

CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink at the treasurer (or designated record keeper) and	nd signed by candidate.	3. This Statement covers:	from 1-1-2022 to	7 - 20 -	10.11
1. Committee I.D. Number		4. Candidate Last Name	First Name	7-20-	
33520		Wright	Jeff		M.f.
		_	District # or Community Served	f (If applicable)	
2. Committee Name		Drain Commissioner	or outside the october	(ii applicable)	
Jeff Wright 2000		4b. County of Residence GE	This College, Manager		
5. Committee's Mailing Address		6. Treasurer's Name & Resid			
2174 Sycamore St.		Warren Vyvyan	Jeriliai Address		
Burton,MI 48509		1455 Laurentian Pa	100	Section 1	
		Flint, MI 48532	155	~~~	
		1 11111 40002		Santalan Capatalan	
Area Code and Phone (810) 742-0246			1	L 2	
If the address in this box is different from the commailing address on the Statement of Organization,	nittee mail mav			2 2	
be sent to this address by the filing official.		Area Code & Phone (810)		U	
7. Treasurer's Business Address		8. Designated Record Keepe	r's Name and Malling Address	(If the committee	e has a
same as #6		Designated Record Keeper)			
				0,	
Area Code and Phone		Area Code and Phone			
9. TYPE OF STATEMENT			9e. Dissolution of Candid	ate Committee	
9a. Pre-Election OR 9b. Post-Election	is not on the	ILY if candidate ballot for the			
Pre-Election or Post-Election Statement relates to:	current year.		By checking this item I/N by the committee to the cand	didata ar bia ar ba	
Primary	July Quarte	erly	by discharged and forgiven a the committee. The committee owes no lates fees or has an	and no longer coll tee has no outstal	lectible from
General	October Qu	uarteriv	The same independent of the same	A consistential det	ot.
Convention			Further, if the dissolution can considered a request for the	inot be granted, th	hat this be
Special	9c. 🗀 .			- repeating value,	•
School	Annual Annual	Statement () Coverage Year	Effective date of di	issalution	
Caucus	9d Amend	ment to Campaign Statement			
	(Comp	lete item 9a. 9b. 9c or 9e to	11-1- T 0 00		
	amende	which Statement is being ed.)	Note: The disposition of resid Schedule 1B and the Summa	Jual funds must b arv Page	e reported on
Date of Election, Convention or Caucus		•		, g	
		196			
 Verification: I\We certify that all reasonable dilige ny\our knowledge and belief the contents are true, a 	ence was used in	the preparation of this statemen	ant and attached a lead to de-		
	occurate and con	nplete.	an and anached schedules (if	any) and to the b	est of
Current Treasurer or Designated Record Keeper Warren Vyvya	ın	11 hours	(/21	D 16	No.
Type or Print Name		Signatura	Date	1-d0.	2002
Candidate Jeff Wright		111111	10	7-20.	
Odificial Control Cont	- 1	1 MOW	Date	1.70.	1055
Type or Print Name Authority granted under P.A. 388 of 1976		Signature			



SUMMARY PAGE

1.

Committee I.D. Number	335	20
		,

Jeff Wright 2000 CANDIDATE COMMITTEE 2. Committee Name RECEIPTS Column I Column II This Period 3. Contributions Cumulative this election cycle a. Itemized (Schedule 1A - Column 6) (3a.) \$ ___ b. Unitemized (less than \$20.01 each - no Schedule) (3b.) \$ NOT APPLICABLE c. Subtotal of "Contributions" (18.) \$ 85,250 (3c.) \$____ 4. Other Receipts (Schedule 1A -1, Column 6) (4.) \$ 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (5.) \$ (Add Line 3c + Line 4) IN-KIND CONTRIBUTIONS & EXPENDITURES 6. In-Kind Contributions (Schedule 1-IK, Column 7) (6.) \$ _____ (21.) \$____ 7. In-Kind Expenditures (Schedule 18-IK, Column 6) (7.) \$ ____ (22.) \$____ **EXPENDITURES** 8. Expenditures a. Itemized (Schedule 1B, Column 6) b. Itemized Get-Out-the-Vote (Schedule 1B-G) c. Unitemized (less than \$50.01 each - no Schedule) (8c.) \$ ____ 9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c) 511 (9.) \$ INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only) 10. Disbursements a. Itemized (Schedule 10, Column 6) b. Unitemized (less than \$50.01 each - no Schedule) (10b.) \$ ____ 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b) 6175 (11.) \$ ____ **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.) \$ 76,595.46 13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) 76 599.14 15. SUBTOTAL Add lines 13 and 14 (15.) = \$_ 16. Amount expended during reporting period (Add lines 9 and 11) (16.) - \$ 6686.00 17. ENDING BALANCE (Subtract line 16 from line 15) (17.) \$



