

From: boeeasupport@zohomail.com
To: [DelRio, Irene \(MDOS\)](#)
Cc: [SOS, Disclosure](#)
Subject: Independent Expenditures Report for State Filers
Date: Wednesday, October 9, 2024 2:47:38 PM

CAUTION: This is an External email. Please send suspicious emails to 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

User submitted data

Section

The Independent Expenditure was to:

Support a Candidate

Candidate's Name

Kyle Wright

Office Sought

State House

County

Wayne

District/Jurisdiction

29

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

Same as above

No

Contact Name

Caitlin O'Rourke

Contact Address

440 Burroughs Street, Suite 158
Detroit, MI 48202

Email Address

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)

603.44

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