
From: electionselearning@michigan.gov

Sent: Monday, November 5, 2018 4:09:01 PM (UTC+00:00) Monrovia, Reykjavik

Subject: Independent Expenditures Report for State Filers

Hello Michael J. Leonard,

We have received your 'Independent Expenditures - State Filers' form.

If you have any questions, please contact the State of Michigan at 517-335-0170 or disclosure@michigan.gov

User submitted data

The Independent Expenditure was to: Support a Candidate

Candidate's Name Sue Allor State Representative HD 106 Jim Ananich State Senate SD 27 Jon Bumstead State Senate SD 34 Sara Cambensy State Representative HD 109 Lee Chatfield State Representative HD 107 Triston Cole State Representative HD 105 Brian Elder State Repre

Office Sought IE Support list.docx

County MI

District/Jurisdiction MI

Ballot Question Description

Ballot Designation (If issued by Michigan Board of State Canvassers)

Name SCI-Lansing Area Chapter

Address P.O. Box 72
Grand Ledge, MI 48837

Same as above No

Contact Name Michael J. Leonard

Contact Address 15435 Osius Rd
Chelsea, MI 48118

Email Address mleonard@dollarbillcopying.com

| | |
|--|---|
| 1. Name | SCI-Mid Michigan Chapter |
| 1. Address | P.O. Box 486 Mt. Pleasant, MI 48804-0486 |
| 1. Employer Name and Address | N/A |
| 1. Occupation | N/A |
| 2. Add additional contributions | Yes |
| 2. Name | SCI-Detroit Chapter |
| 2. Address | P.O. Box 18102 Shelby Twp., MI 48318 |
| 2. Occupation | N/A |
| 2. Employer Name and Address | N/A |
| 3. Add additional contributions | Yes |
| 3. Name | SCI-Flint Regional Chapter |
| 3. Address | P.O. Box 639 Davidson, MI 48425 |
| 3. Occupation | N/A |
| 3. Employer Name and Address | N/A |
| 4. Add additional contributions | Yes |
| 4. Name | SCI-Southeast Michigan Bow Chapter |
| 4. Address | P.O. Box 71001 Madison Hts., MI 48071 |
| 4. Occupation | N/A |
| 4. Employer Name and Address | N/A |
| 5. Add additional contributions | Yes |
| 5. Name | SCI- Northwoods Chapter |
| 5. Address | 235 Soderena RD Crystal Falls, MI 49920 |
| 5. Occupation | N/A |
| 5. Employer Name and Address | N/A |

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|--|--------------------------------------|
| Add additional contributions | Yes |
| 1. Name | Woods-N-Water News |
| 1. Address | P.O. Box 278 Imlay City, MI 48444 |
| 1. Date of Expenditure / Purchase Date (mm-dd-yyyy) | 10-30-2018 |
| 1. Dollar Amount of Expenditure (xxxx.xx) | 910.00 |
| 1. Purpose of Expenditure | Support of Candidates |
| 2. Add additional expenditures | No |
| 2. Name | |
| 2. Address | |
| 2. Date of Expenditure / Purchase Date | |
| 2. Dollar Amount of Expenditure | |
| 2. Purpose of Expenditure | |
| 3. Add additional expenditures | |
| 3. Name | |
| 3. Address | |
| 3. Date of Expenditure / Purchase Date | |
| 3. Dollar Amount of Expenditure | |
| 3. Purpose of Expenditure | |
| 4. Add additional expenditures | |
| 4. Name | |
| 4. Address | |

**4. Date of
Expenditure /
Purchase Date**

**4. Dollar Amount of
Expenditure**

**4. Purpose of
Expenditure**

**5. Add additional
expenditures**

5. Name

5. Address

**5. Date of
Expenditure /
Purchase Date**

**5. Dollar Amount of
Expenditure**

**5. Purpose of
Expenditure**

**Add additional
expenditures**

**Please check this
box to certify your
report:** Certified