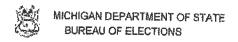
REC'D JUL 2 5 2023



CANDIDATE COMMITTEE COVED DAGE

FOR OFFICIAL USE ONLY

COVER PAGE					
Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and of	d signed by andidate.	3. This Statement covers:	orm 1-1-2033 to	7-20-2013	
1. Committee I.D. Number		4. Candidate Last Name First Name M.I.			
33520		Wright	Jeff		
		4a. Office Sought Including Di	strict # or Community Served (I	f applicable)	
2. Committee Name		Drain Commissioner			
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			
			This till TOOCE		
Area Code and Phone (810) 742-0246					
If the address in this box is different from the comm mailing address on the Statement of Organization,	ittee mail mav		810-919-	-9/18	
be sent to this address by the filing official.		Area Code & Phone (810)	010-111	1610	
7. Treasurer's Business Address		8. Designated Record Keeper	's Name and Mailing Address (If the committee has a	
same as #6		Designated Record Keeper)			
Area Code and Phone		Area Code and Phone			
9. TYPE OF STATEMENT		110	9e. Dissolution of Candidat	e Committee	
9a. Pre-Election OR 9b. Post-Election		ILY if candidate			
house the telephone of the state of the stat	is not on the current year:		by the committee to the candi	e certify any outstanding debt	
Pre-Election or Post-Election Statement relates to:	1531.4		by discharged and forgiven an the committee. The committee	nd no longer callegible from	
Primary	July Quarte	erty	owes no lates fees or has any	outstanding debt.	
General	October Q	uarterly	Charleson if the affect in		
Convention			Further, if the dissolution cann- considered a request for the R	ot be granted, that this be eporting Waiver.	
	0.	And the last transfer of the l		4 miles salate qu'i	
Special	9c. Annual Statement ()		Effective date of diss	solution	
School	Coverage Year		Encoure date of dist	JOINGOL)	
Caucus	9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to				
	indicate which Statement is being		Note: The disposition of residu Schedule 1B and the Summar	al funds must be reported on	
	amend	eo. <i>)</i>	Somedie in and the Stiffmal	у гауе.	
Date of Election, Convention or Caucus					
removable quinch 6 (-000 and at survive branching profit and their in dense hinds					
 Verification: itWe certify that all reasonable dilige mylour knowledge and belief the contents are true, a 	ence was used in	n the preparation of this state he	ent and attached schedules (if a	nny) and to the best of	
		///	1/-	B	
Current Treasurer or Designated Record Keeper Warren Vyvya	ın	, (value)	1 gan	7-22-2013	
Type or Print Name		Signature	Date _		
laff Ministr		[]/[190		
Candidate Jeff Wright		<i>i</i> 1111	Date _	7.22. 2023	
Type or Print Name	The state of the s	Signature \(\sqrt{V} \)		7	
Authority granted under P.A. 388 of 1976					



SUMMARY PAGE

Committee I.D. N	lumber	3	3	5	J	0

CANDIDATE COMMITTEE	2. Committee Name 12++ 1	Vright 2000
RECEIPTS 3. Contributions	Column I This Period	Column II Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	/h	
	(3a.) \$	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	10/ 225
c. Subtotal of "Contributions"	(3c.) \$	(18.) \$ 86,000
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>205.13</u>	(19.) \$ 639.37
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ 205.13	(20.) \$ 187, 064, 63
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)	(8a.) \$ 911,99	
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.) \$ 911.99	(23.)\$ 102,819.86
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$ 10,869.99	
b. Unitemized (less than \$50.01 each - no Schedule)		
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(10b.) \$ 10,869.99	(24) \$ 37 173.09
DEBTS AND OBLIGATIONS 12. Debts and Obligations		(24.) \$
a. Owed by the Committee (Schedule 1E)	- (12a.) \$	
b. Owed to the Committee (Schedule 1E)		
TO 1985 to resease a substance of the special policy debug of the special spec	(12b.) \$BALANCE STATEMENT	provide all products of the first and the first state of the destrict framework and the formal by 1974 dies in
 Ending Balance of last report filed (Enter zero if no previous reports have been filed.) 	(13.) s 108, 776.60	✓
Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.)÷\$205,13	✓
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ $108.981.73$	✓
Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ 11 781. 98	✓
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) s 97 199.75.	J

