



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>8-25-08</u> to <u>10-19-08</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</u> <u>Burton, MI 48509</u> Area Code and Phone <u>810-742-0244</u>	5. Treasurer's Name & Residential Address <u>Jane Nimchewski</u> <u>2429 N. Genesee Rd.</u> <u>Burton, MI 48509</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 office.	
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>	6. Designated Record keeper's Name and Mailing Address (if the committee has a Designated Record keeper) Area Code and Phone ()

<p>9. TYPE OF STATEMENT</p> <p>9a. <input checked="" 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 checked="" 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 <u>11</u> / <u>04</u> / <u>08</u> <small>Month Day Year</small></p>	<p>9c. <input type="checkbox"/> Annual Statement (Coverage Year)</p> <p>9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete item 9c or 9e to indicate which Statement is being amended)</p> <p>9e. <input type="checkbox"/> Disclosure of Candidate Committee</p> <p>Effective Date of Disclosure 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. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.</p>
	<p>FILED</p> <p>2008 OCT 14 PM 4:41</p> <p>GENESEE COUNTY CLERK</p> <p>BY DEPUTY CLERK</p>

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 the 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 signed.

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 NIMCHEWSKI Jane Nimchewski Date 10-24-08
Type of Print Name Signature MO DAY YEAR

Candidate JEFF WRIGHT Jeff Wright Date 10-24-08
Type of Print Name Signature MO DAY YEAR



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

1. Committee I.D. Number 33520
2. Committee Name Jeff Wright 3000

**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>2,000.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>-</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>2,000.00</u>	(18.) \$ <u>358,750.61</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>-</u>	(19.) \$ <u>-</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>2,000.00</u> ✓	(20.) \$ <u>-</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>-</u>	(21.) \$ <u>-</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>-</u>	(22.) \$ <u>-</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>23,603.00</u>	
b. Itemized Get-Out-the-Vote (Schedule B-G)	(8b.) \$ <u>-</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>-</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>23,603.00</u> ✓	(23.) \$ <u>327,203.49</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>-</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>-</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>-</u>	(24.) \$ <u>-</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>14,100.00</u> ✓	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>-</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>84,807.76</u> ✓	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + <u>2,000.00</u> ✓	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>86,807.76</u> ✓	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - <u>23,603.00</u> ✓	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>63,204.76</u> ✓	

NOTE: Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000.00 Reporting Waiver threshold.

All required schedules must be included with this statement. *If your ending balance is negative, please recheck your math.

Authority granted under P.A. 388 of 1976



**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 from committees regardless of amount.

6. Amount

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

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

Name: UAW Michigan V-PAC
Address: 8000 E. Jefferson
Detroit, MI 48214

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

Occupation PAC Employer UAW Mich

Business Address 8000 E. Jefferson - Detroit

Type of Contribution: Direct Loan from a person Fund Raiser

\$ 1000.00

\$ 4500.00

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

Name: _____

Address: _____

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

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

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

Name: _____

Address: _____

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

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

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

Name: _____

Address: _____

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

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

\$ 3,000.00 ✓

\$ 4500.00



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>2124 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>8/26/08</u>	<u>\$ 5000.00</u>
Expenditure #2 Name <u>Gen. Co. Agricultural Soc.</u> Address <u>731 S. Mt. Morris Rd.</u> <u>Mt. Morris, mi</u> <input 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>8/26/08</u>	<u>\$ 1,000.00</u>
Expenditure #3 Name <u>Assumption Greek Church</u> Address <u>3170 Beecher Rd</u> <u>Flint, mi</u> <input 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>8/3/08</u>	<u>\$ 450.00</u>
Expenditure #4 Name <u>Burton Kiwanis</u> Address <u>Burton, mi</u> <input 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>8/6/08</u>	<u>\$ 300.00</u>
Expenditure #5 Name <u>Area 13 Special Olympics</u> Address <u>1499 W. Maple</u> <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>9/10/08</u>	<u>\$ 1300.00</u>

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

\$7950.00 ✓

Enter this total on line 9a 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>Jeff Wright</u> Address <u>3174 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>9/28/08</u>	\$ <u>4500.00</u>
Expenditure #2 Name <u>all life Storage</u> Address <u>1320 N. Belay</u> <u>Burton, mi 48509</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>storage rental</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/30/08</u>	\$ <u>61.00</u>
Expenditure #3 Name <u>Denise Field House</u> Address <u>7783 Grand Parkway</u> <u>Grand Blanc, mi</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>hockey sponsor</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/13/08</u>	\$ <u>695.00</u>
Expenditure #4 Name <u>Committee to Elect Robert Cole</u> <u>Bird Rd.</u> Address <u>Argentine Twp. mi</u> <input 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>10/15/08</u>	\$ <u>100.00</u>
Expenditure #5 Name <u>Greg Stephens Agency</u> Address <u>3055 S. Center Rd</u> <u>Burton - mi 48519</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Newspaper Ads</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/17/08</u>	\$ <u>8000.00</u>

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

13,356.00

Enter this total on line 8a of Summary Page



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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>All Safe Storage</u> Address <u>1320 N. Balsay</u> <u>Barton, mi 48509</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Storage rentals</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/11/08</u>	\$ <u>56.00</u>
Expenditure #2 Name <u>All Safe Storage</u> Address <u>1320 N. Balsay</u> <u>Barton, mi 48509</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Storage rental</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/24/08</u>	\$ <u>56.00</u>
Expenditure #3 Name <u>Whentoman Hunt Club</u> Address <u>3166 Navers Rd.</u> <u>Dryden, mi</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Foodservice Expense</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/28/08</u>	\$ <u>2185.00</u>
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)

\$ 2297.00 ✓
\$ 23,603.00 ✓

Enter this total on line 8a of Summary Page



MICHIGAN DEPARTMENT OF STATE
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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>RURTON, MI. 48509</u> If bank loan, name of endorser or guarantor:	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>7-23-00/8-3-00</u> 6. Original Amount of Debt: <u>\$ 108,100.00</u>	<u>8/26/08 5000.00</u> <u>9/12/08 4500.00</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u>	<u>\$ 94,000.00</u>	<u>\$ 14,100.00</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: \$ _____	<u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u>	\$ _____	<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: \$ _____	<u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u>	\$ _____	<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)

14,100.00
14,100.00

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.