

From: boeeasupport@zohomail.com
To: [DelRio, Irene \(MDOS\)](#)
Cc: [SOS, Disclosure](#)
Subject: Independent Expenditures Report for State Filers
Date: Thursday, September 26, 2024 11:34:10 AM

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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 Candidate
Candidate's Name	Christina Hines
Office Sought	Prosecutor
County	Macomb

District/Jurisdiction

Ballot Question Description

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

Name	American Conservative Union
Address	1199 N. Fairfax Street Suite 500 Alexandria, VA 22314

Same as above	Yes
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Contact Name

Contact Address

Email Address	cculver@conservative.org
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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 Starboard

1. Address 1881 N Nash Street
Unit 2301
Arlington, VA 22209

1. Date of Expenditure / Purchase Date (mm-dd-yyyy) 08-28-2024

1. Dollar Amount of Expenditure (xxxx.xx) 15000

1. Purpose of Expenditure Purchased Facebook and Twitter engagement for video against candidate.

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