

CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

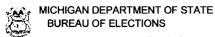
Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.		3. This Statement covers From: 01/01/18 to 07/22/18			
1. Committee I.D. Number		4. Candidate Last Name	First Name	M.I.	
139414-0		Kraft	Philip	J	
2. Committee Name			trict # or Community Served (If applicable		
		County Commissioner #8			
Philip Kraft for Maco	mb	4b. County of Residence MAC	COMB		
5. Committee's Mailing Address PO Box 652		6. Treasurer's Name & Reside	ntial Address		
New Baltimore, MI 48047		Douglas Kraft 50723 Jim Dr.	The contract of the contract o	18	
,		Chesterfield, MI 4804	. Cu // Ep	E	
		,	E C		
Area Code and Phone (586) 876-9543			49-8405	FILED 24 PM	
If the address in this box is different from the commitmailing address on the Statement of Organization,	ittee mail mav	(F00) 0	10.0405 074	PH	
be sent to this address by the filing official.		Area Code & Phone (586) 94	<u> </u>	A.A.	
7. Treasurer's Business Address		B. Designated Record Keeper' Designated Record Keeper)	s Name and Address (If the committee h	* <u>\</u>	
Same		a congression record recoper,		Ci	
				*	
Area Code and Phone		Area Code and Phone	9e. Dissolution of Candidate Commit	— ttee	
9. TYPE OF STATEMENT		NLY if candidate			
9a. X Pre-Election OR 9b. Post-Election	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 her		
Pre-Election or Post-Election Statement relates to:		by discharged and forgiven, and no longer coll the committee. The committee has no oustan			
⊠ Primary	July Quart	епу	owes no lates fees or has any oustandin	ıg debt.	
General	October C	uarterly	Further, if the dissolution cannot be granted, that this be		
Convention			considered a request for the Reporting V	Naiver.	
Special	9c. —				
School	Annua	al Statement () Coverage Year	`———′ I Effective date of dissolution		
	9d. Amer	dment to Campaign Statement			
Caucus	(Com	plete Item 9a, 9b, 9c or 9e to te which Statement is being	Note: The disposition of residual funds must be reported on		
	amen	_	Schedule 1B and the Summary Page.		
Date of Election, Convention or Caucus					
08/07/18					
10. Verification: I\We certify that all reasonable diligony\u00edour knowledge and belief the contents are true,			ent and attached schedules (if any) and to	o the best of	
Current Treasurer or Designated Record keeper DougLAS	OLF	Dal Mi	Date 7-23	2-2018	
Designated Record keeper Type or Print Name	יושיי	Signature	Date 1 2		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		·			
Candidate PHILIP KRAFT		1	Date) - IB	
Type or Print Name	•	Signature			



1. Committee I.D. Number 139414-0

SUMMARY PAGE CANDIDATE COMMITTEE

CANDIDATE COMMITTEE RECEIPTS	Column I	Column II
	This Period	Cumulative this election cycle
3. Contributions	4.075.00	
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 4,275.00	-
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	_
c. Subtotal of "Contributions"	(3c.) \$_\$4,275.00	(18.) \$ \$4,275.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ \$0.00	(19.) \$ \$0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ \$4,275.00	\$ \$4,275.00
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ \$0.00	(21.) \$ \$0.00
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.) \$ \$1,808.57	_
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.) \$ \$1,808.57	_ (23.) \$ \$1,808.57
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.) \$ \$3,946.00	
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.) + \$ \$4,275.00	
(Line 5, Total Contributions & Other Receipts)	(15.) = \$_\$8,221.00	
15. SUBTOTAL Add lines 13 and 14		
 Amount expended during reporting period (Add lines 9 and 11) 	(16.) - \$ \$ 1,808.57	
17. ÈNDING BALANCÉ	(17.) \$ \$6,412.43	•
(Subtract line 16 from line 15)	(17.) \$	



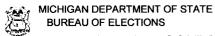
CANDIDATE COMMITTEE

1. Committee I.D. Number _____139414-0

Committee Name Philip Kraft for Macomb

Page.

