



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

RECEIVED

JUL 26 2024

Kalamazoo County
Elections

CANDIDATE COMMITTEE
COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

1. Committee I.D. Number 55503		3. This Statement covers From: <u>04/26/2024</u> to <u>07/21/2024</u>	
2. Committee Name Phillip Wayne Moorlag		4. Candidate Last Name Moorlag First Name Phillip M.I. 4a. Office Sought Including District # or Community Served (If applicable) Sheriff 4b. County of Residence KALAMAZOO	
5. Committee's Mailing Address 2016 Haverhill Avenue Portage, MI 49024 Area Code and Phone <u>(269) 615-5783</u> If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.		6. Treasurer's Name & Residential Address Phillip Moorlag 2016 Haverhill Avenue Portage, MI 49024 Area Code & Phone <u>(269) 615-5783</u>	
7. Treasurer's Business Address 2016 Haverhill Avenue Portage, MI 49024 Area Code and Phone <u>(269) 615-5783</u>		8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) N/A Area Code and Phone _____	
9. TYPE OF STATEMENT 9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus Date of Election, Convention or Caucus _____		Required ONLY if candidate is not on the ballot for the current year: <input checked="" type="checkbox"/> July Quarterly <i>RM</i> <input type="checkbox"/> October Quarterly 9c. <input type="checkbox"/> Annual Statement (_____) Coverage Year 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)	
		9e. Dissolution of Candidate Committee <input checked="" type="checkbox"/> By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no lates fees or has any outstanding debt. Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Effective date of dissolution <u>7/26/24</u> Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	
10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.			
Current Treasurer or Designated Record keeper Phillip Moorlag Type or Print Name		<i>Phillip W. Moorlag</i> Signature Date <u>7/24/2024</u>	
Candidate Phillip Moorlag Type or Print Name		<i>Phillip W. Moorlag</i> Signature Date <u>7/24/2024</u>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 55503

2. Committee Name Phillip Wayne Moorlag

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>2,161.31</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u></u>	(18.) \$ <u></u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u></u>	(19.) \$ <u></u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>\$2,161.31</u>	(20.) \$ <u>\$2,161.31</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u></u>	(21.) \$ <u></u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u></u>	(22.) \$ <u></u>
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>\$2,161.31</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u></u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u></u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>\$2,161.31</u>	(23.) \$ <u>\$2,161.31</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u></u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u></u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	<u></u>	(24.) \$ <u></u>
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u></u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u></u>	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>\$0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>\$2,161.31</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>\$2,161.31</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>\$2,161.31</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>\$0.00</u>	*



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 55503

2. Committee Name Phillip Wayne Moorlag

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/30/2024</u></p> <p>Name & Address: <u>Phillip Moorlag</u> <u>2016 Haverhill Lane</u> <u>Portage, MI 49024</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Business Owner</u> Employer <u>Five Star Professional Services</u> Business Address <u>2016 Haverhill Lane Portage, MI 49024</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>500.00</u>	\$ <u>500.00</u>
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/30/2024</u></p> <p>Name & Address: <u>Josie Moorlag</u> <u>2016 Haverhill Lane</u> <u>Portage, MI 49024</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Business Owner</u> Employer <u>Five Star Professional Services</u> Business Address <u>2016 Haverhill Lane Portage, MI 49024</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>160.00</u>	\$ <u>160.00</u>
<p>3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____</p> <p>Name & Address: <u>Shaun Willis</u> <u>284 East XY Avenue</u> <u>Vicksburg, MI 49097</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>100.00</u>	\$ <u>100.00</u>
<p>3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____</p> <p>Name & Address: <u>Zach Mendham</u> <u>2151 Stanley Avenue</u> <u>Portage, MI 49002</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>56.00</u>	\$ <u>56.00</u>

Page Subtotal **\$816.00**

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 55503

2. Committee Name Phillip Wayne Moorlag

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>5/24/2024</u>	
Name & Address: Joy Kakabeeke 125 Pratt Road Kalamazoo, MI 49001		\$ <u>56.00</u>	\$ <u>56.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>5/26/2024</u>	
Name & Address: Annetta Marshall 4823 Brickleton Woods Drive Portage, MI 49024		\$ <u>56.00</u>	\$ <u>56.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>5/31/2024</u>	
Name & Address: Tami Santini 4823 Brickleton Woods Drive Portage, MI 49024		\$ <u>56.00</u>	\$ <u>56.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>5/31/2024</u>	
Name & Address: Kara Bulla 403 South East Street Crown Point, IN 46307		\$ <u>56.00</u>	\$ <u>56.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$224.00**

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 55503

2. Committee Name Phillip Wayne Moorlag

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.

