## **CANDIDATE COMMITTEE COVER PAGE**

#### FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink an the treasurer (or designated record keeper) and or	d signed by candidate.	3. This Statement covers:	7-20-200 to 8-24-2020	5	
1. Committee I.D. Number		4. Candidate Last Name First Name M.I.			
33520		Wright Jeff			
2. Committee Name		4a. Office Sought Including District # or Community Served (if applicable)  Prain Commissioner			
Loff Wright 2000		Night Administration			
Jeff Wright 2000		4b. County of Residence GENESEE			
5. Committee's Mailing Address		6. Treasurer's Name & Residential Address			
2174 Sycamore St.		Warren Vyvyan			
Burton,MI 48509		1455 Laurentian Pass Flint, MI 48532			
Area Code and Phone 810 742-0246					
If the address in this box is different from the committee malling address on the Statement of Organization, mall may be sent to this address by the filing official.		Area Code & Phone (810) 919 9618			
7. Treasurer's Business Address		8. Designated Record Keepe	r's Name and Malling Address the committee has a		
same as #6		Designated Record Keeper)			
				- 4	
			A DO OF		
			8		
Area Code and Phone		Area Code and Phone			
9. TYPE OF STATEMENT		M hand	9e. Dissolution of Candidate Committee		
9a. Pre-Election OR 9b. Post-Election	Required ONLY if candidate is not on the ballot for the current year:		By checking this item I/We cartify any outstanding debt by the committee to the candidate or his or her spouse is here		
Pre-Election or Post-Election Statement relates to:  Primary	July Quarle	erly	by discharged and forgiven and no longer collectible from the committee. The committee has no outstanding asset owes no lates fees or has any outstanding debt.	erri ets,	
General	October Q	uarterly			
Convention			Further, If the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.	1	
Special	9c. 🗀				
School	1	Statement () Coverage Year	Effective date of dissolution	1	
Caucus	9d. Amend	lment to Campaign Statement			
OCHOLD	(Comp	lete Item 9a, 9b, 9c or 9e to 9 which Statement is being ed.)	Note: The disposition of residual funds must be reported Schedule 1B and the Summary Page.	d on	
Date of Election, Convention or Caucus					
8-4-2020					
		19			
		4			
<ul> <li>I O. Verification: I/We certify that all reasonable dilige mylour knowledge and belief the contents are true, a</li> </ul>	nce was used in courate and for	n the theparation of this stateme	ent and while ched schedules (If any) and to the best of		
Current Treasurer or Designated Record Keeper  Tree or Digital Large	n \	Walian	Jyan Date 8-31-2020	)	
Type or Print Name		lignature .	111		
Candidate Jeff Wright		Wyku "	Date 3.3 ( · 20°	20	
Type or Print Name		Signarure			



SUMMARY PAGE

1. Committee I.D. Number 33 520

2. Committee Name Teff Wright 2000

CANDIDATE COMMITTEE		
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions	1	·
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	110000000
c. Subtotal of "Contributions"	(3c.) \$ <u>2500.00</u>	(18.) \$ 2 18,394.84
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$ 113.19
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>2500.50</u>	(20.) \$ 218,508.03
IN-KIND CONTRIBUTIONS & EXPENDITURES		
8. 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>28 083,17</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	310 9/112
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>08083,17</u>	(23.) \$ 219, 962.13
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$ 500.00	
b. Unitemized (less than \$50.01 each - no Schedule)	(10h ) ¢	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(10b.) \$ (11.) \$500,00	(24.)\$ 27203.89
DEBTS AND OBLIGATIONS 12. Debts and Obligations	(11.) \$	(24.) \$
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	(13.) \$ <u>54919.34</u>	
(Enter zero if no previous reports have been filed.)  14. Amount received during reporting period	(14.) + \$ <u>2500,50</u>	
(Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14	(15.) = \$ 57419.84	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - s 28583.17	
17. ENDING BALANCE	10 03/ 17	
(Subtract line 16 from line 15)	(17.) \$ <b>4</b> 0, 006,67	



