

DelRio, Irene (MDOS)

From: electionselearning@michigan.gov
Sent: Friday, July 29, 2022 10:58 AM
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 Julia Moore

Office Sought

County

District/Jurisdiction

Ballot Question Description

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

Name Students for Life Action

Address 600 Princess Anne Street, #7667
Fredericksburg, VA 22401

Same as above Yes

Contact Name

Contact Address

Email Address compliance@studentsforlife.org

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 Spectrum Marketing Companies

1. Address 95 Eddy Road, Suite 101
Manchester, NH 03102

1. Date of Expenditure / Purchase Date (mm-dd-yyyy) 07-19-2022

1. Dollar Amount of Expenditure (xxxx.xx) 2005.77

1. Purpose of Expenditure Pro-life mailer.

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