6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES

4. Date of Receipt 5/31/2024

Name & Address:

Savannah Moorlag
7170 Austrian Pine Way
Portage, MI 49024

\$ 56.00

\$ 56.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES

4. Date of Receipt 6/5/2024

Name & Address

Markus Moorlag
2304 Lansing Avenue
Portage, MI 49002

\$ 30.00

\$ 30.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES

4. Date of Receipt 6/12/2024

Name & Address:

David Farmer
51303 CR 665, Apt. 3B
Paw Paw, MI 49079

\$ 60.00

\$ 60.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES

4. Date of Receipt 7/15/2024

Name & Address

Phillip Moorlag
2016 Haverhill Avenue
Portage, MI 4924

\$ 975.31

\$ 1,475.31

5. If over \$100.00 cumulative, please provide:

Occupation Business Owner Employer Five Star Professional Services

[Click Here for Memo Itemization](#)

Business Address 2016 Haverhill Avenue, Portage, MI 49024

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal 1,121.31

Grand Total of All Schedules 1A
(Complete on last page of Schedule) 2,161.31

Enter this total on
line 3a of Summary
Page.



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 55503
2. Committee Name Phillip Wayne Moorlag

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Dope Marketing</u> Address <u>2512 Northland Drive</u> <u>St. Paul, MN 55120</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Yard Signs</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4/30/24</u> Date	<u>\$ 474.00</u> Click Here for Memo Itemization Type
Expenditure #2 Name <u>The Spirit Shoppe</u> Address <u>4510 West KL Avenue</u> <u>Kalamazoo, MI 49006</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>T-Shirts</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/16/24</u> Date	<u>\$ 1228.01</u> Click Here for Memo Itemization Type
Expenditure #3 Name <u>Canva.com</u> Address <u>200 East 6th Street</u> <u>Austin, TX 78701</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Printing Expense</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/21/24</u> Date	<u>\$ 101.50</u> Click Here for Memo Itemization Type
Expenditure #4 Name <u>Dollar Tree</u> Address <u>325 Mall Drive</u> <u>Portage, MI 49024</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Parade Aecessories</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/24/24</u> Date	<u>\$ 21.20</u> Click Here for Memo Itemization Type
Expenditure #5 Name <u>Gordon Food Service</u> Address <u>7421 South Westnedge Avenue</u> <u>Portage, MI 490024</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Parade Candy</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/24/24</u> Date	<u>\$ 36.97</u> Click Here for Memo Itemization Type

Subtotal this page \$1,861.68

Grand Total of all Schedules 1B
(Complete on last page of Schedule)

Enter this total
on line 8a of
Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 55503
2. Committee Name Phillip Wayne Moorlag

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Sheetlabels.com</u> Address <u>3813 Helios Way</u> <u>Pflugerville, TX</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Sign Labels</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/26/24</u> Date	<u>\$ 56.63</u>
Expenditure #2 Name <u>Office Depot</u> Address <u>6272 South Westnedge Avenue</u> <u>Portage, MI 49002</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Printing Expense</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/3/24</u> Date	<u>\$ 195.04</u>
Expenditure #3 Name <u>Gordon Food Service</u> Address <u>7421 South Westnedge Avenue</u> <u>Portage, MI 490024</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Parade Candy</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/3/24</u> Date	<u>\$47.96</u>
Expenditure #4 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page **\$299.63**

Grand Total of all Schedules 1B
(Complete on last page of Schedule) **\$2,161.31**

Enter this total
on line 8a of
Summary Page