

# CANDIDATE COMMITTEE COVER PAGE

FILED 25 OCT 2024 AM 11:42

MACOMB COUNTY CLERK MT. CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

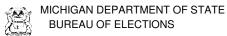
Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate. 3. This Statement covers From: to 07/20/2024 11/28/2023 1. Committee I.D. Number 4. Candidate Last Name M.I. LORI STONE M 140265 4a. Office Sought Including District # or Community 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. 8. Designated Record keeper's Name and Mailing Address (If the committee has a 7. Treasurer's Business Address 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. 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 X July Quarterly the committee. The committee has no oustanding assets, Primary owes no lates fees or has any oustanding debt. October Quarterly General Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Convention Special Annual Statement (2024) Effective date of dissolution Coverage Year School 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 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 10/25/2024 Designated Record keeper Date Type or Print Name Signature Submitted electronically, 10/25/2024 signature on file Candidate \_ Date Signature Type or Print Name

1. Committee I.D. Number 140265

#### **SUMMARY PAGE CANDIDATE COMMITTEE**

## 2. Committee Name CTE LORI STONE MAYOR

CANDIDATE COMMITTEE		
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		ournalative tries discollent by old
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 210.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ 210.00	(18.) \$ 220.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ 0.00	(19.) \$ 0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ 210.00	(20.) \$ 220.00
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ 0.00	(21.) \$ 0.00
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ 0.00	(22.) \$ 0.00
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ 1,979.28	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ 0.00	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ 0.00	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ 1,979.28	(23.) \$ 2,373.92
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
<ol> <li>Disbursements</li> <li>a. Itemized (Schedule 1C, Column 6)</li> </ol>	(10a.)\$ 0.00	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ 0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(111.) \$ 0.00	(24.) \$ 0.00
DEBTS AND OBLIGATIONS	(11.) \$\psi \sum_{\text{0.3000}}	(24.) ψ
<ul><li>12. Debts and Obligations</li><li>a. Owed <b>by</b> the Committee (Schedule 1E)</li></ul>	(12a.) \$ _ <b>0.00</b>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
<ul> <li>13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)</li> <li>14. Amount received during reporting period (Line 5, Total Contributions &amp; Other Receipts)</li> <li>15. SUBTOTAL Add lines 13 and 14</li> <li>16. Amount expended during reporting period (Add lines 9 and 11)</li> <li>17. ENDING BALANCE (Subtract line 16 from line 15)</li> </ul>	BALANCE STATEMENT $(13.)  \$  9,531.83$ $(14.) + \$  210.00$ $(15.) = \$  9,741.83$ $(16.) - \$  1,979.28$ $(17.)  \$  7,762.55$	*



# ITEMIZED CONTRIBUTIONS SCHEDULE 1A

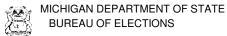
1. Committee I.D. Number

140265

CANDIDATE COMMITTEE

Committee Name CTE LORI STONE MAYOR

Enter contributor's name and address. If contribution is from an individual, e middle initial. Check box to indicate if contribution is from a Political 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 Name & Address: DANIEL KUNERT 32328 COLUMBUS DR WARREN, MI 48088	t <u>01/08/2024</u>	<sub>\$</sub> 25.00	<sub>\$</sub> 25.00
5. If over \$100.00 cumulative, please provide:  Occupation RETIRED Employer RETIRED			
Business Address  Type of Contribution:   Direct  Loan from a person	Fund Raiser		
	1 01/24/2024		_
Name & Address MARYELLEN WELLING 13154 IRVINGTON DR WARREN, MI 48088		\$ <u>10.00</u>	§ 30.00
5. If over \$100.00 cumulative, please provide:	LICCDITAL		
Occupation NURSE PRACTITIONER Employer BEAUMONT	HUSPITAL		
Business Address	<del></del>		
Type of Contribution: Direct Loan from a person	Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt Name & Address:  DANIEL KUNERT  32328 COLUMBUS DR  WARREN, MI 48088	ot <u>02/07/2024</u>	<sub>\$</sub> 25.00	<sub>\$</sub> 50.00
5. If over \$100.00 cumulative, please provide:			
Occupation RETIRED Employer RETIRED			
Business Address Direct Loan from a person	Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receivable Name & Address MARYELLEN WELLING 13154 IRVINGTON DR WARREN, MI 48088	pt <u>02/22/2024</u>	<sub>\$</sub> 10.00	<sub>\$</sub> _40.00
5. If over \$100.00 cumulative, please provide:			
Occupation NURSE PRACTITIONER Employer BEAUMOI	NT HOSPITAL		
Business Address  Type of Contribution: Direct Loan from a person	Fund Raiser		
	Page Subtotal	70.00	
	nd Total of All Schedules 1A ete on last page of Schedule)	Enter this total on	
Page 1 of 4		line 3a of Summary Page.	



