



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: 1-1-08 to 7-20-08
MO DAY YEAR MO DAY YEAR

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

4. Candidate Last Name Wright First Name Jeff M.I.
4a. Office Sought including District # or Community Served (if applicable)
Genesee County Drain Commissioner
4b. County of Residence Genesee

5. Committee's Mailing Address
2174 Sycamore
Burton MI - 48509
Area Code and Phone 810-743-0346
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
Jane Nimcheski
2429 N. Genesee Rd.
Burton MI 48509
Area Code & Phone (810) 743-3983

7. Treasurer's Business Address
Jane Nimcheski
2429 N. Genesee Rd
Burton, MI 48509
Area Code and Phone (810) 743-3983

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)
Area Code and Phone ()

FILED
2008 JUL 25 P 1:38
GENESEE COUNTY CLERK
BY DEPUTY CLERK

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
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. Disclosure 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 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 treated.

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 Nimcheski | Date 7-25-08
Type of Print Name Signature Mo Day Year
Candidate JEFFREY WRIGHT | Jeff Wright | Date 7-25-08
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 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>82,600.01</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>82,600.01</u>	(18.) \$ <u>356,750.01</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>82,600.01</u> ✓	(20.) \$ <u>356,750.01</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>64,775.77</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-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>64,775.77</u>	(23.) \$ <u>298,364.49</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officers/holders 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>27,600.00</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>72,219.52</u> ✓	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>82,600.01</u> ✓	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>154,819.53</u> ✓	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>64,775.77</u> ✓	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>90,043.76</u> ✓	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**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.	8. 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>3-1-08</u> Name: <u>Diane Green</u> Address: <u>1104 Laurel Lane</u> <u>Naperville, IL 60540</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>retired</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ 1000.00	\$ 2,000.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-1-08</u> Name: <u>D. Jane Green</u> Address: <u>1104 Laurel Ln.</u> <u>Naperville, IL 60540</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Engineer</u> Employer <u>Mc Donough Assoc.</u> Business Address <u>130 E. Randolph St. - Chicago, Ill.</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ 400.00	\$ 3,400.00
3. Contribution #3 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>3-5-08</u> Name: <u>Tetra Tech</u> Address: <u>Separate Segregated Funds</u> <u>710 Avis Dr. - Ann Arbor, MI</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>PAC</u> Employer <u>Tetra Tech</u> Business Address <u>710 Avis Dr. - Ann Arbor - Mich.</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ 2,000.00	\$ 4,000.00
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-6-08</u> Name: <u>Robert Avenat</u> Address: <u>16462 Whitetail Dr.</u> <u>Linden, MI 48451</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Manager</u> Employer <u>Aeromon Press</u> Business Address <u>3407 Touze Rd - Flint - MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ 166.67	\$ 166.67

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

3566.67 ✓

Enter this total on line 3 of Summary Page.



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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-21-08</u> Name: <u>Richard Sly</u> Address: <u>5210 Warwood Woods Trails</u> <u>Grand Blanc, mi 48439</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Contractor</u> Employer <u>Arenson Goss</u> Business Address <u>3407 Tourey - Flint, Mi.</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ 166.67	\$ 416.67
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-13-08</u> Name: <u>Dhassan Saab Trust</u> Address: <u>3407 Tourey Rd</u> <u>Flint - mi 48507</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>owner</u> Employer <u>Arenson Goss</u> Business Address <u>3407 Tourey Rd - Flint - Mi</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ 166.67	\$ 416.67
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-5-08</u> Name: <u>Jahr O' Malia</u> Address: <u>2275 Branenden Rd.</u> <u>Williamston, mi 48895</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>owner</u> Employer <u>O' Malia Consulting</u> Business Address <u>2275 Branenden Rd - Williamston - mi</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ 200.00	\$ 2200.00
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-5-08</u> Name: <u>Mike Klosson</u> Address: <u>P.O. Box 274</u> <u>Grand Blanc, mi 48439</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Realtor</u> Employer <u>self</u> Business Address <u>P.O. Box 274 - Grand Blanc - mi</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ 300.00	\$ 500.00

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

1033.34 ✓

Enter this total on
line 3 of Summary
Page.



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CANDIDATE COMMITTEE**

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3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-15-08</u> Name: <u>Bruce Campbell</u> Address: <u>2318 W. Fenwick</u> <u>Mt. Morris, Mi 48458</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>owner</u> Employer <u>Conep</u> Business Address <u>4376 Beecher Rd - Mt. Morris</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ 500.00	\$ 1500.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-8-08</u> Name: <u>M Myers</u> Address: <u>505 N. Riverside Dr.</u> <u>Ann Arbor, MI 48103</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>housewife</u> Employer _____ Business Address <u>505 N. Riverside Dr - Ann Arbor</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ 500.00	\$ 500.00
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-14-08</u> Name: <u>Thomas Biehl</u> Address: <u>5822 Raven Rd.</u> <u>Bloomfield Hills, Mi 48301</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Principal</u> Employer <u>HRC</u> Business Address <u>555 Nulot Dr - Bloomfield Hills - MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ 1,000.00	\$ 1,000.00
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-18-08</u> Name: <u>Thomas Doran</u> Address: <u>9785 Fellowship Crk Dr.</u> <u>Plymouth, mi 48170</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Principal</u> Employer <u>H.R.C.</u> Business Address <u>555 Nulot Dr - Bloomfield Hills, MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ 1,000.00	\$ 1,000.00

Page Subtotal
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(Complete on last page of Schedule)

3000.00 ✓

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3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-18-08</u> Name: <u>Keith Mc Cormack</u> Address: <u>3772 Sleepy Foot</u> <u>Rochester Hills, mi 48309</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Principal</u> Employer <u>H.R.C</u> Business Address <u>555 Hulet Dr. - Bloomfield Hills, MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$1,000.00	\$1,000.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-18-08</u> Name: <u>Michael Waring</u> Address: <u>4570 Forest Edge Lane</u> <u>West Bloomfield, mi 48323</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Vice President</u> Employer <u>HRC</u> Business Address <u>555 Hulet Dr - Bloomfield Hills, MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$1,000.00	\$2,000.00
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-21-08</u> Name: <u>Michael Deneen</u> Address: <u>12124 Pine Row Lane</u> <u>Grand Blanc, mi 48439</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>manager</u> Employer <u>Mi. Pipe + Valve</u> Business Address <u>Person Rd</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$2,000.00	\$3,000.00
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-3-08</u> Name: <u>Judith Wordleman</u> Address: <u>14321 Cross Cibi</u> <u>Bowling Green, Oh. 43403</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>engineer</u> Employer <u>Jones + Henry Eng.</u> Business Address <u>2000 W. Central Ave - Toledo, Ohio 43606</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$1,000.00	\$3,000.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	\$5,000.00	✓

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 33520
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3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-5-08</u> Name: <u>BARRY WOLF</u> Address: <u>814 KENSINGTON FLINT - MI - 48503</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>self</u> Business Address <u>718 BEECH ST - FLINT - MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ 100.00	\$ 100.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-3-08</u> Name: <u>DEBORAH FIGULA</u> Address: <u>4420 WARDIES WAY COLUMBIANVILLE - MI - 48421</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Secretary</u> Employer <u>Stanis Plumbing</u> Business Address <u>1212 N. Genesee Rd - Burton - 48509</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ 500.00	\$ 2500.00
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-12-08</u> Name: <u>LED SEIDE</u> Address: <u>479 SANDEHORST GRAND BLANC - MI - 48439</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Realtor</u> Employer <u>Cooper.com Agency</u> Business Address <u>3487 S. Linden Rd - Flint - MI 48507</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ 100.00	\$ 100.00
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-12-08</u> Name: <u>WINFIELD COOPER</u> Address: <u>P.O. BOX 320500 FLINT - MI - 48532</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>realtor-owner</u> Employer <u>Cooper.com</u> Business Address <u>3487 S. Linden Rd - Flint - MI 48532</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ 100.00	\$ 1100.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	\$ 800.00	✓

Enter this total on line 3 of Summary Page.