	x to indicate if con	contribution is from an indiv tribution is from a Political (regardless of amount.			6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Wade Dougherty 49075 Michelle A Chesterfield, MI	Ann	YES 4. Date of	Receip	06/18/18	_{\$} 250.00	_{\$} 250.00
5. If over \$100.00 cumu					Click Here fo	r Memo Itemization
Occupation Partner	·····	Employer ICE Too	ols		0.10K 7.10.10 10	
Business Address 505	25 Metzen (Dr., Chesterfield, N	11 48	051		
Type of Contribution:	Direct	Loan from a person	~	Fund Raiser		
3. Contribution #2 Name & Address	PAC Receipt?	YES 4. Date of	Receipt	06/18/18		
Henry Anderson 48553 Sugarbus Chesterfield, MI					<u>\$40.00</u>	_{\$} 40.00
5. If over \$100.00 cumu	ılative, please pro	ovide:			Click Here for	Memo Itemization
Occupation		Employer				
Business Address						
Type of Contribution:	Direct	Loan from a person	4	Fund Raiser		
3. Contribution # 3 Name & Address:	PAC Receipt?	YES 4. Date of	f Receip	ot <u>06/18/18</u>		
John Dupray 50880 Atwood New Baltimore, I	MI 48047				\$30.00	§30.00
5. If over \$100.00 cum	ılative, please pro	ovide:			Click Here for	Memo Itemization ▼
Occupation		_ Employer				
Business Address						
Type of Contribution:	Direct	Loan from a person	~	Fund Raiser		
3. Contribution # 4 Name & Address Melvin Koch IV	PAC Receipt?	YES 4. Date of	f Recei	pt <u>06/18/18</u>		
45640 Rathmore Macomb Twp., N					_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cum	ulative, please pro	ovide:			Click Hara for	Memo Itemization ▼
Occupation		Employer			Click Here Iol	Wellio Remization
Business Address						
Type of Contribution:	Direct	Loan from a person	V	Fund Raiser		
				Page Subtotal	\$345.00	
				and Total of All Schedules 1A		
4 4			Compi	ete on last page of Schedule)	Enter this total on	-

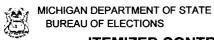


CANDIDATE COMMITTEE

1. Committee I.D. Number __139414-0

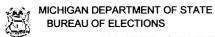
2. Committee Name Philip Kraft for Macomb

	x to indicate if contr	ribution is from a Politica		enter last name, first name, tee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Barbara Lipinski 34703 E. Marino Chesterfield, MI		YES 4. Date	of Receip	ot <u>06/18/18</u>	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cum	ılative, please pro	vide:			Click Here fo	r Memo Itemization
Occupation		_ Employer			0	
Business Address						
Type of Contribution:	Direct	Loan from a person	•	Fund Raiser		
3. Contribution #2 Name & Address	PAC Receipt?	YES 4. Date of	of Receip	06/18/18	•	
Nikolaus Kolling 52653 Paintcree Macomb, MI 480					_{\$} 500.00	_{\$} 500.00
5. If over \$100.00 cum	ılative, please prov	vide:			Click Here fo	r Memo Itemization
Occupation Vice Pre	sident	Employer Northern	Meta	lcraft Inc.		- Inches
Business Address 504	90 Corporate	e Dr., Shelby Tw	р., МI	48315		
Type of Contribution:	Direct	Loan from a person	V	Fund Raiser		
3. Contribution # 3 Name & Address:	PAC Receipt?		of Recei	^{pt} 06/18/18		
David Haugan 51658 Hale Ln. Chesterfield, MI	48051				§ 25.00	ş
5. If over \$100.00 cum	ılative, please prov	vide:			Click Here for	Memo Itemization
Occupation		Employer	,,			
Business Address						
Type of Contribution:	Direct	Loan from a person	1	Fund Raiser		
Contribution # 4 Name & Address	PAC Receipt?	YES 4. Date	of Rece	ipt <u>06/18/18</u>		
Sylvia Thomas 2100 Ash St. Clair, MI 480	79				_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cum	ılative, please pro	vide:			Click Horo for	Memo Itemization
Occupation		Employer			Click Here loi	Memo nemization
Business Address						
Type of Contribution:	Direct	Loan from a person	V	Fund Raiser		
				Page Subtotal	\$675.00	
				and Total of All Schedules 1A lete on last page of Schedule)		
Page 2 of 9			·		Enter this total on line 3a of Summary Page.	