## **ITEMIZED CONTRIBUTIONS SCHEDULE 1A**

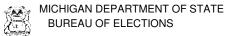
1. Committee I.D. Number

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 <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 03/07/2024  Name & Address: DANIEL KUNERT 32328 COLUMBUS DR WARREN, MI 48088  5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer RETIRED  Business Address	<sub>\$</sub> 0.00	<sub>\$</sub> 50.00
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 03/22/2024  Name & Address  MARYELLEN WELLING  13154 IRVINGTON DR  WARREN, MI 48088  5. If over \$100.00 cumulative, please provide:	<sub>\$</sub> 10.00	<sub>\$</sub> 50.00
Occupation NURSE PRACTITIONER Employer BEAUMONT HOSPITAL		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 04/07/2024  Name & Address:  DANIEL KUNERT  32328 COLUMBUS DR  WARREN, MI 48088	<sub>\$</sub> 25.00	<sub>\$</sub> 75.00
5. If over \$100.00 cumulative, please provide:  Occupation RETIRED Employer RETIRED		
Occupation RETIRED Employer RETIRED  Business Address		
Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 04/24/2024 Name & Address MARYELLEN WELLING 13154 IRVINGTON DR WARREN, MI 48088	<sub>\$</sub> 10.00	<sub>\$</sub> 60.00
5. If over \$100.00 cumulative, please provide:  Occupation NURSE PRACTITIONER Employer BEAUMONT HOSPITAL		
Business Address  Type of Contribution:		
Page Subtotal	45.00	-
Grand Total of All Schedules 1A (Complete on last page of Schedule)  Page of	Enter this total on line 3a of Summary Page.	



## **ITEMIZED CONTRIBUTIONS SCHEDULE 1A**

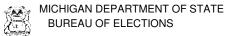
1. Committee I.D. Number

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 05/07/2024  Name & Address: DANIEL KUNERT 32328 COLUMBUS DR WARREN, MI 48088  5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer RETIRED  Business Address	<sub>\$</sub> 25.00	<sub>\$</sub> 100.00
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/22/2024  Name & Address  MARYELLEN WELLING  13154 IRVINGTON DR  WARREN, MI 48088	<sub>\$</sub> 10.00	<sub>\$</sub> 70.00
5. If over \$100.00 cumulative, please provide:		
Occupation NURSE PRACTITIONER Employer BEAUMONT HOSPITAL		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 06/07/2024  DANIEL KUNERT 32328 COLUMBUS DR WARREN, MI 48088	<sub>\$</sub> 25.00	<sub>\$</sub> 125.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer RETIRED		
Business Address Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/24/2024		
Name & Address MARYELLEN WELLING 13154 IRVINGTON DR WARREN, MI 48088	<sub>\$</sub> 10.00	\$ 80.00
5. If over \$100.00 cumulative, please provide:		
Occupation NURSE PRACTITIONER Employer BEAUMONT HOSPITAL		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	70.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
Page 3 of 4	Enter this total on line 3a of Summary Page.	



