



**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 10-19-2020 to 11-23-2020

<p>1. Committee I.D. Number 33520</p> <p>2. Committee Name Jeff Wright 2000</p>	<p>4. Candidate Last Name Wright First Name Jeff M.I.</p> <p>4a. Office Sought Including District # or Community Served (If applicable) Drain Commissioner</p> <p>4b. County of Residence GENESEE</p>
<p>5. Committee's Mailing Address 2174 Sycamore St. Burton, MI 48509</p> <p>Area Code and Phone <u>(810) 742-0246</u> 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.</p>	<p>6. Treasurer's Name & Residential Address Warren Vyvyan 1455 Laurentian Pass Flint, MI 48532</p> <p>Area Code & Phone <u>(810) 919 9618</u></p>
<p>7. Treasurer's Business Address same as #6</p> <p>Area Code and Phone _____</p>	<p>8. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper)</p> <p>Area Code and Phone _____</p>

2010 DEC - 3
A 9:30
FILED
MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS
FLINT, MI

<p>9. TYPE OF STATEMENT</p> <p>9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election</p> <p>Pre-Election or Post-Election Statement relates to:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus</p> <p>Date of Election, Convention or Caucus _____</p>	<p>Required ONLY if candidate is not on the ballot for the current year:</p> <p><input type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly</p> <p>9c. <input type="checkbox"/> Annual Statement (_____) Coverage Year</p> <p>9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)</p>	<p>9e. Dissolution of Candidate Committee</p> <p><input type="checkbox"/> 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.</p> <p>Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.</p> <p>Effective date of dissolution _____</p> <p>Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.</p>
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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	<u>Warren Vyvyan</u>	Type or Print Name		Signature	Date	<u>11-30-2020</u>
Candidate	<u>Jeff Wright</u>	Type or Print Name		Signature	Date	<u>12.2.2020</u>



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.) \$ _____	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ _____	(18.) \$ <u>284,044⁸⁴</u>
4. Other Receipts (Schedule 1A - 1, Column 6)	(4.) \$ <u>.50</u>	(19.) \$ <u>140.47</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ _____	(20.) \$ <u>284,185.31</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>243.20</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>243.20</u>	(23.) \$ <u>262,462.50</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>575 -</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>575 -</u>	(24.) \$ <u>28,663⁸⁹</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>51,371.63</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>.50</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>51,372.13</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>818.20</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>50,553.93</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 GAW37</u> <u>Columbus, OH 43216</u>	Date of Receipt <u>Monthly</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 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 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>11-21-20</u> Date	\$ <u>243.20</u>
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 _____	\$ _____
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 _____	\$ _____
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 _____	\$ _____
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 243.20

Grand Total of all Schedules 1B
(Complete on last page of Schedule) 243.20

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>Burston Field House</u> <u>3300 SAGINAW ST.</u> <u>Flint, MI 48505</u>	Purpose <u>SPONSOR</u> Disbursement Code <u>60</u>	<u>10-19-20</u> Date	\$ <u>300</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement			
Disbursement # 2 Name & Address: <u>On Time Sports</u> <u>214 S. Cole Rd.</u> <u>Boise ID 83709</u>	Purpose <u>SPONSOR</u> Disbursement Code <u>60</u>	<u>11-6-20</u> Date	\$ <u>275</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement			
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 # 4 Name & Address:	Purpose	Date	\$
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement			

Subtotal this page 575
Grand Total of all Schedules 1C (Complete on last page of Schedule) 575

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