

## DelRio, Irene (MDOS)

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**From:** electionselearning@michigan.gov  
**Sent:** Tuesday, November 8, 2022 11:16 AM  
**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](mailto:abuse@michigan.gov)**

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

**The Independent Expenditure was to:**

Oppose a Ballot Question

**Candidate's Name**

**Office Sought**

**County**

**District/Jurisdiction**

**Ballot Question Description**

Ballot Proposal 3 of 2022 "REPRODUCTIVE FREEDOM FOR ALL"

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

**Name**

Women Speak Out PAC

**Address**

2776 S. Arlington Mill Dr. # 803, Arlington, VA 22206

**Same as above**

Yes

**Contact Name**

**Contact Address**

**Email Address**

[jgross@sbaprolife.org](mailto:jgross@sbaprolife.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**

Person 2 Person Messaging

**1. Address**

2800 Shirlington Road, 9th Floor, Arlington, VA 22206

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

11-04-2022

**1. Dollar Amount of Expenditure (xxxx.xx)**

3883.46

**1. Purpose of Expenditure**

Texting

**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