

**From:** [boeeasupport@zohomail.com](mailto:boeeasupport@zohomail.com)  
**To:** [DelRio, Irene \(MDOS\)](#)  
**Cc:** [Disclosure@michigan.gov](mailto:Disclosure@michigan.gov)  
**Subject:** Independent Expenditures Report for State Filers  
**Date:** Thursday, November 7, 2024 2:30:38 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](mailto:disclosure@michigan.gov)

**User submitted data**

**Section**

**The Independent Expenditure was to:**

Support a Candidate

**Candidate's Name**

Jaime Churches

**Office Sought**

State Representative

**County**

Wayne

**District/Jurisdiction**

27th District

**Ballot Question Description**

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

**Name**

Elevated Voices, Inc.

**Address**

200 N. Green Street  
Suite 300  
Chicago, IL 60607

**Same as above**

Yes

**Contact Name**

**Contact Address**

**Email Address**

[shernly@clarkhill.com](mailto:shernly@clarkhill.com)

**1. Name**

Elevated Voices, Inc.

**1. Address**

200 N. Green Street  
Suite 300

Chicago, IL 60607

**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**

KNI Communications

**1. Address**

4802 N. Broadway  
Suite 200  
Chicago, IL 60640

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

10-25-2024

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

7632.51

**1. Purpose of Expenditure**

Digital Advertising

**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