

From: boeeasupport@zohomail.com
To: [DelRio, Irene \(MDOS\)](#)
Cc: [SOS, Disclosure](#)
Subject: Independent Expenditures Report for State Filers
Date: Friday, October 11, 2024 5:01:56 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:	Oppose a Candidate
Candidate's Name	Rylee Linting
Office Sought	State House
County	
District/Jurisdiction	27
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

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

Moxie Media

1. Address

PO Box 30084
Seattle, WA 98113

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

10-04-2024

1. Dollar Amount of Expenditure (xxxx.xx)

11725.66

1. Purpose of Expenditure

Mail Piece

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