHOPPE Address 270 S TELEGRAPH RD PONTIAC, MI 48341 <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN FLYERS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/24/2023</u> Date	\$ <u>90.63</u>
Expenditure #5 Name META PLATFORMS INC. Address 1601 WILLOW RD MENLO PARK, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: <u>SOCIAL MEDIA CAMPAIGN</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/24/2023</u> Date	\$ <u>75.00</u>

Subtotal this page **4,471.54**

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

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 META PLATFORMS INC. Address 1601 WILLOW RD MENLO PARK, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: <u>SOCIAL MEDIA CAMPAIGN ADS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/24/2023</u> Date	\$ <u>75.00</u>
Expenditure #2 Name CALEB ROSE Address 19 MOROSS ST MOUNT CLEMENS, MI 48043 <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN FIELD WORK</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/24/2023</u> Date	\$ <u>1,250.00</u>
Expenditure #3 Name META PLATFORMS INC. Address 1601 WILLOW RD MENLO PARK, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: <u>SOCIAL MEDIA ADS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/25/2023</u> Date	\$ <u>75.00</u>
Expenditure #4 Name META PLATFORMS INC. Address 1601 WILLOW RD MENLO PARK, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: <u>SOCIAL MEDIA AD CAMPAIGN</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/26/2023</u> Date	\$ <u>75.00</u>
Expenditure #5 Name ETCHED BY STONE Address 26421 WOODLAND DR NEW BALTIMORE, MI 48051 <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN NAIL FILES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/26/2023</u> Date	\$ <u>1,378.75</u>

Subtotal this page **2,853.75**

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

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 META PLATFORMS INC. Address 1601 WILLOW RD MENLO PARK, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: <u>SOCIAL MEDIA ADS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/27/2023</u> Date	\$ <u>125.00</u>
Expenditure #2 Name META PLATFORMS INC. Address 1601 WILLOW RD MENLO PARK, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: <u>SOCIAL MEDIA CAMPAIGN LIFE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/28/2023</u> Date	\$ <u>150.00</u>
Expenditure #3 Name META PLATFORMS INC. Address 1601 WILLOW RD MENLO PARK, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: <u>SOCIAL MEDIA CAMPAIGN ADS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/29/2023</u> Date	\$ <u>150.00</u>
Expenditure #4 Name ALLIED MEDIA Address 240 N FENWAY DR FENTON, MI 48430 <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN MAILING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/30/2023</u> Date	\$ <u>1,050.00</u>
Expenditure #5 Name META PLATFORMS INC. Address 1601 WILLOW RD MENLO PARK, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: <u>SOCIAL MEDIA CAMPAIGN ADS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/30/2023</u> Date	\$ <u>150.00</u>

Subtotal this page **1,625.00**
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

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 BERGMAN ZWERTLING DIRECT Address 1350 CONNECTICUT AVE NW WASHINGTON, DC 20036 <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN MAILING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/30/2023</u> Date	\$ <u>12,363.40</u>
Expenditure #2 Name META PLATFORMS INC. Address 1601 WILLOW RD MENLO PARK, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: <u>SOCIAL MEDIA CAMPAIGN ADS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/31/2023</u> Date	\$ <u>150.00</u>
Expenditure #3 Name MEIJER Address 29505 MOUND RD WARREN, MI 48092 <input type="checkbox"/> Fund Raiser	Purpose: <u>FOOD FOR VOLUNTEERS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/31/2023</u> Date	\$ <u>56.73</u>
Expenditure #4 Name META PLATFORMS INC. Address 1601 WILLOW RD MENLO PARK, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: <u>SOCIAL MEDIA CAMPAIGN ADS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/01/2023</u> Date	\$ <u>150.00</u>
Expenditure #5 Name LEXINGTON TOWNHOUSE CLUBHOUSE Address 8181 HETTENBERGER AVE WARREN, MI 48093 <input type="checkbox"/> Fund Raiser	Purpose: <u>FACILITY RENTAL</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/01/2023</u> Date	\$ <u>300.00</u>

Subtotal this page **13,020.13**
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

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 ORIGINAL PRINT SHOPPE Address 270 S TELEGRAPH RD PONTIAC, MI 48341 <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN BUTTONS & STICKERS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/01/2023</u> Date	\$ <u>286.20</u>
Expenditure #2 Name META PLATFORMS INC. Address 1601 WILLOW RD MENLO PARK, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN SOCIAL MEDIA ADS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/02/2023</u> Date	\$ <u>150.00</u>
Expenditure #3 Name LEXINGTON TOWNHOUSE CLUBHOUSE Address 8181 HETTENBERGER AVE WARREN, MI 48093 <input type="checkbox"/> Fund Raiser	Purpose: <u>FACILITY RENTAL</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/02/2023</u> Date	\$ <u>50.00</u>
Expenditure #4 Name META PLATFORMS INC. Address 1601 WILLOW RD MENLO PARK, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN SOCIAL MEDIA ADS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/03/2023</u> Date	\$ <u>150.00</u>
Expenditure #5 Name C&G NEWSPAPERS Address 13650 E ELEVEN MILE RD WARREN, MI 48089 <input type="checkbox"/> Fund Raiser	Purpose: <u>CHECK #1026 FULL PAGE CAMPAIGN AD</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/03/2023</u> Date	\$ <u>2,377.00</u>

