From: electionselearning@michigan.gov

Sent: Wednesday, August 8, 2018 3:14:39 PM (UTC+00:00) Monrovia, Reykjavik

Subject: Independent Expenditures Report for State Filers

Hello Michael J. Leonard,

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 Jon Bumstead

Office Sought State Senate

County MI

District/Jurisdiction SD 34

Ballot Question Description

Ballot Designation (If issued by Michigan Board of State

Canvassers)

Name SCI- Lansing Area Chapter

Address P.O. Box 72

Grand Ledge, MI 48837

Same as above No

Contact Name Michael J. Leonard

Contact Address 15435 Osius Rd

Chelsea, MI 48118

Email Address mleonard@dollarbillcopying.com

1. Name SCI- Lansing Area Chapter

1. Address
P.O. Box 72

Grand Ledge, MI 48837

1. Employer Name and Address

1. Occupation

2. Add additional contributions Yes 2. Name SCI-Mid Michigan Chapter P.O. Box 486 2. Address Mt. Pleasant, MI 48804--0486 2. Occupation 2. Employer Name and Address 3. Add additional contributions Yes 3. Name SCI- Detroit Chapter P.O. Box 182102 3. Address Shelby Twp., MI 48318 3. Occupation 3. Employer Name and Address 4. Add additional contributions Yes 4. Name SCI- Flint Regional Chapter P.O. Box 639 4. Address Davidson, MI 48425 4. Occupation 4. Employer Name and Address 5. Add additional contributions Yes SCI-Southeast Michigan Bow 5. Name Chapter P.O. Box 71001 5. Address Madison Hts., MI 48071 5. Occupation 5. Employer Name and Address Add additional contributions Yes 1. Name SCI- Lansing Area Chapter P.O. Box 72 1. Address Grand Ledge, MI 48837 1. Date of Expenditure / Purchase Date (mm-dd-yyyy) 08-02-2018 1. Dollar Amount of Expenditure (xxxx.xx) 4342.00 1. Purpose of Expenditure Educational 2. Add additional expenditures No

2. Name

- Address
 Date of Expenditure / Purchase Date
 Dollar Amount of Expenditure
 Purpose of Expenditure
 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