

**From:** [boeeasupport@zohomail.com](mailto:boeeasupport@zohomail.com)  
**To:** [DelRio, Irene \(MDOS\)](#)  
**Cc:** [SOS, Disclosure](#)  
**Subject:** Independent Expenditures Report for State Filers  
**Date:** Thursday, August 1, 2024 3:33:01 PM

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

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**

<b>The Independent Expenditure was to:</b>	Support a Candidate
<b>Candidate's Name</b>	KATHY SCHMALTZ
<b>Office Sought</b>	STATE HOUSE
<b>County</b>	
<b>District/Jurisdiction</b>	46
<b>Ballot Question Description</b>	
<b>Ballot Designation (If issued by Michigan Board of State Canvassers)</b>	
<b>Name</b>	AMERICANS FOR PROSPERITY
<b>Address</b>	4201 WILSON BLVD STE 1000 ARLINGTON, VA 22203
<b>Same as above</b>	Yes
<b>Contact Name</b>	
<b>Contact Address</b>	
<b>Email Address</b>	LSTOLARZ@STANDTOGETHER.ORG
<b>1. Name</b>	
<b>1. Address</b>	
<b>1. Employer Name and Address</b>	

**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)**

07-30-2024

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

2139.11

**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**

07-30-2024

**2. Dollar Amount of Expenditure**

717.96

**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