



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: 11/24/20 to 07/20/21

1. Committee I.D. Number

139414-0

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**

2. Committee Name

Philip Kraft for Macomb

5. Committee's Mailing Address

**PO Box 652
New Baltimore, MI 48047**

6. Treasurer's Name & Residential Address

**Douglas Kraft
50723 Jim Dr.
Chesterfield, 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.

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

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 [Signature] Date 7/22/21
Type or Print Name Signature

Candidate PHILIP KRAFT [Signature] Date 7-22-21
Type or Print Name Signature



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 This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>0.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>\$0.00</u>	(18.) \$ <u>\$0.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u>\$0.00</u>	(19.) \$ <u>\$0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>\$0.00</u>	(20.) \$ <u>\$0.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
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>
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>\$453.70</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>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>\$453.70</u>	(23.) \$ <u>\$453.70</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
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>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	<u>\$0.00</u>	(24.) \$ <u>\$0.00</u>
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>\$0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u>\$0.00</u>	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>\$627.48</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>\$0.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>\$627.48</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>\$453.70</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>\$173.78</u>	*



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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>Wix</u> Address <u>PO Box 40190</u> <u>San Francisco, CA 94140</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Website Domain</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/15/21</u> Date	\$ <u>47.70</u>
Expenditure #2 Name <u>USPS</u> Address <u>35339 23 Mile Rd.</u> <u>New Baltimore, MI 48047</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>PO Box Payment</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/16/21</u> Date	\$ <u>134.00</u>
Expenditure #3 Name <u>Wix</u> Address <u>PO Box 40190</u> <u>San Francisco, CA 94140</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Website Payment</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/28/21</u> Date	\$ <u>264.00</u>
Expenditure #4 Name <u>Freestar Financial Credit Union</u> Address <u>PO Box 2800</u> <u>Mt. Clemens, MI 48046</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Bank Fees</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/17/21</u> Date	\$ <u>8.00</u>
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	\$ _____

Subtotal this page

\$453.70

Grand Total of all Schedules 1B
(Complete on last page of Schedule)

\$453.70

Enter this total
on line 8a of
Summary Page