

DelRio, Irene (MDOS)

From: electionselearning@michigan.gov
Sent: Thursday, October 13, 2022 6:26 PM
To: DelRio, Irene (MDOS)
Subject: Independent Expenditures Report for State Filers

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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

User submitted data

Section

The Independent Expenditure was to: Support a Candidate

Candidate's Name Garlin Gilchrist

Office Sought Lt. Governor

County N/A

District/Jurisdiction State

Ballot Question Description

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

Name Everytown for Gun Safety Action Fund, Inc.

Address P.O. Box 4184
New York, NY 10163

Same as above No

Contact Name Michael Brouillard

Contact Address P.O. Box 4184
New York, NY 10163

Email Address 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)

180.00

1. Purpose of Expenditure

Staff Time for Email and Social Media

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