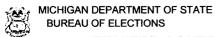
CANDIDATE COMMITTEE

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 Name & Address: Thomas Guaste 34120 Woodwa Birmingham, MI	rd		YES 4. Date of Red	ceipt	06/18/18	,100.00	. 100.00
•		. الماد				\$	3
5. If over \$100.00 cum						Click Here fo	r Memo Itemization 🔻
Occupation		- '	Employer				
Business Address Type of Contribution:	Direct		Loan from a person	~	Fund Raiser		
Contribution #2 Name & Address	PAC Receipt?		YES 4. Date of Rec	ceipt	06/18/18		
Leo Garry 45815 S. Grant Macomb, MI 48						_{\$} 35.00	_{\$} 35.00
5. If over \$100.00 cum	ulative, please pro	vide):			Click Here fo	r Memo Itemization ▼
Occupation		Er	nployer				_
Business Address							
Type of Contribution:	Direct		Loan from a person	~	Fund Raiser		
3. Contribution # 3	PAC Receipt?		YES 4. Date of Re	eceip	ot 06/18/18		
Name & Address: CTE Kathy Vos 47395 Sugarbu Chesterfield, M	sh Řd. 48047					\$ 100.00 Click Here for	\$ 100.00 Memo Itemization ▼
5. If over \$100.00 cum	iulative, please pro	vide):				استا
Occupation		. E	Employer				
Business Address Type of Contribution:	Direct		Loan from a person	1	Fund Raiser		
Contribution # 4 Name & Address	PAC Receipt?	~	YES 4. Date of Ro	ecei	pt 06/18/18		
Lucido for a Brighte 6303 26 Mile Rd. Suite 203 Washington, MI 48 5. If over \$100.00 cun	094		e:			<u>\$100.00</u>	\$_100.00
		****				Click Here for	Memo Itemization ▼
Occupation		_	Employer				
Business Address		_	.				
Type of Contribution:	Direct	<u>L</u>	Loan from a person	1	Fund Raiser		
Page 3 of 9	_				Page Subtotal nd Total of All Schedules 1A ete on last page of Schedule)	Enter this total on line 3a of Summary Page.	-



CANDIDATE COMMITTEE

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	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)				
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 06/18/18 Name & Address: Douglas Kraft 50723 Jim Dr. New Baltimore, MI 48047	_{\$} 200.00	_{\$} 200.00				
If over \$100.00 cumulative, please provide: Click Here for Memo Itemization						
Occupation Design Engineer Employer Venture Global Engineering	Click Here to	i Memo itemization				
Business Address 2083 South Almont Ave., Imlay City, MI 48444						
Type of Contribution: Direct Loan from a person Fund Raiser						
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/18/18 Name & Address						
Jay Howse 8785 Hall Rd. #180086 Utica, MI 48318	_{\$} 25.00	_{\$} 25.00				
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization				
Occupation Employer						
Business Address						
Type of Contribution: Direct Loan from a person Fund Raiser						
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/18/18 Name & Address:						
Christine Lafata 5945 Markel Rd. Marine City, MI 48039	\$ <u>40.00</u>	\$ 40.00				
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization ▼				
OccupationEmployer						
Business Address Type of Contribution: Direct Loan from a person Fund Raiser						
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/18/18 Name & Address						
Linda Busch 38540 L'anse Creuse Harrison Twp., MI 48045	_{\$} 20.00	_{\$} 20.00				
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization				
Occupation Employer	Olick Field for	Memo Remization				
Business Address						
Type of Contribution: ☐ Direct ☐ Loan from a person ✔ Fund Raiser						
Page Subtotal	\$285.00	_				
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total se	J				
Page of	Enter this total on line 3a of Summary Page.					



