
From: electionselearning@michigan.gov
Sent: Thursday, November 5, 2020 9:41:23 PM (UTC+00:00) Monrovia, Reykjavik
To: compliance@careinactionvotes.org
Subject: Independent Expenditures Report for State Filers

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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

The Independent Expenditure was to:	Support a Candidate
Candidate's Name	Helena Scott
Office Sought	State House
County	
District/Jurisdiction	House District 7
Ballot Question Description	
Ballot Designation (If issued by Michigan Board of State Canvassers)	
Name	Care In Action
Address	45 Broadway, Ste. 320 New York, NY 10006
Same as above	Yes
Contact Name	
Contact Address	
Email Address	compliance@careinactionvotes.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

Victor Adeyanju

1. Address

1146 E 212TH ST, BRONX, NY 10469

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

10-23-2020

1. Dollar Amount of Expenditure (xxxx.xx)

234.56

1. Purpose of Expenditure

Estimated Cost for Phone Banking

2. Add additional expenditures

Yes

2. Name

Justworks, Inc.

2. Address

130 7th Ave #249, New York, NY 10011

2. Date of Expenditure / Purchase Date

10-23-2020

2. Dollar Amount of Expenditure

636.40

2. Purpose of Expenditure

Estimated Cost for Employer Taxes and Fees

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