



*Corrected Copy*

**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 11-29-2016 to 7-20-2017

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) ~~732-3600~~ 600-5114

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**  
**GENESEE COUNTY CLERK**  
**DEPUTY CLERK**  
**AUG - 9 A 11: M**

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  
Warren Vyvyan Signature Date 8-9-2017

Candidate Jeff Wright Type or Print Name  
Jeff Wright Signature Date 8-9-2017

Corrected Page



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>74,300<sup>-</sup></u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>74,300<sup>-</sup></u>	(18.) \$ <u>74,300<sup>-</sup></u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>384.45</u>	(19.) \$ <u>384.45</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>74,684.45</u>	(20.) \$ <u>74,684.45</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ _____	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
<b>EXPENDITURES</b>		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>58,076.11</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>58,076.11</u>	(23.) \$ <u>58,076.11</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)</b>		
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.) \$ _____
<b>DEBTS AND OBLIGATIONS</b>		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ _____	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _____	
<b>BALANCE STATEMENT</b>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>57,493<sup>00</sup></u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>74,684.45</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>132,177.67</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>58,076.11</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>74,101.56</u>	



ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 33520

2. Committee Name Jeff Wright 2000

6. Amount

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

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 regardless of amount.

3. Contribution #1 PAC Receipt?  YES 4. Date of Receipt 2-28-17

Name & Address: Angela Hanson  
7301 S. Raucholz  
ST. Charles, MI 48055

\$ 2,000 - \$ 2,000

5. If over \$100.00 cumulative, please provide:

Occupation Spouse/Engineer Employer Spicer Group

Click Here for Memo Itemization

Business Address 230 S. Washington Saginaw, MI 48607

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution #2 PAC Receipt?  YES 4. Date of Receipt 2-28-17

Name & Address: John Zito  
8033 Fenton Rd.  
Grand Blanc, MI 48439

\$ 1,000 - \$ 1,000

5. If over \$100.00 cumulative, please provide:

Occupation owner Employer Zito Const.

Click Here for Memo Itemization

Business Address 8033 Fenton Rd Grand Blanc, MI 48439

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution #3 PAC Receipt?  YES 4. Date of Receipt 2-3-2017

Name & Address: Daniel Zito  
68033 Fenton Rd.  
Grand Blanc, MI 48439

\$ 1,000 - \$ 1,000

5. If over \$100.00 cumulative, please provide:

Occupation owner Employer Zito Const.

Click Here for Memo Itemization

Business Address SAME AS ABOVE

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution #4 PAC Receipt?  YES 4. Date of Receipt 2-27-17

Name & Address: KAY Pohany  
PO Box 609  
Norville, MI 48167

\$ 1,000 - \$ 1,000

5. If over \$100.00 cumulative, please provide:

Occupation owner Employer Jack Pohany Co. Inc.

Click Here for Memo Itemization

Business Address SAME AS ABOVE

Type of Contribution:  Direct  Loan from a person  Fund Raiser

Page Subtotal

\$ 5,000

Grand Total of All Schedules 1A  
(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>All Safe STORAGE</u> Address <u>1320 N. Balsas 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>3-6-17</u> Date	<u>\$ 336</u>
Expenditure #2 Name <u>K. Sylvester</u> Address <u>1487 Pelican Ln. Davison, MI 48423</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Reim - Fundraiser Expenses</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>2-22-17</u> Date	<u>\$ 150<sup>08</sup></u>
Expenditure #3 Name <u>Gabriel Pistol Range</u> Address <u>3304 Linden Rd. 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>2-11-17</u> Date	<u>\$ 1,280</u>
Expenditure #4 Name <u>Friends of Bryant Nolden</u> Address <u>754 E. Bundy Ave Flint, MI 48505</u> <input checked="" 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>3-9-17</u> Date	<u>\$ 100</u>
Expenditure #5 Name <u>Gov. Co. HLC (4-H)</u> Address <u>6180 E. Mt. Morris Rd. 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>3-22-17</u> Date	<u>\$ 1,000</u>

Subtotal this page 2866.08

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>BURTON Kiwanis</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>4-7-17</u> Date	<u>\$ 200-</u>
Expenditure #2 Name <u>Huntsman Hunt Club</u> Address <u>3166 Havens Rd. Dryden, MI 48428</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Fundraiser Exp.</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4-25-17</u> Date	<u>\$ 33,783<sup>15</sup></u>
Expenditure #3 Name <u>DLT Trading</u> Address <u>2900 Cleveland Ave. Marinette, WI 54143</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Fundraiser Exp.</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3-30-17</u> Date	<u>\$ 4,993<sup>75</sup></u>
Expenditure #4 Name <u>Grand Mountain</u> Address <u>5038 Miller Rd. Flint, MI 48507</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Fundraiser Exp.</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4-3-17</u> Date	<u>\$ 1094<sup>87</sup></u>
Expenditure #5 Name <u>McCree Therbra</u> Address <u>5005 Cloverlawn 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>4-27-17</u> Date	<u>\$ 200-</u>

Subtotal this page 40,271<sup>80</sup>

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>Norton Male Chorus</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>5-11-17</u> Date	<u>\$ 250</u>
Expenditure #2 Name <u>Gen. Co Bar Assoc.</u> Address <u>315 E Court ST</u> <u>Flint, MI 48502</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>6-1-17</u> Date	<u>\$ 250</u>
Expenditure #3 Name <u>Montessori of Davison</u> Address <u>306 Bay ST</u> <u>Davison, 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>6-1-17</u> Date	<u>\$ 100</u>
Expenditure #4 Name <u>Grand Mountain</u> Address <u>5038 Miller Rd</u> <u>Flint, MI 48507</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Fund Raiser Exp.</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3-28-17</u> Date	<u>\$ 4451<sup>08</sup></u>
Expenditure #5 Name <u>Friends of Jackie Populac</u> Address <u>3901 Winona</u> <u>Flint, MI 48504</u> <input checked="" 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>6-16-17</u> Date	<u>\$ 100</u>

Subtotal this page 5,151<sup>08</sup>

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>UAW Region 1-D Retirees</u> Address <u>1940 A Hertow 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>6-27-17</u> Date	<u>\$ 940</u>
Expenditure #2 Name <u>MI Democratic Party</u> Address <u>606 Townsend 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>6-23-17</u> Date	<u>\$ 25</u>
Expenditure #3 Name <u>June Youth Youth Program</u> Address <u>529 Dr. Martin Luther King Ave. Flint, MI 48502</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Sponsor/Advertise</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-11-17</u> Date	<u>\$ 200</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

965

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

58,076<sup>11</sup>

Enter this total on line 8a of Summary Page