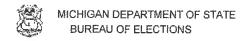
## CANDIDATE COMMITTEE COVER PAGE

#### FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink the treasurer (or designated record keeper) an	and signed by d candidate.	3. This Statement covers:	from 1-1-2020 to	7-19-2020
1. Committee I.D. Number		4. Candidate Last Name		M.I.
33520		Wright	Jeff	141-11-
2 Committee Name		4a. Office Sought Including	District # or Community Served (If	applicable)
2. Committee Name		Drain Commissione	r	
Jeff Wright 2000		4b. County of Residence (	BENESEE	
5. Committee's Mailing Address		6. Treasurer's Name & Res	sidential Address	+
2174 Sycamore St.		Warren Vyvyan		
Burton,MI 48509		1455 Laurentian P	ass ass	
		Flint, MI 48532		
Area Code and Phone (810) 742-0246 If the address in this box is different from the commailing address on the Statement of Organization be sent to this address by the filing official.	mittee , mail may	Asso Carta & Dh (810)		
7. Treasurer's Business Address		Area Code & Phone (810)		
same as #6		8. Designated Record Keep Designated Record Keeper	er's Name and Mailing Address (If	the committee has a
Same as #0				
	ų.		State of the state	75 1954
Area Code and Phone		_	7 2 2	*** ACB
9. TYPE OF STATEMENT	<del></del>	Area Code and Phone	9e. Dissolution of Candidate	0
9a. Pre-Election OR 9b. Post-Election		LY if candidate	20	*§¥
	is not on the to	pallot for the	By checking this item I/Me of by the committee to the candidate	a ar hia ar har annua - 1. h
Pre-Election or Post-Election Statement relates to:	Later Committee	at.	by discharged and forgiven and in the committee. The committee h	no longer collectible from
Primary	July Quarte	riy	owes no lates fees or has any ou	tstanding debt.
General	October Qu	arterly	Coother if the diseast at	
Convention			Further, if the dissolution cannot to considered a request for the Report	oe granted, that this be orting Waiver.
Special	9c. 🗀 .	•		
School	LIAnnual:	Statement () Coverage Year	Effective date of dissolu	ution
Caucus	od Amendr	ment to Campaign Statement		
	(Comple	ete Item 9a, 9b, 9c or 9e to which Statement is being	Note: The disposition of residual t	funde must be reported as
	amende		Schedule 1B and the Summary P	age.
Date of Election, Convention or Caucus				
8-4-2020		1		
NOT THE OWNER OF THE OWNER OW		1		
Verification: I\We certify that all reasonable diliger     vour knowledge and belief the contents are true, ac-	nce was used in to ccurate and comp	the preparation of this statement of the preparation of the statement of the preparation	ent and attached schedules (if any)	and to the best of
erignated Record Keeper Warren Vyvya	n,	No sure	na 7	- 17-1010
Type or Print Name		Signatule	Date	-12-1020 ·23.2020
Jeff Wright		IIII	———— Date	.23.2020
Type or Print Name		Signature		



SUMMARY PAGE

1. Committee I.D. Number 33520

2. Committee Name Teff Wright 2000

OARDIDATE COMMITTEE		
RECEIPTS  3. Contributions	Column I This Period	Column II Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 500.00	
b. Uniternized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ 5 00.00	(18.) \$ 2 15 894 84
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ 104,34	113 /9
	(5.) \$ 604.34	(19.)\$ 11d.61 (20.)\$ 216 007,53
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	(20.) \$ 416 001,33
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>33 568,65</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	101 00 96
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ 33 568 .65	(23.) \$ 191,878 96
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
Disbursements     a. Itemized (Schedule 1C, Column 6)	(10a.)\$ <u>2350</u> -	
b. Unitemized (less than \$50.01 each - no Schedule)	(40h.) #	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(10b.) \$	1/ 1/200
DEBTS AND OBLIGATIONS	(11.) \$ 2350	(24.) \$ 26 703.89
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
Services where the services were supposed to the services of t	BALANCE STATEMENT	THE RESIDENCE OF THE PROPERTY
42 Ending Delance of last year & Start	91 724 11	
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ 10 & 31.00	
14. Amount received during reporting period	(14.) + \$ 604.34	
(Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14	(15.) = \$_ 90 838,34	
16. Amount expended during reporting period	(10.) - Q	
(Add lines 9 and 11)	(16.) - \$ 35 918.65	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ 54 919.69 *	
, , , , , , , , , , , , , , , , , , , ,	\(\text{\text{\$\sigma}}\)	



