



**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 1-1-2019 to 7-20-2019

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

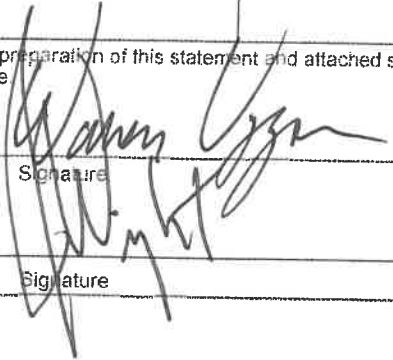
By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven and no longer collectible from the committee. The committee has no outstanding assets, owes no rates fees or has any outstanding debt.

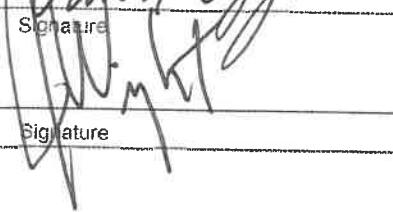
Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

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 7-23-2019

Candidate Jeff Wright Type or Print Name
Signature  Date 7.23.2019



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
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>145,844.84</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>3.78</u>	(19.) \$ <u>3.78</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>3.78</u>	(20.) \$ <u>145,848.62</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>864.14</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>864.14</u>	(23.) \$ <u>119,903.24</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>4250⁻</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>4250⁻</u>	(24.) \$ <u>10,373.50</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>78,177.25</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>3.78</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>78,181.03</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>5,114.14</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>73,066.89</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 E AIW37</u> <u>Columbus, OH 43216</u>	Date of Receipt <u>Jan. To June</u>	<input type="checkbox"/> Loan from a Lending Institution <input checked="" type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <small>Click for Memo Itemization Type</small> <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Fund Raiser	\$ <u>3.78</u>
Receipt #2 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <small>Click for Memo Itemization Type</small> <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Fund Raiser	\$ _____
Receipt #3 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <small>Click for Memo Itemization Type</small> <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Fund Raiser	\$ _____
Receipt #4 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <small>Click for Memo Itemization Type</small> <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Fund Raiser	\$ _____
Receipt #5 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <small>Click for Memo Itemization Type</small> <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Fund Raiser	\$ _____
Receipt #6 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <small>Click for Memo Itemization Type</small> <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Fund Raiser	\$ _____
Receipt #7 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <small>Click for Memo Itemization Type</small> <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Fund Raiser	\$ _____

Page Subtotal

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

3.78

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>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>2-8-19</u> Date	<u>\$ 149¹⁴</u>
Expenditure #2 Name <u>US Post office</u> Address <u>2500 S. Linden Rd.</u> <u>Flint, MI 48532</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>2-8-19</u> Date	<u>\$ 55⁻</u>
Expenditure #3 Name <u>All State Storage Center</u> Address <u>1320 N. Belsay Rd.</u> <u>Burton, MI</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Office Exp.</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3-6-19</u> Date	<u>\$ 360⁻</u>
Expenditure #4 Name <u>Comm to Elect David Martin</u> Address <u>418 S. Main St.</u> <u>Davison, MI 48423</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>6-6-19</u> Date	<u>\$ 100⁻</u>
Expenditure #5 Name <u>Comm. To Re-elect 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>6-6-19</u> Date	<u>\$ 100⁻</u>

Subtotal this page 764.14

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>David Leyton Committee</u> Address <u>PO Box 320349 Flint, MI 48532</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Dues</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6-13-19</u> Date	\$ <u>100⁻</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

100⁻

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

864.14

Enter this total
on line 8a of
Summary Page



**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>Democratic Club 205</u> <u>7083 Stanley Rd.</u> <u>Flushing, MI 48433</u>	Purpose <u>Annual Membership</u>	<u>1-16-19</u> Date	<u>\$ 150⁻</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>DO</u> <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type	
Disbursement # 2 Name & Address: <u>St. Patrick's Day Parade Fund</u> <u>8343 Manchester Dr.</u> <u>Grand Blanc, MI 48439</u>	Purpose <u>SPONSOR</u>	<u>1-23-19</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>FO</u> <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type	
Disbursement # 3 ^{River} Name & Address: <u>Flint Watershed Coalition</u> <u>1300 Bluff St. Suite 114</u> <u>Flint, MI 48504</u>	Purpose <u>SPONSOR</u>	<u>1-31-19</u> Date	<u>\$ 1000⁻</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>FO</u> <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type	
Disbursement # 4 Name & Address: <u>Burton Kinnis</u> <u>5272 White Pines Dr.</u> <u>Grand Blanc, MI 48439</u>	Purpose <u>Donation</u>	<u>2-8-19</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>FO</u> <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type	
Subtotal this page			<u>1550⁻</u>
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>MI Fraternal Order of Police</u> <u>PO Box 12299</u> <u>Lansing, MI 48901</u>	Purpose <u>Donation</u> Disbursement Code <u>60</u>	<u>2-6-19</u> Date	<u>\$ 75-</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement			
Disbursement # 2 Name & Address: <u>Genesee Co. Bar Assoc.</u> <u>315 E. Court St.</u> <u>Flint, MI 48502</u>	Purpose <u>Donation</u> Disbursement Code <u>60</u>	<u>3-6-19</u> Date	<u>\$ 300-</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement			
Disbursement # 3 Name & Address: <u>FOP #126</u> <u>PO Box 7738</u> <u>Flint, MI 48507</u>	Purpose <u>Donation</u> Disbursement Code <u>60</u>	<u>4-9-19</u> Date	<u>\$ 125-</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement			
Disbursement # 4 Name & Address: <u>Team Benjamin</u> <u>8860 Burt Rd.</u> <u>Birch Run, MI 48415</u>	Purpose <u>Donation</u> Disbursement Code <u>60</u>	<u>4-4-19</u> Date	<u>\$ 250-</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement			
Subtotal this page			<u>750-</u>
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>Assumption Greek Orthodox</u> <u>2045. W. Baldwin Church</u> <u>Grand Blanc, MI 48439</u>	Purpose <u>Donation</u> Disbursement Code <u>FO</u> <input type="checkbox"/> Fund Raiser	<u>6-6-19</u> Date	<u>\$ 500-</u> Click for Memo Itemization Type
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement 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> Disbursement Code <u>FO</u> <input type="checkbox"/> Fund Raiser	<u>6-17-19</u> Date	<u>\$ 450-</u> Click for Memo Itemization Type
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement Disbursement # 3 Name & Address: <u>Genesee County Fair</u> <u>2188 W. Mt. Morris</u> <u>Mt. Morris, MI 48458</u>	Purpose <u>Donation</u> Disbursement Code <u>FO</u> <input type="checkbox"/> Fund Raiser	<u>6-27-19</u> Date	<u>\$ 1000-</u> Click for Memo Itemization Type
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement Disbursement # 4 Name & Address:	Purpose _____ Disbursement Code _____ <input type="checkbox"/> Fund Raiser	_____ Date	\$ _____ Click for Memo Itemization Type

Subtotal this page 1950-
 Grand Total of all Schedules 1C
 (Complete on last page of Schedule) 4250-

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