



**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 1-1-2020 to 7-19-2020

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)

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 () 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

8-4-2020

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

Date

7-22-2020

Candidate

Jeff Wright

Type or Print Name

Signature

Date

7-23-2020



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>500.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>500.00</u>	(18.) \$ <u>215 894⁸⁴</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>104.34</u>	(19.) \$ <u>112.69</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>604.34</u>	(20.) \$ <u>216 007.53</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>33 568.65</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>33 568.65</u>	(23.) \$ <u>191, 878⁹⁶</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>2350 -</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>2350 -</u>	(24.) \$ <u>26 703.89</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>90 234.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>604.34</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>90 838.34</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>35 918.65</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>54 919.69 *</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 GAW 37</u> <u>Columbus, OH 43216</u> <input type="checkbox"/> Fund Raiser	Date of Receipt <u>JAN-JUNE 2000</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) _____	\$ <u>4.34</u>
Receipt #2 Name & Address: <u>Comm to Elect David MARTIN</u> <u>418 S. Main ST</u> <u>Davison, MI 48423</u> <input type="checkbox"/> Fund Raiser	Date of Receipt <u>6-6-19</u>	<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 checked="" type="checkbox"/> Other (Specify) <u>Check never cleared Bank</u>	\$ <u>100-</u>
Receipt #3 Name & Address: _____ <input type="checkbox"/> Fund Raiser	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) _____	\$ _____
Receipt #4 Name & Address: _____ <input type="checkbox"/> Fund Raiser	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) _____	\$ _____
Receipt #5 Name & Address: _____ <input type="checkbox"/> Fund Raiser	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) _____	\$ _____
Receipt #6 Name & Address: _____ <input type="checkbox"/> Fund Raiser	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) _____	\$ _____
Receipt #7 Name & Address: _____ <input type="checkbox"/> Fund Raiser	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) _____	\$ _____
Page Subtotal			<u>104.34</u>
Grand Total of All Schedules 1A-1 (Complete on last page of Schedule)			<u>104.34</u>

Enter this total on
line 4 of Summary
Page



**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)
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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 7-18-20

Name & Address:
MI Laborers Political Action Comm
1118 Centennial Way Suite 100
LANSING, MI 48497

\$ 500- \$ 500-

[Click Here for Memo Itemization](#)

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

Business Address SAME

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 2 PAC Receipt? YES 4. Date of Receipt _____

Name & Address _____

\$ _____ \$ _____

[Click Here for Memo Itemization](#)

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

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt _____

Name & Address _____

\$ _____ \$ _____

[Click Here for Memo Itemization](#)

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

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt _____

Name & Address _____

\$ _____ \$ _____

[Click Here for Memo Itemization](#)

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

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal	<u>500-</u>
Grand Total of All Schedules 1A (Complete on last page of Schedule)	<u>500-</u>

Enter this total on line 3a 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>Flint River Water Shed</u> <u>1300 Bluff ST. Colation</u> <u>Flint, MI 48504</u>	Purpose <u>SPONSOR Dinner</u>	<u>1-17-20</u> Date	<u>\$ 1,000-</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>BURTON KIRK'S</u> <u>5272 White Pine Dr.</u> <u>Grand Blanc, MI 48439</u>	Purpose <u>Donation</u>	<u>2-6-20</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 # 3 Name & Address: <u>MI FOP</u> <u>PO Box 12299</u> <u>Lansing, MI 48901-2299</u>	Purpose <u>Donation</u>	<u>2-18-20</u> Date	<u>\$ 75-</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>International Affairs Center</u> <u>11426 Davis St</u> <u>Grand Blanc, MI 48480</u>	Purpose <u>Donation</u>	<u>3-23-20</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>60</u> <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type	

Subtotal this page 1325-

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>ST Patricks Day Celebration</u> <u>8343 Manchester DR.</u> <u>Grand Blanc, MI 48439</u>	Purpose <u>SPONSOR</u>	<u>2-18-20</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 # 2 Name & Address: <u>Daughters of Penelope Chapter #212</u> <u>6163 Winegrass Ct.</u> <u>Grand Blanc, MI 48439</u>	Purpose <u>Donation</u>	<u>3-4-20</u> Date	<u>\$ 200-</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>Genesee County Bnr Assoc.</u> <u>315 E. Court ST</u> <u>Flint, MI 48502</u>	Purpose <u>Sponsor Golf</u>	<u>3-4-20</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 BRAD BARRETT</u> <u>517 E. Main ST.</u> <u>Flushing, MI 48433</u>	Purpose <u>Fundraiser Tickets</u>	<u>7-2-20</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 900-