CANDIDATE COMMITTEE

1. Committee I.D. Number ______139414-0

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/18/18 Name & Address: Jacqueline Oriold 3228 Franklin Park Dr. Sterling Heights, MI 48310	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:	Click Hara fo	r Memo Itemization
Occupation Employer	Click Here to	i Wellio itellization
Business Address		
Type of Contribution: Direct Loan from a person V Fund Raiser		
Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/18/18 Name & Address		
Doris Kraft 31877 Breezeway Chesterfield, MI 48047	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:	Click Here for	r Memo Itemization ▼
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/18/18 Name & Address: Roy Rose 55620 Woodridge Dr. Shelby Twp., MI 48316 5. If over \$100.00 cumulative, please provide: Occupation Employer	\$75.00 Click Here for	§ 75.00 Memo Itemization ▼
Business Address Type of Contribution: □ Direct □ Loan from a person ✔ Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/18/18 Name & Address Mark Forbert		
50616 Martinique St. Chesterfield, MI 48047	_{\$} 50.00	_{\$} _50.00
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization ▼
Occupation Employer	Olick Flere for	Wello Remization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 5 of 9	\$250.00 Enter this total on line 3a of Summary Page.	-

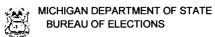


CANDIDATE COMMITTEE

1. Committee I.D. Number ______139414-0

Philip Kraft for Macomb

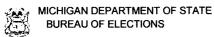
Enter contributor's name and address. If contribu middle initial. Check box to indicate if contribution Committee (PAC) Report all contributions regardle	· · · · · · · · · · · · · · · · · · ·	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)	
· •	ES 4. Date of Recei	pt 06/18/18		
Name & Address: Wayne Oehmke				
17610 21 Mile Rd.			75.00	7F 00
Macomb, MI 48044			_{\$} 75.00	_{\$} 75.00
5. If over \$100.00 cumulative, please provide:			Click Horo to	r Mama Itamization
Occupation Em	nployer		Click Here to	r Memo Itemization
Business Address				
Type of Contribution: Direct Lo	oan from a person	Fund Raiser		
Contribution #2 PAC Receipt? YE Name & Address	4. Date of Recei	ot 06/18/18		
Nathan Inks			050.00	050.00
11848 Angus Cir.			_{\$} 250.00	_{\$} 250.00
Sterling Heights, MI 48312				
5. If over \$100.00 cumulative, please provide:			Click Here for	Memo Itemization ▼
Occupation Law Clerk Empl	_{loyer} Oakland Cour	nty		
Business Address 700 Barclay Cir., Ro	chester Hills, MI 4	8307		
Type of Contribution: Direct Lo	oan from a person	Fund Raiser		
Contribution # 3 PAC Receipt? Y Name & Address:	/ES 4. Date of Rece	^{ipt} 06/18/18		
Mark Miller			000 00	000.00
35805 Main St.			<u>\$200.00</u>	_{\$} 200.00
New Baltimore, MI 48047			0	
5. If over \$100.00 cumulative, please provide:			Click Here for	Memo Itemization
Occupation Owner Em	ployer Little Camille	's By the Bay		
Business Address 51083 Washington St., N	lew Baltimore, MI 480)47		
Type of Contribution: Direct Lo	oan from a person	Fund Raiser		
· • • •	YES 4. Date of Reco	eipt 06/18/18		
Name & Address Kathy Elliott				
27442 Clark Cir.			_{\$} 50.00	, 50.00
Chesterfield, MI 48051			\$ JO. 00	\$_30.00
5. If over \$100.00 cumulative, please provide:			Click Here for	Memo Itemization
Occupation	Employer			
Business Address				
Type of Contribution: Direct Lo	oan from a person	Fund Raiser		
		Page Subtotal	\$575.00	
	Gr	and Total of All Schedules 1A		-
		lete on last page of Schedule)	Enter this total on	J
Page 6 of 9			line 3a of Summary Page.	



