

CANDIDATE COMMITTEE COVER PAGE

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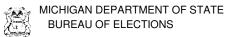
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Date

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: 08/29/2023 to 10/22/2023 1. Committee I.D. Number 4. Candidate Last Name First Name M.I. LORI STONE M 140265 4a. Office Sought Including District # or Community Served (If applicable) 2. Committee Name MAYOR, WARREN CTE LORI STONE MAYOR 4b. County of Residence MACOMB COUNTY 5. Committee's Mailing Address 6. Treasurer's Name & Residential Address P.O. BOX 1435 LORI M STONE WARREN, MI 48090 **27582 EVELYN WARREN, MI 48093** Area Code and Phone (586) 764-4317
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may Area Code & Phone (586) 764-4317 be sent to this address by the filing official. 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 9e. Dissolution of Candidate Committee 9. TYPE OF STATEMENT Required ONLY if candidate 9a. X Pre-Election OR 9b. Post-Election By checking this item I/We certify any outstanding debt is not on the ballot for the current year: by the committee to the candidate or his or her spouse is here Pre-Election or Post-Election Statement relates to: by discharged and forgiven, and no longer collectible from July Quarterly the committee. The committee has no oustanding assets, Primary owes no lates fees or has any oustanding debt. October Quarterly X General Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Convention Special Annual Statement (Effective date of dissolution Coverage Year School 9d. Amendment to Campaign Statement (Complete Item 9a, 9b , 9c or 9e to Caucus Note: The disposition of residual funds must be reported on indicate which Statement is being Schedule 1B and the Summary Page. amended.) Date of Election, Convention or Caucus 11/07/2023 10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my\our knowledge and belief the contents are true, accurate and complete. Submitted electronically. Current Treasurer or signature on file 12/02/2024 Designated Record keeper Date Type or Print Name Signature Submitted electronically, 12/02/2024 signature on file Candidate

Signature

Type or Print Name



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number

140265

CANDIDATE COMMITTEE

2. Committee Name CTE LORI STONE MAYOR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 10/01/2023 Name & Address: EMMA KRISS 3107 OTIS AVE WARREN, MI 48091 5. If over \$100.00 cumulative, please provide: Occupation Employer	_{\$} 40.00	_{\$} 65.00
Business Address Type of Contribution:		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/02/2023 Name & Address GEORGE TOTH 2427 CROMIE DR WARREN, MI 48092	\$ 100.00	_{\$} 200.00
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: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? VES 4. Date of Receipt 10/04/2023 Name & Address: EVERYTOWN FOR GUN SAFETY PAC 002182 P.O. BOX 4184 NEW YORK, NY 10163	\$500.00	_{\$} 500.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/06/2023 Name & Address WILLIAM RIDELLA 13124 OUTER DR E DETROIT, MI 48224	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary	

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