

**From:** [boeeasupport@zohomail.com](mailto:boeeasupport@zohomail.com)  
**To:** [DelRio, Irene \(MDOS\)](#)  
**Cc:** [SOS, Disclosure](#)  
**Subject:** Independent Expenditures Report for State Filers  
**Date:** Wednesday, October 9, 2024 3:04:10 PM

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**CAUTION: This is an External email. Please send suspicious emails to [abuse@michigan.gov](mailto:abuse@michigan.gov)**

Hello Caitlin O'Rourke,

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](mailto:disclosure@michigan.gov)

**User submitted data**

**Section**

**The Independent Expenditure was to:**

Support a Candidate

**Candidate's Name**

Nate Shannon

**Office Sought**

State House

**County**

Macomb

**District/Jurisdiction**

58

**Ballot Question Description**

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

**Name**

Committee to Protect Health Care - Michigan

**Address**

440 Burroughs Street, Suite 158  
Detroit, MI 48202

**Same as above**

No

**Contact Name**

Caitlin O'Rourke

**Contact Address**

440 Burroughs Street, Suite 158  
Detroit, MI 48202

**Email Address**

[caitlin@committeetoprotect.org](mailto:caitlin@committeetoprotect.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**

Action Factory

**1. Address**

1720 Division St  
Chicago, IL 60622

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

10-02-2024

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

490.64

**1. Purpose of Expenditure**

Text messages

**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