#### **ITEMIZED OTHER RECEIPTS SCHEDULE 1A-1**

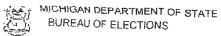
#### **CANDIDATE COMMITTEE**

1. Committee I.D. Number

		Committee Name Jeff WRIGHT 2000
	Date of Receipt	5. Type of Receipt 6. Amount
Name & Address:	ate of Receipt Tow - June dod 0	Loan from a Lending Institution    Interest
Hunting ton Brak. PO BOX 1858 GAW : Columbus, OH	43)16	Refund \Rebate Click for Memo Itemization Type
Columbus, OH _	Fund Raiser	Other (Specify)
Name & Address:	ate of Receipt 6-6-19	Loan from a Lending Institution
COMM to Elect 1		Interest
DAVISON, MI	5T 484J3	Refund \Rebate Click for Memo Itemization Type  Check wever cleaked Brown
	Fund Raiser	Other (Specify) Check Novel Cleared Day
Receipt #3 Date Name & Address:	of Receipt	Loan from a Lending Institution
·		· Interest \$
		Refund \Rebate Click for Memo Itemization Type
	Fund Raiser	Other (Specify)
Receipt #4 Date Name & Address:	of Receipt	Loan from a Lending Institution
		Interest \$
		Refund \Rebate Click for Memo Itemization Type
П	Fund Raiser	Other (Specify)
	f Receipt	Loan from a Lending Institution
		Interest \$
		Refund \Rebate Click for Memo Itemization Type
ΠF	und Raiser	Other (Specify)
Receipt #6 Date of F Name & Address:	Receipt	Loan from a Lending Institution
		Interest \$
		Refund \Rebate Click for Memo Itemization Type
	und Raiser	Other (Specify)
eceipt #7 Date of R lame & Address:	eceipt	Loan from a Lending Institution
		\$
		Refund \Rebate Click for Memo Itemization Type
Fu	and Raiser	Other (Specify)
		Page Subtotal 104 34
		Grand Total of All Schedules 1A -1 (Complete on last page of Schedule)
		Enter this total on

line 4 of Summary Page

Page of



#### ITEMIZED CONTRIBUTIONS SCHEDULE 1A

### CANDIDATE COMMITTEE

ITEMIZED CONTRIBUTIONS SCHEDULE 1A 1. Committee i D. N.	2251/1
CANDIDATE COMMITTEE	7/1/1/1
Enter contributor's name and add	12 (9/11 (XUI))
middle initial. Check box to indicate if contribution is from an individual, enter last name, first national committee (PAC) Report all contributions regardless of amount.	Election Cycle for Fach
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 7-18-20	Contributor (Through date of receipt)
haboreas Political Action Comes	retain day.
5. If over \$100.00 cumulative, please provide: 48497	/m= = =
5. If over \$100.00 cumulative, please provide: 484977	\$ 300 <sub>\$</sub> 300
Occupation Employer PAC	Click Here for Memo Itemization
Business Address 5 AM e  Type of Contribution: Direct	=
3 Contribution #2	
3 Contribution #2 PAC Receipt? YES 4. Date of Receipt Name & Address	And a complete ground and a state of the sta
	S
5. If over \$100.00 cumulative, please provide:	3
OccupationEmployer	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	
	s
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	
Contribution # 4 PAC Receipt? YES 4. Date of Receipt	A Company of the Comp
	- The state of the
5. If over \$100.00 cumulative, please provide:	5
OccupationEmployer	Click Here for Memo Itemization
Business Address	_
Type of Contribution. Direct Loan from a person Fund Raiser	
Page Subt	otal Conne
Grand Total of All Schedules	10 500 -
(Complete on last page of Schedi	Life) Enter this total on
Pageof	line 3a 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
4. Descriptior (Be specific disburseme	of Disbursement & you may assign nt code*)	n a 5. Da	ate 6. Amount Disbursem

3. Name and address of person to whom disbursement was made	Description of Disbursement     (Be specific & you may assign a	5. Date 6. Amount of Disbursemen
Disbursement # 1	disbursement code*)	J. S.
Name & Address:  Flint River Water Shed	Sponson Dinner	1-17-20 s 1,000
Flint River Water Shed 1300 Bluft ST. swite 114		Date Click for Memo Itemization Type
Flint, MI 48504	Disbursement Code FO	
Check box if this disbursement is payment of debt or obligation reported on previous statement	Fund Raiser	
Disbursement # 2 Name & Address:  13 u R for Kinimis	Purpose Dunk From	J-6-10 , 100 -
8272 White Pines PR		Date
GRAND Blang MI 48439		Click for Memo Itemization Type
	Disbursement Code	
Disbursement # 3 Name & Address:	Purpose	
MI FOP	DONATION	<u>J-18-30</u> \$ 75
PO Bux 12299		- 4.0
hansing, MI 48901-229	19	Click for Memo Itemization Type
Check box if this disbursement is payment of debt or obligation aported on previous statement	Disbursement Code	
lame & Address:  International Affairs Confe	Purpose Donation	3-33-do \$ 150-
GRAND Blanc, MI 48480		Click for Memo Itemization Type
Check box if this disbursement is payment of debt or obligation ported on previous statement	bursement CodeFund Raiser	
		Subtotal this page 1335
	Grand Total o (Complete on last	f all Schedules 1C 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

