

## SOS, Disclosure

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**From:** electionselearning@michigan.gov  
**Sent:** Saturday, October 29, 2022 7:10 PM  
**To:** DelRio, Irene (MDOS)  
**Cc:** SOS, Disclosure  
**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](mailto:disclosure@michigan.gov)

### User submitted data

#### Section

<b>The Independent Expenditure was to:</b>	Support a Candidate
<b>Candidate's Name</b>	Tudor Dixon
<b>Office Sought</b>	Governor
<b>County</b>	
<b>District/Jurisdiction</b>	
<b>Ballot Question Description</b>	
<b>Ballot Designation (If issued by Michigan Board of State Canvassers)</b>	
<b>Name</b>	American Majority Action, Inc.
<b>Address</b>	P.O. Box 309 Purcellville, VA 20134
<b>Same as above</b>	Yes
<b>Contact Name</b>	
<b>Contact Address</b>	
<b>Email Address</b>	kelly@am-action.org
<b>1. Name</b>	Restoration Action
<b>1. Address</b>	1901 Butterfield Road #120 Downers Grove, IL 60515
<b>1. Employer Name and Address</b>	
<b>1. Occupation</b>	
<b>2. Add additional contributions</b>	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   | KMP Direct LLC                                 |
| 1. Address  | 4931 Arden Forest Way<br>Tallahassee, FL 32309 |
| 1. Date of Expenditure / Purchase Date (mm-dd-yyyy) | 10-28-2022                                     |
| 1. Dollar Amount of Expenditure (xxxx.xx)           | 50000.00                                       |
| 1. Purpose of Expenditure                           | Phone Bank                                     |
| 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