



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED

27 OCT 2023 PM 02:02

MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

CANDIDATE COMMITTEE
COVER PAGE

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

3. This Statement covers From: 07/24/2023 to 08/28/2023

1. Committee I.D. Number

140265

4. Candidate Last Name First Name M.I.

STONE LORI M

4a. Office Sought Including District # or Community Served (If applicable)

MAYOR, WARREN

4b. County of Residence MACOMB COUNTY

2. Committee Name

CTE LORI STONE MAYOR

5. Committee's Mailing Address

P.O. BOX 1435
WARREN, MI 48090

6. Treasurer's Name & Residential Address

LORI M STONE
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 be sent to this address by the filing official.

Area Code & Phone (586) 764-4317

7. Treasurer's Business Address

27582 EVELYN
WARREN, MI 48093

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

Area Code and Phone (586) 764-4317

Area Code and Phone () -

9. TYPE OF STATEMENT

9a. ☐ Pre-Election OR 9b. ☒ Post-Election

Pre-Election or Post-Election Statement relates to:

- ☒ Primary
☐ General
☐ Convention
☐ Special
☐ School
☐ Caucus

Required ONLY if candidate is not on the ballot for the current year:

- ☐ July Quarterly
☐ October Quarterly

9c. ☐ Annual Statement () Coverage Year

9d. ☒ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)

Date of Election, Convention or Caucus

08/08/2023

9e. Dissolution of Candidate Committee

☐ 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 late 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



**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>08/22/2023</u> Name & Address: JEREMY FISHER 31428 SARATOGA AVE WARREN, MI 48093 | | \$ <u>250.00</u> | \$ <u>250.00</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 checked="" 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>08/22/2023</u> Name & Address: BETH WALLIS 24795 LOIS LN SOUTHFIELD, MI 48075 | | \$ <u>25.00</u> | \$ <u>25.00</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | | |
| 3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/22/2023</u> Name & Address: DEBORAH DESANTIS 40331 SADDLEWOOD DR STERLING HEIGHTS, MI 48313 | | \$ <u>100.00</u> | \$ <u>200.00</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>ACCOUNTANT</u> Employer <u>BLUE CROSS BLUE SHEILD OF MI</u> Business Address <u>40331 SADDLEWOOD DR, STERLING HEIGHTS, MI 48313</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>08/24/2023</u> Name & Address: KATHERINE GIROUARD 23175 TALBOT ST CLINTON TWP, MI 48035 | | \$ <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 475.00

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

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 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>08/20/2023</u> Date | \$ <u>1,100.00</u> |
| Expenditure #2 Name ORIGINAL PRINT SHOPPE Address 270 S TELEGRAPH RD PONTIAC, MI 48341 <input type="checkbox"/> Fund Raiser | Purpose: <u>COPIES OF WALK LIT</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>08/22/2023</u> Date | \$ <u>636.00</u> |
| Expenditure #3 Name LITTLE CAESAR'S PIZZA Address 25525 HOOVER RD WARREN, MI 48089 <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>08/24/2023</u> Date | \$ <u>30.17</u> |
| Expenditure #4 Name ORIGINAL PRINT SHOPPE Address 270 S TELEGRAPH RD PONTIAC, MI 48341 <input type="checkbox"/> Fund Raiser | Purpose: <u>ELECTION DAY POLLING LIT</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>08/25/2023</u> Date | \$ <u>33.74</u> |
| Expenditure #5 Name LEXINGTON TOWNHOUSE CLUBHOUSE Address 8181 HETTENBERGER AVE WARREN, MI 48093 <input type="checkbox"/> Fund Raiser | Purpose: <u>FACILITIES RENTAL</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>08/25/2023</u> Date | \$ <u>300.00</u> |

Subtotal this page **2,099.91**

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

Enter this total
on line 8a of
Summary Page



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

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

- USE A SEPARATE SHEET FOR EACH EVENT -

| | | | |
|---|---|---|--|
| 3. Date Event Was Held <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 |
|---|---|---|--|

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 (%) |
|---------------|---------------------------|--------------------------|
| <hr/> | <hr/> | <hr/> |
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- 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.