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

1. Committee I.D. Number 33520
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3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-12-08</u> Name: <u>PAMELA SPORN</u> Address: <u>2460 BOLDEW SHORES FENTON - MI - 48430</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>housewife</u> Employer <u>self</u> Business Address <u>2460 Boldew Shores - Fenton - mi 48430</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$500.00	\$500.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-14-08</u> Name: <u>ANGELD DALESSANDRO</u> Address: <u>13046 RUBY DR. SHELBY, TOWNSHIP, MI 48315</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>owner</u> Employer <u>DCG</u> Business Address <u>7700 Second Ave. - Detroit - mi 48303</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$500.00	\$500.00
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-12-08</u> Name: <u>RICHARD FANTI</u> Address: <u>31030 ISLAND GIBRALTER - MI - 48173</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Project manager</u> Employer <u>DCG</u> Business Address <u>7700 Second Ave - Detroit - mi 48303</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$1000.00	\$1000.00
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-2-08</u> Name: <u>GIOVANNI SALVATORE JR.</u> Address: <u>52738 WEATHERVANE DR. CHESTERFIELD - MI - 48047</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Project manager</u> Employer <u>DCG</u> Business Address <u>7700 Second Ave - Detroit - mi - 48303</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$1000.00	\$1000.00

Page Subtotal
Grand Total of All Schedules 1A
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\$3,000.00 ✓

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3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-6-08</u> Name: <u>DANIEL SAND</u> Address: <u>14601 GARFIELD AVE.</u> <u>ALLEN PARK - MI - 48101</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Project Manager</u> Employer <u>DCG</u> Business Address <u>7700 Second Ave - Detroit - MI 48203</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$1000.00	\$1000.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-14-08</u> Name: <u>JOHN KOZUH</u> Address: <u>9652 MANOR AVE.</u> <u>ALLEN PARK - MI - 48101</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Project Manager</u> Employer <u>DCG</u> Business Address <u>7700 Second Ave - Detroit - MI 48203</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$1,000.00	\$2750.00
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6-2-08</u> Name: <u>LEISA GERWALDS</u> Address: <u>8350 RICHFIELD RD.</u> <u>DAVISON - MI - 48423</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>homemaker</u> Employer <u>self</u> Business Address <u>8350 Richfield Rd - Davison - MI - 48423</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$500.00	\$500.00
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6-2-08</u> Name: <u>THOMAS WALDORF</u> Address: <u>470 SELKIRE DR.</u> <u>MT-MORRIS - MI 48458</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>owner</u> Employer <u>Waldorf Plumbing</u> Business Address <u>9118 N. OORT HWY - THETFORD TWP.</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$3,000.00	\$3,000.00

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

4,500.00 ✓

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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.	8. 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>5-19-08</u> Name: <u>LINDA HELSON</u> Address: <u>6493 SAWBRIDGE CT. GRAND BLAHL - MI - 48439</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>homemaker</u> Employer <u>self</u> Business Address <u>6493 Sawbridge Ct - Grand Blah - MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ 100.00	\$ 100.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4-31-08</u> Name: <u>STEPHEN MUNKRES</u> Address: <u>14244 WRIGHT DR. LINDEN - MI - 48451</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>MEMBER</u> Employer <u>OCTOBER CAPITAL GROUP</u> Business Address <u>6525 WILLOW RD - W. BLOOMFIELD - MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ 250.00	\$ 250.00
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-5-08</u> Name: <u>JOHN FICK JR.</u> Address: <u>2280 GROVE CT. PARK FENTON - MI - 48430</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>owner</u> Employer <u>Fick Excavating</u> Business Address <u>2500 S. ELMS RD - SWARTZ CREEK - MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ 500.00	\$ 2500.00
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-20-08</u> Name: <u>WILLIAM BENTON</u> Address: <u>1109 LAKERIDGE DR. HOOVER AL. - 35344</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>V-President</u> Employer <u>American Pipe</u> Business Address <u>9964 E. GRAND RIVER - BRIGHTON - MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ 1,000.00	\$ 1,000.00

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

\$ 1,850.00 ✓

Enter this total on line 3 of Summary Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**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 # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-8-08</u> Name: <u>GIND GAGOSTINI</u> Address: <u>5688 MURFIELD DR. ROCHESTER-MI-48306</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Project Manager Employer D'Agostini Const.</u> Business Address <u>2281 Pond Valle Dr. - Oakland - mi</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$800.00	\$800.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-8-08</u> Name: <u>GIND DAGOSTINI</u> Address: <u>5688 MURFIELD DR. ROCHESTER-MI-48306</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>owner Employer LDS</u> Business Address <u>2281 Pond Valle Dr. - Oakland - Mi</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$3,400.00	\$3400.00
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4-25-08</u> Name: <u>MARIE CHESNY</u> Address: <u>21468 HAMPTON CLINTON TWP. MI-48036</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>housewife Employer self</u> Business Address <u>21468 Hampton - Clinton Twp - Mi</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$3,000.00	\$3,000.00
3. Contribution # 4 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>5-22-08</u> Name: <u>VAW MICHIGAN V-PAC</u> Address: <u>8000 E. JEFFERSON DETROIT, MI-48214</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>PAC Employer VAW Michigan</u> Business Address <u>8000 E Jefferson - Detroit - mi</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$2,500.00	\$2,500.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	\$8,700.00	✓

Enter this total on line 3 of Summary Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**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.	8. 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>3-10-08</u> Name: <u>JR. MACH</u> Address: <u>592 WOODWAY CT.</u> <u>BLOOMFIELD HILLS - MI - 48303</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>PARTNER</u> Employer <u>PLANTE MORAN</u> Business Address <u>27400 NORTHWESTERN HWY - SOUTHFIELD - MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ 100.00	\$ 100.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-7-08</u> Name: <u>CONNIE CARANCI</u> Address: <u>4553 TUDDER RD.</u> <u>BERRIEN SPRINGS, MI - 49103</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>PARTNER</u> Employer <u>PLANTE MORAN</u> Business Address <u>27400 NORTHWESTERN HWY - SOUTHFIELD - MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ 100.00	\$ 100.00
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-10-08</u> Name: <u>BRIAN POLICE</u> Address: <u>1260 PEBBLE PT.</u> <u>ROCHESTER - MI - 48307</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>PARTNER</u> Employer <u>PLANTE MORAN</u> Business Address <u>27400 NORTHWESTERN HWY - SOUTHFIELD - MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ 100.00	\$ 100.00
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-6-08</u> Name: <u>ROBERT REINHART</u> Address: <u>6455 ISLAND LAKE DR.</u> <u>EAST LANSING - MI - 48833</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>PARTNER</u> Employer <u>PLANTE MORAN</u> Business Address <u>27400 NORTHWESTERN HWY - SOUTHFIELD</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ 100.00	\$ 100.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	\$ 400.00	✓

Enter this total on line 3 of Summary Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**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.	8. 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>3-6-08</u> Name: <u>JAMES REINHART</u> Address: <u>484 LINDEN</u> <u>BIRMINGHAM-MI-48009</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>PARTNER</u> Employer <u>PLANTE MORAN</u> Business Address <u>27400 NORTHWESTERN HWY - SOUTHFIELD-MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$100.00	\$100.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-08</u> Name: <u>BRIAN MANSOUR</u> Address: <u>6604 RIDGEWOOD DR.</u> <u>NAPLES-FL-34108</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>MANSOUR DEVELOPMENT</u> Business Address <u>5141 GATEWAY CTR - MUNDY TWP. - MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$100.00	\$100.00
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-10-08</u> Name: <u>DAVID LUCAS</u> Address: <u>12096 MACINTOSH</u> <u>FENTON-MI-48430</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>AGENT</u> Employer <u>SMITH, PEABODY & STILES</u> Business Address <u>1190 TORREY RD - FENTON - MI -</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$1,000.00	\$1,000.00
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-10-08</u> Name: <u>JAMES PEABODY</u> Address: <u>12195 FOLEY RD.</u> <u>FENTON-MI-48430</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER-AGENT</u> Employer <u>PEABODY-SMITH INS.</u> Business Address <u>1190 TORREY RD - FENTON - MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$1,000.00	\$1,000.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	\$2,200.00	✓

Enter this total on line 3 of Summary Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**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 #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-14-08</u> Name: <u>CRYSTAL FLEMING</u> Address: <u>3431 FLINT RIVER RD.</u> <u>COLUMBIANLE-MI-48431</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>SOCIAL WORKER</u> Employer <u>LAPEER COUNTY-KIND</u> Business Address <u>1996 W. OREGON RD. - LAPEER - MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$1,000.00	\$1,000.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4-17-08</u> Name: <u>JAMES KIRBY</u> Address: <u>10398 S. JENNINGS RD.</u> <u>GRAND BLANC-MI-48439</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>KIRBY STEEL</u> Business Address <u>4072 S. ASPHALT DR. - BURTON - MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$1,000.00	\$3,000.00
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-25-08</u> Name: <u>DAN ZITO</u> Address: <u>8733 FENTON RD.</u> <u>GRAND BLANC, MI-48439</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>ZITO CONSTRUCTION</u> Business Address <u>8033 FENTON RD - GRAND BLANC - MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$1,000.00	\$2,000.00
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-1-08</u> Name: <u>VITO ZITO</u> Address: <u>9095 HIDDEN OAKS</u> <u>GRAND BLANC - MI - 48439</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>ZITO CONSTRUCTION</u> Business Address <u>8033 FENTON - MI GRAND BLANC - MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$1,000.00	\$2,000.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	\$4,000.00	✓

