



**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 1-1-2016 to 7-17-2016

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

FILED
2016 JUL 22 AM 10:11
GENESEE COUNTY CLERK
BY DEPUTY CLERK

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 _____

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 Vyvyan Type or Print Name
Signature [Signature] Date 7-19-2016

Candidate Jeff Wright Type or Print Name
Signature [Signature] Date 7-19-2016



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>3.54</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>3.54</u>	(18.) \$ <u>268,965.76</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>3.54</u>	(20.) \$ <u>268,965.76</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>10,219.94</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>10,219.94</u>	(23.) \$ <u>206,594¹³</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>73,708.49</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>3.54</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>73,712.03</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>10,219.94</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>63,492.09</u>	



**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>Monthly end</u>	
Name & Address: <u>Huntington Bank</u> <u>PO Box 1558 EAIW 37</u> <u>Columbus, OH 43216</u>		<u>Interest Account</u> <u>1-1 to 6-30-16</u>	
		\$ <u>3.54</u>	\$ <u>4.51</u>
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
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 #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt _____	
Name & Address _____			
		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
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	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt _____	
Name & Address _____			
		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
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	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt _____	
Name & Address _____			
		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
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 3.54
Grand Total of All Schedules 1A 3.54
(Complete on last page of Schedule)

Enter this total on line 3a 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>US Post office</u> Address <u>2500 S. Linden Rd</u> <u>Flint, MI 48532</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>1-14-16</u> Date	\$ <u>98</u>
Expenditure #2 Name <u>Shrine Circus / 90 Nodden Payrol</u> Address <u>754 E. Bundy Ave.</u> <u>Flint, MI 48505</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Donation - 30 Tickets</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>1-14-16</u> Date	\$ <u>300</u>
Expenditure #3 Name <u>ST. Patrick Day Parade Fund</u> Address <u>8343 Manchester Dr.</u> <u>Grand Blanc, MI 48439</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>1-30-16</u> Date	\$ <u>300</u>
Expenditure #4 Name <u>Give Em a Break Society</u> Address <u>2610 Sanford Rd.</u> <u>Grandville, MI 49418</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>2-7-16</u> Date	\$ <u>100</u>
Expenditure #5 Name <u>New Haven Missionary Baptist</u> Address <u>3184 W. Pearson 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>2-3-16</u> Date	\$ <u>75</u>

Subtotal this page

893

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>Flint Northern Class of 1976</u> Address <u>PO Box 13176</u> <u>Flint, MI 48501</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>2-5-16</u> Date	<u>\$ 100⁻</u>
Expenditure #2 Name <u>St. Francis Prayer Center</u> Address <u>2381 E. Carpenter Rd.</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>2-08-16</u> Date	<u>\$ 300⁻</u>
Expenditure #3 Name <u>Scottish Rite</u> Address <u>PO Box 130</u> <u>Bay City, MI 48707</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>2-8-16</u> Date	<u>\$ 190⁻</u>
Expenditure #4 Name <u>Sorrentos</u> Address <u>6395 W. Pierson Rd.</u> <u>Flushing, MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Food-Mtg/Donation</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>2-22-16</u> Date	<u>\$ 100⁻</u>
Expenditure #5 Name <u>MI Democratic Party</u> Address <u>606 Townsend</u> <u>Lansing, MI 48933</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>3-1-16</u> Date	<u>\$ 25⁻</u>

Subtotal this page

715⁻

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>elect. Exp.</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3-8-16</u> Date	<u>\$ 336⁻</u>
Expenditure #2 Name <u>Friends of Bryant Nolden</u> Address <u>754 E. Bundy Ave 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>3-10-16</u> Date	<u>\$ 100⁻</u>
Expenditure #3 Name <u>Friends of Mark Young</u> Address <u>5267 Regimental Banner Dr. Grand Blanc, MI 48439</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>3-17-16</u> Date	<u>\$ 100⁻</u>
Expenditure #4 Name <u>Meijers</u> Address <u>4101 Murrish Rd. Swartz Creek, MI 48493</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Food-Flinthead Crisis</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3-17-16</u> Date	<u>\$ 209³⁰</u>
Expenditure #5 Name <u>Kim Davis Burton</u> Address <u>1061 ARAPAHO DR. 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>3-28-16</u> Date	<u>\$ 100⁻</u>

Subtotal this page 845³⁰

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>Greater Flint AFL-CIO</u> Address <u>PO Box 245</u> <u>Flint, MI 48501</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>4-4-16</u> Date	<u>\$ 200⁻</u>
Expenditure #2 Name <u>Elf Khurafeh Shrawes</u> Address <u>PO Box 1</u> <u>Cllo, MI 48400</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Membership</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4-5-16</u> Date	<u>\$ 89⁻</u>
Expenditure #3 Name <u>Gen. Co. Dem. Party</u> Address <u>5095 Exchange Dr.</u> <u>Flint, MI 48507</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>4-10-16</u> Date	<u>\$ 250⁻</u>
Expenditure #4 Name <u>Genesee Co. Clerk</u> Address <u>900 S. Saginaw St</u> <u>Flint, MI 48502</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Filing Fee - election</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4-15-16</u> Date	<u>\$ 100⁻</u>
Expenditure #5 Name <u>PAPAS</u> Address <u>1600 S. Saginaw St.</u> <u>Flint, MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Sponsor</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4-28-16</u> Date	<u>\$ 250⁻</u>