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

## **CANDIDATE COMMITTEE**

1. Committee I.D. Number

33520

O Name S Address Francisco	2. Committee Name eff WRIGHT 2000
3. Name & Address From Whom Received 4. Date of Receipt	5. Type of Receipt 6. Amount
Receipt #1 Name & Address:  Date of Receipt 17 - 3	Loan from a Lending Institution
Funting for Bank PO Buy 1658 GAW37	Interest
Calumbus OH _ 43216	Refund \Rebate Click for Memo Itemization Type
Fund Raiser  Receipt #2  Date of Receipt	Other (Specify)
Name & Address:	Loan from a Lending Institution
	Interest \$
	Refund \Rebate Click for Memo Itemization Type
Fund Raiser	Other (Specify)
Receipt #3 Date of Receipt	Loan from a Lending institution
y.	Interest \$
	Refund \Rebate Click for Memo Itemization Type
Fund Raiser	Other (Specify)
Receipt #4 Date of Receipt Name & Address:	Loan from a Lending Institution
12	Interest \$
	Refund \Rebate Click for Memo Itemization Type
Fund Raiser	Other (Specify)
Receipt #5 Date of Receipt	Loan from a Lending Institution
	Interest \$
	Refund \Rebate Click for Memo Itemization Type
Fund Raiser Seceipt #6 Date of Receipt	Other (Specify)
ecelpt #6 Date of Receipt	Loan from a Lending Institution
	Interest \$
_	Refund \Rebate Click for Memo Itemization Type
Ceipt #7 Date of Receipt	Other (Specify)
ame & Address:	Loan from a Lending Institution
	Interest
	Refund \Rebate Click for Memo itemization Type
Fund Raiser	Other (Spacify)
	Page Subtotal 50
	Grand Total of All Schedules 1A -1 (Complete on last page of Schedule)
ge of	Enter this total on line 4 of Summary Page



# ITEMIZED CONTRIBUTIONS SCHEDULE 1A

## CANDIDATE COMMITTEE

1. Committee I.D. Number

eff Writht again

Enter contributor's name and address. If contribution is from an individual middle initial. Check box to indicate if contribution is from a Political Contribution is from a Political Contribution.	2. Committee Name	OCTT I	NKIGHT 2000
Committee (PAC) Report all contributions regardless of amount.	ial, enter last name, first name, mmittee or an independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through
3. Contribution # 1 PAC Receipt? X YES 4. Date of Re	celot 7 -39 1d1		date of receipt)
WAN Michigan V-PAC 8006 E. Jefferson	1-89-2020		
8006 E. Jefferson			
Detroit, MI 4814		1500	s 2500
5. If over \$190.00 cumulative, please provide:		\$ 2000	£ 2000
Occupation Employer 5 A MC		Click Here	for Memo Itemization
Business Address			TO MONIO MONIZACION
Type of Contribution: Direct Logo from a name			
3 Contribution #2	Fund Raiser		
Name & Address PAC Receipt? YES 4. Date of Rec	elpt	***************************************	
		\$	<b>.</b> \$
5. if over \$100.00 cumulative, please provide:		and the	
Occupation Employer		Click Here for	or Memo Itemization
Business Address			
Type of Contribution: Direct			
3. Contribution #3 PAC Receipts 1	Fund Raiser		
Name & Address: YES 4. Date of Rec	elpt		
		ę	
P. M. A.			\$
5. If over \$100.00 cumulative, please provide:		Click Here fo	r Memo Itemization
Occupation Employer			
Business Address			
Type of Contribution: Direct Loan from a person	Fund Raiser		
. Contribution # 4 PAC Receipt? YES 4. Date of Rec	eipt	- 5. 3	
		S	ine:
5. If over \$199.90 cumulative, please provide:			
Occupation		Click Here for	Memo Itemization
Employer			
Business Address			
Type of Contribution. Direct Loan from a person	Fund Raiser		
	Page Subtotal	2500.00	
G	rand Total of All Schedules 1A	1500 MA	
(Com	plete on tast page of Schedule)	Enter this total on	J
ageof		line 3a 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	w. continuities (481)19
	4. Purpose (Required Information) 5. Date 6. Amount
Expenditure #1	
Aridress 1001 Mukehend Sq. DR.	7-21-20 . 1203
Address 1001 Mulehead So DR.	Purpose: Election Ext. Date \$ 1003
	ruipuse. Of Collabo La
Charlotte, NC	Click Here for Memo Itemization Type
28203	Check box if this expenditure is payment of
	debt or obligation reported on previous statement
Expenditure #2	
Name ABC 12 TV	7-21-20 GASS-
Address 2302 Lapeer Rd.	Purpose: Election Exp. Date \$ 1033
or Job Napeer Ka,	Purpose: C 16 C) 1000 CX
Flint, MI 48503	Click Here for Memo Itemization Type
	Check box if this expenditure is payment of
Fund Raiser	debt or obligation reported on previous
Expenditure #3	State(TIETIL
Name Town Square Media	
Address 2229 2011 01	1 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
Address 3338 Bristol Rd.	Purpose: Election 6x1. 7-21-20 \$ 1134
	Click Here for Memo Itemization Type
Burton, MI 48529	Check box if this expenditure is payment of
Fund Raiser	debt or obligation reported on previous
Expenditure #4	
Name View News Paper	7-11-10 -1188
Address P. C. Rev. 130	[ ] . ( <u>1.99.90</u> ; <u>209</u> -
1 0 POX 200	Purpose: Election Exp. 7-22-20; 522=8
LAPEER, MI 48446	Click Here for Memo Itemization Type
48446	The state of the s
Fund Raiser	Chack box if this expenditure is payment of debt or obligation reported on previous
Expenditure #5	statement
Name Allied Media	
Isineo Mearx	LI 1. 1 1-20-20 5941 58
Address 240 N. Few UAY DR.	Purpose Election 6xp. 1-dd do 5946 58
Fenton, MI 48430	Click Here for Memo Itemization Type
	Check box if this expenditure is payment of
Fund Raiser	debt or obligation reported on previous statement
	Addition in the second
	11/201118
	Grand Total of all Schedules 1B (Complete on last page of Schedule)
	/have an rear helde of contention