CANDIDATE COMMITTEE

1. Committee I.D. Number _____139414-0

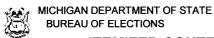
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/18/18 Name & Address: Hornberger Majority Fund PO Box 864		
New Baltimore, MI 48047	_{\$} 500.00	_{\$} 500.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer	Click Here to	r Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/18/18 Name & Address		
Jeffrey Yaroch 35545 Pound Rd.	_{\$} 50.00	_{\$} 50.00
Richmond, MI 48062		
5. If over \$100.00 cumulative, please provide:	Click Here for	r Memo Itemization ▼
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/18/18 Name & Address:		'
Christopher Dilbert	100.00	400.00
PO Box 480400	\$ 100.00	_{\$} 100.00
New Haven, MI 48048	Click Here for	Memo Itemization ▼
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution:		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 06/18/18		
Name & Address		
Jeanne Schabath 13393 Cloverlawn	000 00	000.00
Sterling Heights, MI 48312	_{\$} 200.00	_{\$} 200.00
5. If over \$100.00 cumulative, please provide:		
Occupation Supplier Employer General Dynamics Land Systems	Click Here for	Memo Itemization ▼
Business Address 38500 Mound Rd., Sterling Heights, MI 48313		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	\$850.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on	J
Page 7 of 9	line 3a of Summary Page.	



CANDIDATE COMMITTEE

1. Committee I.D. Number ______139414-0

Enter contributor's nammiddle initial. Check be Committee (PAC) Report	ox to indicate if contr	ribution is from a Politi		nter last name, first name, tee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Kelli Saunders 8466 North Cen Byron Center, N		YES 4. Dat	te of Receip	t <u>06/18/18</u>	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cum	ulative, please pro	vide:			Click Here fo	or Memo Itemization
Occupation		_ Employer				
Business Address						
Type of Contribution:	Direct	Loan from a perse	on 🗸	Fund Raiser		
Contribution #2 Name & Address	PAC Receipt?	YES 4. Dat	e of Receip	1 06/18/18		
CTE Elizabeth L 43436 Devin Dr	•				_{\$} 50.00	_{\$} 50.00
Clinton Twp., M	1 48038					 1
5. If over \$100.00 cum	ulative, please pro	vide:			Click Here fo	r Memo Itemization ▼
Occupation		Employer				
Business Address						
Type of Contribution:	Direct	Loan from a perso	on 🗸	Fund Raiser		
Contribution # 3 Name & Address:	PAC Receipt?	YES 4. Da	ite of Recei	pt 06/18/18	•	
Karen Czernel 16381 Chatham Macomb, MI 48					_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cum	ulative, please pro	vide:			Click Here for	Memo Itemization ▼
Occupation		Employer				
Business Address	<u> </u>		بمساديم أ			
Type of Contribution:	Direct	Loan from a pers	on 🗸	Fund Raiser		
3. Contribution # 4 Name & Address Doris Babich	PAC Receipt?	YES 4. D	ate of Rece	ipt <u>06/18/18</u>		
47251 Sugarbus Chesterfield, MI					_{\$} 50.00	_{\$_} 50.00
5. If over \$100.00 cum	ulative, please pro	vide:			Click Here for	Memo Itemization
Occupation		_ Employer			Olick Field for	Wichio Romization
Business Address						
Type of Contribution:	Direct	Loan from a pers	on 🗸	Fund Raiser		
				Page Subtotal	\$250.00	
				and Total of All Schedules 1A lete on last page of Schedule)	Enter this total on	
Page of	_				line 3a of Summary Page.	



