



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: <u>11-24-08</u> to <u>12-31-09</u> <small>Mo Day Year Mo Day Year</small>	
1. Committee I.D. Number <u>33520</u>	4. Candidate Last Name <u>Wright</u> First Name <u>Jeff</u> M.I.
2. Committee Name <u>Jeff Wright 2000</u>	4a. Office Sought including District # or Community Served (if applicable) <u>Genesee County Drain Commissioner</u>
	4b. County of Residence <u>Genesee</u>
5. Committee's Mailing Address <u>2174 Sycamore Burton, MI. 48509</u> Area Code and Phone <u>810-743-0246</u>	6. Treasurer's Name & Residential Address <u>Jane Nimchewski</u> <u>2429 N. Genesee Rd.</u> <u>Burton, mi.</u> Area Code & Phone <u>810-743-3982</u>
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.	BY <u>DEPUTY CLERK</u> FILED GENESEE COUNTY CLERK 2008 FEB - 1 11:56
7. Treasurer's Business Address <u>2429 N. Genesee Rd.</u> <u>Burton, mi. 48509</u> Area Code and Phone <u>810-743-3982</u>	
	8. Designated Record keeper's Name and Mailing Address (if the committee has a Designated Record keeper) Area Code and Phone ()

<p>8. TYPE OF STATEMENT</p> <p>9a. <input type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election</p> <p>Pre-Election or Post-Election Statement relates to:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Convention <input type="checkbox"/> School</p> <p><input type="checkbox"/> Special <input type="checkbox"/> Caucus</p> <p>Date of Election, Convention or Caucus</p> <p>Month Day Year</p>	<p>9c. <input checked="" type="checkbox"/> Annual Statement (<u>2009</u> Coverage Year)</p> <p>9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete item 9a, 9b, 9c or 9e to indicate which Statement is being amended)</p> <p>9e. <input type="checkbox"/> Dissolution of Candidate Committee</p> <p>Effective Date of Dissolution</p> <p>Month Day Year</p> <p>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.</p> <p>Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.</p>
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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 JANE NIMCHESKI Jane Nimchewski Date 1-31-10
Type or Print Name Signature Mo Day Year

Candidate JEFF WRIGHT Jeff Wright Date 1-31-10
Type or Print Name Signature Mo Day Year

Authority granted under P.A. 388 of 1976



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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>0</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ _____	(18.) \$ <u>358,750.01</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>0</u>	(20.) \$ _____
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>35,644.71</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>35,644.71</u>	(23.) \$ <u>365,67.04</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officers/holders 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.) \$ <u>0</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>60,373.92</u> ✓	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>0</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>60,373.92</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>35,644.71</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>24,729.21</u> ✓	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**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 (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>All Safe Storage</u> Address <u>1320 N. Belsay</u> <u>Burton, mi. 48509</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>rental</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/30/08</u>	<u>56.00</u>
Expenditure #2 Name <u>D. M. A.</u> Address <u>6045 Davison Rd.</u> <u>Burton - mi</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Thank you Dinner</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12/14/08</u>	<u>2,090.00</u>
Expenditure #3 Name <u>Jeff Wright</u> Address <u>2174 Sycamore</u> <u>Burton - mi - 48509</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>loan re-payment</u> <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12/11/08</u>	<u>3,000.00</u>
Expenditure #4 Name <u>All Safe Storage</u> Address <u>1320 N. Belsay</u> <u>Burton, mi</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>rental</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>1/6/09</u>	<u>56.00</u>
Expenditure #5 Name <u>Jeff Wright</u> Address <u>2174 Sycamore</u> <u>Burton, mi 48509</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>loan repayment</u> <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>1/33/09</u>	<u>1500.00</u>
Subtotal this page Grand Total of all Schedules 1B (Complete on last page of Schedule)			<u>6702.00</u>

