

DelRio, Irene (MDOS)

From: electionselearning@michigan.gov
Sent: Friday, August 5, 2022 2:37 PM
To: DelRio, Irene (MDOS)
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 Katybeth Davis

Office Sought State Senate

County

District/Jurisdiction 16

Ballot Question Description

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

Name Care in Action, Inc

Address 45 BROADWAY
SUITE 320
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 Precision Strategies, LLC
- 1. Address 901 New York Ave NW, Suite 530, Washington, DC
20001 US
- 1. Date of Expenditure / Purchase Date (mm-dd-yyyy) 06-22-2022
- 1. Dollar Amount of Expenditure (xxxx.xx) 110
- 1. Purpose of Expenditure Social media and email
- 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