



*Amended Revisions Due to letter from Clerk
Dated 11-1-2018*

**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 7-21-2018 to 10-20-2018

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) 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 _____

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 10-13-2018

Candidate Jeff Wright Type or Print Name
Signature [Signature] Date 11-13-2018



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>71,000.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>71,000.00</u>	(18.) \$ <u>74,789.20 *</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>1.74</u>	(19.) \$ <u>71,001.74</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>71,001.74</u>	(20.) \$ <u>145,790.94 *</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ _____	(21.) \$ <u>* pay clerk</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>41,270.74</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>41,270.74</u>	(23.) \$ <u>118,822.29</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>54,732.66</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>71,001.74</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>125,734.40</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>41,270.74</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>84,463.66</u>	



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

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

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>9-14-2018</u> *	4. Number of Individuals Attending or Participating (whichever is greater) <u>94</u>	5. Type of Fund Raising Activity <u>Outdoor Event</u>	6. Address and Name (if any) of the place where the activity was held. <u>Huntsman Hunt Club, Inc.</u> <u>3166 Havens Rd.</u> <u>Dryden, MI 48438</u> <input type="checkbox"/> Private Residence
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7. Total Contributions 71,000.00

8. Other Receipts - 0 -

9. Gross Receipts (Add lines 7 and 8) 71,000.00

10. Total Cost of Event 38,308.88 *

(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

* Corrected per checks letter
11-1-2018

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.



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 all contributions regardless of amount.

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

3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 9-5-18

Name & Address: Timothy McNamara
117 Baynton Ave NE
Grand Rapids, MI 49503

5. If over \$100.00 cumulative, please provide:
Occupation VP Employer Fishbeck, Thompson, Carr & Huber PC
Business Address 1515 Arboretum Dr SE Grand Rapids, MI 49546
Type of Contribution: Direct Loan from a person Fund Raiser

\$ 500 - \$ 1,000

3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 9-5-18

Name & Address: Brian Busch
50762 Seaden Dr.
Chestnutfield, MI 48047

5. If over \$100.00 cumulative, please provide:
Occupation Sales Eng. Employer ETNA Supply
Business Address 46555 Continental Dr. Chestnutfield, MI 48047
Type of Contribution: Direct Loan from a person Fund Raiser

\$ 1,000 - \$ 1,000

3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 9-5-18

Name & Address: Michael Pifer
6438 Boulder Dr.
Flushing, MI 48433

5. If over \$100.00 cumulative, please provide:
Occupation owner Employer KRAFT Engineering & Surveying Inc.
Business Address 409 W Seventh St Flint MI 48503
Type of Contribution: Direct Loan from a person Fund Raiser

\$ 500 - \$ 1,000

3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 8-28-18

Name & Address: Miller Canfield PAC
150 W. Jefferson Ste. 2500
Detroit, MI 48226

5. If over \$100.00 cumulative, please provide:
Occupation _____ Employer Miller-Canfield
Business Address see above
Type of Contribution: Direct Loan from a person Fund Raiser

\$ 4,000 - \$ 8,000

Page Subtotal 6,000

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

Enter this total on line 3a of Summary Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**INCIDENTAL OFFICE EXPENSE
DISBURSEMENTS
SCHEDULE 1C
CANDIDATE COMMITTEE**
(For use by officeholders only)