Enter this total on line 8a of Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**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 (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>Jeff Wright</u> Address <u>2174 Sycamore</u> <u>Burton, MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>loan re-payment</u> <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>1/25/09</u>	<u>2000.00</u>
Expenditure #2 Name <u>Greater Flint Afro-American Assoc.</u> Address <u>NARCA Flint Branch</u> <u>3455 Hippincott Blvd</u> <u>Flint, MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Ad</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>1/23/09</u>	<u>110.00</u>
Expenditure #3 Name <u>United Sisterhood Baptist Conv.</u> Address <u>1217 San Juan Dr.</u> <u>Flint - MI 48504</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Spencer</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>1/9/09</u>	<u>200.00</u>
Expenditure #4 Name <u>Baker College</u> Address <u>1050 W. Bristol Rd.</u> <u>Burton - MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Summer Project Science</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/10/09</u>	<u>200.00</u>
Expenditure #5 Name <u>all safe storage</u> Address <u>1320 N. Belsay</u> <u>Burton, MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>rental</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>2/5/09</u>	<u>56.00</u>
Subtotal this page Grand Total of all Schedules 1B (Complete on last page of Schedule)			<u>2566.00</u>

Enter this total on line 9a of Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**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 (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>Holy Rosary Schools</u> Address <u>5191 Richfield Rd.</u> <u>Flint, Mi 48506</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>fundraiser</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>2/24/09</u>	<u>250.00</u>
Expenditure #2 Name <u>all safe storage</u> Address <u>1300 N. Belasy</u> <u>Burton, Mi</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>rental</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3/17/09</u>	<u>56.00</u>
Expenditure #3 Name <u>all safe storage</u> Address <u>1300 N. Belasy</u> <u>Burton, Mi</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>rental</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4/30/09</u>	<u>56.00</u>
Expenditure #4 Name <u>St. Francis Prayer Center</u> <u>2381 E. Carpenter Rd.</u> Address <u>Flint, Mi 48506</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>fundraiser</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4/30/09</u>	<u>330.00</u>
Expenditure #5 Name <u>Jeff Wright</u> Address <u>2174 Sparrow</u> <u>Burton, Mi</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>loan re-payment</u> <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/8/09</u>	<u>3500.00</u>

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

4192.00

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
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**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 (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>WAPES # 145</u> Address <u>Flint, MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>sponsor</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/18/09</u>	<u>100.00</u>
Expenditure #2 Name <u>F. D. P.</u> Address <u>P.O. Box 7738 Flint, mi 48507</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>ad</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/11/09</u>	<u>125.00</u>
Expenditure #3 Name <u>Genesee County Dem. Party</u> Address <u>1318 W. Court Flint, mi 48503</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>self sponsor</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/20/09</u>	<u>1,200.00</u>
Expenditure #4 Name <u>Big Brothers - Big Sisters</u> Address <u>411 S. Third St. Flint, mi</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>self sponsor</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/22/09</u>	<u>250.00</u>
Expenditure #5 Name <u>Committee to Elect Josh Freeman</u> Address <u>3727 Maryland Flint, mi 48506</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>fundraising</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/13/09</u>	<u>100.00</u>

Subtotal this page
Grand Total of all Schedules 1B
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1775.00

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MICHIGAN DEPARTMENT OF STATE
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**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 (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>Best Buy</u> Address <u>3660 Kriller Rd.</u> <u>Flint, mi</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Office Expense</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/2/09</u>	<u>529.99</u>
Expenditure #2 Name <u>D. L. S. Building Trades</u> Address <u>P.O. Box 5188</u> <u>Flint, mi 48505</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>sponsor</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/2/09</u>	<u>300.00</u>
Expenditure #3 Name <u>Gen. Cty. Parks</u> Address <u>5045 S. Stanley Rd</u> <u>Genesee Twp. mi</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Free Fishing Day</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/6/09</u>	<u>300.00</u>
Expenditure #4 Name <u>All Safe Storage</u> <u>1320 N. Belsay</u> Address <u>Burton, mi</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>rental</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/12/09</u>	<u>168.00</u>
Expenditure #5 Name <u>Burton Kiwanis</u> Address <u>1270 S. Belsay Rd.</u> <u>Burton, mi 48509</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>self sponsor</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/19/09</u>	<u>100.00</u>

