



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: 08/23/16 to 10/23/16

1. Committee I.D. Number

139414-0

2. Committee Name

Philip Kraft for 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.

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**

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

11/08/16

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. Dissolution of Candidate Committee

☐ 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 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

11/2/16

Candidate **Philip Kraft**
Type or Print Name

Signature

Date

11/2/16



MICHIGAN DEPARTMENT OF STATE
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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 <u>The Mail Haus</u> Address <u>1745 Suburban Dr.</u> <u>De Pere, WI 54115</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Mailing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/30/16</u> Date	\$ <u>1980.05</u> Click Here for Memo Itemization Type <input type="button" value="v"/>
Expenditure #2 Name <u>Anedot</u> Address <u>PO Box 84314</u> <u>Baton Rouge, LA 70884</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Transaction Fees</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/22/16</u> Date	\$ <u>11.06</u> Click Here for Memo Itemization Type <input type="button" value="v"/>
Expenditure #3 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 <input type="button" value="v"/>
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	\$ _____ Click Here for Memo Itemization Type <input type="button" value="v"/>
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 <input type="button" value="v"/>
Subtotal this page			\$ <u>1,991.11</u>
Grand Total of all Schedules 1B (Complete on last page of Schedule)			\$ <u>1,991.11</u>

Enter this total
on line 8a of
Summary Page