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1. Committee I.D. Number ______139414-0

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	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Michael Kunkle	PAC Receipt?	YES 4. Date	of Recei	pt 06/18/18		
20319 Paddock					210.00	,210.00
Macomb, MI 48	042				<u>\$210.00</u>	<u>\$ 210.00</u>
5. If over \$100.00 cun			. T		Click Here fo	r Memo Itemization
Occupation Senior		_ Employer Ashtor				l-s-d
Business Address 21	00 Centerwoo	od Dr., Warren, M	VII 480)91 		
Type of Contribution:	Direct	Loan from a person		Fund Raiser		
Contribution #2 Name & Address	PAC Receipt?	YES 4. Date	of Recei _l	pt <u>06/18/18</u>		
Terri Land 7955 Byron Sta Byron Center, N					\$500.00	_{\$} 500.00
5. If over \$100.00 cum		vide:			Click Here fo	r Memo Itemization
Occupation Owner	ididitivo, piodoo pio	Employer Green L	ight M	1anagement	Chok Flore to	World Rollization
Business Address 168	Louis Campau Pr	romenade, Floor 3, Gi				
Type of Contribution:	Direct	Loan from a person	V	Fund Raiser		
3. Contribution # 3	PAC Receipt?		of Rece	int		
Name & Address:	·					
					¢	_
					¥	\$
5. If over \$100.00 cum	nulative, please pro	vide:			Click Here for	Memo Itemization ▼
Occupation	, p	Employer				
Business Address						
Type of Contribution:	Direct	Loan from a person		Fund Raiser		
3. Contribution # 4	PAC Receipt?	YES 4. Date	e of Reco	eipt		
Name & Address						
					\$	\$
5. If over \$100.00 cun	nulative, please pro	vide:			Click Here for	Memo Itemization
Occupation		_ Employer				
Business Address						
Type of Contribution:	Direct	Loan from a persor	۱ <u> </u>	Fund Raiser		
				Page Subtotal	\$710.00	
			Gr	rand Total of All Schedules 1A	\$4,275.00	_
			(Comp	plete on last page of Schedule)	Enter this total on	J
Page 9 of 9	_				line 3a of Summary Page.	



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number ______139414-0

1. Committee I. D. Number	
2 Committee Name Phil	ip Kraft for Macomb

Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name USPS		03/15/18	\$ 82.00
	Purpose: PO Box Payment	Date	¥ <u>02.00</u>
Address 35339 23 Mile Rd.	Purpose: 10 BOX 1 Ayment		
New Baltimore, MI 48047	Click H	ere for Memo I	temization Type
Trow Ballinors, Ill 100 17	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
Name CMH PAC	1	03/19/18	\$ 35.00
	Donation	Date	\$ 33.00
Address	Purpose: Donation		
426 S. Walnut	Click H	ere for Memo l	temization Type
Lansing, MI 48933			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #3			
Name Anchor Bay Chamber of Commerce		00/07/40	
Andrial Bay Ghamber of Commerce		03/27/18	\$ 135.00
Address	Purpose: Membership	Date	
PO Box 435	Click H.	ere for Memo li	temization Type
New Baltimore, MI 48047		SIC IOI MICITIO II	consession type
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #4			
Name Calvary Publishing		04/03/18	
, ,	}	Date	\$ <u>350.00</u>
Address	Purpose: Literature Printing		
PO Box 107	Click H	oro for Momo l	tomization Tuno
Wolverine, MI 49799		ele loi Mellio II	temization Type
	Check box if this expenditure is payment of debt or obligation reported on previous		
LI Fund Raiser	statement		
Expenditure #5			
Name Staples		05/29/18	
			\$28.60
Address	Purpose: Office Supplies	Date	
63775 Gratiot Ave.	Click H	ere for Memo I	temization Type
Chesterfield, MI 48051	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
T uno Naisoi	statement	T	***
	Subtot	al this page	\$630.60
	Grand Total of all S		
	(Complete on last page	or scriedule) [Enter this total

