



MICHIGAN DEPARTMENT OF STATE
BUREAU OF 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.

3. This Statement covers From: 07/18/16 to 08/22/16

1. Committee I.D. Number

139414-0

2. Committee Name

Philip Kraft for Macomb

4. Candidate Last Name

Kraft

First Name

Philip

M.I.

J

4a. Office Sought Including District # or Community Served (If applicable)

County Commissioner #8

4b. County of Residence **MACOMB**

5. Committee's Mailing Address

**PO Box 652
New Baltimore, MI 48047**

Area Code and Phone (586) 876-9543

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

**Douglas Kraft
50723 Jim Dr.
Chesterfield, MI 48047**

Area Code & Phone (586) 949-8405

7. Treasurer's Business Address

Same

Area Code and Phone _____

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

Area Code and Phone _____

9. TYPE OF STATEMENT

9a. ☐ Pre-Election OR 9b. ☒ Post-Election

Pre-Election or Post-Election Statement relates to:

- ☒ Primary
☐ General
☐ Convention
☐ Special
☐ School
☐ Caucus

Date of Election, Convention or Caucus

08/02/16

Required ONLY if candidate is not on the ballot for the current year:

- ☐ July Quarterly
☐ October Quarterly

9c. ☐ Annual Statement (_____) Coverage Year

9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)

9e.

☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is hereby discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late 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

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 **Douglas Kraft**

Type or Print Name

Signature

Date

8/30/16

Candidate **Philip Kraft**

Type or Print Name

Signature

Date

8/30/16



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 139414-0

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Philip Kraft for Macomb

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>1,168.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>\$1,168.00</u>	(18.) \$ <u>\$6,983.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u>\$0.00</u>	(19.) \$ <u>\$100.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>\$1,168.00</u>	(20.) \$ <u>\$7,083.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>\$0.00</u>	(21.) \$ <u>\$270.50</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u>\$0.00</u>	(22.) \$ <u>\$0.00</u>
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>\$1,966.86</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u>\$0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u>\$0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>\$1,966.86</u>	(23.) \$ <u>\$6,471.03</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u>\$0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u>\$0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	<u>\$0.00</u>	(24.) \$ <u>\$0.00</u>
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>\$0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u>\$0.00</u>	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>\$1,410.83</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>\$1,168.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>\$2,578.83</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>\$1,966.86</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>\$611.97</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139414-0

2. Committee Name Philip Kraft for Macomb

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>07/19/16</u>	
Name & Address: Micheline Trosper 45410 Nottingham Macomb Twp., MI 48044		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>08/01/16</u>	
Name & Address: Terri Land 7955 Byron Station Ct. SW Byron Center, MI 49315		\$ <u>500.00</u>	\$ <u>1000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Green Light Management</u> Business Address <u>PO Box 308, Grandville, MI 49468</u> 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>08/01/16</u>	
Name & Address: David Wolkinson 2859 E. Maple, Apt. 7 Birmingham, MI 48009		\$ <u>118.00</u>	\$ <u>118.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Real Estate Agent</u> Employer <u>Bentzion Properties, LLC</u> Business Address <u>PO Box 2024, Birmingham, MI 48012</u> 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>08/11/16</u>	
Name & Address: Nikolaus Kolling 52653 Paintcreek Dr. Macomb Twp., MI 48042		\$ <u>500.00</u>	\$ <u>1000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Northern Metalcraft Inc.</u> Business Address <u>50490 Corporate Dr., Shelby Twp., MI 48315</u> 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 **\$1,168.00**

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

\$1,168.00

Enter this total on
line 3a of Summary
Page.



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number **139414-0**
2. Committee Name **Philip Kraft for Macomb**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Wix Address PO Box 40190 San Francisco, CA 94140 <input type="checkbox"/> Fund Raiser	Purpose: Website Payment <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/19/16 Date	\$ 13.90 Click Here for Memo Itemization Type
Expenditure #2 Name Gordon Food Service Store Address 51630 Gratiot Rd. Chesterfield, MI 48051 <input type="checkbox"/> Fund Raiser	Purpose: Candy <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/30/16 Date	\$ 29.97 Click Here for Memo Itemization Type
Expenditure #3 Name The Mail Haus Address 1745 Suburban Dr. De Pere, WI 54115 <input type="checkbox"/> Fund Raiser	Purpose: Mailing Costs <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/01/16 Date	\$ 1909.09 Click Here for Memo Itemization Type
Expenditure #4 Name Wix Address PO Box 40190 San Francisco, CA 94140 <input type="checkbox"/> Fund Raiser	Purpose: Website Payment <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/15/16 Date	\$ 13.90 Click Here for Memo Itemization Type
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	\$ _____ Click Here for Memo Itemization Type

Subtotal this page **\$1,966.86**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **\$1,966.86**

Enter this total
on line 8a of
Summary Page