



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: 10/19/20 to 11/23/20

1. Committee I.D. Number

139414-0

2. Committee Name

Philip Kraft for Macomb

4. Candidate Last Name First Name M.I.

Kraft

Philip

J

4a. Office Sought Including District # or Community Served (If applicable)

County Commissioner #8

4b. County of Residence **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.

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

8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper)

Area Code and Phone

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

11/03/20

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

Douglas Kraft

Designated Record keeper

Type or Print Name

Signature

Date

11/23/20

Candidate

Philip Kraft

Type or Print Name

Signature

Date

11-29-2020



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 139414-0

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

2. Committee Name Philip Kraft for Macomb

| RECEIPTS  |            | Column I<br>This Period | Column II<br>Cumulative this election cycle |
|---|------------|-------------------------|---|
| <b>3. Contributions</b>   |            |                         |   |
| a. Itemized (Schedule 1A - Column 6)  | (3a.) \$   | <u>150.00</u>           |   |
| b. Unitemized (less than \$20.01 each - no Schedule)  | (3b.) \$   | <u>NOT APPLICABLE</u>   |   |
| c. Subtotal of "Contributions"  | (3c.) \$   | <u>\$150.00</u>         | (18.) \$ <u>\$1,650.00</u>                  |
| 4. Other Receipts (Schedule 1A -1, Column 6)  | (4.) \$    | <u>\$0.00</u>           | (19.) \$ <u>\$100.00</u>                    |
| <b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b><br>(Add Line 3c + Line 4)                      | (5.) \$    | <u>\$150.00</u>         | (20.) \$ <u>\$1,750.00</u>                  |
| <b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>   |            |                         |   |
| 6. In-Kind Contributions (Schedule 1-IK, Column 7)  | (6.) \$    | <u>\$0.00</u>           | (21.) \$ <u>\$0.00</u>                      |
| 7. In-Kind Expenditures (Schedule 1B-IK, Column 6)  | (7.) \$    | <u>\$0.00</u>           | (22.) \$ <u>\$0.00</u>                      |
| <b>EXPENDITURES</b>   |            |                         |   |
| <b>8. Expenditures</b>  |            |                         |   |
| a. Itemized (Schedule 1B, Column 6)   | (8a.) \$   | <u>\$7.45</u>           |   |
| b. Itemized Get-Out-the-Vote (Schedule 1B-G)  | (8b.) \$   | <u>\$0.00</u>           |   |
| c. Unitemized (less than \$50.01 each - no Schedule)  | (8c.) \$   | <u>\$0.00</u>           |   |
| <b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)                                  | (9.) \$    | <u>\$7.45</u>           | (23.) \$ <u>\$4,559.51</u>                  |
| <b>INCIDENTAL EXPENSE DISBURSEMENTS</b><br>(Officeholders Only)                                 |            |                         |   |
| <b>10. Disbursements</b>  |            |                         |   |
| a. Itemized (Schedule 1C, Column 6)   | (10a.) \$  | <u>\$0.00</u>           |   |
| b. Unitemized (less than \$50.01 each - no Schedule)  | (10b.) \$  | <u>\$0.00</u>           |   |
| <b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b><br>(Add Line 10a + Line 10b)                  | (11.) \$   | <u>\$0.00</u>           | (24.) \$ <u>\$0.00</u>                      |
| <b>DEBTS AND OBLIGATIONS</b>  |            |                         |   |
| <b>12. Debts and Obligations</b>  |            |                         |   |
| a. Owed by the Committee (Schedule 1E)  | (12a.) \$  | <u>\$0.00</u>           |   |
| b. Owed to the Committee (Schedule 1E)  | (12b.) \$  | <u>\$0.00</u>           |   |
| <b>BALANCE STATEMENT</b>  |            |                         |   |
| 13. Ending Balance of last report filed<br>(Enter zero if no previous reports have been filed.) | (13.) \$   | <u>\$484.93</u>         |   |
| 14. Amount received during reporting period<br>(Line 5, Total Contributions & Other Receipts)   | (14.) + \$ | <u>\$150.00</u>         |   |
| 15. SUBTOTAL Add lines 13 and 14  | (15.) = \$ | <u>\$634.93</u>         |   |
| 16. Amount expended during reporting period<br>(Add lines 9 and 11)                             | (16.) - \$ | <u>\$7.45</u>           |   |
| 17. ENDING BALANCE<br>(Subtract line 16 from line 15)   | (17.) \$   | <u>\$627.48</u>         | *   |



MICHIGAN DEPARTMENT OF STATE  
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**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139414-0

2. Committee Name 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 <u>all</u> contributions regardless of amount. |   | 6. Amount                                       | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|---|---|---|
| 3. Contribution # 1   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/19/20</u>              |   |
| Name & Address:<br><b>Michelle Trosper</b><br><b>45410 Nottingham</b><br><b>Macomb Twp., MI 48044</b>   |   | \$ <u>50.00</u>                                 | \$ <u>50.00</u>   |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |   | <a href="#">Click Here for Memo Itemization</a> |   |
| 3. Contribution #2  | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/22/20</u>              |   |
| Name & Address:<br><b>Nathan Inks</b><br><b>11848 Angus Cir.</b><br><b>Sterling Heights, MI 48312</b>   |   | \$ <u>100.00</u>                                | \$ <u>100.00</u>  |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                     |   | <a href="#">Click Here for Memo Itemization</a> |   |
| 3. Contribution # 3   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt _____                        |   |
| Name & Address:<br>_____<br>_____   |   | \$ _____  | \$ _____  |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                |   | <a href="#">Click Here for Memo Itemization</a> |   |
| 3. Contribution # 4   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt _____                        |   |
| Name & Address:<br>_____<br>_____   |   | \$ _____  | \$ _____  |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                |   | <a href="#">Click Here for Memo Itemization</a> |   |

Page Subtotal **\$150.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule) **\$150.00**

Enter this total on  
line 3a of Summary  
Page.



**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<br>Name <b>Anedot</b><br><br>Address<br>PO Box 84314<br>Baton Rouge, LA 70884<br><br><input type="checkbox"/> Fund Raiser                         | Purpose: <u>Transaction Fee</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>10/26/20</u><br>Date | \$ <u>6.45</u><br><br>Click Here for Memo Itemization Type |
| Expenditure #2<br>Name <b>Freestar Financial Credit Union</b><br><br>Address<br>PO Box 2800<br>Mt. Clemens, MI 48046<br><br><input type="checkbox"/> Fund Raiser | Purpose: <u>Bank Fees</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement       | <u>11/22/20</u><br>Date | \$ <u>1.00</u><br><br>Click Here for Memo Itemization Type |
| Expenditure #3<br>Name<br><br>Address<br><br><br><input type="checkbox"/> Fund Raiser  | Purpose: _____<br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                  | _____<br>Date           | \$ _____<br><br>Click Here for Memo Itemization Type       |
| Expenditure #4<br>Name<br><br>Address<br><br><br><input type="checkbox"/> Fund Raiser  | Purpose: _____<br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                  | _____<br>Date           | \$ _____<br><br>Click Here for Memo Itemization Type       |
| Expenditure #5<br>Name<br><br>Address<br><br><br><input type="checkbox"/> Fund Raiser  | Purpose: _____<br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                  | _____<br>Date           | \$ _____<br><br>Click Here for Memo Itemization Type       |
| Subtotal this page   |   |                         | \$ <b>7.45</b>   |
| Grand Total of all Schedules 1B<br>(Complete on last page of Schedule)   |   |                         | \$ <b>7.45</b>   |

Enter this total  
on line 8a of  
Summary Page