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

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: <u>Assumption Greek Orthodox Church</u> <u>2245 E. Baldwin Rd.</u> <u>Grand Blanc, MI 48439</u>	Purpose <u>Sponsor</u>	<u>7-25-18</u> Date	<u>\$ 500⁻</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>GO</u> <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type	
Disbursement # 2 Name & Address: <u>STRATEGIC HOPE</u> <u>3549 S. Dort Hwy.</u> <u>Suite 218</u> <u>Flint, MI 48507</u>	Purpose <u>Donation</u>	<u>7-25-18</u> Date	<u>\$ 175⁰⁰</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>GO</u> <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type	
Disbursement # 3 Name & Address: <u>Merjeas</u> <u>8089 Lapeer Rd.</u> <u>Davison, MI 48443</u>	Purpose <u>STAMPS - To Mail Fund RAISER</u>	<u>8-4-18</u> Date	<u>\$ 50⁻</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>BO</u> <input checked="" type="checkbox"/> Fund Raiser	Click for Memo Itemization Type	
Disbursement # 4 Name & Address: <u>Curtis Printing</u> <u>2171 Lodge Rd.</u> <u>Flint, MI 48530</u>	Purpose <u>PRINTING - FUND RAISER</u>	<u>8-9-18</u> Date	<u>\$ 21²⁰</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code _____ <input checked="" type="checkbox"/> Fund Raiser	Click for Memo Itemization Type	

Subtotal this page 746.20

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

Enter this total on line 10a of Summary Page

*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES
Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**INCIDENTAL OFFICE EXPENSE
DISBURSEMENTS
SCHEDULE 1C
CANDIDATE COMMITTEE**
(For use by officeholders only)

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

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: <u>All Safe STORAGE</u> <u>1320 N. Belsay Rd.</u> <u>BURTON, MI 48509</u>	Purpose <u>Sign/Posts STORAGE</u>	<u>9-4-18</u> Date	<u>\$ 360-</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code _____ <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type	
Disbursement # 2 Name & Address: <u>ARMY UNIVERSE</u> <u>1558 Bay Ridge Ave.</u> <u>BROOKLYN, NY 11219</u>	Purpose <u>FUNDRAISER EXPENSES</u> <u>(HATS)</u>	<u>9-6-18</u> Date	<u>\$ 1199⁷⁹</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code _____ <input checked="" type="checkbox"/> Fund Raiser	Click for Memo Itemization Type	
Disbursement # 3 Name & Address: <u>Genesee Agricultural Society</u> <u>2188 W. MT MORRIS Rd.</u> <u>MT. MORRIS, MI 48458</u>	Purpose <u>SPONSOR / DONATION</u> <u>(COUNTY FAIR)</u>	<u>8-14-18</u> Date	<u>\$ 1,000[#]</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>60</u> <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type	
Disbursement # 4 Name & Address: <u>GREAT PUT-ON INC.</u> <u>63240 W PASADENA</u> <u>FLINT, MI 48504</u>	Purpose <u>SCREEN PRINT ON HATS</u> <u>FOR FUNDRAISER</u>	<u>9-7-18</u> Date	<u>\$ 482³⁰</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code _____ <input checked="" type="checkbox"/> Fund Raiser	Click for Memo Itemization Type	

Subtotal this page 3042.09

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

Enter this total
on line 10a of
Summary Page

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**INCIDENTAL OFFICE EXPENSE
DISBURSEMENTS
SCHEDULE 1C
CANDIDATE COMMITTEE**
(For use by officeholders only)

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

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: <u>CONSTRUCTION FASTENERS, INC</u> <u>2120 KANSAS</u> <u>FLINT, MI 48503</u>	Purpose <u>Safety Glasses / ear Plugs</u> <u>FOR FUND RAISER</u>	<u>9-11-18</u> Date	<u>\$ 80⁷⁷</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code _____ <input checked="" type="checkbox"/> Fund Raiser	Click for Memo Itemization Type	
Disbursement # 2 Name & Address: <u>WARREN VYVYAN</u> <u>4608 Beecher Rd.</u> <u>FLINT, MI 48532</u>	Purpose <u>Reimb FUNDRAISER PRIZES</u>	<u>9-17-18</u> Date	<u>\$ 300⁻</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>PO</u> <input checked="" type="checkbox"/> Fund Raiser	Click for Memo Itemization Type	
Disbursement # 3 Name & Address: <u>DLT TRADING</u> <u>2900 CLEVELAND AVE</u> <u>MARINETTE, WI 54143</u>	Purpose <u>FUNDRAISER GIFTS</u>	<u>9-17-18</u> Date	<u>\$ 4495⁰⁹</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code _____ <input checked="" type="checkbox"/> Fund Raiser	Click for Memo Itemization Type	
Disbursement # 4 Name & Address: <u>GARDEN OUTDOORS</u> <u>5038 MILLER RD.</u> <u>FLINT, MI 48507</u>	Purpose <u>FUNDRAISER GIFTS</u>	<u>9-13-18</u> Date	<u>\$ 4479⁰⁶</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code _____ <input checked="" type="checkbox"/> Fund Raiser	Click for Memo Itemization Type	