ITEMIZED OTHER RECEIPTS SCHEDULE 1A-1

CANDIDATE COMMITTEE

1. Committee I.D. Number 33520

3. Name & Address From Wh	nom Boseived 4 Barrier	2. Committee Name 0 et WRIGHT 2000
Receipt #1		5. Type of Receipt 6. Amount
Nome O Address	Date of Receipt Month	
POB	Tington Bank OXISS8 GAW 37	Interest \$
col	umhus, OH 43216	Refund \Rebate Click for Memo Itemization Type
Receipt #2	Fund Raiser Date of Receipt - 16 -	Other (Specify)
Name & Address:	601	∂ À Loan from a Lending Institution
PO Box	Democratic Party	Interest \$ 200
	MI 48507	Refund \Rebate Click for Memo Itemization Type
	Fund Raiser	Other (Specify) Check Never Cashed
Receipt #3 Name & Address:	Date of Receipt	Loan from a Lending Institution
		Interest \$
		Refund \Rebate Click for Memo Itemization Type
	Fund Raiser	Other (Specify)
Receipt #4 Name & Address:	Date of Receipt	Loan from a Lending Institution
		Interest \$
		Refund \Rebate Click for Memo Itemization Type
	Fund Raiser	Other (Specify)
Recelpt #5 Name & Address:	Date of Receipt	Loan from a Lending Institution
		Interest \$
		Refund \Rebate Click for Memo Itemization Type
	Fund Raiser	Other (Specify)
Recelpt #6 Name & Address:	Date of Receipt	Loss from the state of the stat
		Interest \$
		Inquis
	П	Refund \Rebate Click for Memo Itemization Type
ecelpt #7	Fund Raiser Date of Receipt	Other (Specify)
lame & Address:		Loan from a Lending Institution
		Interest
		Refund \Rebate Click for Memo Itemization Type
	Fund Raiser	Other (Specify)
		Page Subtotal 205,13
		Grand Total of All Schedules 1A -1 (Complete on last page of Schedule)
age of _		Enter this total on line 4 of Summary Page



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee J. D. Number 33520

2. Committee Name Jeff Wright 2000

Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name Sams Club		3-1-12	12206
•	A /	5-1-03	\$ 12706
Address 4373 CORUNUA Rd.	Purpose: Office expense	Date	
	7		
F/iwt, MI 48532	Click I	lere for Memo It	emization Type
10030			
ГП _{С 18} .	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #2			
Name All-Safe Storage		7	
1711-JATE STORAGE		3-15-23	. 361-
Address 1320 N. Belsny Rl.	Purpose: Office Holders Exp.	Date	\$ JOU
Address 1320 N. Belshy R.	Purpose: Office Italices EXP.	Date	
3. A.L. MT			_
Bur ton, MI 48509	Click H	lere for Memo Ite	mization Type
	Charles with a second		
□s.	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #3			
Name Hundsman Hunt Club			92
Maile MUNISMAN MUNT CIUD		5-111	769-
Address 3166 HAVENS Rd.	Purpose: Office Hollers Gra	70-03	s 289 93
Address 3/66///AVENUS	Purpose: Office Hollers Exp	Date	
DRYdon, MI 48428			
pry dell, - 789 00	Click Ho	ere for Memo Ite	mization Type ▼
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
	statement		
Expenditure #4			
Name Huntington Brok		111	
Name Hystington Browk Address 10 Box 1558 FAW 37	Purpose: Monthly Bank fee	Youthly	s 35 [
Address 10 Box 138 FAW 311	Manual la Kaleta	Date	\$ J J _
	Purpose: ""ON IN 19 13/11 19		
Columbus, OH 43216	-u		
/	Click He	ere for Memo Iter	nization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
	statement		
Expenditure #5			
Name Genesee Co Cleak Address 900 SAgininu ST.			
	al 1 ==1 ==	7-14-23	. 100-
Address 900 SAGINAW 31.	Purpose: Election File Fee	Date	\$ 100
-121 11-			
Flint, MI 48502	Click He	ere for Memo Ite	mization Type 🔻
, , , , , , , , , , , , , , , , , , , ,	Check box if this expenditure is payment of		.,,,,,
Fund Raiser	debt or obligation reported on previous		
- viid (Malage)	statement		
	Subtota	al this page	911 99
			911.99
	Grand Total of all So		911 99
	(Complete on last page	of Schedule)	911.99

