

DelRio, Irene (MDOS)

From: electionselearning@michigan.gov
Sent: Friday, October 14, 2022 10:59 AM
To: DelRio, Irene (MDOS)
Subject: Independent Expenditures Report for State Filers

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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

Section

The Independent Expenditure was to:

Support a Candidate

Candidate's Name

TIM GOLDING

Office Sought

SENATE

County

District/Jurisdiction

14

Ballot Question Description

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

Name

AMERICANS FOR PROSPERITY

Address

1310 N COURTHOUSE RD
STE 700
ARLINGTON, VA 22201

Same as above

Yes

Contact Name

Contact Address

Email Address

RJENTGENS@STANDTOGETHER.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

POINT1

1. Address

1015 ATLANTIC BLVD
#157
ATLANTIC BEACH, FL 32233

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

10-12-2022

1. Dollar Amount of Expenditure (xxxx.xx)

800

1. Purpose of Expenditure

DOORHANGER 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