



**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 10-31-2019 to 12-31-2019

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) 742-0246

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:

Pre-Election or Post-Election Statement relates to:

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

- July Quarterly
- October Quarterly

9c.  Annual Statement (2019) Coverage Year

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

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 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

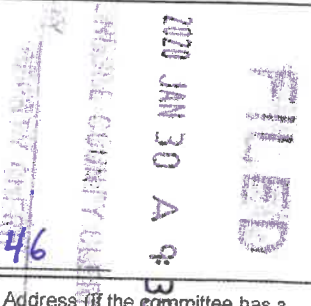
*Warren Vyvyan*  
Signature

Date 1-15-2020

Candidate Jeff Wright  
Type or Print Name

*Jeff Wright*  
Signature

Date 1-22-20





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>8500-</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>8500-</u>	(18.) \$ <u>215,394<sup>84</sup></u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>2.60</u>	(19.) \$ <u>8.35</u>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ <u>8,502.60</u>	(20.) \$ <u>215,403.19</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ _____	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
<b>EXPENDITURES</b>		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>25860.02</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ _____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ _____	
<b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>25,860.02</u>	(23.) \$ <u>158,310.31</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>6841.25</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$ <u>6841.25</u>	(24.) \$ <u>24353.89</u>
<b>DEBTS AND OBLIGATIONS</b>		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ _____	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _____	
<b>BALANCE STATEMENT</b>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>114,432.67</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>8,502.60</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>122,935.27</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>32,701.27</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>90,234.00</u> *	



**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 10-25-2019  
Name & Address: Kevin Kilby

\$ 3000- \$ 4,000-

5. If over \$100.00 cumulative, please provide:  
Occupation ATTORNEY Employer McGraw - Morris

[Click Here for Memo Itemization](#)

Business Address \_\_\_\_\_  
Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution #2 PAC Receipt?  YES 4. Date of Receipt 10-25-2019  
Name & Address: Michael D'Agostini  
17565 Augusta Dr.  
Macomb, MI 48042

\$ 1,500- \$ 3500-

5. If over \$100.00 cumulative, please provide:  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_

[Click Here for Memo Itemization](#)

Business Address \_\_\_\_\_  
Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution # 3 PAC Receipt?  YES 4. Date of Receipt 10-25-2019  
Name & Address: Sherry D'Agostini  
2281 Pond Valley Dr.  
Oakland, MI 48363

\$ 2000- \$ 6,000-

5. If over \$100.00 cumulative, please provide:  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_

[Click Here for Memo Itemization](#)

Business Address \_\_\_\_\_  
Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution # 4 PAC Receipt?  YES 4. Date of Receipt 10-25-2019  
Name & Address: Luigi R. D'Agostini  
2281 Pond Valley Dr.  
Oakland, MI 48363

\$ 2000- \$ 6,000-

5. If over \$100.00 cumulative, please provide:  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_

[Click Here for Memo Itemization](#)

Business Address \_\_\_\_\_  
Type of Contribution:  Direct  Loan from a person  Fund Raiser

Page Subtotal 8500-  
Grand Total of All Schedules 1A 8500  
(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.



**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 EAW 37</u> <u>Columbus, OH 43216</u>	Date of Receipt <u>OCT-Dec 2019</u>	<input type="checkbox"/> Loan from a Lending Institution <input checked="" type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate      Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Fund Raiser	\$ <u>2.60</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      Click for Memo Itemization Type <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      Click for Memo Itemization Type <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      Click for Memo Itemization Type <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      Click for Memo Itemization Type <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      Click for Memo Itemization Type <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      Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Fund Raiser	\$ _____

Page Subtotal 2.60

Grand Total of All Schedules 1A -1  
(Complete on last page of Schedule) 2.60

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>10-30-19</u> Date	<u>\$ 25,860<sup>00</sup></u> Amount
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	\$ _____ Amount
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	\$ _____ Amount
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	\$ _____ Amount
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	\$ _____ Amount

Subtotal this page 25,860<sup>00</sup>

Grand Total of all Schedules 1B  
(Complete on last page of Schedule) 25,860<sup>00</sup>

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>Salvation Army</u> <u>PO Box 3207</u> <u>Flint, MI 48502</u>	Purpose <u>Donation</u>	<u>10-21-19</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	
Disbursement # 2 Name & Address: <u>YMCA Partner with Youth</u> <u>411 E. 3rd Street</u> <u>Flint, MI 48503</u>	Purpose <u>Donation</u>	<u>10-21-19</u> Date	<u>\$ 275-</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 # 3 Name & Address: <u>Berston Field House</u> <u>3300 N. Saginaw ST</u> <u>Flint, MI 48505</u>	Purpose <u>Trunk or Treat</u>	<u>10-24-19</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>60</u> <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type	
Disbursement # 4 Name & Address: <u>Friends of Tim Sneller</u> <u>2253 McLaren ST.</u> <u>Burton, MI 48529</u>	Purpose <u>Fundraiser Tickets</u>	<u>10-25-19</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>60</u> <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type	

Subtotal this page 925-

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>MI Democratic Party</u> <u>PO Box 7787</u> <u>Flint, MI 48507</u>	Purpose <u>Fundraiser Tickets</u> Disbursement Code <u>60</u> <input type="checkbox"/> Fund Raiser	<u>11-15-19</u> Date	<u>\$ 650-</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>Genesee Co. Arg. Society</u> <u>2188 W. MT. MORRIS RD.</u> <u>MT. MORRIS, MI 48458</u>	Purpose <u>ANNUAL Membership</u> Disbursement Code <u>60</u> <input type="checkbox"/> Fund Raiser	<u>11-19-19</u> Date	<u>\$ 25-</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>Comm. to Elect Dume Haskins</u> <u>2359 Melody Lane</u> <u>BURTON, MI 48509</u>	Purpose <u>Fundraiser Tickets</u> Disbursement Code <u>60</u> <input type="checkbox"/> Fund Raiser	<u>12-3-19</u> Date	<u>\$ 100-</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: <u>Catholic Relief Services</u> <u>PO Box 17145</u> <u>Baltimore, MD 21298</u>	Purpose <u>Donation</u> Disbursement Code <u>60</u> <input type="checkbox"/> Fund Raiser	<u>12-4-19</u> Date	<u>\$ 100-</u> Click for Memo Itemization Type
Subtotal this page			<u>875-</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>I MA Brookwood</u> <u>6045 DAVISON Rd.</u> <u>BURTON, MI 48509</u>	Purpose <u>Appreciation Dinner</u>	<u>12-18-19</u> Date	<u>\$ 3766<sup>25</sup></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>Montrose Orchards</u> <u>12473 Seymour Rd.</u> <u>Montrose, MI 48457</u>	Purpose <u>Donation To</u> <u>Catholic Charities</u>	<u>12-30-19</u> Date	<u>\$ 1275</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 # 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 5041.25

Grand Total of all Schedules 1C  
(Complete on last page of Schedule) 6841.25

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





**FUND RAISER SCHEDULE 1F  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 33520  
2. Committee Name Jeff Wright 2008

**- USE A SEPARATE SHEET FOR EACH EVENT -**

3. Date Event Was Held <u>9-27-2019</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>96</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</u> <u>3166 HAVENS Rd.</u> <u>Ann Arbor, MI 48108</u> <input type="checkbox"/> Private Residence
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7. Total Contributions 69,550-  
8. Other Receipts \_\_\_\_\_  
9. Gross Receipts (Add lines 7 and 8) 69,550-  
10. Total Cost of Event 39,271.21  
(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 (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- 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.