
From: electionselearning@michigan.gov

Sent: Tuesday, October 23, 2018 9:57:48 PM (UTC+00:00) Monrovia, Reykjavik

Subject: Independent Expenditures Report for State Filers

Hello Tara Paone,

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:	Oppose a Candidate
Candidate's Name	Bill Schuette
Office Sought	Governor
County	N/A
District/Jurisdiction	Statewide
Ballot Question Description	
Ballot Designation (If issued by Michigan Board of State Canvassers)	
Name	Everytown for Gun Safety Action Fund
Address	P.O. Box 4184 New York, NY 10163
Same as above	No
Contact Name	Tara Paone
Contact Address	P.O. Box 4184 New York, NY 10163
Email Address	lobbyreg@everytown.org
1. Name	
1. Address	
1. Employer Name and Address	
1. Occupation	

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

HardPin Media LLC

1. Address

247 Water Street #306
Brooklyn, NY 11201

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

10-13-2018

1. Dollar Amount of Expenditure (xxxx.xx)

3583.80

1. Purpose of Expenditure

Media Production

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