Enter this total on line 3 of Summary Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**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 #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-21-08</u> Name: <u>SANDRA THOMPSON</u> Address: <u>4972 CONCESSION HARROW-DNT-NOR-160</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>HOUSEWIFE</u> Employer <u>self</u> Business Address <u>4972 CONCESSION - HARROW-DNT</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ 1,000.00	\$ 1,000.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-13-08</u> Name: <u>ISHWAR NAIK</u> Address: <u>3815 MAPLE DR. YPSILANTI-MI-48197</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>AYRES LEWIS ENGR.</u> Business Address <u>3959 RESEARCH DR. - ANN ARBOR-MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ 1,000.00	\$ 2,500.00
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-24-08</u> Name: <u>JEFF HAWKS</u> Address: <u>9301 CHESTERFIELD DR. SWARTZ CREEK-MI-48473</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>PRD-EX, INC.</u> Business Address <u>4150 ASPHALT DR. - BURTON-48519</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ 250.00	\$ 250.00
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-10-08</u> Name: <u>JAMES REDDING</u> Address: <u>310 BELLEWOOD FLYSHING-MI-48433</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>ROWE ENGR.</u> Business Address <u>6211 TAYLOR - FLINT-MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ 1,000.00	

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

\$ 3,230.00 ✓

Enter this total on line 3 of Summary Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**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.	8. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>3-13-08</u> Name: <u>MILLER CANFIELD PAC</u> Address: <u>150 W. JEFFERSON</u> <u>DETROIT MI-48226</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>PAC</u> Employer <u>MILLER CANFIELD</u> Business Address <u>150 W. JEFFERSON - DETROIT MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ 4,000.00	\$ 2,000.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-14-08</u> Name: <u>MAGGIE MACDONALD</u> Address: <u>18964 VAN RD.</u> <u>LIVONIA, MI-48152</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>HOUSEWIFE</u> Employer <u>self</u> Business Address <u>18964 VAN RD - LIVONIA - MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ 2,000.00	\$ 2,000.00
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-14-08</u> Name: <u>MARY YOUNG</u> Address: <u>2280 RIDGEMOOR</u> <u>BURTON - MI - 48509</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>YOUNG ENVIRONMENTAL</u> Business Address <u>5305 N. DORT HWY - FLINT - MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ 1,000.00	\$ 1,000.00
3. Contribution #4 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>3-13-08</u> Name: <u>KUPELIAN DRMOND-MACY</u> Address: <u>2580 NORTHWESTERN HWY</u> <u>SOUTHFIELD - MI - 48065</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>PAC</u> Employer <u>KUPELIAN DRMOND-MACY</u> Business Address <u>2580 NORTHWESTERN - SOUTHFIELD - MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ 1,000.00	\$ 1,000.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	\$ 8,000.00	✓

Enter this total on line 3 of Summary Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**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.	5. 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>3-14-08</u> Name: <u>KEVIN COOK</u> Address: <u>5359 TERRITORIAL GRAND BLANC-MI-48439</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>CHMP.</u> Business Address <u>5359 TERRITORIAL GRAND BLANC-MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ 500.00	\$ 2,000.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-14-08</u> Name: <u>ROD CAMPBELL</u> Address: <u>2385 MIDDLECROFT BURTON-MI-48509</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>DWNER</u> Employer <u>CUSTOM LAWN CARE</u> Business Address <u>5289 N. GENESEE RD-FLINT-MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ 1,000.00	\$ 2,000.00
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-14-08</u> Name: <u>MICHAEL PIFER</u> Address: <u>6438 BOULDER DR. FLUSHING-MI-48433</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>KRAFT ENG.</u> Business Address <u>409 W-7TH ST-FLINT-MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ 500.00	\$ 1,000.00
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-10-08</u> Name: <u>CHRISTOPHER YAMANA</u> Address: <u>1736 FIELDING DR. GLENVIEW-IL-60025</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>CTE</u> Business Address <u>3255 BEECHER-FLINT-MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ 1,000.00	\$ 1,333.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	\$ 13,000.00	✓

Enter this total on line 3 of Summary Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**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.	8. 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>3-12-08</u> Name: <u>WILLIAM SIMONS</u> Address: <u>35595 RICHLAND ST. LYNDIA - MI - 48150</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>CREDIT ANALYST</u> Employer <u>FORD CREDIT CORPORATION CREDIT ANALYSIS</u> Business Address <u>THE AMERICAN ROAD - DEARBORN - MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$1,000.00	\$1,000.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-08</u> Name: <u>ANN NICKELS</u> Address: <u>2302 CONIFER RIDGE BYRON, CENTER, MI - 49315</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>HOME MAKER</u> Employer <u>self</u> Business Address <u>2302 CONIFER RIDGE - BYRON CENTER - MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$2,000.00	\$2,500.00
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-20-08</u> Name: <u>MARCUS LYONS</u> Address: <u>2522 RIVER TRAIL CR. BIRMINGHAM - AL. 35243</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>AMERICAN PIPE</u> Business Address <u>9964 E. GRAND RIVER - BRIGHTON - MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$1,000.00	\$2,000.00
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-14-08</u> Name: <u>THOMAS HAGER</u> Address: <u>3233 WINEGAR RD. PERRY, MI - 48872</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>COMPTROLLER</u> Employer <u>PREMARC</u> Business Address <u>7505 HIGHWAY M - 71 - ORRAND - MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$3,000.00	\$3,000.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	\$6,000.00	✓

Enter this total on line 3 of Summary Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**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 #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-10-08</u> Name: <u>RICHARD MARK</u> Address: <u>6311 TAYLOR</u> <u>FLINT - MI - 48507</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>ROWE ENGN.</u> Business Address <u>6311 TAYLOR - FLINT - MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ 1,000.00	\$ 3,000.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-14-08</u> Name: <u>FRED SHALTZ</u> Address: <u>ONE LIGHTHOUSE POINTE</u> <u>FENTON - MI - 48430</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ 500.00	\$ 1,000.00
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-14-08</u> Name: <u>TIM WELSH</u> Address: <u>3159 BRISTOL RD.</u> <u>BURTON, MI - 48539</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>WATKINS + HEMELHOCH</u> Business Address <u>3159 BRISTOL RD - BURTON - MI.</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ 1,000.00	\$ 1,500.00
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-08</u> Name: <u>ROBERT WASHBAUGH</u> Address: <u>710 S. PERKEY RD.</u> <u>CHARLOTTE - MI - 48813</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>NORTHERN PIPE</u> Business Address <u>DRYDEN - MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ 2,000.00	\$ 2,000.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	4,500.00	✓

Enter this total on line 3 of Summary Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**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.	8. 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>3-14-08</u> Name: <u>GARY PORRETT</u> Address: <u>11453 CARR RD</u> <u>DAVISON - MI - 48423</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>BELL WAREHOUSE</u> Business Address <u>1811 JAMES P. COLE - FLINT - MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ 3,000.00	\$ 3,000.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-14-08</u> Name: <u>ANTHONY D'AGOSTINI</u> Address: <u>41684 UTICA RD.</u> <u>STERLING HEIGHTS - MI - 48313</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>OFFICER</u> Employer <u>LDS</u> Business Address <u>2281 POND VALLE DR - OAKLAND - MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ 1,500.00	\$ 1,500.00
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-7-08</u> Name: <u>MELISSA LAWRENCE</u> Address: <u>12134 FAIRBANKS RD.</u> <u>LINDEN - MI - 48451</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>LAWRENCE ENG.</u> Business Address <u>1545 N. LEROY - FENTON - MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ 1,000.00	\$ 3,000.00
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-3-08</u> Name: <u>DOUG SPENCE</u> Address: <u>417 MC CASKRY</u> <u>SAGINAW - MI - 48601</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>SPENCE BRBS.</u> Business Address <u>417 McCASKRY ST - SAGINAW - MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ 1,000.00	\$ 2,000.00

