



Amended

**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

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

6. Treasurer's Name & Residential Address
Warren Vyvyan
1455 Laurentian Pass
Flint, MI 48532
 Area Code & Phone (810) 600 5119

8. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper)
 Area Code and Phone _____

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

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.

7. Treasurer's Business Address
same as #6
 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 7-7-2019
 Candidate Jeff Wright Type or Print Name
 Signature [Signature] Date 7-7-19



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.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ _____	(18.) \$ <u>145844.84</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>145848.62</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.) \$ _____	
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.) \$ _____	(23.) \$ <u>119,039¹⁰</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>5114.14</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>5114.14</u>	(24.) \$ <u>11237.64</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>78177.25</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>78181.03</u>	
16. Amount expended during reporting period (Add lines 8 and 11)	(16.) - \$ <u>5114.14</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>73066.89</u>	



**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> Disbursement Code <u>60</u> <input type="checkbox"/> Fund Raiser	<u>1-16-19</u> Date	<u>150⁻</u> Click for Memo Itemization Type
Disbursement # 2 Name & Address: <u>St. Patrick's Day Parade Fund</u> <u>8343 Mauchoska Dr.</u> <u>Grand Blanc, MI 48439</u>	Purpose <u>Sponsor</u> Disbursement Code <u>60</u> <input type="checkbox"/> Fund Raiser	<u>1-23-19</u> Date	<u>300⁻</u> Click for Memo Itemization Type
Disbursement # 3 Name & Address: <u>Flint Watershed Coalition</u> <u>1300 Bluff St. Suite 114</u> <u>Flint, MI 48504</u>	Purpose <u>Sponsor</u> Disbursement Code <u>60</u> <input type="checkbox"/> Fund Raiser	<u>1-31-19</u> Date	<u>1000⁻</u> Click for Memo Itemization Type
Disbursement # 4 Name & Address: <u>Burton Kunnwis</u> <u>5072 White Pines Dr.</u> <u>Grand Blanc, MI 48439</u>	Purpose <u>Donation</u> Disbursement Code <u>60</u> <input type="checkbox"/> Fund Raiser	<u>2-8-19</u> Date	<u>100⁻</u> 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



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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> <input type="checkbox"/> Fund Raiser	<u>2-6-19</u> Date	<u>75-</u> Click for Memo Itemization Type
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> <input type="checkbox"/> Fund Raiser	<u>3-6-19</u> Date	<u>300-</u> Click for Memo Itemization Type
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> <input type="checkbox"/> Fund Raiser	<u>4-9-19</u> Date	<u>125-</u> Click for Memo Itemization Type
Disbursement # 4 Name & Address: <u>TEAM BENJAMIN</u> <u>8866 Burt Rd.</u> <u>Birch Run, MI 48415</u>	Purpose <u>Donation</u> Disbursement Code <u>60</u> <input type="checkbox"/> Fund Raiser	<u>4-1-19</u> Date	<u>250-</u> Click for Memo Itemization Type
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

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

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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 Click for Memo Itemization Type	<u>\$500-</u>
<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 Click for Memo Itemization Type	<u>\$450-</u>
<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 Click for Memo Itemization Type	<u>\$1000-</u>
<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)

Enter this total
on line 10a of
Summary Page

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**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>Huntsman Hunt Club</u> <u>3166 Haven's Rd.</u> <u>Dryden, MI 48428</u>	Purpose <u>staff luncheon</u>	<u>2-8-19</u> Date	<u>149¹⁴</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 # 2 Name & Address: <u>US Post office</u> <u>2560 S. Linden Rd.</u>	Purpose <u>STamps</u>	<u>2-8-19</u> , <u>55⁻</u> Date	
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>BO</u> <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type	
Disbursement # 3 Name & Address: <u>All Safe Storage</u> <u>1320 N. Belsay</u> <u>Barton, MI</u>	Purpose <u>Sign Storage</u>	<u>3-6-19</u> , <u>360⁻</u> Date	
<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>Comm to Elmer D. Martin</u> <u>418 S. Main St</u> <u>Davison, MI 48423</u>	Purpose <u>Fundraiser Tickets</u>	<u>6-6-19</u> , <u>100⁻</u> Date	
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>IO</u> <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type	

Subtotal this page 664.14
 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

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Disbursement # 1 Name & Address: <u>Comm to Elect. M. Young</u> <u>PO Box 351</u> <u>Grand Blanc, MI 48480</u>	Purpose <u>Fund Raiser Tickets</u>	<u>6-6-19</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>IO</u> <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type	
Disbursement # 2 Name & Address: <u>D. Heytan Comm.</u> <u>PO Box 320349</u> <u>Flint, MI 48532</u>	Purpose <u>Fundraiser Tickets</u>	<u>6-13-19</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>I.O</u> <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type	
Disbursement # 3 Name & Address:	Purpose	Date	\$
<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 # 4 Name & Address:	Purpose	Date	\$
<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	

Subtotal this page 200-
 Grand Total of all Schedules 1C (Complete on last page of Schedule) 5114.14

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