ITEMIZED OTHER RECEIPTS SCHEDULE 1A-1

CANDIDATE COMMITTEE

	SCHEDULE 1A-1	227	
CA	NDIDATE COMMITTEE	1. Committee I.D. Number 3350	
3. Name & Address From W	/hom Received 4. Date of Receipt	2. Committee Name Jeff WRid	at 2000
Department all in		5 Type of Possi-4	6. Amount
Name & Address:	Date of Receipt Mon	Loan from a Lending Institution	7 (
Da 2	150 CAW127	Interest	· 3.68
POPOX	1238 (-1143)	Refund \Rebate Click for Me	
Columba	Date of Receipt Mon No. Brank 1558 FAW37 S, OH 43316		mo Itemization Type
Receipt #2	La rund Raiser	Other (Specify)	
Name & Address:	Date of Receipt	Logo fram a Law V	
	-	Loan from a Lending Institution	
		Interest	\$
		Refund \Rebate Click for Me	mo Itemization Type
	Fund Raiser		no nemzanom type
Receipt #3		Other (Specify)	
lame & Address:	Date of Receipt	Loan from a Lending Institution	
,		Interest	
£			\$
		Refund \Rebate Click for Mem	no Itemization Type
	Fund Raiser	Other (Specify)	
eceipt #4 ame & Address:	Date of Receipt		
		Loan from a Lending Institution	
		Interest	\$
		Refund \Rebate Click for Mem	- 11 - 1 - 11 - 11
			o Itemization Type
eceipt #5	Fund Raiser Date of Receipt	Other (Specify)	
me & Address:	Date of Receipt	Loan from a Lending Institution	
		Interest	\$
			Itemization Type
eipt#6	Fund Raiser	Other (Specify)	
me & Address:	Date of Receipt	Loan from a Lending Institution	
		<u></u>	
		Interest	\$
		Refund \Rebate Click for Memo	Itemization Type
	Fund Raiser	Other (Specify)	• • •
eipt #7 e & Address:	Date of Receipt		
c a Address;		Loan from a Lending Institution	
		S	
		Interest	
		Refund \Rebate Click for Memo It	emization Type
	Fund Raiser	Other (Specify)	
		Page Subtotal	2 101
		Grand Total of All Schedules 1A -1	3.68
		(Complete on last page of Schedule)	3 68
			Enter this total on
of			line 4 of Summary Page



Page of

ITEMIZED EXPENDITURES SCHEDULE 18 CANDIDATE COMMITTEE

1. Committee I. D. Number

33520

OFFICION IE CONMINITEE	2. Committee Name Jeff Wright 2000
3. Name and address of person or vendor to whom paid Expenditure #1	4. Purpose (Required Information) 5. Date 6. Amount
Name Hunting ton Bank Address POBOX 1558 FAW 37 Columbus, OH 43216	Purpose: Elect. Exp. Mowled s 35 Mowthly Service Fee Click Here for Memo Itemization Type Check box if this expenditure is payment of
Fund Raiser Expenditure #2	Check box if this expenditure is payment of debt or obligation reported on previous statement
Address 1320 N. Belsny Rd. Burton, MJ 48509	Purpose: Election Eng. 3-18-22 s 360 Date Click Here for Memo Itemization Type
Fund Reiser Expenditure #3	Check box if this expenditure is payment of debt or obligation reported on previous statement
Mame US Post Office Address 2500 S. Lindon Rd. Flint, MI 48532	Purpose: Election Exp. 3-25-23 \$ 116 Click Here for Memo Itemization Type
Fund Raiser Expenditure #4 Name	Check box if this expenditure is payment of debt or obligation reported on previous statement
Áddress	Purpose:\$
Fund Raiser Expenditure #5 Name	Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement
Address	Purpose: Date \$
Fund Raiser	Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement
	Subtotal this page 511
	Grand Total of all Schedules 18 (Complete on last page of Schedule) 511