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

\$ 6,500.00 ✓

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line 3 of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**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.	8. 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>3-7-08</u> Name: <u>PATRICIA BAERMAN</u> Address: <u>2818 CAMBRIDGE</u> <u>LANSING - MI - 48911</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>HOME MAKER</u> Employer <u>self</u> Business Address <u>2818 CAMBRIDGE - LANSING - MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ 1,000.00	\$ 2,000.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-14-08</u> Name: <u>GEOFFREY SEIDLEIN</u> Address: <u>2690 HEATHER DR.</u> <u>EAST LANSING - MI - 48823</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>HUBBARD-FOX-THOMAS</u> Business Address <u>5811 W. MICHIGAN AVE - LANSING - MI - 48905</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ 1,000.00	\$ 1,000.00
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-4-08</u> Name: <u>RACHEL BOSTWICK</u> Address: <u>11971 JUNIPER WAY</u> <u>GRAND BLANC - MI - 48439</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>BOSTWICK EXCAVATING</u> Business Address <u>P.O. BOX 757 - CLARKSTON - MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ 1,000.00	\$ 2,000.00
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-14-08</u> Name: <u>JAMES D'AGOSTINI</u> Address: <u>3340 GREENSPRING</u> <u>ROCHESTER HILLS, MI - 48309</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>OFFICER</u> Employer <u>D'AGOSTINI CONST.</u> Business Address <u>2381 POND VALLEY DR - OAKLAND - MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ 900.00	\$ 3400.00

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

\$ 3,900.00 ✓

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**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.	8. 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>3-14-08</u> Name: <u>ANTONINA D'AGOSTINI</u> Address: <u>3340 GREENSPRING LN.</u> <u>ROCHESTER HILLS, MI-48309</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>HOUSEWIFE</u> Employer <u>self</u> Business Address <u>3340 GREENSPRING LN - ROCHESTER HILLS -</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser <u>mi</u>	\$ 1,400.00	\$ 3,400.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-6-08</u> Name: <u>LARRY ADKINS</u> Address: <u>4067 COMMERCE DR.</u> <u>FLUSHING - MI - 48433</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>L.A. CONSTRUCTION</u> Business Address <u>4067 COMMERCE DR. - FLUSHING - MI.</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ 500.00	\$ 1500.00
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-14-08</u> Name: <u>GARY SOVA</u> Address: <u>13275 LAKE SHORE DR.</u> <u>FENTON, MI 48430</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>NATIONAL ROOFING</u> Business Address <u>413A FLINT ASPHALT DR. - BURTON - MI.</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ 1,000.00	\$ 3,000.00
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-13-08</u> Name: <u>SHAWN MIDDLETON</u> Address: <u>4024 S. DEWITT RD.</u> <u>ST. JOHNS, MI - 48879</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>SPICER</u> Business Address <u>1400 ZEER DR. - ST JOHNS - MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ 1,000.00	\$ 1,000.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	\$ 3,900.00	✓

Enter this total on line 3 of Summary Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**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 #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-08</u> Name: <u>DIANE VYYAN</u> Address: <u>1455 LAURENTIAN PASS</u> <u>FLINT-MI-48532</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ 500.00	\$ 500.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2-25-08</u> Name: <u>EDWARD THARP</u> Address: <u>15240 CLAYTON RD.</u> <u>BALDWIN-MD-63011</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>CTE</u> Business Address <u>9255 BEECHER RD. - FLINT-MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ 1,000.00	\$ 2,000.00
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-8-08</u> Name: <u>MARCIA WINEGARD</u> Address: <u>25108 BIG HORN</u> <u>WHEATON-IL-60187</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>HOUSEWIFE</u> Employer <u>self</u> Business Address <u>25108 BIG HORN - WHEATON-IL</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ 1,000.00	\$ 3,000.00
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-4-08</u> Name: <u>DAVID VAGG</u> Address: <u>855 LAKELAND</u> <u>GROSSE POINTE-MI-48230</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>WADE TRIM</u> Business Address <u>601 N. SAGINAW - FLINT-MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ 500.00	\$ 3,000.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	\$ 3,000.00	✓

Enter this total on line 3 of Summary Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**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.	8. 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>3-4-08</u> Name: <u>FRANK TYMOWSKI</u> Address: <u>16798 BROOKLANE</u> <u>NORTHVILLE, MI - 48167</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>WADE TRIM</u> Business Address <u>601 N. SAGINAW - FLINT - MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ 500.00	\$ 500.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-4-08</u> Name: <u>DOUGLAS WATSON</u> Address: <u>12401 WOODLANDS CT.</u> <u>PLYMOUTH, MI - 48170</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>WADE TRIM</u> Business Address <u>601 N. SAGINAW - FLINT - MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ 500.00	\$ 500.00
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-5-08</u> Name: <u>PATRICK O'DONAHUE</u> Address: <u>1344 MT. FOREST RD.</u> <u>PINCINNING - MI - 48150</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>WADE TRIM</u> Business Address <u>601 N. SAGINAW - FLINT - MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ 500.00	\$ 2500.00
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-4-08</u> Name: <u>MARK COLEMAN</u> Address: <u>22694 BEECH ST.</u> <u>DEARBORN - MI - 48124</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>WADE TRIM</u> Business Address <u>601 N. SAGINAW - FLINT - MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ 500.00	\$ 3,000.00

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

\$ 2,000.00 ✓

Enter this total on line 3 of Summary Page.



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 # <u>3</u> PAC Receipt? <input type="checkbox"/> YES Name: <u>ANDREW McCUNE</u> Address: <u>985 COLONY CT. SALINE, MI - 48176</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>WADE TRIM</u> Business Address <u>401 N SACINAW - FLINT - MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	4. Date of Receipt <u>3-7-08</u>	\$500.00	\$500.00
3. Contribution # <u>4</u> PAC Receipt? <input type="checkbox"/> YES Name: Address: 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	4. Date of Receipt _____		
3. Contribution # <u>3</u> PAC Receipt? <input type="checkbox"/> YES Name: Address: 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	4. Date of Receipt _____		
3. Contribution # <u>4</u> PAC Receipt? <input type="checkbox"/> YES Name: Address: 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	4. Date of Receipt _____		
Page Subtotal		\$500.00	✓
Grand Total of All Schedules 1A (Complete on last page of Schedule)		\$2,600.00	✓



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>All Safe Storage</u> Address <u>1320 N. Belsay</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>3/26/08</u>	<u>\$ 112.00</u>
Expenditure #2 Name <u>NAACP</u> Address <u>3455 Lippincott</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>3/7/08</u>	<u>\$ 200.00</u>
Expenditure #3 Name <u>Lee Gonzales Team</u> Address <u>2460 Gurneys</u> <u>Flint, mi</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>fundraiser tickets</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3/4/08</u>	<u>\$ 100.00</u>
Expenditure #4 Name <u>Bowie Corporation</u> Address <u>Escanaba, mi</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>fundraiser Expense</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3/4/08</u>	<u>5329.42</u>
Expenditure #5 Name <u>Balloche Duns N More</u> Address <u>5302 Richfield Rd.</u> <u>Flint, mi. 48506</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>fundraiser Expense</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3/5/08</u>	<u>3312.18</u>

Subtotal this page
Grand Total of all Schedules 1B
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\$9058.60 ✓

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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>IMA Children's Fund</u> Address <u>6045 Davison Rd.</u> <u>Burton, mi 48509</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>sponsor - Prof Outing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3/7/08</u>	\$ <u>1000.00</u>
Expenditure #2 Name <u>Cobello's</u> Address <u>110 Cobello Dr.</u> <u>Dundee, mi</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>fundraiser expense</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3/10/08</u>	\$ <u>913.31</u>
Expenditure #3 Name <u>Bullocks</u> Address <u>5302 Biffield Rd.</u> <u>Flint, mi 48506</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>fundraiser expense</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3/13/08</u>	\$ <u>418.10</u>
Expenditure #4 Name <u>Smobers Kastle</u> Address <u>1235 Center Rd.</u> <u>Burton, mi 48509</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>fundraiser expense</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3/13/08</u>	\$ <u>1200.00</u>
Expenditure #5 Name <u>United Sisterhood</u> Address <u>1217 San Juan Dr.</u> <u>Flint, mi 48504</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>3/19/08</u>	\$ <u>205.00</u>

Subtotal this page
Grand Total of all Schedules 1B
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3736.41 /

