MICHIGAN DEPARTMEN	T OF STATE	FILED				
BUREAU OF ELECTIONS		19 NOV 2023 PI	80:e0 N			
CANDIDATE COMMITTEE COVER PAGE		MACOMB COUNTY MT. CLEMENS, MIG		FOR OFFICI	AL USE ONLY	
Report must be legible, typed or printec the treasurer (or designated record kee	l in ink and signed by per) and candidate.	3. This Statement covers Fro	om: 08/29	9/2023 _{to} 1	0/22/2023	
1. Committee I.D. Number		4. Candidate Last Name		First Name	M.I.	
140265		STONE LORI M				
2. Committee Name		4a. Office Sought Including District # or Community Served (If applicable)				
		MAYOR, WARREN				
CTE LORI STONE MAYOR		4b. County of Residence MACOMB COUNTY				
5. Committee's Mailing Address		6. Treasurer's Name & Resid	dential Addr	ess		
P.O. BOX 1435		LORI M STONE				
WARREN, MI 48090		27582 EVELYN	27582 EVELYN			
		WARREN, MI 4809	93			
Area Code and Phone (586) 764-4	317					
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		8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)				
27582 EVELYN						
WARREN, MI 48093						
Area Code and Phone (586) 764-	4317	Area Code and Phone ()	_			
9. TYPE OF STATEMENT		Area Code and Phone <u>U</u>		solution of Candida	te Committee	
	Election is not on the	NLY if candidate	Пву	checking this item I/M	Ve certify any outstanding debt	
	current year:			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 oustanding assets,		
Pre-Election or Post-Election Statement r	elates to:	erly				
Primary				lates fees or has an	0 /	
XGeneral	October Q	Juarterly	Further. i	if the dissolution can	not be granted, that this be	
Convention				ed a request for the F		
Special	⁹ c. 🗖 Annua	al Statement ()				
School		Coverage Year		Effective date of dis	solution	
	9d. XAmeno	9d. Amendment to Campaign Statemen				
	(Comp indicate	lete Item 9a, 9b, 9c or 9e to e which Statement is being			lual funds must be reported on	
	amend	led.)	Schedul	e 1B and the Summa	iry Page.	
Date of Election, Convention or Cauci	JS					
11/07/2023						
10. Verification: I/We certify that all reaso my/our knowledge and belief the contents			ment and at	ttached schedules (if	any) and to the best of	
Current Treasurer or				Submitted electronically,	11/10/0000	
Designated Record keeper	int Nome	/	S	ignature on file Date	11/19/2023	
Type or Pr	int Name	Signature				
Candidate		1		Submitted electronically, ignature on file	11/19/2023	
	Print Name	Signature		Date		

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS	
ITEMIZED CONTRIBUTIONS	mbor 140265
SCHEDULE 1A 1. Committee I.D. Nu	CTE LORI STONE MAYOR
CANDIDATE COMMITTEE 2. Committee Name	
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, 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.	
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 08/30/2023 Name & Address: TERRY WISNIEWSKI 21725 PANAMA AVE WARREN, MI 48091	<u>100.00</u> 100.00
5. If over \$100.00 cumulative, please provide:	
Occupation Employer	
Business Address	-
Type of Contribution: Direct Loan from a person 🖌 Fund Raiser	
3. Contribution #2 PAC Receipt? ✓ YES 4. Date of Receipt 08/30/2023 Name & Address GELC LOCAL 227 PAC 12434 E 12 MILE WARREN, MI 48093	<u>100.00</u> <u>200.00</u>
5. If over \$100.00 cumulative, please provide:	
Occupation Employer	
Business Address	_
Type of Contribution: Direct Loan from a person 🖌 Fund Raiser	
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 09/02/2023 Name & Address: LISA SIMMS 30221 BRADMORE RD WARREN, MI 48092	<u>\$25.00</u> <u>\$</u> 50.00
5. If over \$100.00 cumulative, please provide:	
Occupation Employer	_
Business Address Type of Contribution: Direct Loan from a person 🖌 Fund Raiser	-
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09/02/2023 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: Image: Direct Image: Loan from a person Image: Fund Raiser	
Page S	ubtotal 325.00
Grand Total of All Schedu	
(Complete on last page of Sch Pageof16	Enter this total on line 3a of Summary Page.

TEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE 1. Committee I.D. Number 140265 Enter contributor's name and address. If contribution is from a individual, enter last name, inst name, Committee (PAC) Report all contribution is from a Pindividual, enter last name, inst name, Committee (PAC) Report all contribution is from a Pindividual, enter last name, inst name, Committee (PAC) Report all contribution is from a Pindividual, enter last name, inst name, Committee (PAC) Report all contribution is from a Pindividual, enter last name, inst name, Committee (PAC) Report all contribution is from a Pindividual, enter last name, inst name, Committee (PAC) Report all contribution is from a Pindividual, enter last name, inst name, Committee (PAC) Report all contribution is from a Pindividual, enter last name, its name, Committee (PAC) Report all contribution is from a Pindividual, enter last name, its name, Committee (PAC) Report all contribution is from a Pindividual, enter last name, its name, Committee (PAC) Report all contributions regardless of amount. 6. Amount 7. Cumulative for Election Cycle for Each Committee (PAC) Report all contributions regardless of amount. 3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 09/04/2023 Standerss MICH Balser 5. Contribution # 2 PAC Receipt? YES 4. Date of Receipt 12014 CARNEY ST S S S S S S 12014 CARNEY ST S S S S S S S 12014 CARNEY ST S<
SCHEDULE TA 2. Committee Name CTE LORI STONE MAYOR Enter contributor's name and address. If contribution is from a polical Committee Name CTE LORI STONE MAYOR Enter contributor's name and address. If contribution is from a polical Committee Name 6. Amount 7. Cumulative for Standard Standa
Contributor's name and address. If contribution is from an individual, enter last name, indicater last name, individual, enter last name, individual, enter last
middle initial. Check box to indicate if contributions regardless of amount. Election Cycle for Each Contributions regardless of amount. 3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 09/04/2023 Nime & Address: MICHIGAN LABORERS POLITICAL LEAGUE 5.6,000.00 \$6,000.00 L118 CENTENNIAL WAY SUITE 100 \$6,000.00 \$6,000.00 LANSING, MI 48917 5. If over \$100.00 cumulative, please provide: \$6,000.00 \$6,000.00 Occupation Employer Employer \$ \$6,000.00 Business Address Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/05/2023 Name & Address FREDERICK HUEBENER \$250.00 \$500.00 12014 CARNEY ST \$250.00 \$500.00 WARREN, MI 48089 \$ \$ \$250.00 \$500.00 5. If over \$100.00 cumulative, please provide: \$ \$ \$ \$ Cocupation PROPERT MANAGER_Employer SELF EMPLOYED \$ \$ \$ Dusiness Address 12014 CARNEY ST, WARREN, MI 48089 \$
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 09/04/2023 Name & Address: MICHIGAN LABORERS POLITICAL LEAGUE \$ 6,000.00 \$ 6,000.00 1118 CENTENNIAL WAY SUITE 100 LANSING, MI 48917 \$ \$ 6,000.00 \$ 6,000.00 LANSING, MI 48917 5. If over \$100.00 cumulative, please provide: \$ \$ 6,000.00 \$ 6,000.00 Occupation
MICHIGAN LABORERS POLITICAL LEAGUE 1118 CENTENNIAL WAY SUITE 100 LANSING, MI 48917 5. If over \$100.00 cumulative, please provide: Occupation Direct Loan from a person Fund Raiser 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/05/2023 Name & Address FREDERICK HUEBENER 12014 CARNEY ST WARREN, MI 48089 5. If over \$100.00 cumulative, please provide: Occupation Occupation PROPERT MANAGEREmployer SELF Business Address 1700.00 cumulative, please provide: Occupation Occupation PROPERT MANAGEREmployer SELF Business Address Type of Contribution: Oriect Loan from a person Fund Raiser 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 09/05/2023 Name & Address: DIANE MASTIN <t< td=""></t<>
SUITE 100 § 6,000.00 LANSING, MI 48917 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address
LANSING, MI 48917 • 5. If over \$100.00 cumulative, please provide: Cocupation Employer
Coccupation
