

From: electionselearning@michigan.gov@usermail.zohocreator.com
To: [REDACTED]
Subject: Independent Expenditures Report for State Filers
Date: Thursday, November 1, 2018 11:55:44 AM

Hello ,

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 Ballot Question

Candidate's Name

Office Sought

County

District/Jurisdiction

Ballot Question Description

Legalize pot

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

Proposal 1

Name

Thomas Moran

Address

P.O. Box 963
Fenton, MI 48430

Same as above

Yes

Contact Name

Contact Address

Email Address

t4deliver@yahoo.com

1. Name

Thomas Moran

1. Address

P.O. Box 963
Fenton, MI 48430

1. Employer Name and Address

Retired

1. Occupation

Retired

2. Add additional contributions

No

2. Name

2. Address

2. Occupation

2. Employer Name and Address

3. Add additional contributions

3. Name

3. Address

3. Occupation

3. Employer Name and Address

4. Add additional contributions

4. Name

4. Address

4. Occupation

4. Employer Name and Address

5. Add additional contributions

5. Name

5. Address

5. Occupation

5. Employer Name and Address

Add additional contributions

1. Name

State News

1. Address

435 E. grand River
E. Lansing MI. 48823

1. Date of Expenditure / Purchase Date (mm-dd-yyyy)

11-01-2018

1. Dollar Amount of Expenditure (xxxx.xx)

360.00

1. Purpose of Expenditure

Web ad

2. Add additional expenditures

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