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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>Sign Screen</u> Address <u>215 Averill</u> <u>Flint, mi 48506</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>fundraise expense</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3/29/08</u>	\$ <u>789.91</u>
Expenditure #2 Name <u>Huntman Club</u> Address <u>3166 Havens Rd.</u> <u>Dryden, mi</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>fundraiser expense</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4/19/08</u>	\$ <u>27,063.31</u>
Expenditure #3 Name <u>Genesee County Clerk</u> Address <u>Courthouse</u> <u>Flint, mi 48503</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>filing fees</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4/21/08</u>	\$ <u>100.00</u>
Expenditure #4 Name <u>all safe storage</u> Address <u>1330 N. Belsay</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>4/12/08</u>	\$ <u>56.00</u>
Expenditure #5 Name <u>Flint Area Right to Life</u> Address <u>4482 N. Genesee Rd.</u> <u>Flint, mi 48506</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Self Outing Expense</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4/16/08</u>	\$ <u>75.00</u>
Subtotal this page Grand Total of all Schedules 1B (Complete on last page of Schedule)			<u>\$28,084.22</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>Genesee County Ag. Soc.</u> Address <u>731 E. Mt. Morris Rd.</u> <u>Mt. Morris, Mi.</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>fundraiser tickets</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4/18/08</u>	<u>\$200.00</u>
Expenditure #2 Name <u>Sisters United</u> Address <u>2046 Whittles</u> <u>Flint, mi 48503</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>4/18/08</u>	<u>\$100.00</u>
Expenditure #3 Name <u>Big Brothers - Big Sisters</u> Address <u>411 E. Third St.</u> <u>Flint, mi.</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>golf sponsor</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4/18/08</u>	<u>\$250.00</u>
Expenditure #4 Name <u>St. Francis Prayer Center</u> Address <u>2381 Carpenter Rd.</u> <u>Flint, mi 48506</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>fundraiser tickets</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4/18/08</u>	<u>\$330.00</u>
Expenditure #5 Name <u>St. Francis Prayer Center</u> Address <u>2381 Carpenter Rd.</u> <u>Flint, mi 48506</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>tickets</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4/18/08</u>	<u>\$50.00</u>
Subtotal this page Grand Total of all Schedules 1B (Complete on last page of Schedule)			<u>\$930.00</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>W. Flint Optimist Club</u> Address <u>6193 Miller Rd #A</u> <u>Swartz Creek, Mi. 48473</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>4/18/08</u>	<u>\$100.00</u>
Expenditure #2 Name <u>American Legion Post 294</u> Address <u>3440 Morrish Rd.</u> <u>Flushing, 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>4/25/08</u>	<u>\$500.00</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-repayment</u> <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4/30/08</u>	<u>\$2500.00</u>
Expenditure #4 Name <u>Christ Enrichment Center</u> Address <u>322 E. Hamilton</u> <u>Flint, mi 48503</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>sponsor fundraiser</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/1/08</u>	<u>\$300.00</u>
Expenditure #5 Name <u>F.O.P. 126</u> Address <u>P.O. Box 7738</u> <u>Flint, mi 48507</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>fundraiser-sponsor</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/12/08</u>	<u>\$125.00</u>

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

\$3525.00 /

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>UAW 599 - Children's Miracle Network</u> Address <u>1940 W. Atherton</u> <u>Flint, MI 48507</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>5/13/08</u>	<u>\$250.00</u>
Expenditure #2 Name <u>Committee to Elect Woodrow Stanley</u> Address <u>2211 Brownell</u> <u>Flint, MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Fundraiser Tickets</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/14/08</u>	<u>\$100.00</u>
Expenditure #3 Name <u>A-Frame Awards</u> Address <u>414 S. Dort Hwy.</u> <u>Flint, MI</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Fundraiser Expense</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/19/08</u>	<u>\$316.18</u>
Expenditure #4 Name <u>all safe storage</u> Address <u>1350 N. Belsay Rd.</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>5/18/08</u>	<u>\$56.00</u>
Expenditure #5 Name <u>Burton Hus Macher</u> Address <u>4303 S. Carter Rd.</u> <u>Burton, MI 48519</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>fundraiser sponsor</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/20/08</u>	<u>\$1000.00</u>

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

1722.18 ✓

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>Genesee County Dem. Party</u> Address <u>1318 W. Court</u> <u>Flint, MI 48502</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Golf sponsor</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/30/08</u>	<u>\$1500.00</u>
Expenditure #2 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>5/21/08</u>	<u>\$2500.00</u>
Expenditure #3 Name <u>Veterans Biz Central</u> Address <u>1101 Beach St.</u> <u>Flint, MI 48502</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>5/26/08</u>	<u>\$1,000.00</u>
Expenditure #4 Name <u>S. L. S. Building Trades</u> <u>P.O. Box 5188</u> Address <u>Flint, MI 48505</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>golf sponsor</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/26/08</u>	<u>\$700.00</u>
Expenditure #5 Name <u>Committee to Retain Packell</u> Address <u>727 Shady Brook Ln</u> <u>Flushing, MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>fundraiser tickets</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/26/08</u>	<u>\$100.00</u>

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

\$6,800.00 ✓

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>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>5/30/08</u>	\$ <u>1500.00</u>
Expenditure #2 Name <u>Bentley Girls Basketball</u> Address <u>1150 N. Belsay Rd.</u> <u>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>6/12/08</u>	\$ <u>260.00</u>
Expenditure #3 Name <u>all safe storage</u> Address <u>1320 N. Belsay</u> <u>Burton, 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>6/11/08</u>	\$ <u>56.00</u>
Expenditure #4 Name <u>MDA</u> Address <u>8341 Office Park Dr.</u> <u>Grand Blanc, mi 48439</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>6/12/08</u>	\$ <u>250.00</u>
Expenditure #5 Name <u>Friends of Patrick Blessow</u> Address <u>5215 N. State Rd.</u> <u>Davison, mi 48453</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>fundraiser tickets</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/18/08</u>	\$ <u>100.00</u>

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

\$ 2166.00 ✓

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>JOC Genesee Fund</u> Address <u>4116 Orme Circle</u> <u>Dir, mi 48430</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>fundraiser sponsor</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/30/08</u>	\$ <u>5,000.00</u>
Expenditure #2 Name <u>Flint Twp. Democrats</u> Address <u>6104 Revereview Dr.</u> <u>Flint, mi 48533</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>fundraiser tickets</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/24/08</u>	\$ <u>100.00</u>
Expenditure #3 Name <u>Sam Duncan Memorial</u> Address <u>1940 W - Atherton</u> <u>Flint, mi 48507</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>ad tickets</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/25/08</u>	\$ <u>235.00</u>
Expenditure #4 Name <u>JMA Childrens Fund</u> Address <u>6045 Davison Rd.</u> <u>Burton, mi 48509</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>gift sponsor</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/2/08</u>	\$ <u>500.00</u>
Expenditure #5 Name <u>Lowes</u> Address <u>4274 E. Court</u> <u>Burton, mi 48509</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Sign posts</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/8/08</u>	<u>589.36</u>

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

\$ 6724.36 ✓

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>Flushing Baseball League</u> Address <u>5039 Leland</u> <u>Flushing, 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>7/10/08</u>	\$ <u>150.00</u>
Expenditure #2 Name <u>Committee to Elect Paul Long</u> Address <u>Mt. Morris, Mich. MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>fundraiser tickets</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/10/08</u>	\$ <u>100.00</u>
Expenditure #3 Name <u>Rayetta Speed for Reg. of Deed</u> Address <u>Flint, MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>fundraiser tickets</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/17/08</u>	\$ <u>100.00</u>
Expenditure #4 Name <u>Kleaveland Football Boosters</u> Address <u>4396 Underhill</u> <u>Flint, MI 48506</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>7/17/08</u>	\$ <u>380.00</u>
Expenditure #5 Name <u>STM Temple</u> Address <u>4400 W. Carpenter Rd</u> <u>Flint, MI 48504</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>fundraiser ad</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/17/08</u>	\$ <u>250.00</u>
Subtotal this page Grand Total of all Schedules 1B (Complete on last page of Schedule)			\$ <u>980.00</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>All Safe Storage</u> Address <u>1320 N. Balsay Rd</u> <u>Burton, 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>1/15/08</u>	\$ <u>129.00</u>
Expenditure #2 Name <u>Genesee Conservator District</u> Address <u>731 E. Mt. Morris Rd</u> <u>Mt. Morris, mi</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>fundraiser tickets</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>1/30/08</u>	\$ <u>100.00</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>1/31/08</u>	\$ <u>3,000.00</u>
Expenditure #4 Name <u>Northern Athletics</u> Address <u>3284 Mackin</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>2/6/08</u>	\$ <u>100.00</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		

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

2329.00 ✓
64775.77

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 Remizes:

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>BURTEN-DL-48509</u> If bank loan, name of endorser or guarantor:	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>7-23-00/8-2-00</u> 6. Original Amount of Debt: <u>\$ 108,100.00</u>	4/30/08 \$ 2500.00 5/12/08 \$ 3500.00 5/30/08 \$ 1500.00 1/31/08 \$ 2000.00 <u>11 \$</u>	\$ <u>80,500.00</u>	\$ <u>27,600.00</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)

27,600.00

Grand Total of all Schedules 1E

(Complete on last page of Schedule showing amounts owed by or to the committee)

27,600.00

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.



