



**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 1-1-18 to 7-20-2018

1. Committee I.D. Number
33520

4. Candidate Last Name **Wright** First Name **Jeff** M.I.

2. Committee Name
Jeff Wright 2000

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**

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

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.

Area Code & Phone (810) 600-5114

2018 JUL 24 AM 11:11

7. Treasurer's Business Address
same as #6

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

Area Code and Phone _____

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

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.

Date of Election, Convention or Caucus _____

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 7-24-2018
Candidate Jeff Wright Type or Print Name _____ Signature _____ Date 7-24-2018



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>103.01</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>103.01</u>	(18.) \$ <u>74,687.98</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(19.) \$ <u>103.01</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>103.01</u>	(20.) \$ <u>74,790.99</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>9,725.98</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>9,725.98</u>	(23.) \$ <u>77,551.55</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>64,355.63</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>103.01</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>64,458.64</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>9,725.98</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>54,732.66</u> *	✓✓



**ITEMIZED OTHER RECEIPTS
SCHEDULE 1A-1
CANDIDATE COMMITTEE**

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

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name & Address: <u>Huntington Bank</u> <u>PO Box 1558 EAIW37</u> <u>Columbus, OH 43216</u>	Date of Receipt <u>1-1-18 To 6-30-18</u> <u>Monthly</u>	<input type="checkbox"/> Loan from a Lending Institution <input checked="" type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ <u>3.01</u>
Receipt #2 Name & Address: <u>Friends of Elect Kerry Nelson</u> <u>758 Addison ST.</u> <u>Flint, MI 48505</u>	Date of Receipt <u>10-20-17</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input checked="" type="checkbox"/> Other (Specify) <u>check was never cashed</u>	\$ <u>100</u>
Receipt #3 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #4 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #5 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #6 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #7 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____

Page Subtotal 103.01

Grand Total of All Schedules 1A -1
(Complete on last page of Schedule) 103.01

Enter this total on
line 4 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>Montrose Orchards</u> Address <u>12473 Seymoun Rd.</u> <u>Montrose, MT 48457</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Donation</u> <u>(Month End Soup Kitchen)</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>1-5-18</u> Date	\$ <u>1,200⁰⁰</u>
Expenditure #2 Name <u>St. Patricks Day Parade Fund.</u> Address <u>8343 Manchester Dr.</u> <u>Grand Blanc, MT 48439</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>1-18-18</u> Date	\$ <u>300</u>
Expenditure #3 Name <u>Kiwanis Burton</u> Address <u>1061 Arapaho Dr.</u> <u>Burton, MT 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>2-20-18</u> Date	\$ <u>100</u>
Expenditure #4 Name <u>Flint River Watershed Coalition</u> Address <u>1300 Bluff St suite 114</u> <u>Flint, MI 48504</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>1-18-18</u> Date	\$ <u>1,000</u>
Expenditure #5 Name <u>Genesee Co. Bar Assoc.</u> Address <u>315 E. Court St</u> <u>Flint, MI 48502</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>2-20-18</u> Date	\$ <u>300</u>

Subtotal this page 2,900

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>Genesee Chapter Phensants Forever</u> Address <u>11037 Miller Rd. Swantz Creek, MT 48473</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>2-23-18</u> Date	\$ <u>100-</u>
Expenditure #2 Name <u>Firefighters Support Fund.</u> Address <u>PO Box 65375 Washington, DC 20035</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>2-27-18</u> Date	\$ <u>20-</u>
Expenditure #3 Name <u>Nat Tay-Sachs & Allied Diseases</u> Address <u>2001 Beacon St. Suite 204 Boston, MA 02135</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>2-2-18</u> Date	\$ <u>100-</u>
Expenditure #4 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>3-8-18</u> Date	\$ <u>100-</u>
Expenditure #5 Name <u>American Police Officers Alliance</u> Address <u>PO Box 101000 Arlington, VA 22210</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>4-2-18</u> Date	\$ <u>20-</u>

Subtotal this page

340-

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>Term Benjamin</u> Address <u>8860 Burt Rd.</u> <u>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>4-2-18</u> Date	\$ <u>250</u>
Expenditure #2 Name <u>All-Safe Storage</u> Address <u>1320 N. Belsay Rd.</u> <u>Barton, MI 48509</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Election Expense</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3-27-18</u> Date	\$ <u>365</u>
Expenditure #3 Name <u>Genesee 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>4-2</u> Date	\$ <u>50</u>
Expenditure #4 Name <u>Friends of Mark Young</u> Address <u>PO Box 351</u> <u>Grand Blanc, MI 48480</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>4-10-18</u> Date	\$ <u>100</u>
Expenditure #5 Name <u>Stabrov for US Senate</u> Address <u>PO Box 4945</u> <u>E. Lansing, MI 48826</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>4-13-18</u> Date	\$ <u>1000</u>

Subtotal this page

1,765

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>US Post Office</u> Address <u>Lindaw Rd & Lennon Rd. Flint Twp., MI 48532</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Elect. Expense</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4-27-18</u> Date	\$ <u>49</u>
Expenditure #2 Name <u>Norton Male Chorus</u> Address <u>4301 Genesee Rd. Lapeer, MI 48446</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>4-23-18</u> Date	\$ <u>250</u>
Expenditure #3 Name <u>Genesee County Democratic Party</u> Address <u>5085 Exchange Dr. 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>5-2-18</u> Date	\$ <u>500</u>
Expenditure #4 Name <u>Fraternal Order of Police Lodge 1266</u> Address <u>PO Box 7738 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>5-2-18</u> Date	\$ <u>125</u>
Expenditure #5 Name <u>Rotary of Flint</u> Address <u>1938 Howard Ave Flint, MI 48503</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>5-4-18</u> Date	\$ <u>72</u>

Subtotal this page 996

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>Curtis Printing</u> Address <u>2171 Lodge Rd.</u> <u>Flint, MI 48530</u> <input checked="" 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>5-18-18</u> Date	\$ <u>109.98</u>
Expenditure #2 Name <u>MT. CALVARY M.B. Church</u> Address <u>4805 N. SAGINAW 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>6-14-18</u> Date	\$ <u>50-</u>
Expenditure #3 Name <u>FRIENDS of Ellen Ellenburg</u> Address <u>2228 Buda Ave</u> <u>Barton, 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>6-19-18</u> Date	\$ <u>100-</u>
Expenditure #4 Name <u>Flint Odyssey House</u> Address <u>509 DR. MARTIN LUTHER KING JR. AVE.</u> <u>Flint, MI 48502</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>6-18-18</u> Date	\$ <u>125-</u>
Expenditure #5 Name <u>Genesee County Democratic 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>6-15-18</u> Date	\$ <u>1,500-</u>

Subtotal this page 1884.98

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>Golf Outing for RDG. Sit Downers Fund</u> Address <u>PO Box 598</u> <u>Linden, MI 48451</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>7-2-2018</u> Date	\$ <u>740-</u>
Expenditure #2 Name <u>Assumption Greek Orthodox Church</u> Address <u>2245 E. Baldwin Rd.</u> <u>Grand Blanc, MI 48439</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>6-22-18</u> Date	\$ <u>1,000-</u>
Expenditure #3 Name <u>Friends of Tim Sweller</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>7-12-2018</u> Date	\$ <u>100-</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 1840

Grand Total of all Schedules 1B
(Complete on last page of Schedule) 9,725.98

Enter this total on line 8a of Summary Page