

NOT-Required filing



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 10-21-2015 to 12-31-2015

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 Vyvyan
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
2016 JAN 22 A 10:51
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 (2015) 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 hereby 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 Vyvyan Type or Print Name
[Signature] Signature Date 1-13-2016

Candidate Jeff Wright Type or Print Name
[Signature] Signature Date 1-21-2016



1. Committee I.D. Number 33520

2. Committee Name Jeff Wright 2000

**SUMMARY PAGE
CANDIDATE COMMITTEE**

| RECEIPTS | Column I This Period | Column II Cumulative this election cycle |
|---|--------------------------------|---|
| 3. Contributions | | |
| a. Itemized (Schedule 1A - Column 6) | (3a.) \$ <u>0.97</u> | |
| b. Unitemized (less than \$20.01 each - no Schedule) | (3b.) \$ <u>NOT APPLICABLE</u> | |
| c. Subtotal of "Contributions" | (3c.) \$ <u>0.97</u> | (18.) \$ <u>268,962²²</u> |
| 4. Other Receipts (Schedule 1A - 1, Column 6) | (4.) \$ <u>- 0 -</u> | (19.) \$ <u>- 0 -</u> |
| 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4) | (5.) \$ <u>0.97</u> | (20.) \$ <u>268,962²²</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>6213.60</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>6213.60</u> | (23.) \$ <u>196,374¹⁹</u> |
| INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only) | | |
| 10. Disbursements | | |
| a. Itemized (Schedule 1C, Column 6) | (10a.) \$ _____ | |
| b. Unitemized (less than \$50.01 each - no Schedule) | (10b.) \$ _____ | |
| 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b) | (11.) \$ _____ | (24.) \$ _____ |
| DEBTS AND OBLIGATIONS | | |
| 12. Debts and Obligations | | |
| a. Owed by the Committee (Schedule 1E) | (12a.) \$ _____ | |
| 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>79,921.12</u> ✓ | |
| 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) | (14.) + \$ <u>0.97</u> | |
| 15. SUBTOTAL Add lines 13 and 14 | (15.) = \$ <u>79,922.09</u> | |
| 16. Amount expended during reporting period (Add lines 9 and 11) | (16.) - \$ <u>6213.60</u> | |
| 17. ENDING BALANCE (Subtract line 16 from line 15) | (17.) \$ <u>73,708.49</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>Agricultural Society</u> Address <u>2188 W. MT. MORRIS</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>10-29-15</u> Date | <u>\$ 1,000</u> |
| Expenditure #2 Name <u>Comm To Elect Ralph LaDuke</u> Address <u>5455 S. SYCAMORE ST</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>10-23-15</u> Date | <u>\$ 100</u> |
| Expenditure #3 Name <u>BRAIN CLUB</u> Address <u>MOTT COMM. COLLEGE</u> <u>1401 E. COURT ST</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>10-27-15</u> Date | <u>\$ 100</u> |
| Expenditure #4 Name <u>KEARSLY SWIM BOOSTERS</u> Address <u>KEARSLY HIGH SCHOOL</u> <u>4396 UNDERHILL</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>10-27-15</u> Date | <u>\$ 20</u> |
| Expenditure #5 Name <u>BOYSCOUT TROOP 238</u> Address <u>HOLY FAMILY Elem. School</u> <u>215 ORCHARD ST.</u> <u>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>10-29-15</u> Date | <u>\$ 20</u> |

Subtotal this page

1,240

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>Comm to Elect Sheldon Nealey</u> Address <u>2305 Begole ST</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>11-6-15</u> Date | \$ <u>100-</u> |
| Expenditure #2 Name <u>YMCA</u> Address <u>411 E. Third</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>11-9-15</u> Date | \$ <u>250-</u> |
| Expenditure #3 Name <u>Gen. Co Dem. Party</u> Address <u>PO Box 77817</u> <u>Flint, MI 48507</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>11-20-15</u> Date | \$ <u>700-</u> |
| Expenditure #4 Name <u>Agricultural Society</u> Address <u>2188 W. MT. Morris</u> <u>MT. Morris, MI 48458</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>Annual Dues</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>12-2-15</u> Date | \$ <u>25-</u> |
| Expenditure #5 Name <u>Boyscout Troop 238</u> Address <u>Holy Family Elem. School</u> <u>215 Orchard ST</u> <u>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>12-7-15</u> Date | \$ <u>30-</u> |

Subtotal this page 1,105-

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>IMA Breakwood</u> Address <u>6045 Davison Rd. Burton, MI</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>Office Appreciation Dinner</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>12-9-15</u> Date | \$ <u>2118⁶⁰</u> |
| Expenditure #2 Name <u>Court St UMC</u> Address <u>225 W. Court St Flint, MI</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>Memorial Donation</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>12-8-15</u> Date | \$ <u>50⁻</u> |
| Expenditure #3 Name <u>North End Soup Kitchen</u> Address <u>735 Stewart Flint, MI</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>Donation (Food for Holiday Dinner)</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>12-16-15</u> Date | \$ <u>500⁻</u> |
| Expenditure #4 Name <u>Montrose Orchards</u> Address <u>12473 Seymour Rd Montrose, MI 48457</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>Donation (Food to N. End Soup Kitchen Holiday Dinners)</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>12-22-15</u> Date | \$ <u>1200⁻</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

3868⁶⁰

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

6,213.60

Enter this total
on line 8a 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 <u>all</u> contributions 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>11-30-15 = .32</u> | | |
| Name & Address: <u>Huntington Bank</u> <u>PO Box 1558 EA 1W 37</u> <u>Columbus, Ohio 43216</u> | | | | |
| | | | <u>And 10-31-15 .65</u> | |
| | | | \$ <u>.97</u> | \$ <u>.97</u> |
| 5. If over \$100.00 cumulative, please provide: | | | Click Here for Memo Itemization | |
| Occupation _____ Employer _____ | | | <u>Bank started to pay</u> | |
| Business Address _____ | | | <u>Interest - can't seem to get</u> | |
| Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | | <u>them to STOP.</u> | |
| 3. Contribution #2 | | | Click Here for Memo Itemization | |
| Name & Address _____ | | | <u>sending 2nd letter to STOP</u> | |
| 5. If over \$100.00 cumulative, please provide: | | | <u>\$ Interest \$ Payments</u> | |
| Occupation _____ Employer _____ | | | | |
| Business Address _____ | | | | |
| Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | | | |
| 3. Contribution # 3 | | | Click Here for Memo Itemization | |
| 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 | | | | |
| 3. Contribution # 4 | | | Click Here for Memo Itemization | |
| 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 | | | | |

Page Subtotal .97
Grand Total of All Schedules 1A .97
(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.