

## DelRio, Irene (MDOS)

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**From:** electionselearning@michigan.gov  
**Sent:** Tuesday, October 18, 2022 3:39 PM  
**To:** DelRio, Irene (MDOS)  
**Cc:** SOS, Disclosure  
**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 ,

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>	JON BUMSTEAD
<b>Office Sought</b>	SENATE
<b>County</b>	
<b>District/Jurisdiction</b>	32
<b>Ballot Question Description</b>	
<b>Ballot Designation (If issued by Michigan Board of State Canvassers)</b>	
<b>Name</b>	AMERICANS FOR PROSPERITY
<b>Address</b>	1310 N COURTHOUSE RD STE 700 ARLINGTON, VA 22201
<b>Same as above</b>	Yes
<b>Contact Name</b>	
<b>Contact Address</b>	
<b>Email Address</b>	RJENTGENS@STANDTOGETHER.ORG
<b>1. Name</b>	
<b>1. Address</b>	
<b>1. Employer Name and Address</b>	

**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**

POINT1

**1. Address**

1015 Atlantic Boulevard, #157, Atlantic Beach, FL  
32233

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

10-17-2022

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

4717.04

**1. Purpose of Expenditure**

MAILER PRINTING AND PRODUCTION

**2. Add additional expenditures**

Yes

**2. Name**

UNITED STATES POSTAL SERVICE

**2. Address**

470 L'Enfant Plaza SW STE 604, Washington, DC 20024

**2. Date of Expenditure / Purchase Date**

10-17-2022

<b>2. Dollar Amount of Expenditure</b>	2830.61
<b>2. Purpose of Expenditure</b>	MAILER POSTAGE
<b>3. Add additional expenditures</b>	No
<b>3. Name</b>	
<b>3. Address</b>	
<b>3. Date of Expenditure / Purchase Date</b>	
<b>3. Dollar Amount of Expenditure</b>	
<b>3. Purpose of Expenditure</b>	
<b>4. Add additional expenditures</b>	
<b>4. Name</b>	
<b>4. Address</b>	
<b>4. Date of Expenditure / Purchase Date</b>	
<b>4. Dollar Amount of Expenditure</b>	
<b>4. Purpose of Expenditure</b>	
<b>5. Add additional expenditures</b>	
<b>5. Name</b>	
<b>5. Address</b>	
<b>5. Date of Expenditure / Purchase Date</b>	
<b>5. Dollar Amount of Expenditure</b>	
<b>5. Purpose of Expenditure</b>	
<b>Add additional expenditures</b>	
<b>Please check this box to certify your report:</b>	Certified