



**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 7-20-2020 to 8-24-2020

1. Committee I.D. Number
33520

2. Committee Name
Jeff Wright 2000

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**

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.

6. Treasurer's Name & Residential Address
**Warren Vyvyan
1455 Laurentian Pass
Flint, MI 48532**

Area Code & Phone (810) 919 9618

7. Treasurer's Business Address
same as #6

Area Code and Phone _____

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

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
8-4-2020

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 hereby 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 8-31-2020

Candidate Jeff Wright Type or Print Name
Signature [Signature] Date 8.31.2020



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>2500.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ <u>2500.00</u>	(18.) \$ <u>218,394.84</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>.50</u>	(19.) \$ <u>113.19</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>2500.50</u>	(20.) \$ <u>218,508.03</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>28083.17</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>28083.17</u>	(23.) \$ <u>219,962.13</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>500.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>500.00</u>	(24.) \$ <u>27,203.89</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>54919.34</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>2500.50</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>57419.84</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>28583.17</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>28,836.67</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 1655 EAW37</u> <u>Columbus, OH</u>	Date of Receipt <u>7-31-20</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>.50</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 <small>Click for Memo Itemization Type</small> <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #3 Name & Address:	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:	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:	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:	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:	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 .50
Grand Total of All Schedules 1A -1
(Complete on last page of Schedule) .50

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)

3. Contribution #1 PAC Receipt? YES

4. Date of Receipt 7-29-2000

Name & Address:
UAW Michigan V-PAC
8006 E. Jefferson
Detroit, MI 48214

\$ 2500- \$ 2500-

Click Here for Memo Itemization

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

Business Address _____

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 2500.00

Grand Total of All Schedules 1A (Complete on last page of Schedule) 2500.00

Enter this total on 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	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Spectrum Reach</u> Address <u>1001 Morehead Sq. DR.</u> <u>Suite 500</u> <u>Charlotte, NC 28203</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>7-21-20</u> Date	\$ <u>1,203⁻</u>
Expenditure #2 Name <u>ABC 12 TV</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>7-21-20</u> Date	\$ <u>9,055⁻</u>
Expenditure #3 Name <u>Townsquare Media</u> Address <u>3338 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>7-21-20</u> Date	\$ <u>1,134⁻</u>
Expenditure #4 Name <u>View Newspaper</u> Address <u>P.O. Box 220</u> <u>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>7-22-20</u> Date	\$ <u>522⁸⁸</u>
Expenditure #5 Name <u>Allied Media</u> Address <u>240 N. Fenway Dr.</u> <u>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>7-22-20</u> Date	\$ <u>5,946⁵⁸</u>

Subtotal this page 17,861.46

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>Krol Communications</u> Address <u>4511 Miller Rd. Flint, MI 48507</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>7-23-20</u> Date	<u>\$ 500</u>
Expenditure #2 Name <u>Neulama LLC</u> Address <u>401 Luce Ave Flushing, MI 48433</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>7-23-20</u> Date	<u>\$ 1800</u>
Expenditure #3 Name <u>Spectrum Reach</u> Address <u>1001 Morehead Sq. Drive Suite 500 Charlotte, NC 28203</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>7-24-20</u> Date	<u>\$ 1500</u>
Expenditure #4 Name <u>Allied Media</u> Address <u>240 N. Fonway 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>7-24-20</u> Date	<u>\$ 4871⁴³</u>
Expenditure #5 Name <u>View Newspaper</u> Address <u>PO Box 226 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>7-31-20</u> Date	<u>\$ 522⁸⁸</u>

Subtotal this page 9196.31

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>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>8-21-20</u> Date	<u>\$ 275⁰⁰</u>
Expenditure #2 Name <u>View Newspaper</u> Address <u>PO Box 220 Lapeer, 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>8-21-20</u> Date	<u>\$ 540⁰⁰</u>
Expenditure #3 Name <u>US Postal Service</u> Address <u>2500 S. Linden Rd. 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>8-21-20</u> Date	<u>\$ 200.30</u>
Expenditure #4 Name <u>Huntington Bank</u> Address <u>PO Box 1558 EAW317 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>5/month</u>	<u>\$ 10⁰⁰</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 1025.40

Grand Total of all Schedules 1B
(Complete on last page of Schedule) 28083.17

Enter this total
on line 8a 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: Assumption Greek Orthodox Church 2045 E. Baldwin Rd. Grand Blanc, MI 48439	Purpose SPONSOR Disbursement Code 60	Date 8-19-00	\$ 500 ⁻ Click for Memo Itemization Type
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	<input type="checkbox"/> Fund Raiser		
Disbursement # 2 Name & Address:	Purpose	Date	\$
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	<input type="checkbox"/> Fund Raiser		
Disbursement # 3 Name & Address:	Purpose	Date	\$
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	<input type="checkbox"/> Fund Raiser		

Subtotal this page

500⁻

Grand Total of all Schedules 1C
(Complete on last 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