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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE
COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers: from 7-21-2015 to 10-20-2015

1. Committee I.D. Number
33520

2. Committee Name
Jeff Wright 2000

4. Candidate Last Name **Wright** First Name **Jeff** M.I.
4a. Office Sought Including District # or Community Served (If applicable)
Drain Commissioner

4b. County of Residence **GENESEE**

5. Committee's Mailing Address
**2174 Sycamore St.
Burton, MI 48509**

Area Code and Phone (810) 742-0246
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

6. Treasurer's Name & Residential Address
**Warren Vyvan
1455 Laurentian Pass
Flint, MI 48532**

Area Code & Phone (810) 732-3593

7. Treasurer's Business Address
same as #6

Area Code and Phone _____

8. Designated Record Keeper's Name and Mailing Address (if the committee has a Designated Record Keeper)

Area Code and Phone _____

FILED
2015 OCT 21
11:46
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
 Special
 School
 Caucus

Date of Election, Convention or Caucus _____

Required ONLY if candidate is not on the ballot for the current year:

July Quarterly
 October Quarterly

9c. Annual Statement (_____) Coverage Year

9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)

9e. Dissolution of Candidate Committee

By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution _____

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record Keeper Warren Vyvan Type or Print Name
Warren Vyvan Signature Date 10-21-2015

Candidate Jeff Wright Type or Print Name
Jeff Wright Signature Date 10-21-2015



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.) \$ _____	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ _____	(18.) \$ <u>268,961²⁵</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ _____	(20.) \$ <u>268,961²⁵</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ _____	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>4,055 -</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ _____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ _____	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>4,055 -</u>	(23.) \$ <u>190,160⁵⁹</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 5)	(10a.) \$ _____	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ _____	(24.) \$ _____
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ _____	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _____	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>83,976.12</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>-0-</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>83,976.12</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>4,055 -</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>79,921.12</u>	



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Goodwill Fellowship Fund</u> Address <u>1947 ATheston Rd</u> <u>Flint, MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Donation</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-21-15</u> Date	\$ <u>100⁻</u>
Expenditure #2 Name <u>Friends To Elect Kerry Nelson</u> Address <input type="checkbox"/> Fund Raiser	Purpose: <u>Donation</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-21-15</u> Date	\$ <u>100⁻</u>
Expenditure #3 Name <u>Agricultural Society</u> Address <input type="checkbox"/> Fund Raiser	Purpose: <u>Donation</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-23-15</u> Date	\$ <u>1,000⁻</u>
Expenditure #4 Name <u>Autism Support & Resource Center</u> Address <u>4476 S. Dear Hwy</u> <u>BURTON, MI 48529</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Donation</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-19-15</u> Date	\$ <u>250⁻</u>
Expenditure #5 Name <u>Award in Season Christian Fellowship</u> Address <u>6602 Cliv Rd</u> <u>Flint, MI 48504</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Donation</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-19-15</u> Date	\$ <u>250⁻</u>

Subtotal this page 1,700⁻

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

Enter this total on line 8a of Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>All Safe Storage</u> Address <u>1320 N. Belsay Rd. Burton, MI 48509</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Election Exp.</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9-8-15</u> Date	<u>\$ 336⁻</u>
Expenditure #2 Name <u>Alzheimers Foundation</u> Address _____ <input type="checkbox"/> Fund Raiser	Purpose: <u>Donation</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9-10-15</u> Date	<u>\$ 100⁻</u>
Expenditure #3 Name <u>Donna Populna</u> Address _____ <input type="checkbox"/> Fund Raiser	Purpose: <u>Elect. Exp.</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9-15-15</u> Date	<u>\$ 200⁻</u>
Expenditure #4 Name <u>Assumption Church</u> Address _____ <input type="checkbox"/> Fund Raiser	Purpose: <u>Donation</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-30-15</u> Date	<u>\$ 900⁻</u>
Expenditure #5 Name <u>DRU Colleen Recovery Fund</u> Address _____ <input type="checkbox"/> Fund Raiser	Purpose: <u>Donation</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9-15-15</u> Date	<u>\$ 250⁻</u>

Subtotal this page 1786⁻

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

Enter this total on line 8a of Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 33520

2. Committee Name Jeff Wright 2000

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Sam Duncan Memorial Fund</u> Address <u>14416 Montle Rd</u> <u>Cllo, MI 48420</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Donation</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9-30-15</u> Date	\$ <u>120⁻</u>
Expenditure #2 Name <u>US Post Office</u> Address <u>2500 S. Linden Rd</u> <u>Flint, MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Election Exp.</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10-1-15</u> Date	\$ <u>49⁻</u>
Expenditure #3 Name <u>Kiwanis</u> Address _____ <input type="checkbox"/> Fund Raiser	Purpose: <u>Donation</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9-20-15</u> Date	\$ <u>100⁻</u>
Expenditure #4 Name <u>Friends of Beavton</u> Address <u>3300 N. Saginaw</u> <u>Flint, MI 48505</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Donation</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10-12-15</u> Date	\$ <u>300⁻</u>
Expenditure #5 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page 569⁻

Grand Total of all Schedules 1B
(Complete on last page of Schedule) 4,055⁻

Enter this total
on line 8a of
Summary Page