Subtotal this page **3,013.20**
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

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 META PLATFORMS INC. Address 1601 WILLOW RD MENLO PARK, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN SOCIAL MEDIA ADS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/05/2023</u> Date	\$ <u>150.00</u>
Expenditure #2 Name ORIGINAL PRINT SHOPPE Address 270 S TELEGRAPH RD PONTIAC, MI 48341 <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN STICKERS & BUTTONS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/06/2023</u> Date	\$ <u>367.46</u>
Expenditure #3 Name META PLATFORMS INC. Address 1601 WILLOW RD MENLO PARK, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: <u>SOCIAL MEDIA ADS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/06/2023</u> Date	\$ <u>150.00</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</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/06/2023</u> Date	\$ <u>265.73</u>
Expenditure #5 Name THE GAZEBO BANQUET CENTER Address 31104 MOUND RD WARREN, MI 48092 <input type="checkbox"/> Fund Raiser	Purpose: <u>ELECTION NIGHT EVENT</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/07/2023</u> Date	\$ <u>567.40</u>

Subtotal this page **1,500.59**
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

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 MEIJER Address 29505 MOUND RD WARREN, MI 48092 <input type="checkbox"/> Fund Raiser	Purpose: <u>ELECTION DAY VOLUNTEER FOOD</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/07/2023</u> Date	\$ <u>71.16</u>
Expenditure #2 Name CHARMINAR BIRIYANI Address 111 W WARREN AVE DETROIT, MI 48201 <input type="checkbox"/> Fund Raiser	Purpose: <u>FOOD FOR ELECTION DAY VOLUNTEERS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/07/2023</u> Date	\$ <u>200.53</u>
Expenditure #3 Name JIMMY JOHNS Address 30661 HOOVER RD WARREN, MI 48093 <input type="checkbox"/> Fund Raiser	Purpose: <u>ELECTION DAY FOOD FOR VOLUNTEERS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/07/2023</u> Date	\$ <u>185.34</u>
Expenditure #4 Name META PLATFORMS INC. Address 1601 WILLOW RD MENLO PARK, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN SOCIAL MEDIA ADS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/07/2023</u> Date	\$ <u>150.00</u>
Expenditure #5 Name FARIHA CHOUDHURY Address 3317 WASMUND AVE WARREN, MI 48091 <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN FIELDWORKER</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/07/2023</u> Date	\$ <u>465.00</u>

Subtotal this page **1,072.03**

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

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 RUMKI ROY Address 26386 CURIE AVE WARREN, MI 48091 <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN FIELDWORKER</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/07/2023</u> Date	\$ <u>420.00</u>
Expenditure #2 Name MUNNI RAHMAN Address 26361 CURIE AVE WARREN, MI 48091 <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN FIELDWORKER</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/07/2023</u> Date	\$ <u>345.00</u>
Expenditure #3 Name SOUMITRA SEN Address 26386 CURIE AVE WARREN, MI 48091 <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN FIELDWORKER</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/07/2023</u> Date	\$ <u>255.00</u>
Expenditure #4 Name FATERA CHOUDHURY Address 3317 WASMUND AVE WARREN, MI 48091 <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN FIELDWORKER</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/07/2023</u> Date	\$ <u>240.00</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>11/10/2023</u> Date	\$ <u>131.89</u>

Subtotal this page

1,391.89

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 META PLATFORMS INC. Address 1601 WILLOW RD MENLO PARK, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: <u>SOCIAL MEDIA AD CAMPAIGN</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/14/2023</u> Date	\$ <u>75.00</u>
Expenditure #2 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>11/15/2023</u> Date	\$ <u>5.00</u>
Expenditure #3 Name YASINE BACCOUCHE Address 1229 S STATE ST ANN ARBOR, MI 48104 <input type="checkbox"/> Fund Raiser	Purpose: <u>SOCIAL MEDIA AD CAMPAIGN</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/21/2023</u> Date	\$ <u>300.00</u>
Expenditure #4 Name ACT BLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 <input type="checkbox"/> Fund Raiser	Purpose: <u>BANK FEES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/27/2023</u> Date	\$ <u>13.23</u>
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	_____ Date	\$ _____ Click Here for Memo Itemization Type

Subtotal this page **393.23**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **29,341.36**

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