

From: boeeasupport@zohomail.com
To: [DelRio, Irene \(MDOS\)](#)
Cc: [SOS, Disclosure](#)
Subject: Independent Expenditures Report for State Filers
Date: Friday, August 2, 2024 1:22:19 PM

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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

Ron Robinson

Office Sought

State House

County

District/Jurisdiction

58

Ballot Question Description

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

Name

AMERICANS FOR
PROSPERITY

Address

4201 WILSON BLVD
STE 1000
ARLINGTON, VA 22203

Same as above

Yes

Contact Name

Contact Address

Email Address

lstolarz@standtogether.org

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

CANVASS AMERICA

1. Address

45 N. Hill Drive Suite 100
Warrenton, VA 20186

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

07-31-2024

1. Dollar Amount of Expenditure (xxxx.xx)

2000

1. Purpose of Expenditure

CANVASSING

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