Enter this total on line 8a of **Summary Page**

1. Committee I. D. Number 33520

(For use by officeholders only)	2. Committee Name	Jeff	WRight	2000
Name and address of person to whom disbursement was made	e 4. Description (Be specific disburseme	of Disbursement & you may assign a nt code*)	5. Date	6. Amount of Disbursement
Disbursement #1 Name & Address: Spring Meadows Country 1129 Ripley Rd.	Purpose Club Staff	AppReciation	VACA J-10-33 Date Click for Memo It	/
Check box if this disbursement is payment of debt or obligate reported on previous statement Disbursement # 2 Name & Address:	Purpose Purpose	piser	CHOK ICI WELLO	emizauon Type
Flint ST. PATRICKS DAY 7359 N. OAK Rd. DAVISON, MI 48423	Sp	dason	Date Click for Memo Ite	\$_300 -
Check box if this disbursement is payment of debt or obligatio reported on previous statement	Disbursement Cod			
Disbursement #3 Name & Address: KIWANIS BURTOU 5072 White Pines	Purpose 5	DONSUR	2-8-3 Date	\$ 100-
GRAND Blanc, MT 480 Check box if this disbursement is payment of debt or obligation reported on previous statement	Dishumamant Co.		Click for Merno Iter	nization Type
Disbursement # 4 Name & Address: Holy Rosary 5199 Rich Sield Rd. Flint, MT 48506	Purpose 5	lowsor	3-6-d Date Click for Memo Item	
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code	60		
		Grand Total (Complete on las	Subtotal this page of all Schedules 1C tl page of Schedule)	5554.9
EASE REFER TO INSTRUCTIONS FOR LIST OF DISCUIDEEMEN	IT CODE			Enter this total on line 10a of

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

Summary Page

1. Committee I. D. Number 33520

CANDIDATE COMMITTEE	TN	11/0-1/ 700
(For use by officeholders only)	2. Committee Name	Wright 2000
3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign ε disbursement code*)	5. Date 6. Amount of Disbursemen
Disbursement # 1 Name & Address:	Purpose	
Genesee Co. BAR ASSOC	Spenson	3-29-33 s 35c
315 E. Court ST	U	Date
Flint, MI 48502		Click for Memo Itemization Type
Check box if this disbursement is payment of debt or obligation	Disbursement Code 60	5,
reported on previous statement	Fund Raiser	
Disbursement # 2 Name & Address:	Purpose	
NURTUN Male Chorus	Sporson	4-16-33 \$ 9 50
4301 GeNesee Rd.		Click for Memo Itemization Type
_ LAPEER, MT 48446	60	, , , , , , , , , , , , , , , , , , ,
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code	
Disbursement # 3 Name & Address:	Purpose	
GREATER Flint AFL-CIO	5 ponson	5-10-33 \$ 4/00
PO BOX 245	*	Date
Flint, MI 48501		Click for Memo Itemization Type
7	Disbursement Code	
☐ Check box if this disbursement is payment of debt or obligation provious statement	Fund Raiser	-:
Disbursement # 4	Purpose	
Flint FOP Lodge 126	Sponson	5-10-23 \$ 125
PO Box 7738		Date
Flint, MJ 48507		Click for Memo Itemization Type
Check box if this disbursement is payment of debt or obligation ported on previous statement	Disbursement Code Fund Raiser	
		Subtotal this page 1125 -
	Grand Tote (Complete on li	al of all Schedules 1C ast page of Schedule)
		Enter this total