Page 1 of 3



#### **INCIDENTAL OFFICE EXPENSE DISBURSEMENTS** SCHEDULE 1C **CANDIDATE COMMITTEE**

(For use by officeholders only)

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

Name and address of person to whom disbursement was made	Description of Disbursement     (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1			
Name & Address:	Purpose		
ST PATRICKS Day Colobartion	Sportok	<u> </u>	s 300°
8343 MANChester DR.		Date	
GRAND Blanc, MI 48439		Click for Memo Iten	nization Type
Check how if this distance was to	Disbursement Code 60		
Check box if this disbursement is payment of debt or obligation reported on previous statement	Fund Raiser		
Disbursement # 2			
Name & Address: DAughters of Penelope Chapples 6163 Wine GRASS CT.	Purpose Donation	3-4-do	s200-
6163 WINEGRASS CT. "	013	Date	
GRAND Blanc, MI 48439		Click for Memo Itemiz	zation Type
	Disbursement Code		
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement CodeFund Raiser		
Disbursement # 3	Purpose		
Name & Address: Genesee County BM Assoc.	(11)	3-4-20 Date	: 300
315 E. Couet 5T		22.0	
		Click for Memo Itemiza	otion Trans
Flint, MI 48502		Office for Metho Remiza	auon Type
7	Disbursement Code (7 ()		
Check box if this disbursement is payment of debt or obligation eported on previous statement			
ported on previous statement	Fund Raiser		
sbursement # 4 ame & Address FRIEnds of BRAd BARREH	Fund RAISEN Tickets	7-2-20	s 100
517 E. Main ST.		Date	
	•	Click for Memo Itemizat	tion Type
Flushing, MI 48433			
Check box if this disbursement is payment of debt or obligation corted on previous statement	Disbursement Code Fund Raiser		
		ubtotal this page	700-
			100 -
	(Complete on last p	all Schedules 1C	

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

(For use by officerioliders office)		3 110 1111	.000
Name and address of person to whom disbursement was made	Description of Disbursement     (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address:  FOP # 126  4065 E. Piersowrkd.  Flint, MI 48506  Check box if this disbursement is payment of debt or obligation reported on previous statement  Disbursement # 2 Name & Address:	Disbursement Code  Disbursement Code  Fund Raiser  Purpose	7-J-JC  Date  Click for Memo	Disbursemen  2 \$ \( \int \) 15  Itemization Type
		Date Click for Memo It	emization Type
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code Fund Raiser		
Disbursement # 3 Name & Address:	Purpose	Date Click for Memo Ite	\$s mization Type
Check box if this disbursement is payment of debt or obligation eported on previous statement	Disbursement Code		
Disbursement # 4 Name & Address:	Purpose •	Date	\$
Check box if this disbursement is payment of debt or obligation eported on previous statement	Disbursement CodeFund Raiser	Click for Memo Iten	nization Type
		Subtotal this page of all Schedules 1C page of Schedule)	125-

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

Page 3 of 3

### ITEMIZED EXPENDITURES SCHEDULE 1B

1. Committee I. D. Number 33520

CANDIDATE COMMITTEE 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 DLT TRAding 2900 Cleve land Ave. Purpose: Election 600 Address Magnette, WI 54143 Click Here for Memo Itemization Type Check box if this expenditure is payment of Fund Raiser debt or obligation reported on previous statement Expenditure #2 All SAfe STURAGE Name 13 do N. Belsmy Rd. Address BURTON, MI 48529 Click Here for Memo Itemization Type Check box if this expenditure is payment of Fund Raiser debt or obligation reported on previous Expenditure #3 Name Genesee Co. Clerk Purpose: Election File Fee 4-13Date 900 5. SATIMAN ST. 2 VD Floor EAST Flint MI 48502 Click Here for Memo Itemization Type Check box if this expenditure is payment of Fund Raiser debt or obligation reported on previous Expenditure #4 SAWICK' & SONS Purpose: Election Exp 1521 W. Latayette DefRoit, MI 48216 Click Here for Memo Itemization Type Check box if this expenditure is payment of Fund Raiser debt or obligation reported on previous statement Expenditure #5 View News PAPEL GROUP PUBOX 220 Address LAPOOR MI 48446 Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous Fund Raiser statement Subtotal this page Grand Total of all Schedules 18

