

DelRio, Irene (MDOS)

From: electionselearning@michigan.gov
Sent: Friday, November 18, 2022 12:35 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: 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
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

Smith Taylor

1. Address

16876 Prest st
Detroit MI 48235

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

11-08-2022

1. Dollar Amount of Expenditure (xxxx.xx)

82.50

1. Purpose of Expenditure

Phonebanking and Canvassing

2. Add additional expenditures

Yes

2. Name

Whitnei Jenkins

2. Address

10011 SARATOGA ST
OAK PARK MI 48237

2. Date of Expenditure / Purchase Date

10-28-2022

2. Dollar Amount of Expenditure

61.88

2. Purpose of Expenditure

Phonebanking and Canvassing

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

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