

Detailed Summary

Amendment
 Yes No

Use this form to summarize all disclosure reporting forms and to total monetary information

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
STONE FOR CMS	2025 Special		
Start of Election Cycle: January 1, <u>2025</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 0.00	\$ 0.00
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 1,865.00	\$ 1,865.00
6) Contributions from Individuals	(CRO-1210)	\$ 9,600.00	\$ 9,600.00
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.00	\$ 0.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.00	\$ 0.00
9) Loan Proceeds	(CRO-1410)	\$ 0.00	\$ 0.00
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0.00	\$ 0.00
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0.00	\$ 0.00
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ 0.00	\$ 0.00
11c) Outside Sources of Income	(CRO-1250)	\$ 0.00	\$ 0.00
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ 0.00	\$ 0.00
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0.00	\$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		\$ 11,465.00	\$ 11,465.00
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 2,914.35	\$ 2,914.35
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0.00	\$ 0.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.00	\$ 0.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 121.79	\$ 121.79
15) Loan Repayments	(CRO-1420)	\$ 0.00	\$ 0.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 0.00	\$ 0.00
17) In-Kind Contributions	(CRO-1510)	\$ 1,800.00	\$ 1,800.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 4,836.14	\$ 4,836.14
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 6,628.86	\$ 6,628.86
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 0.00	
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$ 0.00	
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$ 0.00	
24) Account Transfers Within the Committee	(CRO-1720)	\$ 0.00	
25) Administrative Support	(CRO-1710)	\$ 0.00	\$ 0.00
26) Forgiven Loans	(CRO-1440)	\$ 0.00	\$ 0.00
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0.00	\$ 0.00
28) Contributions to be Refunded	(CRO-1215)	\$ 0.00	\$ 0.00

Aggregated Contributions from Individuals

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)				2. ID Number	
STONE FOR CMS					
3. Contributor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add <input type="checkbox"/> Remove	6163	Electric Funds Tran		09/18/2025	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	6163	Electric Funds Tran		07/24/2025	\$ 10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	6163	Electric Funds Tran		08/24/2025	\$ 10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	6163	Electric Funds Tran		09/05/2025	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	6163	Check		09/04/2025	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	6163	Electric Funds Tran		09/01/2025	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	6163	Electric Funds Tran		09/20/2025	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	6163	Electric Funds Tran		07/31/2025	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	6163	Electric Funds Tran		08/19/2025	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	6163	Electric Funds Tran		08/01/2025	\$ 20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	6163	Electric Funds Tran		09/03/2025	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	6163	Electric Funds Tran		07/17/2025	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	6163	Electric Funds Tran		09/17/2025	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	6163	Electric Funds Tran		09/07/2025	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	6163	Electric Funds Tran		08/04/2025	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	6163	Electric Funds Tran		08/31/2025	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	6163	Electric Funds Tran		09/17/2025	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	6163	Electric Funds Tran		09/07/2025	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	6163	Electric Funds Tran		09/06/2025	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	6163	Electric Funds Tran		08/20/2025	\$ 10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	6163	Electric Funds Tran		09/17/2025	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	6163	Check		09/21/2025	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	6163	Electric Funds Tran		09/17/2025	\$ 50.00
4. Total only this Page				\$	\$850.00
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>				\$	\$1,865.00

Aggregated Contributions from Individuals

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)					2. ID Number	
STONE FOR CMS						
3. Contributor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	6163	Electric Funds Tran		08/21/2025	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	6163	Electric Funds Tran		09/17/2025	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	6163	Check		09/04/2025	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	6163	Check		09/04/2025	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	6163	Electric Funds Tran		09/17/2025	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	6163	Cash		09/04/2025	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	6163	Electric Funds Tran		08/25/2025	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	6163	Electric Funds Tran		09/17/2025	\$	10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	6163	Electric Funds Tran		09/04/2025	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	6163	Electric Funds Tran		09/23/2025	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	6163	Electric Funds Tran		09/17/2025	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	6163	Electric Funds Tran		09/17/2025	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	6163	Check		09/04/2025	\$	35.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	6163	Electric Funds Tran		07/30/2025	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	6163	Electric Funds Tran		09/04/2025	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	6163	Electric Funds Tran		09/20/2025	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	6163	Electric Funds Tran		09/06/2025	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	6163	Electric Funds Tran		09/17/2025	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	6163	Electric Funds Tran		09/03/2025	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	6163	Electric Funds Tran		09/17/2025	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	6163	Electric Funds Tran		08/19/2025	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	6163	Electric Funds Tran		08/27/2025	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	6163	Check		09/17/2025	\$	25.00
4. Total only this Page					\$	\$885.00
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$	\$1,865.00