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 endorser 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 8 minus Item 9) <input type="checkbox"/> FORGIVEN
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 - 8-3-00</u> 6. Original Amount of Debt: <u>\$ 108,100.-</u>	3129076 1500.- 91251076 5000.- 11121076 2000.- 121201076 1500.- 11 \$	\$ 71,000.-	\$ 37,100.- <input type="checkbox"/> FORGIVEN
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: <u>KAY 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 - 8-3-00</u> 6. Original Amount of Debt: <u>\$ 28,000.-</u>	1127076 50.00 11 \$ 11 \$ 11 \$ 11 \$	\$ 28,000.-	0 <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: _____ \$ _____	11 \$ 11 \$ 11 \$ 11 \$ 11 \$	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____ <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)

37,100.00

37,100.00

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.

**DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE**

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

This Schedule itemizes:

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

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 loan, please provide the requested information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Please 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 Owed to or by: <u>JEFF WRIGHT</u> <u>2174 SYCAMORE</u> <u>BURTON - MI - 48509</u> Corp? <input type="checkbox"/> Yes	4. Type: <u>LOAN</u> Code _____ 5. Date Debt Was Incurred: <u>7-23-00 to 8-3-00</u> 6. Original Amount of Debt: <u>\$ 108,100.00</u>	2/14/00 \$ 3500.00 3/12/00 \$ 3500.00 4/15/00 \$ 3500.00 9/12/00 \$ 500.00 12/18/00 \$ 1,000.00	\$ 61,000.00	\$ 47,100.00 [] FORGIVEN
Debt #2 Owed to or by: _____ _____ _____ Corp? <input type="checkbox"/> Yes	4. Type: _____ Code _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: _____ \$ _____	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____ [] FORGIVEN

If either of the debts listed above is a loan, please provide the following information regarding the ENDORSER or GUARANTOR of the loan, if any:
Please check one box to indicate which debt the following information applies to: DEBT #1 or DEBT #2

Name _____
Address _____
City _____ State _____ Zip Code _____
If amount endorsed or guaranteed is over \$100, please provide:
Occupation of Endorser or Guarantor _____ Employer of Endorser or Guarantor _____
Amount Endorsed or Guaranteed: \$ _____
Business Address of Endorser or Guarantor _____

Page Subtotal (Outstanding debt)
Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee.)
\$ 47,100.00

PLEASE REFER TO PAGES 40 & 41 FOR LISTING OF EXPENDITURE CODES

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.

Enter this total on line 12a "owed by", or line 12b "owed to" of the 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 loan, please provide the requested information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Please 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 Owed to or by: Corp? <input type="checkbox"/> Yes <u>KAY WRIGHT</u> <u>2174 SYCAMORE</u> <u>BURTON, MI 48509</u>	4. Type: <u>LOAN</u> Code <u>LU</u> 5. Date Debt Was Incurred: <u>7-23-00 - 8-3-00</u> 6. Original Amount of Debt: <u>\$ 28,000.00</u>	/ / \$ / / \$ / / \$ / / \$ / / \$	\$ <u>27,950.00</u>	\$ <u>50.00</u> [] FORGIVEN
Debt #2 Owed to or by: Corp? <input type="checkbox"/> Yes	4. Type: _____ Code _____ 5. Date Debt Was Incurred: 6. Original Amount of Debt: \$ _____	/ / \$ / / \$ / / \$ / / \$		[] FORGIVEN

If either of the debts listed above is a loan, please provide the following information regarding the ENDORSER or GUARANTOR of the loan, if any:
Please check one box to indicate which debt the following information applies to: DEBT #1 or DEBT #2

Name _____
Address _____
City _____ State _____ Zip Code _____
If amount endorsed or guaranteed is over \$100, please provide:
Occupation of Endorser or Guarantor _____ Employer of Endorser or Guarantor _____
Amount Endorsed or Guaranteed: \$ _____
Business Address of Endorsor or Guarantor _____

Page Subtotal (Outstanding debt) \$ 50.00
Grand Total of all Schedules 1E \$ 47,150.00
(Complete on last page of Schedule showing amounts owed by or to the committee.)

PLEASE REFER TO PAGES 40 & 41 FOR LISTING OF EXPENDITURE CODES

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.

Enter this total on line 12a "owed by", or line 12b "owed to" of the 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 loan, please provide the requested information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Please 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>Ray Wright</u> <u>2174 Syracuse</u> <u>Burton, mi 48509</u>	4. Type: <u>LOAN</u> Code <u>LD</u> 5. Date Debt Was Incurred: <u>7-23-00 - 8-3-00</u> 6. Original Amount of Debt: \$ <u>28,000.00</u>	<u>11</u> \$ <u>11</u> \$ <u>11</u> \$ <u>11</u> \$	<u>27,950.00</u>	<u>50.00</u> <input type="checkbox"/> FORGIVEN
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ Code _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: _____ \$ _____	<u>11</u> \$ <u>11</u> \$ <u>11</u> \$ <u>11</u> \$		<input type="checkbox"/> FORGIVEN

If either of the debts listed above is a loan, please provide the following information regarding the ENDORSER or GUARANTOR of the loan, if any:
Please check one box to indicate which debt the following information applies to: DEBT #1 or DEBT #2

Name _____
Address _____
City _____ State _____ Zip Code _____
If amount endorsed or guaranteed is over \$100, please provide:
Occupation of Endorser or Guarantor _____ Employer of Endorser or Guarantor _____
Amount Endorsed or Guaranteed: \$ _____
Business Address of Endorser or Guarantor _____

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

PLEASE REFER TO PAGES 40 & 41 FOR LISTING OF EXPENDITURE CODES

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.
Page 2 of 2
CFR REV 11/05 Authority granted under P.A. 388 of 1976

\$ 50.00 ✓
\$ 59,150.00 ✓

Enter this total on line 12a "owed by", or line 12b "owed to" of the 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 loan, please provide the requested information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Please 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>	4. Type: <u>LOAN</u> Code _____ 5. Date Debt Was Incurred: <u>7-23-00 - 8-3-00</u> 6. Original Amount of Debt: \$ <u>108,100.00</u>	<u>2/21/05 \$ 3000.00</u> <u>7/13/05 \$ 5,900.00</u> <u>5/15/05 \$ 2500.00</u> <u>9/19/05 \$ 2500.00</u> <u>10/19/05 \$ 1000.00</u> <u>11/7/05 \$ 2500.00</u>	\$ <u>49,000.00</u>	\$ <u>59,100.00</u> [] FORGIVEN

Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: _____ _____ _____	4. Type: _____ Code _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: \$ _____	<u>12/31/05 \$ 2000.00</u> <u>1/1 \$</u> <u>1/1 \$</u> <u>1/1 \$</u> <u>1/1 \$</u>		[] FORGIVEN
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If either of the debts listed above is a loan, please provide the following information regarding the ENDORSER or GUARANTOR of the loan, if any:
Please check one box to indicate which debt the following information applies to: DEBT #1 or DEBT #2

Name _____

Address _____

City _____ State _____ Zip Code _____

If amount endorsed or guaranteed is over \$100, please provide:

Occupation of Endorser or Guarantor _____ Employer of Endorser or Guarantor _____

Amount Endorsed or Guaranteed: \$ _____

Business Address of Endorser or Guarantor _____

Page Subtotal (Outstanding debt)
Grand Total of all Schedules 1E

(Complete on last page of Schedule showing amounts owed by or to the committee.)

\$ 59,100.00 ✓

PLEASE REFER TO PAGES 40 & 41 FOR LISTING OF EXPENDITURE CODES

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.

