

## SOS, Disclosure

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**From:** easupport@michigan.gov  
**Sent:** Wednesday, July 26, 2023 2:56 PM  
**To:** DelRio, Irene (MDOS)  
**Cc:** SOS, Disclosure  
**Subject:** Independent Expenditures Report for State Filers

**CAUTION: This is an External email. Please send suspicious emails to [abuse@michigan.gov](mailto:abuse@michigan.gov)**

Hello Barry Szczesny,

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 Ballot Question

**Candidate's Name**

**Office Sought**

**County**

**District/Jurisdiction**

**Ballot Question Description** Amendment of the Decatur Township Zoning Ordinance to provide regulations for a Large Solar Energy Facility. Shall this ordinance, 2023-1 amending the Decatur Township Zoning Ordinance be approved?

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

**Name** Savion, LLC

**Address** 422 Admiral Blvd. Kansas City, MO 64106

**Same as above** No

**Contact Name** Barry Szczesny

**Contact Address** 11312 Rose Blvd Bloomfield Hills, MI 48302

**Email Address** bszczesny@savionenergy.com

**1. Name**

**1. Address**

**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** KAOH Media Enterprises, Inc.

**1. Address** PO Box 3262 Ballwin, MO 63022

**1. Date of Expenditure / Purchase Date (mm-dd-  
YYYY)** 07-19-2023

**1. Dollar Amount of Expenditure (xxxx.xx)** 834.20

**1. Purpose of Expenditure** Newspaper Ad

**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