Subtotal this page

889⁻

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

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Friends of Jamie Curtis</u> Address <u>2230 Ridge Moon Ct, 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>4-28-16</u> Date	<u>\$ 100⁻</u>
Expenditure #2 Name <u>FOP-Lodge 126</u> Address <u>PO Box 7738 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>5-3-16</u> Date	<u>\$ 125⁻</u>
Expenditure #3 Name <u>TEAM BENJAMIN</u> Address <u>8860 Burt Rd Birch Run, MI 48415</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>5-4-16</u> Date	<u>\$ 250⁻</u>
Expenditure #4 Name <u>GLS Building Trades</u> Address <u>1251 W. Hill Rd. Flint, MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>SPONSOR</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5-4-16</u> Date	<u>\$ 160⁻</u>
Expenditure #5 Name <u>Bearton Field House</u> Address <u>3300 N. Saginaw Flint, MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Food Donation</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5-23-16</u> Date	<u>\$ 100⁻</u>

Subtotal this page 735⁻

Grand Total of all Schedules 1B
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Friends of Mike Lynch</u> Address <u>6371 E. FARRAND Rd</u> <u>Millington, MI 48746</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>5-9-16</u> Date	<u>\$ 100⁻</u>
Expenditure #2 Name <u>Norton Mole Choens</u> Address <u>12483 Seymour Rd.</u> <u>Montrose, MI 48457</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>5-16-16</u> Date	<u>\$ 250⁻</u>
Expenditure #3 Name <u>Sam Duncan Memorial Fund</u> Address <u>1940 W. Atherton Rd.</u> <u>Flint, MI 48507</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>4-15-16</u> Date	<u>\$ 130⁻</u>
Expenditure #4 Name <u>Rashale Pierce's Benefit</u> Address <u>5402 Crestwood Dr.</u> <u>Grand Blanc, MI 48439</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>5-20-16</u> Date	<u>\$ 200⁻</u>
Expenditure #5 Name <u>Give Em A Break Safety</u> Address <u>2610 Sanford Ave.</u> <u>Grandville, MI 49418</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>5-23-16</u> Date	<u>\$ 120⁻</u>

Subtotal this page 800⁻

Grand Total of all Schedules 1B
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
<p>Expenditure #1 Name <u>Genesee Co. Bn Assoc.</u> Address <u>315 E. Court, ST Flint, MI 48502</u> <input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>Sponsor</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>6-2-16</u> Date</p>	<p><u>\$ 300-</u></p>
<p>Expenditure #2 Name <u>Region 1-D Womens Council</u> Address <u>1940 W. Atherton Rd Flint, MI 48507</u> <input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>Sponsor</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>6-9-16</u> Date</p>	<p><u>\$ 250-</u></p>
<p>Expenditure #3 Name <u>Assumption Greek Orthodox Church</u> Address <u>2245 E. Baldwin Rd. Grand Blanc, MI 48439</u> <input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>Sponsor</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>6-9-16</u> Date</p>	<p><u>\$ 300-</u></p>
<p>Expenditure #4 Name <u>Genesee Lodge #174 Masons</u> Address <u>349 S. Seymour Rd Flushing, MI</u> <input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>Donation</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>6-9-16</u> Date</p>	<p><u>\$ 20-</u></p>
<p>Expenditure #5 Name <u>Flint River Watershed Coalition</u> Address <u>400 N. Saginaw Suite 333 Flint, MI 48502</u> <input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>Donation / Sponsor</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>6-13</u> Date</p>	<p><u>\$ 1,000-</u></p>

Subtotal this page

1,870-

Grand Total of all Schedules 1B
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Montessori of Davison</u> Address <u>326 Bay St.</u> <u>Davison, 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>6-9-16</u> Date	<u>\$ 100⁻</u>
Expenditure #2 Name <u>Citz. to Elect Greg Alexander</u> Address <u>2646 Washington Rd.</u> <u>Carsonville, MI 48419</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>6-10-16</u> Date	<u>\$ 100⁻</u>
Expenditure #3 Name <u>Region 1-D Retiree Group</u> Address <u>1940 W. Atherton Rd</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>6-17-16</u> Date	<u>\$ 640⁻</u>
Expenditure #4 Name <u>Friends of Peggy Adams</u> Address <u>6278 N. Oak Rd.</u> <u>Davison, MI 48403</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>6-22-16</u> Date	<u>\$ 100⁻</u>
Expenditure #5 Name <u>Family Farm & Home</u> Address <u>1145 N. Balsay Rd.</u> <u>Burton, MI 48509</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Elect. Supplies/exp.</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-4-16</u> Date	<u>\$ 682⁶⁴</u>

Subtotal this page 1622.64

Grand Total of all Schedules 1B
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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>Genesee Co. Dem. Party</u> Address <u>5095 Exchange Dr.</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>6-22-16</u> Date	<u>\$ 1,500-</u>
Expenditure #2 Name <u>Friends of Tim Sneller</u> Address <u>2253 McLaren St.</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>7-14-2016</u> Date	<u>\$ 100-</u>
Expenditure #3 Name <u>Phillips Leadership Fund</u> Address <u>819 E. MAIN ST</u> <u>Flushing, MI 48433</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>7-14-2016</u> Date	<u>\$ 250-</u>
Expenditure #4 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	Date _____	\$ _____
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 1,850-

Grand Total of all Schedules 1B
(Complete on last page of Schedule) 10,219⁹⁴

Enter this total on line 8a of Summary Page