Enter this total on line 12a "owed by", or line 12b "owed to" of the 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 loan, please provide the requested information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Please 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 Owed to or by: <u>Kay Wright</u> <u>2174 Sycamore</u> <u>Burton, mi. 48509</u> Corp? <input type="checkbox"/> Yes	4. Type: <u>LOAN</u> Code <u>LD</u> 5. Date Debt Was Incurred: <u>7-23-00 - 8-3-00</u> 6. Original Amount of Debt: \$ <u>28,000.00</u>	<u>11</u> \$ <u>11</u> \$ <u>11</u> \$ <u>11</u> \$ <u>11</u> \$	\$ <u>27,950.00</u>	\$ <u>50.00</u> [] FORGIVEN
Debt #2 Owed to or by: <u>Jeff Wright</u> <u>2174 Sycamore</u> <u>Burton, mi. 48509</u> Corp? <input type="checkbox"/> Yes	4. Type: <u>LOAN</u> Code <u>LD</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>11</u> \$ <u>91045.500.00</u> <u>11</u> \$ <u>11</u> \$ <u>11</u> \$ <u>11</u> \$	\$ <u>30,500.00</u>	\$ <u>77,600.00</u> [] FORGIVEN

If either of the debts listed above is a loan, please provide the following information regarding the ENDORSER or GUARANTOR of the loan, if any:
Please check one box to indicate which debt the following information applies to: DEBT #1 or DEBT #2

Name _____
Address _____
City _____ State _____ Zip Code _____
If amount endorsed or guaranteed is over \$100, please provide:
Occupation of Endorser or Guarantor _____ Employer of Endorser or Guarantor _____ Amount Endorsed or Guaranteed: \$ _____
Business Address of Endorsor or Guarantor _____

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

77,650.00
77,650.00

PLEASE REFER TO PAGES 40 & 41 FOR LISTING OF EXPENDITURE CODES

Enter this total on line 12a "owed by", or line 12b "owed to" of the 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 loan, please provide the requested information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Please 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 Owed to or by: <u>JEFF WRIGHT</u> <u>2174 SYCAMORE</u> <u>BURTON - MI - 48509</u> Corp? <input type="checkbox"/> Yes	4. Type: <u>LOAN</u> Code <u>LD</u> 5. Date Debt Was Incurred: <u>7-23-00 to 8-3-00</u> 6. Original Amount of Debt: \$ <u>108,100.00</u>	<u>10-10-00 \$ 5000.00</u> <u>8-12-00 \$ 3000.00</u> <u>1 1 \$</u> <u>1 1 \$</u> <u>1 1 \$</u>	\$ <u>25,500.00</u>	\$ <u>82,600.00</u> [] FORGIVEN
Debt #2 Owed to or by: <u>KAY WRIGHT</u> <u>2174 SYCAMORE</u> <u>BURTON - MI - 48509</u> Corp? <input type="checkbox"/> Yes	4. Type: <u>LOAN</u> Code <u>LD</u> 5. Date Debt Was Incurred: <u>7-23-00 to 8-3-00</u> 6. Original Amount of Debt: \$ <u>28,000.00</u>	<u>10-16-04 \$ 1200.00</u> <u>1 1 \$</u> <u>1 1 \$</u> <u>1 1 \$</u>	\$ <u>27,950.00</u>	\$ <u>50.00</u> [] FORGIVEN

If either of the debts listed above is a loan, please provide the following information regarding the ENDORSER or GUARANTOR of the loan, if any:
Please check one box to indicate which debt the following information applies to: DEBT #1 or DEBT #2

Name _____
Address _____
City _____ State _____ Zip Code _____
If amount endorsed or guaranteed is over \$100, please provide:
Occupation of Endorser or Guarantor _____ Employer of Endorser or Guarantor _____
Amount Endorsed or Guaranteed: \$ _____
Business Address of Endorser or Guarantor _____

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

\$ 82,650.00
\$ 82,650.00

PLEASE REFER TO PAGES 40 & 41 FOR LISTING OF EXPENDITURE CODES

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.
Page 1 of 1
CFR REV 11/95 Authority granted under P.A. 388 of 1976

Enter this total on line 12a "owed by", or line 12b "owed to" of the 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 loan, please provide the requested information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Please 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>	4. Type: <u>LOAN</u> Code _____ 5. Date Debt Was Incurred: <u>7-23-00 - 8-3-00</u> 6. Original Amount of Debt: <u>\$ 108,100.00</u>	<u>7/24/00 \$ 7500.00</u> <u>1 1 \$</u> <u>1 1 \$</u> <u>1 1 \$</u> <u>1 1 \$</u>	<u>\$ 17500.00</u>	<u>90,600.00</u> () FORGIVEN
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: <u>KAY WRIGHT</u> <u>2174 SYCAMORE</u> <u>BURTON - MI - 48509</u>	4. Type: <u>LOAN</u> Code _____ 5. Date Debt Was Incurred: <u>7-23-00 - 8-3-00</u> 6. Original Amount of Debt: <u>\$ 28,000.00</u>	<u>7/24/00 \$ 3000.00</u> <u>1 1 \$</u> <u>1 1 \$</u> <u>1 1 \$</u> <u>1 1 \$</u>	<u>\$ 26,250.00</u>	<u>\$ 1250.00</u> () FORGIVEN

If either of the debts listed above is a loan, please provide the following information regarding the ENDORSER or GUARANTOR of the loan, if any:
Please check one box to indicate which debt the following information applies to: DEBT #1 or DEBT #2

Name _____
Address _____
City _____ State _____ Zip Code _____
If amount endorsed or guaranteed is over \$100, please provide:
Occupation of Endorser or Guarantor _____ Employer of Endorser or Guarantor _____
Amount Endorsed or Guaranteed: \$ _____
Business Address of Endorser or Guarantor _____

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

\$ 91,850.00
\$ 91,850.00

PLEASE REFER TO PAGES 40 & 41 FOR LISTING OF EXPENDITURE CODES

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.
Page 1 of 1
CFR REV 11/95 Authority granted under P.A. 388 of 1976

Enter this total on line 12a "owed by", or line 12b "owed to" of the 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 loan, please provide the requested information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Please 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>KAY WRIGHT</u> <u>2174 SYCAMORE</u> <u>BURTON - MI - 48506</u>	4. Type: <u>LOAN</u> Code _____ 5. Date Debt Was Incurred: <u>7-23-00-8-3-00</u> 6. Original Amount of Debt: \$ <u>28,000.00</u>	<u>2/16/04 \$ 2,000.00</u> <u>2/15/04 \$ 1500.00</u> <u>3/19/04 \$ 2,000.00</u> <u>1 1 \$</u> <u>1 1 \$</u>	<u>\$ 23,750.00</u>	<u>\$ 4,250.00</u> [] FORGIVEN
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: <u>JEFF WRIGHT</u> <u>2174 SYCAMORE</u> <u>BURTON - MI - 48506</u>	4. Type: <u>LOAN</u> Code _____ 5. Date Debt Was Incurred: <u>7-23-00-8-3-00</u> 6. Original Amount of Debt: \$ <u>108,100.00</u>	<u>5/25/04 \$ 10,000.00</u> <u>1 1 \$</u> <u>1 1 \$</u> <u>1 1 \$</u> <u>1 1 \$</u>	<u>\$ 10,000.00</u>	<u>\$ 98,100.00</u> [] FORGIVEN

If either of the debts listed above is a loan, please provide the following information regarding the ENDORSER or GUARANTOR of the loan, if any:
Please check one box to indicate which debt the following information applies to: DEBT #1 or DEBT #2

Name _____
Address _____
City _____ State _____ Zip Code _____
If amount endorsed or guaranteed is over \$100, please provide:
Occupation of Endorser or Guarantor _____ Employer of Endorser or Guarantor _____
Amount Endorsed or Guaranteed: \$ _____
Business Address of Endorser or Guarantor _____

PLEASE REFER TO PAGES 40 & 41 FOR LISTING OF EXPENDITURE CODES

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.
Page 2 of 2
CFR REV 11/95 Authority granted under P.A. 388 of 1976

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

\$ 102,350.00
\$ 100,350.00

Enter this total on line 12a "owed by", or line 12b "owed to" of the 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 loan, please provide the requested information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Please 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>KAY WRIGHT</u> <u>2174 SYCAMORE</u> <u>BURTON - MI - 48509</u>	4. Type: <u>LOAN</u> Code _____ 5. Date Debt Was Incurred: <u>7-23-00 / 8-3-00</u> 6. Original Amount of Debt: <u>\$ 28,000.00</u>	<u>2/14/03 \$ 1000.00</u> <u>9/13/03 \$ 500.00</u> <u>10/10/03 \$ 750.00</u> <u>11/12/03 \$ 500.00</u> <u>11 \$</u>	<u>\$ 18,250.00</u>	<u>\$ 9,750.00</u> [] FORGIVEN

Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: <u>JEFF WRIGHT</u> <u>2174 SYCAMORE</u> <u>BURTON - MI - 48509</u>	4. Type: <u>LOAN</u> Code _____ 5. Date Debt Was Incurred: <u>7-23-00 / 8-3-00</u> 6. Original Amount of Debt: <u>\$ 108,100.00</u>	<u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u>		<u>\$ 108,100.00</u> [] FORGIVEN
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If either of the debts listed above is a loan, please provide the following information regarding the ENDORSER or GUARANTOR of the loan, if any:
Please check one box to indicate which debt the following information applies to: DEBT #1 or DEBT #2

Name _____
Address _____
City _____ State _____ Zip Code _____

If amount endorsed or guaranteed is over \$100, please provide:

Occupation of Endorser or Guarantor _____ Employer of Endorser or Guarantor _____
Amount Endorsed or Guaranteed: \$ _____
Business Address of Endorser or Guarantor _____

Page Subtotal (Outstanding debt)
Grand Total of all Schedules 1E

(Complete on last page of Schedule showing amounts owed by or to the committee.)