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

1. Committee I. D. Number

33520

Wright 2000 (For use by officeholders only) 2. Committee Name Name and address of person to whom disbursement was made Description of Disbursement 5. Date 6. Amount of (Be specific & you may assign a Disbursement disbursement code*) Disbursement # 1 Purpose Name & Address: Comm for Police Officers 10521 Judenil DR Detense Suite 200 Click for Memo Itemization Type FAIRFAX, VA 22030 Disbursement Code Check box if this disbursement is payment of debt or obligation reported on previous statement **Fund Raiser** Disbursement # 2 Name & Address: City of Bullon Sponsur 4303 S. Center Rd. Burton MI 485,9 Click for Memo Itemization Type Disbursement Code Check box if this disbursement is payment of debt or obligation Fund Raiser reported on previous statement Disbursement # 3 Name & Address: Purpose Genesee Co ARg. Society Membership 2188 W. MT. MORRIS MT. MURRIS MI 48458 Click for Memo Itemization Type Disbursement Code Check box if this disbursement is payment of debt or obligation reported on previous statement Fund Raiser Disbursement # 4 Purpose Name & Address: TEAM BENTAMIN SMUNSUR 8860 Bunt Rd. Click for Memo Itemization Type Birch Run, MI 48415 Check box if this disbursement is payment of debt or obligation Disbursement Code reported on previous statement Fund Raiser Subtotal this page Grand Total of all Schedules 1C (Complete on last page of Schedule) Enter this total

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

Page 3 of 5

1. Committee I. D. Number 335

33520

CANDIDATE COMMITTEE	The	11/0-1/ 300
(For use by officeholders only)	2. Committee Name	Wright 2000
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	Purpose	
Name & Address: ASSUMPTION GREEK ORTHODO	Sponson	6-14-33 \$ 500
2245 E. Baldwin Rd. Chn.		Date Click for Memo Itemization Type
GRAND Blanc, MJ 4843	9	
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code 60	
Disbursement # 2 Name & Address:	Purpose	()(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
RDG S, t downers Golf POBOX 598	5 ponson	6-28-33 s 1/20 =
Linden, MI 48451	<i>*</i>	Click for Memo Itemization Type
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code Fund Ralser	
Disbursement # 3 Name & Address: TENESEE Co FAIR	Purpose Sponsor Tent	7-14 12 . 1 000 =
2188 W. MT. MORRIS	Jonson Jens	7-14-33 s / 000 T
MT. MORRIS, MI 48458		Click for Memo Itemization Type
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code	
Disbursement # 4	Purpose	
MEGREE Theatre Summer 3	Sonte Spanson	7-11-23 \$ 1,000
4601 Clio Rd.		Date Click for Memo Itemization Type
Flint, MI 48504		
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code Fund Raiser	

Subtotal this page

3 220 -

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

Page 4 of 5

1. Committee I. D. Number 33520
Toff UlRight 2000

Summary Page

(For use by officeholders only)	Committee Name	WRIGHT QUUD
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 Name & Address: Support of John Cherr PO Box 520 Clio, MI 48420 Check box if this disbursement is payment of debt or obligation	Disbursement Code TO	Date Click for Memo Itemization Type
Disbursement #2 Name & Address: ANCIENT ORDER of Hiher POBOX 437		5-31-33 \$ 200 Date
OReland, PA 19	075	Click for Memo Itemization Type
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code	
Disbursement # 3 Name & Address:	Purpose	Date Click for Memo Itemization Type
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code	
Disbursement # 4 Name & Activities.	Purpose	Date Click for Memo Itemization Type
Check box if this disbursement is payment of debt or obligation eported on previous statement	Disbursement CodeFund Raiser	
	Grand Total of (Complete on last p	Subtotal this page 3 00 - fall Schedules 1C 2 269.99 Enter this total on line 10s 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