

SOS, Disclosure

From: electionselearning@michigan.gov
Sent: Sunday, October 30, 2022 4:34 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

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:	Oppose a Candidate
Candidate's Name	Kristin Karamo
Office Sought	Secretary of State
County	N/A
District/Jurisdiction	Statewide
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 | The Pivot Group, Inc. |
| 1. Address | 29 Ancell St
Alexandria, VA 22305 |
| 1. Date of Expenditure / Purchase Date (mm-dd-yyyy) | 10-27-2022 |
| 1. Dollar Amount of Expenditure (xxxx.xx) | 100655.17 |
| 1. Purpose of Expenditure | Direct Mail Advertising |
| 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 | No |
| 3. Name | |
| 3. Address | |

3. Date of Expenditure / Purchase Date

3. Dollar Amount of Expenditure

3. Purpose of Expenditure

4. Add additional expenditures

No

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