Subtotal this page
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1397.99

Enter this total on line 8a of Summary Page



MICHIGAN DEPARTMENT OF STATE
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**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 (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>JDC Fund</u> Address <u>4116 Orme Cir.</u> <u>Cliv, mi 48430</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Fundraiser</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/19/09</u>	<u>5,000.00</u>
Expenditure #2 Name <u>St. John Vianney</u> Address <u>2415 Bagley</u> <u>Flint, mi</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Fundraiser</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/24/09</u>	<u>50.00</u>
Expenditure #3 Name <u>City of Burton - Recreation</u> Address <u>4303 S. Lyster Rd</u> <u>Burton mi</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>The Macker Sponsor</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/27/09</u>	<u>900.00</u>
Expenditure #4 Name <u>Em Luna Prod.</u> Address <u>5176 Courtland</u> <u>Flint, mi 48507</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>ad</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/25/09</u>	<u>200.00</u>
Expenditure #5 Name <u>Rainshark</u> Address <u>310 S. Averill</u> <u>Flint, mi</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>food for Kidder Wishes</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/24/09</u>	<u>300.00</u>

Subtotal this page
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6450.00

Enter this total on line 9a of Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**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 (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>Bentley Girls Basketball</u> Address <u>1150 N. Belsay Rd. Burton - mi 48509</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>sponsor</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/31/09</u>	<u>200.00</u>
Expenditure #2 Name <u>Gen. Co. Mental Health</u> Address <u>606 W. 6th ave. Flint, mi</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>sponsor</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/31/09</u>	<u>500.00</u>
Expenditure #3 Name <u>Move Forward/Elba Ellenberg Com.</u> Address <u>2228 Cedar Burton, mi. 48529</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>gold sponsor</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/31/09</u>	<u>310.00</u>
Expenditure #4 Name <u>Flint Retirees Reg 1 c</u> Address <u>1940 W. Atherton Flint, mi 48507</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>gold sponsor</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>2/31/09</u>	<u>200.00</u>
Expenditure #5 Name <u>Inness Co. Fair</u> Address <u>731 E. W. Morris Rd. Mt. Morris, mi</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>sponsor</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/31/09</u>	<u>1000.00</u>

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

2210.00

Enter this total on line 6a of Summary Page



MICHIGAN DEPARTMENT OF STATE
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**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 (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>Assum. Greek Church</u> Address <u>3170 Beecher Rd.</u> <u>Flint, mi</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>expense</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/14/09</u>	<u>325.00</u>
Expenditure #2 Name <u>Hilton Screeners</u> Address <u>210 N. Main</u> <u>Davison, Mi 48423</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>expense</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/16/09</u>	<u>118.72</u>
Expenditure #3 Name <u>Sweet Creek Vets Memorial</u> Address <u>8883 Civic Dr.</u> <u>Sweet Creek, mi 48473</u> <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/19/09</u>	<u>500.00</u>
Expenditure #4 Name <u>Comm. to Elect Charles Smiley</u> <u>2253 McLaren</u> Address <u>Burton, Mi 48529</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>fundraiser</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/19/09</u>	<u>100.00</u>
Expenditure #5 Name <u>Rildee for Congress</u> Address <u>432 N. Sag.</u> <u>Flint, mi 48502</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>fundraiser</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/30/09</u>	<u>100.00</u>

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

1043.72

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**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 (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>Comm. to Elect Danny Wells</u> Address <u>4474 E. Atwater</u> <u>Burton - mi</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>fundraiser</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/32/09</u>	<u>100.00</u>
Expenditure #2 Name <u>Friends of Jim Ananick</u> Address <u>932 Marine</u> <u>Flint, Mi</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>fundraiser</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/15/09</u>	<u>100.00</u>
Expenditure #3 Name <u>Jeff Wright</u> Address <u>3174 Sycamore</u> <u>Burton, Mi</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>loan re: payment</u> <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/16/09</u>	<u>500.00</u>
Expenditure #4 Name <u>Special Olympics</u> Address <u>1493 W. Maple</u> <u>Flint, Mi</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>sponsor</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/22/09</u>	<u>1300.00</u>
Expenditure #5 Name <u>All Safe Storage</u> Address <u>1320 Belong Rd</u> <u>Burton Mi</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>rental</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/12/09</u>	<u>112.00</u>

