

From: boeeasupport@zohomail.com
To: [DelRio, Irene \(MDOS\)](#)
Cc: Disclosure@michigan.gov
Subject: Independent Expenditures Report for State Filers
Date: Friday, November 1, 2024 12:45:01 AM

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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

User submitted data

Section

The Independent Expenditure was to:

Support a Candidate

Candidate's Name

Kristian Grant

Office Sought

State House

County

District/Jurisdiction

District 82

Ballot Question Description

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

Name

Red Wine & Blue

Address

3675 Warrensville Center Rd

Cleveland, OH 44120

Same as above

Yes

Contact Name

Contact Address

Email Address

compliance@pocketbookstrategies.com

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

Meta

1. Address

1 Hacker Way
Menlo Park, CA 94025

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

10-11-2024

1. Dollar Amount of Expenditure (xxxx.xx)

1226

1. Purpose of Expenditure

Digital Advertising

2. Add additional expenditures

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