Enter this total on line 8a of Summary Page

# ITEMIZED EXPENDITURES SCHEDULE 18

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 KROI COMMUNICATIONS Address 4511 Miller Rd.	Purpose: Election Exp.	7-33-30 \$ 500 Date
Flint, MI 48507		ck Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment debt or obligation reported on previous	of
Expenditure #2	statement	
Name Neulaus LLE Address 401 Luce Ave	Purpose: Election EXD.	7-33-30 \$ 1800 Dete
Flushing, MI 48433	party :	k Here for Memo !temization Type
Fund Raiser	Check box if this expenditure is payment a debt or obligation reported on previous	of
Expenditure #3	statement	
Name Spectrum Reach Address 1061 Morehend Sq. Drive Suite 500	Purpose: Election Exp	7-34-30 \$ 1503 Date
Chariette, NC28203  Fund Raiser  Expenditure #4	Cilck Check box if this expenditure is payment or debt or obligation reported on previous statement	Here for Memo Itemization Type
Address 240 N. Fonway DR.	Purpose: Election Exp.	7-24-20 s 4871 S
Fenton, MT 48430  Fund Raiser	Click I Check box if this expenditure is payment of debt or obligation reported on previous statement	Here for Memo Itemization Type
expenditure #5	- Canada Horit	
Name View News Paper. Address PO Box 236	Purpose: Election Exp.	7-31-20 s 520 8
LAPER, MI 48446 Fund Raiser	Click in Check box if this expenditure is payment of debt or obligation reported on previous statement	lere for Memo Itemization Type
	Subto	tal this page 9196,31

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

1. Committee I. D. Number

33520

CANDIDATE COMMITTEE	2. Committee Name Jeff Wright 2000	PROGRAMMENT AND ADMINISTRATION OF THE PROGRAMMENT AND ADMINISTRATION O
Name and address of person or vendor to whom paid	Purpose (Required Information)	5. Date 6. Amount
Expenditure #1 Name Allied Media Address 240 N. Ferway DR.	Purpose: Election 6xx	8-21-20 <sub>s</sub> 27.5
Fewton, MJ 48430  Fund Raiser  Expenditure #2	Check box if this expenditure is payment debt or obligation reported on previous statement	ck Here for Memo Itemization Type of
Name View News Papel Address PU Box 220	Purpose: Election Exp.	8-31-30 \$ 540 Date
LAPER, MT 48430  Expenditure #3	Check box if this expenditure is payment of debt or obligation reported on previous statement	k Here for Memo Itemization Type of
Name US Postal Service Address 25005. Linder Rd.	Purpose: Election Exp.	8-31-30 \$ 200.3
Flind Raiser  Expenditure #4	Click  Check box if this expenditure is payment or debt or obligation reported on previous statement	Here for Memo Itemization Type
Name Hynting ten Bank Address PO Box 1558 EAW37 Columbus, OH 43216	Purpose: Bank Service Fee	
Fund Raiser	Click I Check box if this expenditure is payment of debt or obligation reported on previous statement	Here for Memo Itemization Type
expenditure #5		
Address	Purpose:	Date 5
Fund Raiser	Click I Check box if this expenditure is payment of debt or obligation reported on previous statement	lere for Memo Itemization Type
	Subto	tal this page 10354A

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

> Enter this total on line 8a of Summary Page



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

(I of use by officeriorders offiy)			
3. 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	Remona		7.
Name & Address:  A 55 use / their Greek Orthod 2245 E. Boldwir Rd.	Sporsor	8-17-Jo	.500
2245 E. Buldwir Rd.	•	Click for Memo Ite	mization Type
GRAND Blace, MY 48439	Diebursement Code 60		
Check box if this disbursement is payment of debt or obligation reported on previous statement	Fund Raiser		
Disbursement # 2	Purpose		
Name & Address:	<b>гигрове</b>		
			. \$
		Date	
		Click for Merno Item	mization Type
<u> </u>			
Check box if this disbursement is payment of debt or obligation	Disbursement Code		
reported on previous statement	Fund Raiser		
Disbursement # 3	Purpose		
Name & Address:			•
		Date	-
		Click for Memo Item	nization Type
	Dishumant Code		
Check box if this disbursement is payment of debt or obligation	Disbursement Code		
reported on previous statement	Fund Raiser		
Disbursement # 4	Dumnee s		
Name & Address:	Purpose •		
Hallie & Addisse.			\$
	***	Date	
		Click for Memo Item	detion Type
Check box if this disbursement is payment of debt or obligation	Disbursement Code		
reported on previous statement	Fund Raiser		
		Pullstated this was a	
		Subtotal this page	500
	Grand Total (Complete on las	of all Schedules 1C st page of Schedule)	500

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

