

DelRio, Irene (MDOS)

From: electionselearning@michigan.gov
Sent: Tuesday, November 8, 2022 11:17 AM
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

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

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

CampaignHQ

1. Address

PO Box 257 Brooklyn, IA 52211

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

11-04-2022

1. Dollar Amount of Expenditure (xxxx.xx)

1196.06

1. Purpose of Expenditure

Phone calls

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