

DelRio, Irene (MDOS)

From: electionselearning@michigan.gov
Sent: Friday, August 12, 2022 5:21 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 Erika Geiss

Office Sought State Senate

County

District/Jurisdiction 1

Ballot Question Description

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

Name Care In Action, Inc

Address 45 Broadway, Ste 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

Krista Hindle

1. Address

32432 Manor Park, Garden City MI48135

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

08-02-2022

1. Dollar Amount of Expenditure (xxxx.xx)

37.50

1. Purpose of Expenditure

Canvassing and phonebanking

2. Add additional expenditures

Yes

2. Name

Proliant Atlanta

2. Address

1100 Abernathy Road, Suite 1000, Atlanta, GA
30328

2. Date of Expenditure / Purchase Date

08-02-2022

2. Dollar Amount of Expenditure

10.37

2. Purpose of Expenditure

Estimated employer taxes and fees

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