Enter this total on line 8a of Summary Page



INCIDENTAL OFFICE EXPENSE **DISBURSEMENTS** SCHEDULE 1C

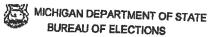
CANDIDATE COMMITTEE

1. Committee I. D. Number 33520

Summary Page

(For use by officeholders only) 2	. Committee Name Ueff	WRight 2000
3. Name and address of person to whom disbursement was made	Description of Disbursement (Be specific & you may assign a	5. Date 6. Amount
Disbursement # 1	disbursement code*)	Disbursem
Name & Address: MantRuse ORchands	Purpose	
	DUNATION! North End	1-24-22 s 1350
12473 Seymour Rd.	Soup Kitchen	Date
Montruse, MI 48457	• •	Click for Memo Itemization Type
	Disbursement Code 60	
Check box if this disbursement is payment of debt or obligation reported on previous statement	Fund Raiser	
Disbursement # 2		
Name & Address: BURTON KIMANIS	Purpose	
	- Sponson	1-9-12 s 100
5272 White Pines DA		Date
GRAND Blanc, MI 484	39	Click for Memo Itemization Type
¬	(· · ·	
Check box if this disbursement is payment of debt or obligation eported on previous statement		
	Fund Raiser	
isbursement # 3 arne & Address;	Purpose	
Flat ST Padricks Day GRAND	Sponson	J-14-22 : 300
Flint ST. PATRICKS Day GRAND 7359 N. Uak Rd. MARSHA	11	Date
		Click for Memo Itemization Type
DAVISON, MI 48423		The state of the s
Check box if this disbursement is payment of debt or abligation	Disbursement Code 60	
ported on previous statement	Fund Raiser	
sbursement # 4	la-turp!	
ame & Address:	Purpose	
Genesee Argicultural Societi	Mem hership	3-9-22 s 25
2188 W. MT. Marris	•	Date
MT. MORRIS, MI 48458		Click for Memo Itemization Type
7 1 10930		
Chack hav if this dishuman and in	(-0	
Check box if this disbursement is payment of debt or obligation orted on previous statement	isbursement Code 00	
	Fund Raiser	
		Subtotal this page
		1775
	Grand Total c (Complete on last	page of Schedule)
		Enter this total
SE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT COD	ES	on line 10a of Summary Page

Note: No campaign expenditures are to be reported on this schedule; incidental Office Expense Disbursements ONLY



INCIDENTAL OFFICE EXPENSE **DISBURSEMENTS** SCHEDULE 1C

CANDIDATE COMMITTEE

1. Committee	1.	D.	Number	
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33520

(For use by officeholders only)	2. Committee Name Jeff	WRight 2000
3. Name and address of person to whom disbursement was made	Description of Disbursement (Be specific & you may assign	5. Date 6. Amount of Disbursemen
Disbursement # 1 Name & Address:	disbursement code*)	Signal Sellier
MI FOP	Purpose Spanson	3-18-da \$ 75
PO BOX 12299	•	Date
LANSING, MI 48901	14	Click for Memo Itemization Type
Check box if this disbursement is asyment of debt or abiliard	Disbursement Code 66	_
i oported on previous statement	Fund Raiser	
Disbursement # 2 Name & Address:	Purpose	
Huly Rosary 5191 Richfield Rd.	Spanson	3-35-33 \$ 500 °
Flint MT 48506		Click for Memo Itemization Type
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code 60	
Disbursement # 3	Purpose	
Name & Address: FOP Lodge 136	Spanson	4-29-22 : 125
PO Box 7738		7-37-31 s 135
Flint, MI 48507		Click for Memo Itemization Type
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code 50	-
Disbursement # 4 Name & Address: Supporters of John Charly	Purpose Fundances	4122 12 144-
PO BOX 500		7 dd dd \$ 100 Date
Clio, MJ 48420		Click for Memo Itemization Type
Check box if this disbursement is payment of debt or obligation eported on previous statement	Disbursement Code	
		Subtotal this page
	Grand Total (Complete on is:	of all Schedules 1C st page of Schedule)
ASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CO		Enter this total on line 10a of Summary Page

