

From: boeeasupport@zohomail.com
To: [DelRio, Irene \(MDOS\)](#)
Cc: [SOS, Disclosure](#)
Subject: Independent Expenditures Report for State Filers
Date: Monday, September 2, 2024 1:16:50 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	MARK TISDEL
Office Sought	STATE HOUSE
County	
District/Jurisdiction	55
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	MCLANCY@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

PEOPLE WHO THINK

1. Address

4522 LA-22 STE. 7
MANDEVILLE, LA 70471

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

08-31-2024

1. Dollar Amount of Expenditure (xxxx.xx)

3962

1. Purpose of Expenditure

DOORHANGER PRINTING AND
PRODUCTION

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