\$ 117,850.00
\$ 117,850.00

PLEASE REFER TO PAGES 40 & 41 FOR LISTING OF EXPENDITURE CODES

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.
Page 1 of 1
CFR REV 11/95 Authority granted under P.A. 388 of 1976

Enter this total on line 12a "owed by", or line 12b "owed to" of the 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 loan, please provide the requested information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Please 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 Owed to or by: <u>KAY WRIGHT</u> <u>2174 SYCAMORE</u> <u>BURTON - MI - 48509</u> Corp? <input type="checkbox"/> Yes	4. Type: <u>LOAN</u> Code _____ 5. Date Debt Was Incurred: <u>7-23-00 - 8/9-00</u> 6. Original Amount of Debt: \$ <u>28,000.00</u>	<u>9-30-02 - 1300.00</u> <u>2-11-03 - 1000.00</u> <u>10-10-02 - 600.00</u> <u>3-29-02 - 300.00</u> <u>5-15-02 - 500.00</u> <u>8-11-02 - 500.00</u> <u>8-14-02 - 1500.00</u> <u>8-29-02 - 300.00</u>	<u>15,500.00</u>	<u>12,500.00</u> <input type="checkbox"/> FORGIVEN
Debt #2 Owed to or by: <u>JEFF WRIGHT</u> <u>2174 SYCAMORE</u> <u>BURTON - MI - 48509</u> Corp? <input type="checkbox"/> Yes	4. Type: <u>LOAN</u> Code _____ 5. Date Debt Was Incurred: <u>7-23-00 - 8-30-00</u> 6. Original Amount of Debt: \$ <u>108,100.00</u>	<u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u>		<u>108,100.00</u> <input type="checkbox"/> FORGIVEN

If either of the debts listed above is a loan, please provide the following information regarding the ENDORSER or GUARANTOR of the loan, if any:
Please check one box to indicate which debt the following information applies to: DEBT #1 or DEBT #2

Name _____
Address _____
City _____ State _____ Zip Code _____
If amount endorsed or guaranteed is over \$100, please provide:
Occupation of Endorser or Guarantor _____ Employer of Endorser or Guarantor _____
Amount Endorsed or Guaranteed: \$ _____
Business Address of Endorser or Guarantor _____

Page Subtotal (Outstanding debt)
Grand Total of all Schedules 1E

(Complete on last page of Schedule showing amounts owed by or to the committee.)

PLEASE REFER TO PAGES 40 & 41 FOR LISTING OF EXPENDITURE CODES

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.
Page 1 of 1
CFR REV 11/95 Authority granted under P.A. 388 of 1976

120,600.00
120,600.00

Enter this total on line 12a "owed by", or line 12b "owed to" of the 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 loan, please provide the requested information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Please 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 Owed to or by: <u>KAY WRIGHT</u> <u>2174 SYCAMORE</u> <u>BURTON - MI - 48509</u> Corp? <input type="checkbox"/> Yes	4. Type: <u>LOAN</u> Code _____ 5. Date Debt Was Incurred: <u>7/23/00 - 8/3/00</u> 6. Original Amount of Debt: <u>\$ 28,000.00</u>	<u>12/18/00 \$ 1500.00</u> <u>1/27/01 \$ 1000.00</u> <u>3/15/01 \$ 1500.00</u> <u>8/20/01 \$ 1000.00</u> <u>9/15/01 \$ 1000.00</u>	<u>\$ 6000.00</u>	<u>\$ 22,000.00</u> <input type="checkbox"/> FORGIVEN

Debt #2 Owed to or by: <u>KAY WRIGHT</u> <u>2174 SYCAMORE</u> <u>BURTON, MI - 48509</u> Corp? <input type="checkbox"/> Yes	4. Type: <u>LOAN</u> Code _____ 5. Date Debt Was Incurred: <u>7/23/00 - 8/2/00</u> 6. Original Amount of Debt: <u>\$ 22,000.00</u>	<u>10/15/01 \$ 1000.00</u> <u>11/29/01 \$ 1000.00</u> <u>12/15/01 \$ 500.00</u> <u>12/11/01 \$ 1000.00</u> <u>11 \$</u>	<u>\$ 3500.00</u>	<u>\$ 18,500.00</u> <input type="checkbox"/> FORGIVEN
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If either of the debts listed above is a loan, please provide the following information regarding the ENDORSER or GUARANTOR of the loan, if any:
Please check one box to indicate which debt the following information applies to: DEBT #1 or DEBT #2

Name _____

Address _____

City _____ State _____ Zip Code _____

If amount endorsed or guaranteed is over \$100, please provide:

Occupation of Endorser or Guarantor _____ Employer of Endorser or Guarantor _____

Amount Endorsed or Guaranteed: \$ _____

Business Address of Endorser or Guarantor _____

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

\$ 18,500.00
40,500.00
18,500.00

PLEASE REFER TO PAGES 40 & 41 FOR LISTING OF EXPENDITURE CODES

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.
Authority granted under P.A. 388 of 1976

Enter this total on line 12a "owed by", or line 12b "owed to" of the 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 loan, please provide the requested information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Please 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>	4. Type: <u>LOAN</u> Code _____ 5. Date Debt Was Incurred: <u>9/1/00</u> <u>7/23/00 / 8/6/00 / 8/11/00 / 8/24/00</u> 6. Original Amount of Debt: \$ <u>108,100.00</u>	<u>11</u> \$ _____ <u>11</u> \$ _____ <u>11</u> \$ _____ <u>11</u> \$ _____ <u>11</u> \$ _____		<u>\$</u> <u>108,100.00</u> [] FORGIVEN
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: _____ _____ _____	4. Type: _____ Code _____ 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> \$ _____		[] FORGIVEN

If either of the debts listed above is a loan, please provide the following information regarding the ENDORSER or GUARANTOR of the loan, if any:
Please check one box to indicate which debt the following information applies to: DEBT #1 or DEBT #2

Name _____
Address _____
City _____ State _____ Zip Code _____
If amount endorsed or guaranteed is over \$100, please provide:
Occupation of Endorser or Guarantor _____ Employer of Endorser or Guarantor _____
Amount Endorsed or Guaranteed: \$ _____
Business Address of Endorsor or Guarantor _____

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

\$ 108,100.00
~~\$149,600~~
~~\$124,600~~
126,600

PLEASE REFER TO PAGES 40 & 41 FOR LISTING OF EXPENDITURE CODES

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.
Authority granted under P.A. 388 of 1975

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

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

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

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>3</u> / <u>14</u> / <u>08</u> Month Day Year	4. Number of Individuals Attending or Participating (whichever is greater) <u>106</u>	5. Type of Fund Raising Activity <u>SHOOT</u>	6. Address and Name (if any) of the place where the activity was held <u>HUNTSMAN CLUB</u> <u>316 HAVENS RD</u> <input type="checkbox"/> Private Residence <u>ORYDEN, MI</u>
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7. Total Contributions 80,100.01

8. Other Receipts _____

9. Gross Receipts (Add lines 7 and 8) 80,100.01

10. Total Cost of Event 39,026.23
 (Total Cost includes In-Kind Contributions
 and All Expenditures Made For the Event)

11. Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.

Page 1 of 1

INSTRUCTIONS FOR SCHEDULE 1F, FUND RAISER