

**From:** [notifications@mailier.zohocreatormail.com](mailto:notifications@mailier.zohocreatormail.com)  
**To:** [DelRio, Irene \(MDOS\)](#)  
**Cc:** [SOS, Disclosure](#)  
**Subject:** Independent Expenditures Report for State Filers  
**Date:** Friday, October 25, 2024 7:05:32 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](mailto: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 PROSPERITY

**Address** 4201 Wilson Blvd, Ste 1000, Arlington, VA 22203

**Same as above** Yes

**Contact Name**

**Contact Address**

**Email Address** [mclancy@standtogether.org](mailto: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** 4250 HIGHWAY 22, STE 7, MANDEVILLE,  
LOUISIANA 70471

**1. Date of Expenditure / Purchase Date (mm-dd-  
yyyy)** 10-23-2024

**1. Dollar Amount of Expenditure (xxxx.xx)** 3815.61

**1. Purpose of Expenditure** MAILER PRODUCTION & PRINTING

**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** 10-23-2024  
**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