on line 8a of Summary Page



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number 139414-0

2. Committee Name	Philip Kraft for	Macomb	

Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1		i	
Name USPS		05/29/18	\$ 100.00
	Purpose: Postage	Date	
Address	Purpose: 1 Ostage		
35339 23 Mile Rd.	Click H	lere for Memo	temization Type
New Baltimore, MI 48047			لــا ٠/٠٠
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
		004040	
Name Anchor Bay Chamber of Commerce		06/13/18	\$ 150.00
	Sponeorehin	Date	
Address	Purpose: Sponsorship		
PO Box 435			
New Baltimore, MI 48047	Click F	tere for Memo I	temization Type ▼
146W Ballimore, Wi 40047	[— a		
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #3			
Name Bagger Dave's		06/18/18	070.40
	_ , ,		\$ <u>372.49</u>
Address	Purpose: Fundraiser Food	Date	
50570 Gratiot Ave.			
Chesterfield, MI 48047	Click H	lere for Memo I	temization Type ▼
oneotomola, im 100 //	Check box if this expenditure is payment of		
	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #4			
·			
Name Anedot		06/18/18	. 40 45
	E	Date	\$ <u>18.15</u>
Address	Purpose: Transaction Fees	Dato	
PO Box 84314			
Baton Rouge, LA 70884	Click H	lere for Memo I	temization Type ▼
Baton Hoago, Ert 7000 1			لميبها
<u> </u>	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name Sawicki & Son, Inc.		07/13/18	
	Ciana		\$471.70
Address	Purpose: Signs	Date	
1521 W. Lafayette			
Detroit, MI 48216	Click F	lere for Memo	temization Type
Botton, in 10210	Check box if this expenditure is payment of		
Francisco	debt or obligation reported on previous		
Fund Raiser	statement		
	Subto	tal this page	\$1,112.34
			Ψ1,112.04
	Grand Total of all		
	(Complete on last page	e of Schedule)	
		•	Enter this total

Enter this total on line 8a of Summary Page



SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number 139414-0

2. Committee Name Philip Kraft for Macomb

Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name Sawicki & Son, Inc.		07/19/18	s 59.63
	Purpose: Signs	Date	\$ 33.00
Address 1521 W. Lafayette	Purpose: O'G'10		_
Detroit, MI 48216	Click H	ere for Memo I	temization Type ▼
Bettott, Wit 40210	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Expenditure #2	statement		
		07/00/40	
Name Freestar Financial Credit Union		07/20/18	\$ 6.00
Address	Purpose: Bank Fees	Date	
PO Box 2800			
Mt. Clemens, MI 48046	Click H	ere for Memo I	temization Type ▼
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Expenditure #3	statement		
Name			
Name			\$
Address	Purpose:	Date	· ——
	Click H	ere for Memo II	temization Type ▼
<u> </u>	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
Name .			
		Date	\$
Address	Purpose:	Dute	
	OK-1-11		
		ere for Memo is	temization Type ▼
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name			
		Date	\$
Address	Purpose:	Date	
	Click H	lere for Memo I	temization Type ▼
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
<u>Limit</u>		tal this page	¢65.62
	Subio	and page	\$65.63
	Grand Total of all S (Complete on last page		\$1,808.57
	(Complete on last page		Enter this total

Enter this total on line 8a of Summary Page

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FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

1. Committee I.D. Number 139414-0

	- USE A	SEPARATE SH	EET FOR EACH EVE	NT -
3. Date Event Was Held		f Individuals Attending ing (whichever is	5. Type of Fund Raising Activ	ity 6. Address and Name (If any) of the place where the activity was held. Bagger Dave's
06/18/18		40	Dinner	50570 Gratiot Ave. Chesterfield Twp., MI 4805 Private Residence
7. Total Contributions	,	\$4,275.00		
8. Other Receipts	1	\$0.00		
9. Gross Receipts (Add lines 7	and 8)	\$4,275.00		
10. Total Cost of Event (Total Cost includes In-Kind Col		\$372.49 and All Expenditures	s Made For the Event)	
11. Check if event was a joint	int fund rais	ser and complete the	e following:	
Co-Sponsor(s)		Contribution S (%)	Split	Expenditure Split (%)
	-			
	-			
	-			
	-			
	_			- Control of the Cont

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.

Page	1	of	1
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