Business Address Type of Contribution: ✓ Direct Loan from a person Fund Raiser 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt <u>09/05/2023</u> Name & Address FREDERICK HUEBENER 12014 CARNEY ST \$250.00 § 500.00 WARREN, MI 48089 \$. If over \$100.00 cumulative, please provide: \$250.00 § 500.00 Occupation PROPERT MANAGER_Employer SELF EMPLOYED Business Address 12014 CARNEY ST, WARREN, MI 48089 Type of Contribution: ✓ Direct Loan from a person Fund Raiser 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt <u>09/05/2023</u> 100.00 Name & Address: DIANE MASTIN 32773 MCCONNELL CT \$100.00 \$150.00 VARREN, MI 48092 5. If over \$100.00 cumulative, please provide: 000000000000000000000000000000000000
Type of Contribution: ✓ Direct Loan from a person Fund Raiser 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/05/2023 Name & Address FREDERICK HUEBENER 12014 CARNEY ST \$250.00 WARREN, MI 48089 \$. fr over \$100.00 cumulative, please provide: \$250.00 \$500.00 Occupation PROPERT MANAGEREmployer SELF EMPLOYED \$200.00 Business Address 12014 CARNEY ST, WARREN, MI 48089 \$200.00 Type of Contribution: ✓ Direct Loan from a person Fund Raiser 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 09/05/2023 Name & Address: DIANE MASTIN 32773 MCCONNELL CT \$100.00 WARREN, MI 48092 \$100.00 \$150.00 5. If over \$100.00 cumulative, please provide: \$100.00 \$150.00 Occupation NOT EMPLOYED Employer_NOT EMPLOYED \$100.00
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt <u>09/05/2023</u> Name & Address FREDERICK HUEBENER 12014 CARNEY ST \$ 250.00 \$ 500.00 WARREN, MI 48089 \$. fover \$100.00 cumulative, please provide: \$ 250.00 \$ 500.00 Occupation PROPERT MANAGEREmployer SELF EMPLOYED \$ 500.00 Business Address 12014 CARNEY ST, WARREN, MI 48089 \$ 12014 CARNEY ST, WARREN, MI 48089 Type of Contribution: ✓ Direct Loan from a person Fund Raiser 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt <u>09/05/2023</u> DIANE MASTIN 32773 MCCONNELL CT \$ 100.00 \$ 150.00 WARREN, MI 48092 \$. If over \$100.00 cumulative, please provide: 0ccupation Occupation NOT EMPLOYED Employer NOT EMPLOYED \$ 150.00
Name & Address FREDERICK HUEBENER 12014 CARNEY ST WARREN, MI 48089 5. If over \$100.00 cumulative, please provide: Occupation PROPERT MANAGER_Employer Self Dusiness Address 12014 CARNEY ST, WARREN, MI 48089 Type of Contribution: ✓ Direct Loan from a person Fund Raiser 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 09/05/2023 DIANE MASTIN 32773 MCCONNELL CT WARREN, MI 48092 5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED
12014 CARNEY ST WARREN, MI 48089 \$250.00 5. If over \$100.00 cumulative, please provide: Occupation PROPERT MANAGER_Employer_SELF_EMPLOYED Business Address 12014 CARNEY ST, WARREN, MI 48089 \$250.00 Type of Contribution: ✓ Direct Loan from a person Fund Raiser 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 09/05/2023 Name & Address: DIANE MASTIN 32773 MCCONNELL CT \$100.00 WARREN, MI 48092 \$. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer_NOT EMPLOYED
WARREN, MI 48089 ✓ ✓ 5. If over \$100.00 cumulative, please provide: Occupation PROPERT MANAGER_Employer SELF EMPLOYED Business Address 12014 CARNEY ST, WARREN, MI 48089 Type of Contribution: ✓ ✓ ✓ 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 09/05/2023 Name & Address: DIANE MASTIN 32773 MCCONNELL CT WARREN, MI 48092 5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer
5. If over \$100.00 cumulative, please provide: Occupation PROPERT MANAGER_Employer_SELF_EMPLOYED Business Address 12014 CARNEY ST, WARREN, MI 48089 Type of Contribution: ✓ Direct Loan from a person Fund Raiser 3. Contribution # 3 PAC Receipt? YES A. Date of Receipt 09/05/2023 Name & Address: DIANE MASTIN 32773 MCCONNELL CT \$ 100.00 WARREN, MI 48092 \$ 150.00 5. If over \$100.00 cumulative, please provide: Occupation Occupation NOT EMPLOYED Employer_NOT EMPLOYED
Occupation PROPERT MANAGER_Employer SELF EMPLOYED Business Address 12014 CARNEY ST, WARREN, MI 48089 Type of Contribution: Direct Loan from a person S. Contribution # 3 PAC Receipt? YES 9. Contribution # 3 PAC Receipt? YES 9. Contribution # 3 PAC Receipt? YES 9. DIANE MASTIN 32773 MCCONNELL CT 32773 MCCONNELL CT \$ 100.00 WARREN, MI 48092 5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED
