



FILED

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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.

3. This Statement covers From: 10/23/2023 to 11/27/2023

1. Committee I.D. Number

140265

4. Candidate Last Name First Name M.I.

STONE LORI M

2. Committee Name

CTE LORI STONE MAYOR

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**

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

11/07/2023

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

12/02/2024

Candidate _____
Type or Print Name

Signature

Submitted electronically,
signature on file

Date

12/02/2024



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>10/23/2023</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