

DelRio, Irene (MDOS)

From: electionselearning@michigan.gov
Sent: Friday, September 30, 2022 10:09 PM
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 Padma Kuppa

Office Sought State Senate

County

District/Jurisdiction District 9

Ballot Question Description

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

Name Care in Action, Inc

Address 45 Broadway, Ste. 320
New York, NY 10006

Same as above Yes

Contact Name

Contact Address

Email Address susan@lebinyates.com

1. Name

1. Address

1. Employer Name and Address

1. Occupation

2. Add additional contributions

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

Angela Patterson

1. Address

2335 PORTER ST SW, WYOMING, MI 49519

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

09-24-2022

1. Dollar Amount of Expenditure (xxxx.xx)

37.88

1. Purpose of Expenditure

Phone Banking

2. Add additional expenditures

Yes

2. Name

Proliant Atlanta

2. Address

1100 Abernathy Road, Suite 1000, Atlanta, GA
30328

2. Date of Expenditure / Purchase Date

09-24-2022

2. Dollar Amount of Expenditure

3.92

2. Purpose of Expenditure

Payroll Fees and Taxes

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