

STATEMENT OF ORGANIZATION RECEIPT AND COMMITTEE IDENTIFICATION NUMBER ASSIGNMENT

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PHILIP KRAFT FOR MACOMB		
50723 JIM		
CHESTERFIELD TWP, MI 48047		
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Original Statement of Organization -	Acknowledgement of Receipt	
This acknowledges receipt of the named above.	e Original Statement of Orga	nization from the committee
Date received:	April 22, 2016	
The identification number appearing must be used on each page of all subs		ondence or other
	139414	_
Filing Official:	Carmelle Leleufe	
Secretary of State County Clerk		04/22/2016
	Signature	Date
MACOMB		
County		