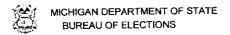


CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

COAFILLYOF						
Report must be legible, typed or printed in ink and s the treasurer (or designated record keeper) and car	signed by ndidate.	3. This Statement covers From:	07/20/20	to 08/24/20		
1. Committee I.D. Number		Candidate Last Name		st Name	M.I.	
139414-0		Kraft	Philip		J	
1004140		4a. Office Sought Including Distr		ity Served (If applicable	!)	
2. Committee Name		County Commissioner	#8			
Philip Kraft for Macor	nb	4b. County of Residence MAC		V		
5. Committee's Mailing Address		6. Treasurer's Name & Residen	itial Address	4	22	
PO Box 652 New Baltimore, MI 48047		Douglas Kraft 50723 Jim Dr.		က်င့်	SEP-1 M 6	_
New Bailinoie, Mi 40047		Chesterfield, MI 4804	! 7	and the second		FILED
						E
Area Code and Phone (586) 876-9543					湿 玉	
I if the address in this boy is different from the Cullillill	tee			•	5- o	•
mailing address on the Statement of Organization, no be sent to this address by the filing official.	нан тнау	Area Code & Phone (586) 94			557 /W	2
7. Treasurer's Business Address		Designated Record Keeper's Designated Record Keeper)	s Name and Addr	ess (If the committee has	asi	هـ
Same		Designated Record Reeper)			63	
Area Code and Phone		Area Code and Phone				
9. TYPE OF STATEMENT	Beguired O	NLY if candidate		n of Candidate Commi		·
9a. Pre-Election OR 9b. X Post-Election	is not on the	e ballot for the	but the anomarita	this item I/We certify a e to the candidate or his	e or her spous	e is here:
Pre-Election or Post-Election Statement relates to:	current yea	r.	by discharged at	nd forgiven, and no long The committee has no	aer collectible	mom
	July Qua	rterly	owes no lates fe	es or has any oustandir	ng debt.	5 0(0)
⊠ Primary	October	Quarterly			4 1 41 -4 455-	L
General	Colobe	addition,	Further, if the dis considered a rec	ssolution cannot be gra quest for the Reporting	nted, that this i Waiver.	o e
Convention						
Special	9c. Annu	ual Statement ()	Effect	ive date of dissolution		
School		Coverage Year		,,,,		
Caucus	9d. Ame	endment to Campaign Statement nplete Item 9a, 9b, 9c or 9e to			t be repe	tad on
	indic	ate which Statement is being	Schedule 1B ar	osition of residual funds nd the Summary Page.	must be repor	IGG OII
	ame	nded.)				
Date of Election, Convention or Caucus						
08/04/20						
10. Verification: I/We certify that all reasonable dilig	10000 1100	d in the preparation of this statem	lent and attached	schedules (if any) and	to the best of	
10. Verification: I/We certify that all reasonable dilig my/our knowledge and belief the contents are true,	accurate and	complete.		·		
Current Treasurer or		1 0/	1-fr	08	3/29/20	
Designated Record keeper UCLAS K	4×1-1	Signature	, Cr	Date		
Type or Print Name		Signature			- 100 (00	
Condidate PHILIP KEAFT		, PH		Date	3/29/20	<u></u>
Candidate Type or Print Nam	e	Signature				
7						

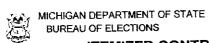


1. Committee I.D. Number 139414-0

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name Phillip Kraft for Macomb

CANDIDATE COMMITTEE		
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 50.00	-
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	- #4.050.00
c. Subtotal of "Contributions"	(3c.) \$ \$50.00	(18.) \$ \$1,250.00
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.) \$ \$50.00	\$ \$1,250.00
N-KIND CONTRIBUTIONS & EXPENDITURES		
5. 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		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ \$1.00	_
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.) \$ \$1.00	(23.) \$ \$1,528.15
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
Disbursements a. Iternized (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	\$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.) \$ \$3,109.84	
(Enter zero if no previous reports have been filed.)	(14.) + \$ \$50.00	
Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	\$9.1E0.94	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ \$3,159.84	
and design marking period	(16.) - \$ \$1.00	
16. Amount expended during reporting period	461 6 101.1/1/	
16. Amount expended during repoluting period (Add lines 9 and 11) 17. ENDING BALANCE	(16.) - \$ \$ \$ 3,158.84	- 17



Page ____ of ___

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 139414-0

2. Committee Name Philip Kraft for Macomb

Page.

Enter contributor's name an middle initial. Check box to Committee (PAC) Report all	indicate if contrib	oution is from a Political Com-	i, enter last name, first name, mittee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Mark Forbert	PAC Receipt?	YES 4. Date of Rec	eipt 07/24/20		
50616 Martinique S Chesterfield, MI 48				_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulat	ive, please prov	ide:		Click Here	for Memo Itemization
Occupation		Employer			
Business Address					
Type of Contribution:	Direct	Loan from a person	Fund Raiser		
3. Contribution #2 Finance & Address	PAC Receipt?	YES 4. Date of Rec	ceipt		
				\$	\$
5. If over \$100.00 cumulat				Click Here t	for Memo Itemization
Occupation		Employer			
Business Address					
Type of Contribution:	Direct	Loan from a person	Fund Raiser	v 	
3. Contribution # 3 Name & Address:	PAC Receipt?	YES 4. Date of Re	eceipt		
				\$	\$
·				Click Here f	for Memo Itemization
5. If over \$100.00 cumula	tive, please pro	vide:		Olick Fiere	Of Indiano Romana
Occupation		Employer			
Business Address			r-1		
Type of Contribution:	Direct	Loan from a person	Fund Raiser		
Contribution # 4 Name & Address	PAC Receipt?	YES 4. Date of F	Receipt		
				\$	
5. If over \$100.00 cumula	itive, please pro	vide:		Click Here	for Memo Itemization
Occupation		Employer			
Business Address					
Type of Contribution:	Direct	Loan from a person	Fund Raiser		
			Page Subtota	\$50.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		\$50.00			
		(C	omplete on last page of scriedule	Enter this total o line 3a of Summ	



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

2. Committee Name Philip Kraft for Macomb

CANDIDATE COMMITTEE	2. Committee Name	LE Data	. Amount
Name and address of person or vendor to whom paid	Purpose (Required Information)	5. Date 6	, Altour
Expenditure #1 Name FreeStar Financial Credit Union	Dark Food	08/19/20 Date	s <u>1.00</u>
Address PO Box 2800 Mt. Clemens, MI 48046	Check box if this expenditure is paymen	ick Here for Memo Ite	mization Type
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
Name		Date	\$
Address	Purpose:C	lick Here for Memo Ite	mization Type
	Check box if this expenditure is paymer debt or obligation reported on previous	nt of	
Fund Raiser	statement		
Expenditure #3			
Name			\$
Address	Purpose:	Date Blick Here for Memo Ite	emization Type
			3/142440-1 13 p =
Fund Raiser	Check box if this expenditure is payme debt or obligation reported on previous statement	nt of	
Expenditure #4	Statement		
Name			
Address	Purpose:	Date	\$
		Click Here for Memo It	emization Type
Fund Raiser	Check box if this expenditure is paymed debt or obligation reported on previous statement	ent of	
Expenditure #5			
Name			2
Address	Purpose:	Date	
	Check box if this expenditure is paym debt or obligation reported on previous	Click Here for Memo ent of	Itemization Type
Fund Raiser	statement	Subtotal this page	\$1.00
	Grand Tota	l of all Schedules 1B ist page of Schedule)	\$1.00
	(Complete on it		

Enter this total on line 8a of Summary Page

Page 1 of 1