

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

CANDIDATE COMMITTEE COVER PAGE

NON- Required Revised

FOR OFFICIAL USE ONLY

COVER PAGE					
Report must be legible, typed or printed in ink an- the treasurer (or designated record keeper) and or	d signed by candidate.	3. This Statement covers:	rom/U-21-17 to 12-31-2017		
1. Committee I.D. Number		4. Candidate Last Name	First Name M.I.		
33520		Wright Jeff			
		-	District # or Community Served (If applicable)		
2. Committee Name		Drain Commissioner			
Jeff Wright 2000		4b. County of Residence GENESEE			
5. Committee's Mailing Address		6. Treasurer's Name & Residential Address			
2174 Sycamore St.		Warren Vyvyan			
Burton,MI 48509		1455 Laurentian Pass			
		Flint, MI 48532	PA S		
			4		
Area Code and Phone (810) 742-0246			Č.		
If the address in this box is different from the committee		Con Cillian Comment			
mailing address on the Statement of Organization, mail may be sent to this address by the filing official.		Area Code & Phone (810) 600 - 5114			
7. Treasurer's Business Address	0444404	8. Designated Record Keeps	er's Name and Mailing Address (If the committee has a		
same as #6		Designated Record Keeper)	Designated Record Keeper)		
			de rigo		
			The state of the s		
Area Code and Phone	-managan	Area Code and Phone	0_1144444444444444444444444444444444444		
9. TYPE OF STATEMENT			9e. Dissolution of Candidate Committee		
9a. Pre-Election OR 9b. Post-Election	Required ONLY if candidate is not on the ballot for the		By checking this item I/We certify any outstanding debt		
Immund 1 15 km 5011011 Grant Control	current year:		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,		
Pre-Election or Post-Election Statement relates to:	July Quarte	eset .			
Primary	L_Joury Quare	elly	owes no lates fees or has any outstanding debt.		
General	October Q	uarterly	The state of the s		
Property Comment			Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.		
Convention		. ~			
Special	9c. Annua	Statement (2011)			
School	Coverage Year		Effective date of dissolution		
proving		dment to Campaign Statement	· · · · · · · · · · · · · · · · · · ·		
Caucus	(Comp	elete Item 9a, 9b, 9c or 9e to the which Statement is being	Note: The disposition of residual funds must be reported on		
	amend	9	Schedule 1B and the Summary Page.		
Part of The Control of the Control					
Date of Election, Convention or Caucus					
		}			
10. Verification: \\We certify that all reasonable diligenty\our knowledge and belief the contents are true, a	ence was used i	n the preparation by this statem	nent and attached schedules (if any) and to the best of		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		III N	1 / 12 N - 10		
Current Treasurer or Warren Vyvya	M	//Vauva	(1350- X-15-201X		
Designated Record Keeper	rry 9 9 prese programment of 2 g a presence a	Signature	Date 0 0		
7,70			6 12 1.4		
Candidate Jeff Wright		1 110	Date 8-13-2018 Date 8-13-2018		
Type or Print Name		Signature	Date		
- pro		3			



SUMMARY PAGE

1. Committee I.D. Number 33520

2. Committee Name Teff Wright 2000

CANDIDATE COMMITTEE		-
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	D (C. C. 21)
c. Subtotal of "Contributions"	(3c.) \$	(18.)\$ 74,686.24
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	(20.) \$ 74 687.98
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	1. 0 1. 1	
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ 4938.46	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	10000000
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ 4938.46	(23.) \$ 6782557
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)		(04) 2
DEBTS AND OBLIGATIONS 12. Debts and Obligations	(11.) \$	(24.) \$
a. Owed by the Committee (Schedule 1E)	(12a.) \$	
b. Owed to the Committee (Schedule 1E)	(12h) ©	
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period (Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15)	(12b.) \$ BALANCE STATEMENT (13.) \$ 69990.35 (14.) + \$ (15.) = \$ 69994.09 (16.) - \$ 4938.46 (17.) \$ 64355.63	