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>FOP #126</u> <u>4065 E. Pierson Rd.</u> <u>Flint, MI 48506</u>	Purpose <u>Donation</u> Disbursement Code <u>60</u>	<u>7-2-20</u> Date	\$ <u>125-</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement		<input type="checkbox"/> Fund Raiser Click for Memo Itemization Type	
Disbursement # 2 Name & Address:	Purpose _____ Disbursement Code _____	_____ Date	\$ _____
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement		<input type="checkbox"/> Fund Raiser Click for Memo Itemization Type	
Disbursement # 3 Name & Address:	Purpose _____ Disbursement Code _____	_____ Date	\$ _____
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement		<input type="checkbox"/> Fund Raiser Click for Memo Itemization Type	
Disbursement # 4 Name & Address:	Purpose _____ Disbursement Code _____	_____ Date	\$ _____
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement		<input type="checkbox"/> Fund Raiser Click for Memo Itemization Type	
Subtotal this page			<u>125-</u>
Grand Total of all Schedules 1C (Complete on last page of Schedule)			<u>2350-</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



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>DLT Trading</u> Address <u>2900 Cleveland Ave. Mauvrette, WI 54143</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Election Exp.</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>1-26-20</u> Date	\$ <u>948⁹⁹</u>
Expenditure #2 Name <u>All Safe Storage</u> Address <u>1320 N. Belsay Rd. Barton, MI 48529</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Election Exp.</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3-4-20</u> Date	\$ <u>360⁻</u>
Expenditure #3 Name <u>Genesee Co. Clerk</u> Address <u>900 S. SAGINAW ST. 2nd Floor East Flint, MI 48502</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Election File Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4-13-</u> Date	\$ <u>100⁻</u>
Expenditure #4 Name <u>Sawicki & Sons</u> Address <u>1521 W. Lafayette Detroit, MI 48216</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Election Exp.</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5-30-20</u> Date	\$ <u>296⁸⁰</u>
Expenditure #5 Name <u>View Newspaper Group</u> Address <u>PO Box 220 Lapeer, MI 48446</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Election Exp.</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6-4-20</u> Date	\$ <u>1916⁻</u>

Subtotal this page

3621⁷⁷

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>Practical Political Consulting</u> Address <u>920 N. Washington Ave. LANSING, MI 48906</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Election Exp.</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6-8-20</u> Date	\$ <u>2600-</u>
Expenditure #2 Name <u>Huntington Bank</u> Address <u>PO Box 1558 EAW 37 Columbus, OH 43216</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>BANK Service Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>Monthly</u> Date <u>Monthly (5.00)</u>	\$ <u>30-</u>
Expenditure #3 Name <u>Jamie Medelin</u> Address <u>4446 Central St. Columbiaville, MI 48421</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Election Exp.</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6-24-20</u> Date	\$ <u>100-</u>
Expenditure #4 Name <u>M Live Media Group</u> Address <u>Dept. 97571 Detroit, MI 48277-0571</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Election Exp.</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6-29-20</u> Date	\$ <u>2500⁰⁰</u>
Expenditure #5 Name <u>View Newspaper Group.</u> Address <u>PO Box 220 Lapeer, MI 48446</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Election Exp.</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6-29-20</u> Date	\$ <u>3284⁰⁰</u>

Subtotal this page 8514-

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>Postmaster</u> Address <u>400 Saginaw ST Flint, MI 48502</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Election Exp.</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-1-20</u> Date	\$ <u>4329⁴⁹</u>
Expenditure #2 Name <u>Curtis Printing</u> Address <u>2171 Lodge Rd. Flint, MI 48531</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Election Exp.</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-1-20</u> Date	\$ <u>2748⁵⁰</u>
Expenditure #3 Name <u>Allied Media</u> Address <u>240 N. Fenway DR. Fenton, MI 48430</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Election Exp.</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-10-20</u> Date	\$ <u>5223⁴⁶</u>
Expenditure #4 Name <u>SAWICKI & SONS</u> Address <u>1521 W. Lafayette Detroit, MI 48216</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Election Exp.</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-14-20</u> Date	\$ <u>1001⁷⁰</u>
Expenditure #5 Name <u>DAN Foley</u> Address <u>2190 Niehammer Bay City, MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Election Exp.</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-15-20</u> Date	\$ <u>150⁻</u>

Subtotal this page

13 453¹⁷

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>ABC 12</u> Address <u>2302 Lapeer Rd.</u> <u>Flint, MI 48503</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Election Exp.</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-17-20</u> Date	\$ <u>5,085⁰⁰</u>
Expenditure #2 Name <u>Curtis Printing</u> Address <u>2171 Lodge Rd.</u> <u>Flint, MI 48532</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Election Exp.</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-17-20</u> Date	\$ <u>881⁶⁴</u>
Expenditure #3 Name <u>Huntsman Hunt Club</u> Address <u>3166 HAWKINS RD</u> <u>DRYDEN MI. 48428</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Election Exp.</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-16-20</u> Date	\$ <u>229⁰⁷</u>
Expenditure #4 Name <u>Townsquare Media</u> Address <u>333 & Bristol Rd.</u> <u>BURTON, MI 48529</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Election Exp.</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-16-20</u> Date	\$ <u>1,784⁻</u>
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 7,979⁰¹

Grand Total of all Schedules 1B
(Complete on last page of Schedule) 33,568⁶⁵

Enter this total
on line 8a of
Summary Page