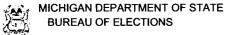


## CANDIDATE COMMITTEE COVER PAGE

## 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: 04/19/16 to 07/22/16						
1. Committee I.D. Number		4. Candidate Last Name	Fir	rst Name		M.I.		
139414-0		Kraft	Philip			J		
2. Committee Name		4a. Office Sought Including District # or Community Served (If applicable)  Macomb County Commissioner District #8						
Philip Kraft for Macomb		4b. County of Residence MACOMB   ▼						
5. Committee's Mailing Address CTE Kraft for Macomb 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.  7. Treasurer's Business Address 50723 Jim Dr. Chesterfield, MI 48047		6. Treasurer's Name & Residential Address Douglas Kraft 50723 Jim Dr. Chesterfield, MI 48047			FILED			
Area Code and Phone (586) 949-8405		Area Code and Phone						
9. TYPE OF STATEMENT			9e. Dissolution	of Candidate C	Committee			
9a. X Pre-Election OR 9b. Post-Election  Pre-Election or Post-Election Statement relates to:	is not on the current year		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 oustanding assets,					
⊠Primary	July Quan	erly	owes no lates fee	es or has any ou	standing deb	t.		
General Convention	October 0	Quarterly	Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.					
Special School	9c. Annua	al Statement () Coverage Year	Effecti	ve date of dissol	ution			
☐Caucus	(Com	ndment to Campaign Statement plete Item 9a, 9b, 9c or 9e to te which Statement is being ded.)	Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.					
Date of Election, Convention or Caucus								
08/02/16								
10. Verification: I\We certify that all reasonable dilig	ence was used	in the preparation of this statement	ent and attached s	schedules (if any	/) and to the b	est of		
my\our knowledge and belief the contents are true,  Current Treasurer or  Designated Record keeper  Type or Print Name	RAFT	omplete.  Signature	iele .	24	1-25- 12 <b>5/</b> 10	201	16	
Candidate PHILIP KRAFT  Type or Print Name	e	Signature		Date 7	125/10	,		



## **ITEMIZED CONTRIBUTIONS SCHEDULE 1A**

## **CANDIDATE COMMITTEE**

1. Committee I.D. Number \_\_\_\_\_139414-0

2. Committee Name Philip Kraft for Macomb

Enter contributor's nammiddle initial. Check b Committee (PAC) Rep	ox to indicate if contr	ibut	ion is from a Political (		ter last name, first name, ee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)	
3. Contribution # 1 Name & Address: Mary Dereski 51063 Paxton D			YES 4. Date of	Receipt	06/20/16	<sub>\$</sub> 50.00	¢ 50.00	
Chestefield, MI	48051					\$ 30.00	§ <u>30.00</u>	
5. If over \$100.00 curr	ulative, please pro	vide	:			Click Here for	or Memo Itemization	
Occupation	······································	_ E	Employer			CHOK HOLD I	or morno resinadato.	
Business Address								
Type of Contribution:	Direct		Loan from a person	~	Fund Raiser			
Contribution #2     Name & Address	PAC Receipt?		YES 4. Date of	Receipt				
						\$	. \$	
5. If over \$100.00 cumulative, please provide:						Click Here for Memo Itemization		
Occupation		Em	ployer					
Business Address								
Type of Contribution:	Direct		Loan from a person		Fund Raiser			
3. Contribution # 3	PAC Receipt?		YES 4. Date of	f Receip	t			
Name & Address:								
						\$	\$	
5. If over \$100.00 cum	ulative, please pro	vide	:			Click Here fo	r Memo Itemization	
Occupation		E	mployer					
Rusiness Address		•						
Type of Contribution:	Direct		Loan from a person		Fund Raiser			
3. Contribution # 4 Name & Address	PAC Receipt?		YES 4. Date o		ot			
						\$	\$	
5. If over \$100.00 cun	nulative, please pro	vide	<b>:</b> :			Click Here fo	r Memo Itemization	
Occupation		-	Employer			5.15K 11616 10	,	
Business Address			<u> </u>					
Type of Contribution:	Direct		Loan from a person		Fund Raiser			
			···		Page Subtotal	\$50.00		
					nd Total of All Schedules 1A te on last page of Schedule)	\$50.00		
1 of 1	_					Enter this total on line 3a of Summary Page.	′	