



**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.

<p>1. Committee I.D. Number 33520</p>		<p>3. This Statement covers: from 7-21-2015 to 10-20-2015</p>	
<p>2. Committee Name Jeff Wright 2000</p>		<p>4. Candidate Last Name Wright First Name Jeff M.I. 4a. Office Sought Including District # or Community Served (If applicable) Drain Commissioner</p>	
<p>5. Committee's Mailing Address 2174 Sycamore St. Burton, MI 48509</p> <p>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.</p>		<p>4b. County of Residence GENESEE</p> <p>6. Treasurer's Name & Residential Address Warren Vyvyan 1455 Laurentian Pass Flint, MI 48532</p> <p>Area Code & Phone (810) 732-3593</p>	
<p>7. Treasurer's Business Address same as #6</p> <p>Area Code and Phone _____</p>		<p>8. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper)</p> <p>Area Code and Phone _____</p>	
<p>9. TYPE OF STATEMENT</p> <p>9a. <input type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election</p> <p>Pre-Election or Post-Election Statement relates to:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus</p> <p>Date of Election, Convention or Caucus _____</p>		<p>Required ONLY if candidate is not on the ballot for the current year:</p> <p><input type="checkbox"/> July Quarterly <input checked="" type="checkbox"/> October Quarterly Amended</p> <p>9c. <input type="checkbox"/> Annual Statement (_____) Coverage Year</p> <p>9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)</p>	
		<p>9e. Dissolution of Candidate Committee</p> <p><input type="checkbox"/> 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 lates fees or has any outstanding debt.</p> <p>Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.</p> <p>Effective date of dissolution _____</p> <p>Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.</p>	
<p>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.</p>			
<p>Current Treasurer or Designated Record Keeper Warren Vyvyan Type or Print Name</p>		<p>Warren Vyvyan Signature</p>	
<p>Candidate Jeff Wright Type or Print Name</p>		<p>Jeff Wright Signature</p>	
		<p>Date 10-27-2015</p>	
		<p>Date 10-27-2015</p>	

FILED
 2015 OCT 29 A 10:00
 CLERK
 DEPUTY CLERK



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 ATheaton 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 <u>758 Addison ST</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>7-21-15</u> Date	<u>\$ 100-</u>
Expenditure #3 Name <u>AGRICULTURAL SOCIETY</u> Address <u>2188 W. MT. MORRIS Rd</u> <u>MT. MORRIS, MI 48458</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>DONATION</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>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>Autumn Season Christian Fellowship</u> Address <u>6602 Clou 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 <u>564, S. Main St. Suite 200 Ann Arbor, MI 48104</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>9-10-15</u> Date	<u>\$ 100⁻</u>
Expenditure #3 Name <u>Donna Populna</u> Address <u>5277 Kimberry Woods Flint, MI 48504</u> <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^{Greek} Church</u> Address <u>2245 E. Baldwin Rd. Grand Blanc, MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Donation</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-30-15</u> Date	<u>\$ 900⁻</u>
Expenditure #5 Name <u>DRU Collier Recovery Fund</u> Address <u>417 M'Coskry Saginaw, MI 48601</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>9-15-15</u> Date	<u>\$ 250⁻</u>

Subtotal this page

1,786⁻

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>Clio, 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 48532</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 of Burton</u> Address <u>1061 ARAPAHO DR.</u> <u>BURTON, MI 48509</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>9-20-15</u> Date	\$ <u>100-</u>
Expenditure #4 Name <u>FRIENDS of Beaton</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