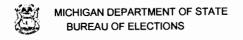


CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and ca	signed by Indidate.	3. This Statement covers From	07/18/16 to 08	3/22/16	
1. Committee I.D. Number		4. Candidate Last Name	First Name		M.I.
139414-0		Kraft	Philip		J
2. Committee Name		4a. Office Sought Including District # or Community Served (If applicable)			
		County Commissioner	#8		_
Philip Kraft for Macor	mb	4b. County of Residence MAC	сомв 🔻		
5. Committee's Mailing Address PO Box 652		6. Treasurer's Name & Reside	ntial Address		
New Baltimore, MI 48047		Douglas Kraft 50723 Jim Dr.			
		Chesterfield, MI 4804	47	- A-C	16
		,		202	
Area Code and Phone (586) 876-9543				五章	AUG
If the address in this box is different from the committee				NO.	31
mailing address on the Statement of Organization, mail may be sent to this address by the filing official.		Area Code & Phone (586) 949-8405			
7. Treasurer's Business Address		8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)			
Same		besignated Neodra Respery			ç.
			₩ 	200	ယ ယ
•			4 0	. "	
					**
Area Code and Phone		Area Code and Phone	Loc		
9. TYPE OF STATEMENT	Required ON	NLY if candidate	9e.		
9a. Pre-Election OR 9b. Post-Election	is not on the ballot for the current year:		By checking this item !/We certify any outstanding debt by the committee to the candidate or his or her spouse is here		
Pre-Election or Post-Election Statement relates to:			by discharged and forgiven, a the committee. The committee	nd no longer	collectible from
X Primary	July Quart	erly	owes no lates fees or has any		•
General	October C	uarterly	Further, if the dissolution cann	not he granter	t that this he
Convention			considered a request for the R	eporting Wai	ver.
☐Special	9c. Annua	al Statement ()			
School		Coverage Year	Effective date of dis	solution	
Caucus		dment to Campaign Statement plete Item 9a, 9b, 9c or 9e to			
	indica	te which Statement is being	Note: The disposition of residence Schedule 1B and the Summa		st be reported on
	ameno	led.)	Concodic 15 and the Camina	iy i ugo.	
Date of Election, Convention or Caucus					
08/02/16					
10. Verification: I\We certify that all reasonable dilige	nno was used	in the preparation of this statem	ent and attached schedules (if	any) and to ti	ne hest of
my\our knowledge and belief the contents are true, a			on and attached scribudies (II	, and to ti	io boot Of
Current Treasurer or Douglas Kraft		Dla 1 4/au	to	8/30)/16
Designated Record keeper Type or Print Name		Signature	Date .		7.10
,					
Candidate Philip Kraft		11	Date	8/30)/16
Type or Print Name		Signature			

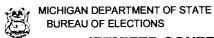


1. Committee I.D. Number 139414-0

SUMMARY PAGE

2. Committee Name Philip Kraft for Macomb

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



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number _____139414-0

2. Committee Name Philip Kraft for Macomb

En 19 19 19 19 19 19 19 19 19 19 19 19 19	6. Amount	7. Cumulative for
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	Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/19/16 Name & Address: Micheline Trosper 45410 Nottingham Macomb Twp., MI 48044	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:	Click Hore to	r Memo Itemization
Occupation Employer	Click nere to	r Memo nemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/01/16 Name & Address		
Terri Land 7955 Byron Station Ct. SW Byron Center, MI 49315	<u>\$500.00</u>	_{\$_} 1000.00
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
O O O O O O O O O O O O O O O O O O O		
Business Address PO Box 308, Grandville, MI 49468		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 08/01/16 Name & Address:		
David Wolkinson 2859 E. Maple, Apt. 7	<u>\$118.00</u>	_{\$} 118.00
Birmingham, MI 48009	Click Here for	Memo Itemization
5. If over \$100.00 cumulative, please provide:		
Occupation Real Estate Agent Employer Bentzion Properties, LLC		
Business Address PO Box 2024, Birmingham, MI 48012 Type of Contribution:		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 08/11/16		
Name & Address		
Nikolaus Kolling	F00 00	4000.00
52653 Paintcreek Dr. Macomb Twp., MI 48042	_{\$} 500.00	\$
5. If over \$100.00 cumulative, please provide:		
Occupation Owner Employer Northern Metalcraft Inc.	Click Here for	Memo Itemization
Business Address 50490 Corporate Dr., Shelby Twp., MI 48315		
Type of Contribution: Direct Loan from a person Fund Raiser		
	\$1,168.00	
Grand Total of All Schedules 1A	\$1,168.00	

1 1 Page ____ of ___

Enter this total on line 3a of Summary Page.



SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number 139414-0

2. Committee Name	Philip Kraft for Macomb
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Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name Wix		07/19/16	s 13.90
	Purpose: Website Payment	Date	
Address PO Box 40190	T dipose.		
San Francisco, CA 94140	Click H	lere for Memo	temization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement	· · · · · · · · · · · · · · · · · · ·	
Expenditure #2			
Name Gordon Food Service Store		07/30/16	s 29.97
	Purpose: Candy	Date	
Address	Purpose:		
51630 Gratiot Rd.	Click H	lere for Memo i	temization Type
Chesterfield, MI 48051	Charly have if their account of		
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3	Gatemon		
		00/04/40	
Name The Mail Haus		08/01/16	\$ 1909.09
Address	Purpose: Mailing Costs	Date	
1745 Suburban Dr.	Click H	lere for Memo I	temization Type
De Pere, WI 54115	l —	OLO IOI INGILIO I	
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement	····	
Expenditure #4			
Name Wix		08/15/16	. 12 00
l	Purpose: Website Payment	Date	\$ <u>13.90</u>
Address	Purpose: Trobatto i dymont		
PO Box 40190 San Francisco, CA 94140	Click H	lere for Memo	Itemization Type
Jan Francisco, On Other	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5			
Name			
		Data	\$
Address	Purpose:	Date	
	Click F	Here for Memo	Itemization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
<u>L</u>	Subto	otal this page	\$1,966.86
	Grand Total of all	Schedules 1B	\$1,966.86
	(Complete on last page	e of Schedule)	Ψ1,300.00

Enter this total on line 8a of Summary Page