### **ITEMIZED CONTRIBUTIONS SCHEDULE 1A**

1. Committee I.D. Number

140265

**CANDIDATE COMMITTEE** 

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 Name & Address: DANIEL KUNE 32328 COLUM WARREN, MI 4	BUS DR		YES 4. Date of Receipt <u>07/07/2024</u>	<sub>\$</sub> 25.00	<sub>s</sub> 150.00
5. If over \$100.00 cun Occupation RETIF		vid	e: <sub>Employer</sub> RETIRED	*	
	·——	_	Employer		
Business Address Type of Contribution:	Direct		Loan from a person Fund Raiser		
Contribution #2     Name & Address	PAC Receipt?		YES 4. Date of Receipt		
Name & Address					
				\$	\$
5. If over \$100.00 cun	nulative, please pro	vid	<b>:</b> :	Click Here fo	r Memo Itemization
Occupation		_ Eı	nployer		
Business Address					
Type of Contribution:	Direct		Loan from a person Fund Raiser		
3. Contribution # 3	PAC Receipt?		YES 4. Date of Receipt		
Name & Address:					
				\$	\$
				Oliala Hawa faw	Memo Itemization
5. If over \$100.00 cun	nulative, please pro	vid	e:	Click Here for	Memo itemization
Occupation		_	Employer		
Business Address	District.				
Type of Contribution:		<u>_</u>	Loan from a person Fund Raiser		
Contribution # 4     Name & Address	PAC Receipt?	L	YES 4. Date of Receipt		
				\$	\$
5. If over \$100.00 cur	nulative, please pro	vid	e:		Managhani alia
Occupation		_	Employer	Click Here for	Memo Itemization
Business Address					
Type of Contribution:	Direct		Loan from a person Fund Raiser		
	_ <del>_</del>		Page Subtotal	25.00	
			Grand Total of All Schedules 1A	210.00	-
4			(Complete on last page of Schedule)	Enter this total on	_1
Page 4 of 4	_			line 3a of Summary Page.	



1. Committee I. D. Number 140265

2 Committee Name CTE LORI STONE MAYOR

2.0	ommittee Name		
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name HUNTINGTON BANK		01/15/2024	• F 00
Holding of Branc	DANK EEE	Date	\$ <u>5.00</u>
Address	Purpose: BANK FEE	Date	
29333 HOOVER RD			
WARREN, MI 48093			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2	- Clateria		
		01/31/2024	
Name ACT BLUE			\$ 1.76
Address	Purpose: BANK FEE	Date	
366 SUMMER ST	т игрозс		
SOMERVILLE, MA 02144			
SOMERVILLE, MA 02144			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #3			
Name MR WONDERFUL REALTY LLC		00/10/0004	
WIN WONDERFUL REALTY LLC		02/12/2024	\$ 1,500.00
Address	Purpose: FIELD ORGANIZER	Date	<u> </u>
18331 BREEZEWAY			
FRASER, MI 48026			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Expenditure #4	statement		
Name HUNTINGTON BANK		02/15/2024	• 00 00
	BANK EEE	Date	\$ <u>20.00</u>
Address	Purpose: BANK FEE		
29333 HOOVER RD			
WARREN, MI 48093			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5	Statement		
•			
Name HUNTINGTON BANK		02/15/2024	. 5.00
Address	Purpose: BANK FEE	Date	\$ <u>5.00</u>
29333 HOOVER RD	Fulpose.		
WARREN, MI 48093			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
		4 - 1 41-1 -	
	Subto	tal this page	1,531.76
	Grand Total of all		
	(Complete on last page	of Schedule)	



1. Committee I. D. Number 140265

CTE LORI STONE MAYOR

2.0	ommittee Name		<del></del>
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name ACT BLUE		02/29/2024	\$ 1.76
	Purpose: BANK FEE	Date	1.70
Address 366 SUMMER ST	Purpose: Drutt L		
SOMERVILLE, MA 02144			
OOMETTVILLE, WITT OZ 144			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #2			
Name UNITED STATES POSTAL SERVICE		03/11/2024	. 105.00
025 020 . 002 0202		Date	\$ <u>195.00</u>
Address	PURPOSE: POST OFFICE BOX ANNUAL RENEWAL	Date	
28401 MOUND RD			
WARREN, MI 48090			
,	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
	statement		
Expenditure #3			
Name HUNTINGTON BANK		03/15/2024	. 00 00
	DANK EEE	Date	\$ <u>20.00</u>
Address 29333 HOOVER RD	Purpose: BANK FEE	Dale	
WARREN, MI 48093			
	LICheck box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #4			
Name HUNTINGTON BANK		02/15/2024	
HOMINATON BANK		03/15/2024	\$ 5.00
Address	Purpose: BANK FEE	Date	
29333 HOOVER RD			
WARREN, MI 48093			
•	Check box if this expenditure is payment of		
□	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name ACT BLUE		00/01/0004	
7.01 5202		03/31/2024	\$ 1.76
Address	Purpose: BANK FEE	Date	<u> </u>
366 SUMMER ST			
SOMERVILLE, MA 02144	Check box if this expenditure is payment of		
	debt or obligation reported on previous		
Fund Raiser	statement	·	
	Subto	otal this page	223.52
	Grand Total of all	Schedules 1B	
	(Complete on last page	e of Schedule)	



