



Office closed, state of emergency
1/30 - 1/31
Timely Filing

**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 10-21-2018 to 12-31-2018

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 Vyvyan
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) 606-5114

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

Required ONLY if candidate is not on the ballot for the current year:

July Quarterly
 October Quarterly

9c. Annual Statement (2018) Coverage Year

9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)

Pre-Election or Post-Election Statement relates to:

- Primary
- General
- Convention
- Special
- School
- Caucus

Date of Election, Convention or Caucus

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 lates 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

Date

1-18-2019

Candidate Jeff Wright
Type or Print Name

Signature

Date

1-20-2019



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
RECEIPTS		
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ _____	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ _____	(18.) \$ <u>145,790.94</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>53.90</u>	(19.) \$ <u>53.90</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>53.90</u>	(20.) \$ <u>145,844.84</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>216.81</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>216.81</u>	(23.) \$ <u>119,039¹⁰</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>6123.50</u> *	* <u>Start new Form w/schedule 1C</u>
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>6123.50</u>	(24.) \$ <u>6123.50</u>
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>84,463.66</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>53.90</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>84,517.56</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>6340.31</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>78,177.25</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>10-31-18</u> <u>11-30-18</u> <u>12-31-18</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>2.19</u> Click for Memo Itemization Type
Receipt #2 Name & Address: <u>Rebate Checks Unlimited</u> <u>PO Box 35630</u> <u>Colorado, Springs, CO 80953</u>	Date of Receipt <u>10-25-18</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>Rebate on ordered checks</u>	\$ <u>1.71</u> Click for Memo Itemization Type
Receipt #3 Name & Address: <u>MT. Calvary M. B. Church</u> <u>4805 N. Saginaw ST</u> <u>Flint, MI 48504</u>	Date of Receipt <u>6-14-18</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 not cashed</u>	\$ <u>50-</u> Click for Memo Itemization Type
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) _____	\$ _____ Click for Memo Itemization Type
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) _____	\$ _____ Click for Memo Itemization Type
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) _____	\$ _____ Click for Memo Itemization Type
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) _____	\$ _____ Click for Memo Itemization Ty

Page Subtotal

53.90

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

53.90

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>The Huntsman Hunt Club</u> Address <u>3166 Havens Rd.</u> <u>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>12-3-18</u> Date	\$ <u>216.81</u>
Expenditure #2 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 #3 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 #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 216.81

Grand Total of all Schedules 1B
(Complete on last page of Schedule) 216.81

Enter this total
on line 8a 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>Burton Kiwanis</u> <u>1061 Arapaho Dr.</u> <u>Burton, MI 48509</u>	Purpose <u>Donation</u>	<u>10-25-18</u> Date	<u>\$ 100⁻</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 # 2 Name & Address: <u>Genesee Agricultural Society</u> <u>2188 W MT. MORRIS Rd.</u> <u>MT. MORRIS, MI 48458</u>	Purpose <u>Membership</u>	<u>12-11-18</u> Date	<u>\$ 25⁻</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>NO</u> <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type	
Disbursement # 3 Name & Address: <u>IMA Brockwood</u> <u>6045 Davison Rd.</u> <u>Burton, MI 48509</u>	Purpose <u>office Staff Appreciation Dinner</u>	<u>12-11-18</u> Date	<u>\$ 4548⁵⁰</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>Salvation Army</u> <u>211 W. Kearsley St</u> <u>Flint, MI 48457</u>	Purpose <u>Donation</u>	<u>12-18-18</u> Date	<u>\$ 250⁻</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	

Subtotal this page 4923,50

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



**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>Montrose Orchards</u> <u>12473 Seymour Rd.</u> <u>Montrose, MI 48457</u>	Purpose <u>Donation (Food) to</u> <u>North End Soup Kitchen</u> Disbursement Code <u>60</u> <input type="checkbox"/> Fund Raiser	<u>10-17-18</u> Date	<u>\$ 1,200</u> Click for Memo Itemization Type
Disbursement # 2 Name & Address: <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose Disbursement Code _____ <input type="checkbox"/> Fund Raiser	_____ Date	\$ _____ Click for Memo Itemization Type
Disbursement # 3 Name & Address: <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose Disbursement Code _____ <input type="checkbox"/> Fund Raiser	_____ Date	\$ _____ Click for Memo Itemization Type
Disbursement # 4 Name & Address: <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose Disbursement Code _____ <input type="checkbox"/> Fund Raiser	_____ Date	\$ _____ Click for Memo Itemization Type
Subtotal this page			<u>1200</u>
Grand Total of all Schedules 1C (Complete on last page of Schedule)			<u>6123.50</u>

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