Aggregated Contributions from Individuals

Page 3 of 3

Amendment
 Yes No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)					2. ID Number	
STONE FOR CMS						
3. Contributor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add	6163	Electric Funds Tran		08/10/2025	\$	50.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	6163	Electric Funds Tran		09/03/2025	\$	50.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	6163	Electric Funds Tran		08/28/2025	\$	5.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	6163	Check		09/17/2025	\$	25.00
<input type="checkbox"/> Remove						
4. Total only this Page					\$	\$130.00
5. Total of ALL CRO-1205 Pages					\$	\$1,865.00
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number
STONE FOR CMS						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
WILLIAM ALLEN 1631 FOUNTAIN VIEW CHARLOTTE, NC 28203				RETIRED		
				c. Employer's Name/Specific Field		
				RETIRED		
						e. Election Sum to Date
						\$ 200.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	6163	Check		08/16/2025	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
SARAH ASHCRAFT 2334 AINSDALE ROAD CHARLOTTE, NC 28226				RETIRED		
				c. Employer's Name/Specific Field		
				RETIRED		
						e. Election Sum to Date
						\$ 475.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	6163	Electric Funds Tran		07/23/2025	\$ 250.00	
<input type="checkbox"/>	6163	Electric Funds Tran		09/06/2025	\$ 225.00	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
ANNE BANE 6220 NETHERWOOD DRIVE CHARLOTTE, NC 28210				NOT EMPLOYED		
				c. Employer's Name/Specific Field		
				NOT EMPLOYED		
						e. Election Sum to Date
						\$ 75.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	6163	Electric Funds Tran		09/04/2025	\$ 25.00	
<input type="checkbox"/>	6163	Electric Funds Tran		09/04/2025	\$ 50.00	
<input type="checkbox"/>					\$	
4. Total only this Page						\$ 750.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 9,600.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number
STONE FOR CMS						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
ROSE BARTOLOME 5423 FARMBROOK DRIVE CHARLOTTE, NC 28210			OWNER			
			c. Employer's Name/Specific Field			
			SELF EMPLOYED		e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	6163	Electric Funds Tran		09/17/2025	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
LISA BAYER CARPENTER 3820 SEVERN AVENUE CHARLOTTE, NC 28210			MEDICAL ASSISTANT			
			c. Employer's Name/Specific Field			
			ORTHOCAROLINA		e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	6163	Electric Funds Tran		09/04/2025	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
GEORGE BELK 3259 KELLI DRIVE APPLING, GA 30802			RETIRED			
			c. Employer's Name/Specific Field			
			RETIRED		e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	6163	Electric Funds Tran		08/05/2025	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 300.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 9,600.00	

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number	
STONE FOR CMS							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
REBECCA BITTINGER 141 INMAN DRIVE DECATUR, GA 30030				NOT EMPLOYED			
				c. Employer's Name/Specific Field			
				NOT EMPLOYED			
						e. Election Sum to Date	
						\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	6163	Electric Funds Tran		08/08/2025		\$ 200.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
LESLIE BLUM 6500 SARDIS ROAD CHARLOTTE, NC 28270				NOT EMPLOYED			
				c. Employer's Name/Specific Field			
				NOT EMPLOYED			
						e. Election Sum to Date	
						\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	6163	Electric Funds Tran		08/22/2025		\$ 500.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
ANN BURKE 1575 HEADQUARTERS PLANTATION DRIVE JOHNS ISLAND, SC 29455				RETIRED			
				c. Employer's Name/Specific Field			
				RETIRED			
						e. Election Sum to Date	
						\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	6163	Electric Funds Tran		07/22/2025		\$ 200.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 900.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 9,600.00	

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number
STONE FOR CMS						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
KATIE CLARY 980 CODDINGTON PLACE CHARLOTTE, NC 28211			ATTORNEY			
			c. Employer's Name/Specific Field			
			RSCMLAW		e. Election Sum to Date	
				\$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	6163	Electric Funds Tran		09/04/2025	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
AMANDA DUMAS 8621 SUMMERFIELD LANE HUNTERSVILLE, NC 28078			NOT EMPLOYED			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED		e. Election Sum to Date	
				\$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	6163	Electric Funds Tran		09/05/2025	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
CATHERINE FARROLL 6412 PARK ROAD CHARLOTTE, NC 28210			RETIRED			
			c. Employer's Name/Specific Field			
			RETIRED		e. Election Sum to Date	
				\$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	6163	Electric Funds Tran		08/22/2025	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 300.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 9,600.00	

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number	
STONE FOR CMS							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
KAREN FLETCHER 149 MEDEARIS DRIVE CHARLOTTE, NC 28211				TEACHER			
				c. Employer's Name/Specific Field CMS			
				e. Election Sum to Date			
				\$		200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	6163	Electric Funds Tran		07/21/2025	\$ 100.00		
<input type="checkbox"/>	6163	Electric Funds Tran		09/17/2025	\$ 100.00		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
SUSAN HARDEN 5251 ADDISON DRIVE CHARLOTTE, NC 28211				PROFESSOR			
				c. Employer's Name/Specific Field UNC CHARLOTTE			
				e. Election Sum to Date			
				\$		500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	6163	Electric Funds Tran		08/12/2025	\$ 500.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
JACK HEIL 5419 STALLWORTH DRIVE CHARLOTTE, NC 28226				CPA			
				c. Employer's Name/Specific Field SELF EMPLOYED			
				e. Election Sum to Date			
				\$		200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	6163	Electric Funds Tran		09/04/2025	\$ 200.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 900.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 9,600.00	

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number
STONE FOR CMS						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
KAREN HOLT PO BOX 11083 CHARLOTTE, NC 28229			REALTOR			
			c. Employer's Name/Specific Field			
			SELF EMPLOYED		e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	6163	Electric Funds Tran		08/18/2025	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
HARRY JOHNSON 6827 ROSEMARY LANE CHARLOTTE, NC 28210			RETIRED			
			c. Employer's Name/Specific Field			
			RETIRED		e. Election Sum to Date	
					\$ 300.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	6163	Check		09/04/2025	\$ 300.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JANE JOHNSON 2017 WESLEY LANDING ROAD WAXHAW, NC 28173			RETIRED			
			c. Employer's Name/Specific Field			
			RETIRED		e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	6163	Electric Funds Tran		07/21/2025	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 500.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 9,600.00	

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number
STONE FOR CMS						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
SANDRA JOHNSON 6827 ROSEMARY LANE CHARLOTTE, NC 28210				RETIRED		
				c. Employer's Name/Specific Field		
				RETIRED		e. Election Sum to Date
						\$ 500.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	6163	Electric Funds Tran		08/18/2025	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
ROB KEAST 720 MCDONALD AVE CHARLOTTE, NC 28203				CONSULTANT		
				c. Employer's Name/Specific Field		
				SELF EMPLOYED		e. Election Sum to Date
						\$ 100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	6163	Electric Funds Tran		09/20/2025	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
DEBORAH LITTLE 4211 CHEVINGTON ROAD CHARLOTTE, NC 28226				NOT EMPLOYED		
				c. Employer's Name/Specific Field		
				NOT EMPLOYED		e. Election Sum to Date
						\$ 200.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	6163	Electric Funds Tran		08/18/2025	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page						\$ 800.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 9,600.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number
STONE FOR CMS						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
CINDY MCMANUS 4721 ASPEN COURT CHARLOTTE, NC 28210				NOT EMPLOYED		
				c. Employer's Name/Specific Field		
				NOT EMPLOYED		e. Election Sum to Date
						\$ 100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	6163	Electric Funds Tran		09/04/2025	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
LAURA MEIER 3239 PINEHURST PLACE CHARLOTTE, NC 28209				COUNTY COMMISSIONER		
				c. Employer's Name/Specific Field		
				MECKLENBURG COUNTY		e. Election Sum to Date
						\$ 500.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	6163	Electric Funds Tran		08/21/2025	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
KRIS NEWTON 6133 LANSING DRIVE CHARLOTTE, NC 28270				RETIRED		
				c. Employer's Name/Specific Field		
				RETIRED		e. Election Sum to Date
						\$ 100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	6163	Check		09/04/2025	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page						\$ 700.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 9,600.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number
STONE FOR CMS						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
TAMMY NICHOLSON 2222 HENRY TUCKERS COURT CHARLOTTE, NC 28270			ATTORNEY			
			c. Employer's Name/Specific Field			
			TRUIST		e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	6163	Electric Funds Tran		09/20/2025	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
FRANK PORTER 4409 PLAYFAIR LANE CHARLOTTE, NC 28277			RETIRED			
			c. Employer's Name/Specific Field			
			RETIRED		e. Election Sum to Date	
					\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	6163	Electric Funds Tran		07/18/2025	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
ASHLEY POWELL 272 NOTTINGHAM ROAD CLINTON, SC 29325			IT CONSULTANT			
			c. Employer's Name/Specific Field			
			CREEKVIEW GROUP		e. Election Sum to Date	
					\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	6163	Electric Funds Tran		08/05/2025	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 800.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 9,600.00	

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number
STONE FOR CMS						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
HEATHER RUCKTERSTUHL 1227 E WORTHINGTON AVE CHARLOTTE, NC 28203				TEACHER		
				c. Employer's Name/Specific Field		
				CMS		
						e. Election Sum to Date
						\$ 500.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	6163	In-Kind	CAMPAIGN MATERIALS (T SHIRTS & STICKERS)	08/01/2025	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
SUSAN SCANGA 3031 WICKERSHAM ROAD CHARLOTTE, NC 28211				NOT EMPLOYED		
				c. Employer's Name/Specific Field		
				NOT EMPLOYED		
						e. Election Sum to Date
						\$ 200.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	6163	Electric Funds Tran		08/09/2025	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
MARCIE SHEALY 2727 BUCKNELL AVENUE CHARLOTTE, NC 28207				RETIRED		
				c. Employer's Name/Specific Field		
				RETIRED		
						e. Election Sum to Date
						\$ 100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	6163	Electric Funds Tran		09/23/2025	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page						\$ 800.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 9,600.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number
STONE FOR CMS						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
PHYLLIS STEPHAN 10310 SCOTT GATE COURT CHARLOTTE, NC 28277				RETIRED		
				c. Employer's Name/Specific Field		
				RETIRED		
						e. Election Sum to Date
						\$ 200.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	6163	Electric Funds Tran		07/21/2025	\$ 100.00	
<input type="checkbox"/>	6163	Electric Funds Tran		09/04/2025	\$ 100.00	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
CYNTHIA STONE 4501 WEDGEWOOD DR CHARLOTTE, NC 28210				RETIRED		
				c. Employer's Name/Specific Field		
				RETIRED		
						e. Election Sum to Date
						\$ 500.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	6163	Check		07/10/2025	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
RACHEL STONE 45 S ELLIOTT PLACE BROOKLYN, NY 11217				MANAGER		
				c. Employer's Name/Specific Field		
				INTEGRAL AD SCIENCE		
						e. Election Sum to Date
						\$ 300.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	6163	Electric Funds Tran		08/05/2025	\$ 300.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page						\$ 1,000.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 9,600.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number
STONE FOR CMS						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
SHARON STRATTON 6805 WALNUT BRANCH LANE APT 401 CHARLOTTE, NC 28277				RETIRE		
				c. Employer's Name/Specific Field		
				RETIRE		
				e. Election Sum to Date		
				\$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	6163	Electric Funds Tran		08/04/2025	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
JANELLE TRAVIS 635 POINDEXTER DRIVE CHARLOTTE, NC 28209				RETIRE		
				c. Employer's Name/Specific Field		
				RETIRE		
				e. Election Sum to Date		
				\$ 1,350.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	6163	In-Kind	CAMPAIGN LITERATURE CAMPAIGN HAND	07/30/2025	\$ 1,300.00	
<input type="checkbox"/>	6163	Check		09/04/2025	\$ 50.00	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
ELIZABETH WARD 6304 SHARON ACRES ROAD CHARLOTTE, NC 28210				OWNER		
				c. Employer's Name/Specific Field		
				GIVE IMPACT		
				e. Election Sum to Date		
				\$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	6163	Electric Funds Tran		09/04/2025	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,550.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 9,600.00	

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number	
STONE FOR CMS							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
RACHEL WARE 3917 RHODES AVENUE CHARLOTTE, NC 28210				NOT EMPLOYED			
				c. Employer's Name/Specific Field			
				NOT EMPLOYED		e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	6163	Electric Funds Tran		09/17/2025		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
ALEXANDRA WHELAN 3906 MELSHIRE LANE CHARLOTTE, NC 28269				TEACHER			
				c. Employer's Name/Specific Field			
				CMS		e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	6163	Electric Funds Tran		09/17/2025		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
SUZANNE WITTEBORT 3130 FAIRFAX DRIVE CHARLOTTE, NC 28209				RETIRED			
				c. Employer's Name/Specific Field			
				RETIRED		e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	6163	Electric Funds Tran		08/04/2025		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 300.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 9,600.00	

Disbursements

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable) STONE FOR CMS	2. ID Number
---	---------------------

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*
 Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) ACTBLUE PO BOX 441146 SOMERVILLE, MA 02144	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date \$ 203.42
f. Account Code 6163	g. Form of Payment Electric Funds Tran	h. Purpose Code C
i. Date (mm/dd/yyyy) 09/23/2025	j. Amount \$ 203.42	k. Required Remarks ACTBLUE SERVICE FEES

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) CLTGEEK 2764 PLEASANT ROAD SUITE A850 FORT MILL, SC 29708	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date \$ 2,107.46
f. Account Code 6163	g. Form of Payment Debit Card	h. Purpose Code B
i. Date (mm/dd/yyyy) 08/25/2025	j. Amount \$ 2,107.46	k. Required Remarks YARD SIGNS

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) FEDEX 4717 SHARON ROAD SUITE A CHARLOTTE, NC 28210	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date \$ 603.47
f. Account Code 6163	g. Form of Payment Debit Card	h. Purpose Code B
i. Date (mm/dd/yyyy) 08/14/2025	j. Amount \$ 394.33	k. Required Remarks DOOR HANGERS
f. Account Code 6163	g. Form of Payment Debit Card	h. Purpose Code B
i. Date (mm/dd/yyyy) 08/29/2025	j. Amount \$ 209.14	k. Required Remarks SPANISH LANGUAGE LITERATURE

5. Total only this Page	\$ 2,914.35
6. Total of ALL CRO-1310 Pages <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>	\$ 2,914.35

7. Purpose Codes (List detailed expenditure code in (h.) above)

A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund
O* Other			

* Codes require detailed explanation in required remarks field (k)

Aggregated Non-Media Expenditures

Optional form used to report NC Non-Media Expenditures of \$50 or less.

1. Committee Full Name (and Fund if applicable)						2. ID Number
STONE FOR CMS						
3. Payee Information						
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
<input type="checkbox"/> Add <input type="checkbox"/> Remove	6163	Debit Card	K	08/14/2025	\$ 17.15	CHECK BOOK
<input type="checkbox"/> Add <input type="checkbox"/> Remove	6163	Debit Card	K	08/15/2025	\$ 35.00	WEBSITE LINKS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	6163	Debit Card	K	09/16/2025	\$ 35.00	WEBSITE LINKS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	6163	Debit Card	O	07/28/2025	\$ 25.00	EVENT FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	6163	Debit Card	K	09/08/2025	\$ 9.64	RUBBER BANDS
4. Total only this Page					\$	121.79
5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>					\$	121.79
6. Purpose Codes (List detailed expenditure code in (d) above)						
	B* - Printing	C* - Fundraising	D - To Another Candidate			
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses			
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donations to Legal Expense Fund			
O* - Other						
* Codes require detailed explanation in required remarks field (g)						

In-Kind Contributions

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
 Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
STONE FOR CMS			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
HEATHER RUCKTERSTUHL 1227 E WORTHINGTON AVE CHARLOTTE, NC 28203		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		d. Election Sum to Date	
		\$	500.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
CAMPAIGN MATERIALS (T SHIRTS & STICKERS)		08/01/2025	\$ 500.00
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
JANELLE TRAVIS 635 POINDEXTER DRIVE CHARLOTTE, NC 28209		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		d. Election Sum to Date	
		\$	1,350.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
CAMPAIGN LITERATURE CAMPAIGN HAND POSTERS		07/30/2025	\$ 1,300.00
			\$
			\$
4. Total only this Page		\$	1,800.00
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$	1,800.00

This report was filed electronically using the State's Campaign Finance software. All reports filed electronically with the North Carolina State Board of Elections can be found on their website at the following address. To view the entire report, click the link below and search for the candidates name:

<http://www.ncsbe.gov/Campaign-Finance/Report-Search>