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 HUNTINGTON BANK  Address 29333 HOOVER RD WARREN, MI 48093	Purpose: BANK FEE  Check box if this expenditure is payment of debt or obligation reported on previous statement	04/15/2024 Date	\$ 20.00
Expenditure #2  Name HUNTINGTON BANK  Address 29333 HOOVER RD WARREN, MI 48093	Purpose: BANK FEE	04/15/2024 Date	\$ <u>5.00</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Name ACT BLUE  Address 366 SUMMER ST SOMERVILLE, MA 02144	Purpose: BANK FEE	04/30/2024 Date	\$ <u>1.76</u>
Fund Raiser	LICheck box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4  Name HUNTINGTON BANK  Address 29333 HOOVER RD WARREN, MI 48093	Purpose: BANK FEE	05/15/2024 Date	\$ 20.00
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5  Name HUNTINGTON BANK  Address 29333 HOOVER RD WARREN, MI 48093  Fund Raiser	Purpose: BANK FEE  Check box if this expenditure is payment of debt or obligation reported on previous statement	05/15/2024 Date	\$ <u>5.00</u>
	Subto	tal this page	51.76
	Grand Total of all 9 (Complete on last page		



1. Committee I. D. Number 140265

2. Committee Name CTE LORI STONE MAYOR

	ommittee rume	1	
Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name ACT BLUE		05/31/2024	. 4 70
AOT BLOL			\$ <u>1.76                                    </u>
Address	Purpose: BANK FEE	Date	
366 SUMMER ST	,		
SOMERVILLE, MA 02144			
,	Check box if this expenditure is payment of		
□ <sub>5 15</sub>	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #2			
Name HUNTINGTON BANK		06/17/2024	05.00
HOW HING FOR BAININ			\$ 25.00
Address	Purpose: BANK FEE	Date	
29333 HOOVER RD	- diposo.		
WARREN, MI 48093			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Expenditure #3	statement		
·			
Name OFFICE DEPOT		06/20/2024	440.00
01110222.01			\$ 116.96
Address	Purpose: OFFICE SUPPLIES	Date	<u> </u>
37600 VAN DYKE AVE			
STERLING HEIGHTS, MI 48312			
	Check box if this expenditure is payment of		
□ FI Paires	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #4			
Name ACT BLUE		00/00/0004	
ACT DLUL		06/30/2024	\$ 1.76
Address	Purpose: BANK FEE	Date	1.70
366 SUMMER ST	Purpose: Driving L		
SOMERVILLE, MA 02144			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Land Halsel	statement		
Expenditure #5			
Name HUNTINGTON BANK		0=11=10004	
HOMINGTON BAINK	5.5.07.555	07/15/2024	\$ 25.00
Address	Purpose: BANK FEE	Date	Ψ <u>23.00</u>
29333 HOOVER RD	,		
WARREN, MI 48093			
	Check box if this expenditure is payment of		
Fund Painer	debt or obligation reported on previous		
Fund Raiser	statement	1	
	Subto	otal this page	170.48
	Grand Total of all	Cobodulas 1D	<u> </u>
	Grand Total of all 3 (Complete on last page		
	(Somplete on last page	2. 3. 33.13ddio)	



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 ACT BLUE		07/20/2024	a 1 76
7101 BEOL	Purpose: BANK FEE	Date	\$ <u>1.76</u>
Address 366 SUMMER ST	Purpose: DAINT I LL	Dato	
SOMERVILLE, MA 02144			
SOMETVILLE, MA 02144	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
Name			Ф
		Date	\$
Address	Purpose:		
	Click H	lere for Memo	Itemization Type
	Charle have if this assessment in the company of		
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name			
			\$
Address	Purpose:	Date	
	Click L	oro for Momo I	temization Type
		ere for Merrio i	ternization Type
	LICheck box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #4			
Name			
		Date	\$
Address	Purpose:		
	Click H	ere for Memo i	temization Type
		ere for Merrio i	ternization Type
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name			
Address	_	Date	\$
Address	Purpose:	Dale	
	Click H	ere for Memo	Itemization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
		tal this page	1.76
	Grand Total of all S	Schedules 1B	
	(Complete on last page		1,979.28

Enter this total on line 8a of Summary Page

 $_{\text{Page}}$   $_{\text{of}}$   $_{\text{of}}$