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

2112.00

Enter this total on line 8a of Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**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 (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>Com. to Elect Delvino Lyak</u> Address <u>P.O. Box 13439</u> <u>Flint, MI.</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>fundraiser</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/24/09</u>	<u>100.00</u>
Expenditure #2 Name <u>Jeff Wright</u> Address <u>2174 Belsay Rd</u> <u>Barton - MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>loan repayment</u> <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/28/09</u>	<u>1500.00</u>
Expenditure #3 Name <u>Com. to Elect Jackie Poplar</u> Address <u>Friends of)</u> <u>3901 Winona ST.</u> <u>Flint, MI 48504</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>fundraiser</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/2/09</u>	<u>100.00</u>
Expenditure #4 Name <u>STM Ministers</u> Address <u>4400 W. Carpenter Rd</u> <u>Flint, MI 48504</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Ad</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/2/09</u>	<u>175.00</u>
Expenditure #5 Name <u>Com. to Elect Ted Henry</u> Address <u>Clayton Twp, MI</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>fundraiser</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/10/09</u>	<u>100.00</u>
Subtotal this page Grand Total of all Schedules 1B (Complete on last page of Schedule)			<u>1975.00</u>

Enter this total on line 0a of Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**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 (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>all safe storage</u> Address <u>1320 Belsay Rd</u> <u>Burton - mi</u> <input type="checkbox"/> Fund Raiser	Purpose: _____ <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/16/09</u>	<u>112.00</u>
Expenditure #2 Name <u>Check Order</u> Address <u>Swadlow Court</u> <u>Troy, Mi. 48064</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>office supplies</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/21/09</u>	<u>55.00</u>
Expenditure #3 Name <u>IMA Recreation Assoc - Children</u> Address <u>6045 Davison Rd.</u> <u>Burton - mi</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>expense</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/26/09</u>	<u>500.00</u>
Expenditure #4 Name <u>CTE Woodrow Stanley PAC</u> Address <u>2211 Brownel</u> <u>Flint, mi</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>expense</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/30/09</u>	<u>250.00</u>
Expenditure #5 Name <u>Jeff Wright</u> Address <u>2174 Sycamore</u> <u>Burton - mi</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>loan re-payment</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/3/09</u>	<u>\$ 2100.00</u>
Subtotal this page Grand Total of all Schedules 1B (Complete on last page of Schedule)			<u>3017.00</u>

Enter this total on line 0a 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 (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>JMA - Brookwood</u> Address <u>6045 Davison Rd. Burton, Mich. 48509</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Thank you dinner</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12/11/09</u>	<u>2148.00</u>
Expenditure #2 Name <u>All Safe Storage</u> Address <u>1320 Belsay Rd. Burton - Mich</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>rental</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12/14/09</u>	<u>56.00</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		
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		
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		

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

2204.00
35,644.71

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 33520
2. Committee Name JEFF WRIGHT 2000

This Schedule itemizes:

a. Debts and obligations owed by or forgiven the committee OR b. Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: <u>Jeff Wright</u> <u>2174 Sycamore</u> <u>Burton, mi. 48509</u> If bank loan, name of endorser or guarantor:	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>7-23-00</u> <u>8-3-00</u> 6. Original Amount of Debt: \$ <u>108,100.00</u>	<u>12/11/02 \$ 3000.00</u> <u>1/23/09 \$ 1500.00</u> <u>1/25/09 \$ 2000.00</u> <u>5/18/09 \$ 3500.00</u> <u>8/16/09 500.00</u> <u>9/28/09 \$ 1500.00</u> <u>11/9/09 2100.00</u> Amount Endorsed: \$	\$ <u>108,100.00</u>	\$ <u>0 -</u> <input type="checkbox"/> FORGIVEN
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: _____ _____ _____ If bank loan, name of endorser or guarantor:	4. Type: _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: \$ _____	_____ _____ _____ _____ _____	\$ _____	<input type="checkbox"/> FORGIVEN
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: _____ _____ _____ If bank loan, name of endorser or guarantor:	4. Type: _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: \$ _____	_____ _____ _____ _____ _____	Amount Endorsed: \$ _____	<input type="checkbox"/> FORGIVEN

Page Subtotal (Outstanding debt)

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

0
0
Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.