

## DelRio, Irene (MDOS)

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**From:** electionselearning@michigan.gov  
**Sent:** Thursday, October 13, 2022 6:12 PM  
**To:** DelRio, Irene (MDOS)  
**Subject:** Independent Expenditures Report for State Filers

**CAUTION: This is an External email. Please send suspicious emails to [abuse@michigan.gov](mailto:abuse@michigan.gov)**

Hello Michael Brouillard,

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](mailto:disclosure@michigan.gov)

### User submitted data

#### Section

<b>The Independent Expenditure was to:</b>	Support a Candidate
<b>Candidate's Name</b>	Jocelyn Benson
<b>Office Sought</b>	Secretary of State
<b>County</b>	N/A
<b>District/Jurisdiction</b>	State

#### Ballot Question Description

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

<b>Name</b>	Everytown for Gun Safety Action Fund, Inc.
<b>Address</b>	P.O. Box 4184 New York, NY 10163
<b>Same as above</b>	No
<b>Contact Name</b>	Michael Brouillard
<b>Contact Address</b>	P.O. Box 4184 New York, NY 10163
<b>Email Address</b>	actionfundreporting@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**

Everytown for Gun Safety Action Fund, Inc.

**1. Address**

P.O. Box 4184  
New York, NY 10163

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

10-10-2022

**1. Dollar Amount of Expenditure (xxxx.xx)**

200.00

**1. Purpose of Expenditure**

Staff Time Related to Digital Advertising

**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