E 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

DISBURSEMENTS		3 - - :
SCHEDULE 1C	1. Committee I. D. Number	3520
CANDIDATE COMMITTEE		
(For use by officeholders only)	2. Committee Name Jeff	Wright 2000
3. Name and address of person to whom disbursement was made	Description of Disbursement (Be specific & you may assign	a 5. Date 6. Amount o
Disbursement # 1 Name & Address: FROAKA Flint AFL-CIO PO Box 245	Purpose SpanSon	4-39-33 s 300
Flint, MI 48501	Disbursement Code 60	Click for Memo Itemization Type
Check box if this disbursement is payment of debt or obligation reported on previous statement Disbursement # 2	Fund Reiser	-:
MI DeMOCRATIC PARTY	Purpose Hos +	5-13-21 : 250
606 TOWN sand ST.	>	Date Click for Memo Itemization Type
_ LANSING, MI 4893		individual type
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code	
Disbursement #3 Name & Address: Lity of Burton	Purpose Spansur	5-23-22 , 250
4303 S. Center Rd.		Date
Burton, MI 48519		Click for Memo Itemization Type
Check box if this disbursement is payment of debt or obligation eported on previous statement	Disbursement Code	
Disbursement # 4 Name & Address: Assumption Greek Orthodox 2245 E. Baldwin Cha	Purpose	5-15-11 - 500
2245 E. BAldwin Cha	indi	<u>3 - 15-1</u> 3 \$ 500
GRAND Blanc, MJ 4843	39	Click for Memo Itemization Type
Check box if this disbursement is payment of debt or obligation ported on previous statement	Disbursement Code	
		Subtotal this page 1300 -
	Grand Total (Complete on last	of all Schedules 1C page of Schedule)
		Enter this total

*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 5

on line 10a of Summary Page



INCIDENTAL OFFICE EXPENSE DISBURSEMENTS SCHEDULE 1C

CANDIDATE COMMITTEE

	1.	Committee	I.	D.	Number
--	----	-----------	----	----	--------

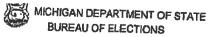
33520

	2. Committee Name Deff	WRIGHT 2000
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
Disbursement #1 Name & Address: Norton Male Chorus 3397 Windland	disbursement code*)	5-35-32 s 350 Date
Check box if this disbursement is payment of debt or obligation reported on previous statement Disbursement # 2	Disbursement Code FO	Click for Memo Itemization Type
Name & Address: Genesee County FAIR 2188 WMT. MORRIS R MT. Morris, MI 484	Tent Sponso	Date
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code	Click for Memo Itemization Type
Disbursement #3 Name & Address: Flint Inner-city Golf 401 FARland ST.	Purpose	6-17-dd \$ 450
Fliwt, M.T 48503		Click for Memo Itemization Type
Check box if this disbursement is payment of debt or obligation eported on previous statement	Disbursement Code 50	ά.
Name & Address: Scott Parks / Team 8860 Buet Rd. Benjami	Sponson ve	G-15-22 \$ 300 -
Birch Run, MI 48415	5	Click for Memo Itemization Type
Check box if this disbursement is payment of debt or obligation ported on previous statement	Disbursement Code Fund Raiser	
	Grand Total (Complete on las	Subtotal this page of all Schedules 1C the page of Schedule) Enter this total
ASE DEED TO INSTRUCTIONS FOR		on line 10a of

*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

Summary Page



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

1. Committee I. D. Number 33520

	(For use by officeholders only)		mmittee Name	Jeff	WRIGHT	200	10
-	dress of person to whom disbursement was ma		(be specific &	of Disbursement you may assign a code*)	5. Date	6. A	mount of
Name & Addres	Genesee Convy Dema PO Box 7787	PARTY	Purpose Spo		6-) Date	9 \$	200-
Check box reported on prev Disbursement # 2	Fliwt, MI 4850 If this disbursement is payment of cient or oblice	Di	sbursement Code	6_0 er	Click for Mem	o Itemizatio	п Туре
Name & Address:	Burton KANAMIS 5272 White Pines	PR.	/	insol	7- Date	9 s_	100-
Disbursement # 3	GRAND Blanc, MI this disbursement is payment of debt or obligations statement	on Dis	bursement Code Fund Raiser	60	Click for Memo	Itemization	Туре
Name & Address:		-	urpose		Date Click for Memo It	\$ emization T	уре
Check box if the	is disbursement is payment of debt or obligations statement	n Dis	bursement Code				
Disbursement # 4 Name & Address:		P	urpose •				
	9	-			Date Click for Memo Ite	\$ mization Ty	pe
Check box If this ported on previous	s disbursement is payment of debt or obligation statement	Disbu	rsement Code				
					Subtotal this page	30	0-
				Grand Total ((Complete on last	of all Schedules 1C page of Schedule)	617	5

*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 <u>5</u> of <u>5</u>

Enter this total on line 10a of Summary Page