

From: boeeasupport@zohomail.com
To: [DelRio, Irene \(MDOS\)](#)
Cc: [SOS, Disclosure](#)
Subject: Independent Expenditures Report for State Filers
Date: Friday, October 11, 2024 5:23:15 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

Ron Robinson

Office Sought

State House

County

District/Jurisdiction

58

Ballot Question Description

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

Name

Committee to Protect health Care - MI

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

Change Media Group

1. Address

PO Box 776850
Chicago, IL 60677

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

10-04-2024

1. Dollar Amount of Expenditure (xxxx.xx)

3141.13

1. Purpose of Expenditure

Digital Advertising

2. Add additional expenditures

Yes

2. Name

Change Media Group

PO Box 776850

| | |
|--|-------------------|
| 2. Address | Chicago, IL 60677 |
| 2. Date of Expenditure / Purchase Date | 10-04-2024 |
| 2. Dollar Amount of Expenditure | 99.38 |
| 2. Purpose of Expenditure | Digital Design |
| 3. Add additional expenditures | No |
| 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 |