Business Address 12014 CARNEY ST, WARREN, MI 48089 Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 09/05/2023 Name & Address: DIANE MASTIN 32773 MCCONNELL CT WARREN, MI 48092 5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED
Type of Contribution: Loan from a person Loan from a person Fund Raiser 3. Contribution # 3 PAC Receipt? YES A. Date of Receipt <u>09/05/2023 Name & Address: DIANE MASTIN <u>100.000 </u> <u>150.000 </u> S2773 MCCONNELL CT WARREN, MI 48092 <u>150.000 </u> <u>\$100.000 </u> 5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer_NOT EMPLOYED MOT EMPLOYED MOT EMPLOYED </u>
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 09/05/2023 Name & Address: DIANE MASTIN 32773 MCCONNELL CT WARREN, MI 48092 5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED
Name & Address: DIANE MASTIN 32773 MCCONNELL CT WARREN, MI 48092 5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED
32773 MCCONNELL CT WARREN, MI 48092 5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED
WARREN, MI 48092 5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED
Occupation NOT EMPLOYED Employer NOT EMPLOYED
Duciness Address NC//N MUAAAANNI LI VI. WADDI N. WI 4007C
Type of Contribution: V Direct Loan from a person Fund Raiser
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09/07/2023
Name & Address
JACKIE MARKS PO BOX 11057 25.00 25.00
LANSING, MI 48901 <u>\$25.00</u> <u>\$25.00</u>
5. If over \$100.00 cumulative, please provide:
Occupation Employer
Business Address
Type of Contribution: Loan from a person Fund Raiser Fund Raiser
Page Subtotal 6,375.00
Grand Total of All Schedules 1A (Complete on last page of Schedule)
Page 4 of 16

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS	
ITEMIZED CONTRIBUTIONS	140265
SCHEDULE 1A 1. Committee	
CANDIDATE COMMITTEE 2. Committee	
Enter contributor's name and address. If contribution is from an individual, enter last name, middle initial. Check box to indicate if contribution is from a Political Committee or an Indeper Committee (PAC) Report <u>all</u> contributions regardless of amount.	
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 10/01/20 Name & Address: EMMA KRISS 3107 OTIS AVE WARREN, MI 48091	
5. If over \$100.00 cumulative, please provide:	Ý
Occupation Employer	
Business Address	
Type of Contribution: V Direct Loan from a person Fund Raiser	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/02/20	23
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 NOT EMPLOYED Employer NOT EMPLOYED	
Business Address 2427 CROMIE DR, WARREN, MI 48092	
Type of Contribution: Image: Direct Loan from a person Fund Raiser	
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 10/04/20 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:	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/06/20 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: 🖌 Direct Loan from a person Fund Raiser	
Grand Total of All S	
(Complete on last page	Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS		
ITEMIZED CONTRIBUTIONS	140265	
SCHEDULE 1A 1. Committee I.D. Number		
CANDIDATE COMMITTEE 2. Committee Name	E LORI STC	NE MAYOR
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 10/11/2023 Name & Address: LYNNE LUNDGREN 31737 GILBERT DR WARREN, MI 48093	_{\$} 25.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Image: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? ✓ YES 4. Date of Receipt 10/14/2023 Name & Address RED AND BLUE PAC 28470 13 MILE RD 5. FARMINGTON HILLS, MI 48334 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address	<u>\$ 1,000.00</u> <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: 🖌 Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/16/2023 Name & Address HUBERT GERSCH 11704 MEADOW LN DR WARREN, MI 48093	_{\$} 100.00	<u>s 100.00</u>
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: 🖌 Direct Loan from a person Fund Raiser	1	
Page Subtotal	2,125.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
Pageof	Enter this total on line 3a of Summary Page.	