(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 335

33520	
-------	--

CONTRACT OCIAINI LICE	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	The state of the s
Name PRActical Political Address Consult	6-8-20 , 260
730 N. WAShing town	Ave Purpose: Election Ext. Date \$ 260
LANSING, MI 48906	Click Here for Merno Itemization Ty
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #2	- Satisfies I
Name Huntington Bank	neguthly
Address PO Box 1558 & Aw 37	Purpose: BANK Sorvice Fee Date \$ 30
Columbus, OH 43216	Movile by (5.00) Click Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous
Expenditure #3	statement
Name Jamie Medelin	(-14)
Address 4446 Central ST	Purpose: Election Exp. 6-34-30 \$ 100-
Columbiaville, MI 48421	Click Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #4	statement
M Live Media Group	6-29-20 16-20
Address Pept. 9.731)	Purpose: Election Exp. 6-39-30 \$ 3500
DetRoit, MI 48277-057)	Click Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement
xpenditure #5	
ame View Mark On And Goo.	
ddress POBOX 220	Purpose: Election Exp 6-29-20 \$ 3284-
LAPER, MI 48446	Click Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement
	Subtotal this page 8514 -
	Grand Total of all Schedules 18 (Complete on last page of Schedule)
	Enter this total

Page d of

Enter this total on line 8a of Summary Page

## ITEMIZED EXPENDITURES SCHEDULE 18

1. Committee I. D. Number 33520

	1. Committee I. D. Number	
CANDIDATE COMMITTEE	2. Committee Name Jeff Wright 2000	
3. Name and address of person or vendor to whom paid	Purpose (Required Information)	
expenditure #1	With the second	

3. Name and address of person or vendor to whom paid	4 Purpose /Dominal L	
Expenditure #1	Purpose (Required Information)	5. Date 6. Amount
Name Post master Address 400 Saginaw 57	Purpose: Election Exp.	7-1-30 \$4339 3
Fliwt, MT 48502  [Fund Raiser  Expenditure #2	Click F Check box if this expenditure is payment of debt or obligation reported on previous statement	lere for Merno Itemization Type
Name Curtis Printing Address 2171 Lodge Rd.	Purpose: Election Exp.	7-1-10 s 2748 5
Flint, MI 4853J	Click He Check box if this expenditure is payment of debt or obligation reported on previous statement	re for Memo Itemization Type
Name Allied Media Address 240 N. Fenway DR.  Fenton, MJ 48430  Fund Raiser	Purpose: Election 6x1.	7-10-30 \$ 5333 40 Date \$ 500 Type
Expenditure #4  Name  SANICK. a Sons  Address  1521 W. Lafayette  DetRoit, MI 48816  Fund Raiser	Purpose: Election 6xp.  Click Here to the character of the company	Date \$ 1001 70
Expenditure #5 Name DAN Foley Address 2190 Nie thammex BAY City, MT 18706	Marie Committee	15-20 \$ 150 ate
5	Subtotal this  Grand Total of all Schedu (Complete on last page of Sci	13 40 J

on line 8a of Summary Page



#### ITEMIZED EXPENDITURES SCHEDULE 18 CANDIDATE COMMITTEE

1. Committee I. D. Number

3352	0

TO THE STATE OF THE PARTY OF TH	2. Committee Name Jeff Wright 2000
Name and address of person or vendor to whom paid	Purpose (Required Information)     5. Date    6. Amount
Expenditure #1	100 100 100 100 100 100 100 100 100 100
Name ABC 13	11. ( 9-17-20 \$ 5085
Address 2302 Lapear Rd.	Purpose: Election Exp Date \$ 3085
Flint, MT 48503	Click Here for Merno Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #2	
Name Curtis Printing	Purpose: Election (40) Date \$ 881 65
Address 2171 Lodge Rd.	Purpose: Election Exp. Date
Flint, MI 48532	Click Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous
Expenditure #3	statement
Name Huntsman Hunt Club	7-1/-10 2200
address 3166 HAVENS RD	Purpose: Election Exp. 7-16-20 \$ 229 00
DEVOICE OF	Click Here for Memo Itemization Type
DRYOUR MI. 48428	Check box if this expenditure is payment of debt or obligation reported on previous
xpenditure #4	statement
ame Townsquare Media	7-16-20 1000
ddress 3338 Bristol Rd.	Purpose: Election Exp. 7-16-20 \$ 1,784
Burton, MI 48529	Click Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement
penditure #5	Otto Graph
ime	
dress	Purpose:\$
Fund Raiser	Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement
	D1
	Subtotal this page 7979 — Grand Total of all Schedules 18 (Complete on last page of Schedule) 33568 6
	(Complete on last page of Schedule) 33 3 6 8

Enter this total on line 8a of Summary Page