



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: 7-23-2012 to 8-27-2012
Mo Day Year Mo Day Year

1. Committee I.D. Number
33520

2. Committee Name
Jeff Wright 2000

4. Candidate Last Name Wright First Name Jeff M.I.

4a. Office Sought Including District # or Community Served (if applicable)
Ganosee County Drain Commissioner

4b. County of Residence

5. Committee's Mailing Address
2124 Sycamore St. Burton, MI 48509

Area Code and Phone 810 287-1925

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
WARREN Vyuyam
1455 Laurentian Pass Flint, MI 48530

Area Code & Phone (810) 730-3593

7. Treasurer's Business Address
Same as #6

Area Code and Phone ()

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)
Same as #6

Area Code and Phone ()

FILED
AUG 30 4 08 PM '12
DEPUTY CLERK
GEO. COLEMAN

9. TYPE OF STATEMENT

9a. Pre-Election OR 9b. Post-Election

Pre-Election or Post-Election Statement relates to:

Primary General
 Convention School
 Special Caucus

Date of Election, Convention or Caucus
8-7-2012
Month Day Year

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

Effective Date of Dissolution
Month Day Year

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.
Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

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 WARREN Vyuyam Type or Print Name Warren Vyuyam Signature Date 8-28-2012
Mo Day Year

Candidate Jeff Wright Type or Print Name Jeff Wright Signature Date 8-28-12
Mo Day Year



1. Committee I.D. Number 33520

2. Committee Name Jeff Wright 2000

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>7,200-</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>7,200-</u>	(18.) \$ <u>7,200-</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>7,200-</u>	(20.) \$ <u>7,200-</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ _____	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>13,983.54</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ _____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ _____	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>13,983.54</u>	(23.) \$ <u>13,983.54</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ _____	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ _____	(24.) \$ _____
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ _____	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _____	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>53,388.54</u> ✓	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>7,200-</u> ✓	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>60,588.54</u> ✓	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>13,983.54</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>46,605.00</u> ✓	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 33520
2. Committee Name Jeff Wright 2000

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.

3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 7-31-12

Name & Address: UAW Michigan V-Pac
8000 E. Jefferson
Detroit, MI

6. Amount \$ 5,000⁰⁰ 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 5,000⁰⁰

5. If over \$100.00 cumulative, please provide: Occupation organized labor Employer UAW Michigan V-Pac

Business Address same

Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #2 PAC Receipt? YES 4. Date of Receipt _____

Name & Address: Naik, Arundhati
3815 Maple Dr.
Ypsilanti, MI 48197

6. Amount \$ 200⁰⁰ 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 200⁰⁰

5. If over \$100.00 cumulative, please provide: Occupation Housewife Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 8-16-12

Name & Address: Yates, James
PO Box 556
Oxford, MI 48371

6. Amount \$ 200⁰⁰ 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 200⁰⁰

5. If over \$100.00 cumulative, please provide: Occupation owner Employer Yates Construction

Business Address 1630 Ty Van Trail Oxford, MI 48371

Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt _____

Name & Address _____

6. Amount \$ _____ 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ _____

5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

Page Subtotal 7,200⁻
Grand Total of All Schedules 1A (Complete on last page of Schedule) 7,200⁻

Enter this total on line 3a of Summary Page.



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 33520
2. Committee Name Jeff Wright 2000

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Postmaster</u> Address <u>62500 S. Linden Rd. Flint, MI 48532</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>7-23-12</u> Date	<u>\$ 5,157⁶⁷</u>
Expenditure #2 Name <u>Bob Winfund</u> Address <u>5490 Old Franklin Grand Blanc, MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>election exp.</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-26-12</u> Date	<u>\$ 750⁻</u>
Expenditure #3 Name <u>Jeff Wright</u> Address <u>2174 N. Sycamore Burton, MI 48509</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Elect Exp (Gas, water sign cans)</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-26-12</u> Date	<u>\$ 340⁻</u>
Expenditure #4 Name <u>Curtis Printing</u> Address <u>2171 Lodge Rd Flint, MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Election Exp.</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-26-12</u> Date	<u>\$ 2472⁶⁴</u>
Expenditure #5 Name <u>SAM DUNCAN</u> Address <u>1940 W. Atherton Rd Flint, MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Donation/Spenson</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-30-12</u> Date	<u>\$ 250⁰⁰</u>

Subtotal this page 8970.31
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

Enter this total on line 8a of Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 33520
2. Committee Name Jeff Wright 2000

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Comm to Elect Dan Hill</u> Address <u>16253 Farrand Rd Mont Rose, MI 48457</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Donation</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-3-12</u> Date	<u>\$ 100⁻</u>
Expenditure #2 Name <u>Kiwanis Club of Burton</u> Address <u>3363 Long St. Burton MI 48519</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Donation/Sponsor</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-8-12</u> Date	<u>\$ 100⁰⁰</u>
Expenditure #3 Name <u>Bailey Memorial Golf Classic</u> Address <u>2425 Flushing Rd. Flint MI 48504</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Donation/Sponsor</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-8-12</u> Date	<u>\$ 500⁻</u>
Expenditure #4 Name <u>Gen. Co. Fair Board</u> Address <u>2188 W. Mt. Morris Rd Mt Morris MI 48458</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Donation</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-9-12</u> Date	<u>\$ 1500⁰⁰</u>
Expenditure #5 Name <u>Jeff Wright</u> Address <u>2174 N. Sycamore Burton, MI 48509</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>elect. Exp (Gas, Food Sign CROWS)</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-9-12</u> Date	<u>\$ 529⁴³</u>

Subtotal this page 2729.43
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

Enter this total on line 8a of Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 33520
2. Committee Name Jeff Wright 2000

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Mental Health Assoc of MI</u> Address <u>30233 Southfield Rd Suite 200</u> <u>Southfield, MI 48076</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Donation / Sponsor</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-21-12</u> Date	\$ <u>400⁻</u>
Expenditure #2 Name <u>Stabenow For US Senate</u> Address <u>133 Hall Senate Office Bldg</u> <u>Washington, DC 20510</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Donation</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-13-12</u> Date	\$ <u>100⁻</u>
Expenditure #3 Name <u>Comm to Elect. Larry Green</u> Address <u>63376 W. Mott Ave.</u> <u>Flint, MI 48504</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Donation</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-14-12</u> Date	\$ <u>100⁻</u>
Expenditure #4 Name <u>Sign Screen</u> Address <u>408 S. Center Rd</u> <u>Flint, MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Election Exp.</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-14-12</u> Date	\$ <u>183⁸⁰</u>
Expenditure #5 Name <u>Area 13 Special Olympics</u> Address <u>1493 W. Maple Rd</u> <u>Flint, MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Donation</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-22-12</u> Date	\$ <u>1300⁻</u>

Subtotal this page

2083.80

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

Enter this total
on line 8a of
Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 33520
2. Committee Name Jeff Wright 2000

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Comm to Elect Marilyn Hoffman</u> Address <u>4192 Knollwood Dr. Grand Blanc, MI 48439</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Donation</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-23-12</u> Date	\$ <u>100⁻</u>
Expenditure #2 Name <u>BURTON Chamber of Commerce</u> Address <u>6-4454 S. Saginaw ST BURTON, MI 48529</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Donation</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-24-12</u> Date	\$ <u>100⁻</u>
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	\$ _____
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	\$ _____
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 200⁻
 Grand Total of all Schedules 1B
 (Complete on last page of Schedule) 13,983⁵⁴
 Enter this total on line 8a of Summary Page