

From: boeeasupport@zohomail.com
To: [DelRio, Irene \(MDOS\)](#)
Cc: [SOS, Disclosure](#)
Subject: Independent Expenditures Report for State Filers
Date: Wednesday, October 16, 2024 4:23:35 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

User submitted data

Section

The Independent Expenditure was to:

Support a Candidate

Candidate's Name

KATHY SCHMALTZ

Office Sought

STATE HOUSE

County

District/Jurisdiction

46

Ballot Question Description

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

Name

AMERICANS FOR PROPSPERITY

Address

4201 WILSON BLVD
STE 1000
ARLINGTON, VA 22203

Same as above

Yes

Contact Name

Contact Address

Email Address

MCLANCY@STANDTOGETHER.ORG

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

PEOPLE WHO THINK

1. Address

4522 LA-22
STE. 7
MANDEVILLE, LA 70471

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

10-15-2024

1. Dollar Amount of Expenditure (xxxx.xx)

3815.61

1. Purpose of Expenditure

MAILER PRINTING AND
PRODUCTION

2. Add additional expenditures

Yes

2. Name

UNITED STATES POSTAL SERVICE

2. Address	470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024
2. Date of Expenditure / Purchase Date	10-15-2024
2. Dollar Amount of Expenditure	1510.87
2. Purpose of Expenditure	MAILER POSTAGE
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