Subtotal this page 9354.77

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

Enter this total
on line 10a of
Summary Page

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Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**INCIDENTAL OFFICE EXPENSE
DISBURSEMENTS
SCHEDULE 1C
CANDIDATE COMMITTEE**
(For use by officeholders only)

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

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: <u>Checks Unlimited</u> <u>PO Box 35630</u> <u>Colorado, Springs, CO 80953</u>	Purpose <u>Purchase checks</u> Disbursement Code <u>B0</u>	<u>9-21-18</u> Date	<u>\$ 30¹⁶</u> Click for Memo Itemization Type
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	<input type="checkbox"/> Fund Raiser	Disbursement # 2 Name & Address: <u>YMCA Partner Youth</u> <u>411 E. Third ST</u> <u>Flint, MI 48501</u>	Purpose <u>Sponsor / Donation</u> Disbursement Code <u>G0</u> <u>9-22-18</u> Date <u>\$ 250⁰⁰</u> Click for Memo Itemization Type
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	<input type="checkbox"/> Fund Raiser	Disbursement # 3 Name & Address: <u>Huntsman Hunt Club, Inc.</u> <u>3166 Havens Rd.</u> <u>Dryden, MI 48428</u>	Purpose <u>Food / Entertainment</u> <u>for Fund Raiser</u> Disbursement Code _____ <u>10-3-18</u> Date <u>\$ 27,200⁸⁰</u> Click for Memo Itemization Type
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	<input checked="" type="checkbox"/> Fund Raiser	Disbursement # 4 Name & Address: <u>Borston Field House</u> <u>3300 N. Saginaw ST.</u> <u>Flint, MI 48502</u>	Purpose <u>Donation (Trunk or Treat)</u> Disbursement Code <u>G0</u> <u>10-16-18</u> Date <u>\$ 300⁻</u> Click for Memo Itemization Type

Subtotal this page 27 780.98
 Grand Total of all Schedules 1C
 (Complete on last page of Schedule)

Enter this total on line 10a of Summary Page

*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES
 Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**INCIDENTAL OFFICE EXPENSE
DISBURSEMENTS
SCHEDULE 1C
CANDIDATE COMMITTEE**
(For use by officeholders only)

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

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: <u>NAW Local 598 Retiree Chapter</u> <u>3293 Vanslyke Rd.</u> <u>Flint, MI 48507</u>	Purpose <u>Donation (Box Lunches)</u> Disbursement Code <u>60</u>	<u>10-19-18</u> Date	\$ <u>346⁷⁰</u> Click for Memo Itemization Type
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	<input type="checkbox"/> Fund Raiser	Disbursement # 2 Name & Address: Purpose _____ \$ _____ Date Click for Memo Itemization Type	
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	<input type="checkbox"/> Fund Raiser	Disbursement # 3 Name & Address: Purpose _____ \$ _____ Date Click for Memo Itemization Type	
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	<input type="checkbox"/> Fund Raiser	Disbursement # 4 Name & Address: Purpose _____ \$ _____ Date Click for Memo Itemization Type	

Subtotal this page 346⁷⁰
 Grand Total of all Schedules 1C
 (Complete on last page of Schedule) 41,270⁷⁴

Enter this total on line 10a of Summary Page

*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES
 Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY