

CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and to	d signed by andidate,	3. This Statement covers	from 7-21-2003 to 10-20-2023			
1. Committee I.D. Number		4. Candidate Last Nam	e First Name M.I.			
33520		Wright	Jeff			
00020		4a. Office Sought Includi	ng District # or Community Served (If applicable)			
2. Committee Name		Drain Commission	67			
Jeff Wright 2000		4b. County of Residence GENESEE				
5. Committee's Mailing Address	······································	6. Treasurer's Name & F	esidential Address			
2174 Sycamore St.		Warren Vyvyan				
Burton,MI 48509		1455 Laurentian Flint, MI 48532	1455 Laurentian Pass Flint MI 48532			
Area Code and Phone (810) 742-0246	34t	***				
If the address in this box is different from the comm mailing address on the Statement of Organization, be sent to this address by the filing official.	illee mail may	Area Code & Phone (81	0)			
7. Treasurer's Business Address		8. Designated Record Ke	eper's Name and Mailing Address (If the committee has a			
same as #6		Designated Record Keep	er}			
Area Code and Phone		Area Code and Phone .				
9. TYPE OF STATEMENT	Conviced Oh	ILY if candidate	9e. Dissolution of Candidate Committee			
9a. Pre-Election OR 9b. Post-Election	is not on the	ballot for the	By checking this item I/We certify any outstanding debt			
Pre-Election or Post-Election Statement relates to:	current year:		by the committee to the candidate or his or her spouse is here by discharged and forgiven and no longer collectible from			
Primary	July Quarte	•	the committee. The committee has no outstanding assets, owes no lates fees or has any outstanding debt.			
General	⊠October Qı	uarterly	Further, if the dissolution cannot be granted, that this be			
Convention			considered a request for the Reporting Waiver.			
Special	9c. Annual	Statement ()				
School		Coverage Year	Effective date of dissolution			
Caucus	9d, D Amend	lment to Campaign Statem lete Item 9a, 9b, 9c or 9e to	ent			
	indicate	e which Statement is being	Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.			
	amende	a 0.)	outloads to and the outlings; age.			
Date of Election, Convention or Caucus						
WAS FOR A DRIVE TO BE ABOUT BELLEVIE SEAS FOR THE PORT OF THE FOR THE FOREST AND						
 10. Verification: I/We certify that all reasonable dilige	nce was used in	the menacaliko of this sta	lement and attached schedules (if any) and to the best of			
nylour knowledge and belief the contents are true, a	ccurate and cor	nplete. /	and the same of the same of the same of the same of			
Current Treasurer or Warren Vyvya		. UN dush	$\sqrt{4}$			
Designated Record Keeper Type or Print Name	Marina da unipe distribution library de un comp distribution library de un comp de des	Signal in	Date 10-21-2023			
Candidate Jeff Wright			Date 10-21-23			
Type or Print Name	**************************************	Signa(ure)	Data			
Authority granted under P.A. 388 of 1976	reneera irrenomatii tääsen taran arassirativalisessi		· · · · · · · · · · · · · · · · · · ·			



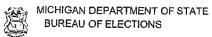
1. Committee I.D. Number

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name

33520 Jeff Wright 2000

RECEIPTS		
3. Contributions	Column I This Period	Column II Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$88 400 T	
b. Uniternized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ 88 400 ⁻	(18.)\$ 274 400
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ a 3,56 v	(19.)\$ 6418.30
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ 88 402.56 V	(20.)\$ 280818,30
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		(64.) 4
8. Expenditures	A	
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>15619.06</u>	-
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	770000000000000000000000000000000000000
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	CA-
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ 15619.06	(23.)\$ 1/8 438 90
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)	- Minn	(20.) \$
Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.)\$ 2555	
b. Unitemized (less than \$50.01 each - no Schedule)		
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(10b.) \$	
DEBTS AND OBLIGATIONS 12. Debts and Obligations	(11.) \$ <u>2555</u>	(24.)\$ 39 728.09
a. Owed by the Committee (Schedule 1E)	(12a.) \$	
b. Owed to the Committee (Schedule 1E)	and the second s	
	(12b.) \$BALANCE STATEMENT	
13. Ending Balance of last report filed	Child TE	0
(Enter zero if no previous reports have been filed)	(13.) \$ 77 197, 10	
14. Amount received during reporting period	(14.)+\$ <u>88</u> 400,561	
(Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14	(15.) = \$ 185, 60d. 31V	· ·
16. Amount expended during reporting period	(10.) - 4 00000	YS Annaeque
(Add lines 9 and 11) 17. ENDING BALANCE	(16.) - \$ <u>18 149,06</u>	THE THE PROPERTY AND ADDRESS OF THE PROPERTY A
(Subtract line 16 from line 15)	(17.) \$ 167 428, 25 .v	



1. Committee I.D. Number

33520

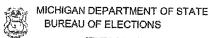
OUILDOLL IA		
CANDIDATE COMMITTEE	2. Committee Name Jett WRIGHT 2000	Ĵ
Enter contributor's name and address. If contribution is from an individual, en middle initial. Check box to indicate if contribution is from a Political Committe Committee (PAC) Report <u>all</u> contributions regardless of amount.	er last name, first name, e or an independent 6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)	1
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt lame & Address: FRANK Audia 3 3151 Rush 5T.	8-30-23 \$ 100 - \$ 100 -	e e e e e e e e e e e e e e e e e e e

3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 8-30 Name & Address:	-93
FRANK Audia 32151 Rush ST. GARDON City, MI 48135 5. If over \$100.00 cumulative, please provide:	s_100 = 100 =
OccupationEmployer	Click Here for Memo Itemization
Business Address	
Type of Contribution: Direct Loan from a person X Fund Raiser	- Control of the Cont
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 8-30 Name & Address Benisch, Joe 3840 CAN YON Circle 5841 CO 80135 5. If over \$100.00 cumulative, please provide:	s 100 s 100 - Click Here for Memo Itemization
Occupation Employer	
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	•
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 8-30- Name & Address: Herriagton, David 47385 Aucrican Way Macomb MT 48044 5. If over \$100.00 cumulative, please provide:	\$ 100
Occupation Employer	MANUFACTION AND RESIDENCE TO THE PROPERTY OF T
Business Address Type of Contribution: Direct Loan from a person Fund Raiser	manuscription.
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 8-30 Name & Address Tenkins Jeff Ja675 Vasilios CT. Novi MJ 48374 5. If over \$100.00 cumulative, please provide: Occupation Employer	S 100 s 100 Click Here for Memo Itemization

Business Address Type of Contribution: Direct Loan from a person X Fund Raiser	Totalisas container
	ge Subtotal LIAA - 1
Grand Total of All Scho (Complete on last page of	edules 1A

Enter this total on line 3a of Summary Page.

Page ___of ___



1. Committee I.D. Number

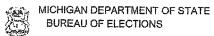
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CANDIDATE COMMITTEE 2. Committee	se Name Jeff Wright 2000
Enter contributor's name and address. If contribution is from an individual, enter last name middle initial. Check box to indicate if contribution is from a Political Committee or an Inde Committee (PAC) Report all contributions regardless of amount.	e, first name, pendent 6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Riddering. George	20-33
5. If over \$100.00 cumulative, please provide:	\$ 100 - \$ 100 -
Occupation Employer	Click Here for Memo Itemization
Business Address	
Type of Contribution: Direct Loan from a person X Fund Raiser	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 8-3 Name & Address HOCKEN BRUCHT, Dung 33032 Robin hood DR.	0-23 s 100 · 100
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
	Annual Control of Cont
Business Address	***************************************
Type of Contribution: Direct Loan from a person X Fund Raiser	
1 - COR TURN	<u>\$ 100 </u>
3706 Turtle Lake DR. Blow afield Itills, MI 48302 5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Employer	-
Business Address	***************************************
Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt \$	2//-22
Name & Address Monaghan, M.Ke 2641 Fair Way LN. FORT GRATIOT MT 48059 5. If over \$100.00 cumulative, please provide:	
264! FAIR WAY LN.	\$ 100 . 100 -
FORT GRATION MT 48059	D
Occupation Employer	Click Here for Memo Itemization
Business Address	
Type of Contribution: Direct Loan from a person X Fund Raiser	ACCOUNTS (1997)
P	Page Subtotal U()6 -

Grand Total of All Schedules 1A

(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

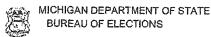
ITEMIZED CONTRIBUTIONS	1 Committee & C. Marie	335	<i>QO</i>
SCHEDULE 1A	1. Committee I.D. Number	- J N / . T A	111 1000
CANDIDATE COMMITTEE	2. Committee Name	<u>eii wk</u>	ight 2000
Enter contributor's name and address. If contribution is from an individual, en middle initial. Check box to indicate if contribution is from a Political Committee Committee (PAC) Report all contributions regardless of amount.	ter last name, first name, se or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt Name & Address: Schenheck, STeve 20859 Lyttle DR. PMR Ker CO 80138 5. If over \$100.00 cumulative, please provide:	8-30-33	s /00	s 100 -
OccupationEmployer		Click Here for	Memo Itemization
Business Address Type of Contribution: Direct Loan from a person X I	Fund Raiser		
. Contribution #2 PAC Receipt? YES 4. Date of Receipt lame & Address Shew tow, Robert	8-30-23		

Ivalite of Aduless.	NAME OF THE PROPERTY OF THE PR
Schenheck, STeve	
20859 Lyttle DR. PARKER, CO 80138	s 100 s 100 -
5. If over \$100.00 cumulative, please provide:	Clink Have for Many Harris H.
OccupationEmployer	Click Here for Memo Itemization
Business Address	
Type of Contribution: Direct Loan from a person X Fund Raiser	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 6-30-23	
Show tow Robert	
6000 Wh. TTing ham PA.	s 100 s 100 -
Dublin, OH 43017	\$ 7 - 0
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
OccupationEmployer	
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 8-30-33 Name & Address:	
PAle HAdel 4650 GALLAGSE CT.	\$ 1200 - 8 2400 -
	\$ 4 100
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation OWNER Employer GRAND Blank ENFORM. Business Address 4650 GA te Louise CT. OAK LAND TWO. MI	TO BAK LLC
	48 306
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 6-30-33	
Kesin Johnson	
2.85 N Alloy DR.	s 1200 s 3600 -
5. If over \$100.00 cumulative, please provide:	\$ 5000
Occupation Owver Employer Rhodes & Johnson	Click Here for Memo Itemization
Business Address 285 N. Alloy DR. Featon, MJ	48430
Type of Contribution: Direct Loan from a person X Fund Raiser	
Page Subtotal	2600-1
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Page <u>3</u> of 17



1. Committee I.D. Number

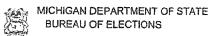
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SUNEDULE IA	o commune a.D. Ivamber			***************************************
CANDIDATE COMMITTEE	2. Committee Name	Jett W	Right	2000
Enter contributor's name and address. If contribution is from an individual, middle initial. Check box to indicate if contribution is from a Political Comm Committee (PAC) Report all contributions regardless of amount.	enter last name, first name, ittee or an Independent	6. Amount	7. Cumulating Election Cycles Contributor date of rece	cle for Each (Through
Contribution # 1 PAC Receipt? YES 4. Date of Receipt? Name & Address: Address:	pt 8-30-33			
Wintield Cooper III			~	
PO BOX 320500 Flint MI 48532		s 1200	= \$ 36	600
5. If over \$100.00 cumulative, please provide: Occupation OWNEL Employer Coopel	Commercial	Click Here	for Memo Iter	mization
Par 270 Carl El-	***************************************			
To the state of th	· ·			
Type of Contribution: Direct Loan from a person	Fund Raiser			
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt Name & Address	st 8-30-13			
Zito, Juha				
8033 Fenton Rd. GAMED Blanc MI 48439		\$ 1200	§ 36	00 _
5. If over \$100.00 cumulative, please provide:	. *	Office Harman		
Cidaled - Zita	Constinue tion	Click Here i	for Memo Item	nzation
C4133 E A / 14	1 Blow MT	48439		
Type of Contribution: Direct Loan from a person	Fund Raiser	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt	ot 8-30-13			
Name & Address:				
Zito, Druiel 8033 Fenton Rd.		\$ 1200	- 34	100-
GRAND Bline, MI 48439			. \$	
5. If over \$100.00 cumulative, please provide:	///		r Memo It <mark>em</mark> i	zation
Occupation OWNEN Employer Zijo	Constayetur	ν		
Business Address 8033 Few by R.A. 67 Type of Contribution: Direct Loan from a person	And Blanc, N Fund Raiser	II 48439		
Contribution # 4 PAC Receipt? YES 4. Date of Recei Name & Address	pt 8-30-23	•		
Angela HANSON 7301 5- RAUCHOLZ Rd.				
7301 5. RAUCHOLE Rd.		. 2400	- 65	700
57. Charles, MI 486.55 5. If over \$100.00 cumulative, please provide:		· · · · · · · · · · · · · · · · · · ·	5	/ /
	a Engineerin	Click Here fo	r Memo Itemiz	zation
Occupation ONNER Employer Spice Business Address 230 5. Washing fun	Ave SAGINAR	, MI 48	607	
Type of Contribution: Direct Loan from a person	Fund Raiser	•		
	Page Subtotal	6000-		
Gra	ad Tatal of All Schodulae 1A	······································	***	

Page 4 of

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

Enter this total on line 3a of Summary Page.



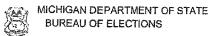
CANDIDATE COMMITTEE

1. Committee I.D. Number

33520

2. Committee Name Jeff WRigh	+ 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 8-30-33 Name & Address: STeven ROTNOWSK; 5316 Jackman Rd.		
Jem Der Ance MI 4818) 5. If over \$100.00 cumulative, please provide:	s 2400	s 2400
5. If over \$100.00 cumulative, please provide:	Click Here f	or Memo Itemization
Occupation <u>ENGINEER</u> Employer <u>Spieer</u> Engineering Business Address <u>330 S. Washington Ave</u> <u>Spiens</u> N	9	or morno romanton
	NI 48607	
Type of Contribution: Direct Loan from a person X Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 9-/3-03		
MANOT Sethi		
MANOT Sethi 6154 GRACHEAR TRI	· 1200	s 3200 -
E. LANSING, MI	10	
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Engineer Employer ULZ MI, INC		
Occupation Engineer Employer 047 MI, INC Business Address 1425 Keystone Ave LANSIN MJ	48911	
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 9-13-33		
Pung, Jerrod 14655 Jones Rd.	111-	110
	s 2400°	s 4800
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation OWNER Employer GRANGER CONSTRUCTS	ei a)	
Business Address 6267 Augelius Rd. Lynsing, MT	48911	
Type of Contribution: Direct Loan from a person Fund Raiser	<i>,</i>	
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 9-13-33		
P. dupper Leavis		
10395 Clark Rd.	a hne	0015
DAVISON MI	\$ 7,173	2 Q 2 Q Q
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Engineer Employer Rowo PSC	Click Field for	Metho (GINISAGOI)
Business Address 540 5, SAGINAN ST. Flint MI	48502 57	Te 200
Type of Contribution: Direct Loan from a person Fund Raiser		
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Grand Total of All Schedules 1A		
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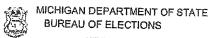
1. Committee I.D. Number

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CANDIDATE COMMITTEE 2. Committee Name	Jett Wi	Right 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 9-/3-33		
Royalty, Michael 220 Rolston Rd.	1015	- s 1025
5. If over \$100.00 cumulative, please provide:	\$,000	\$ 1005
Occupation Engineer Employer Rowe PSC	Click Here fo	r Memo Itemization
Business Address 540 5. Saginary ST ste doo, Flint M.	7 116502	
Type of Contribution: Direct Loan from a person X Fund Raiser	1 -10707	
3. Contribution #2 PAC Receipt? XYES 4. Date of Receipt 9-13-33		
Name & Address		
Miller Canfield	3	
150 W. Jefferson Suite 2500	\$ J400°	s 7200
De f Ro, f MI 48226 5. If over \$100.00 cumulative, please provide:	00.11.	
~ . Singa	Click Here for	Memo Itemization
60.00		
Name & Address:		
Peabody, James,	\U0	
12195 Foley Rd	s 2400 -	s 6700
Few ton MI 48430 5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation OWNER Employer Peabody Insu.		,
Business Address 1190 To RRey Rd. Fenton, M.T. 48	. 113 ./ .	
Type of Contribution: Direct Loan from a person X Fund Raiser	430	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt $G - 12 - 23$		
Maxwell, Jom		
2354 Blockton RJ.	1000-	11000
Rochester, MIIIs, MI 48706	s d 000	s 7000
5. If over \$100.00 cumulative, please provide:	Clink Hara for 1	Memo Itemization
Occupation Engineer Employer		vierno itemization
Business Address 555 Hulet DR Bloom field Hills, M	1I 48302	
Type of Contribution: Direct Loan from a person Fund Raiser		
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Grand Total of All Schedules 1A (Complete on last page of Schedule)		

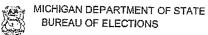
Page 6 of 17

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33520 1. Committee I.D. Number

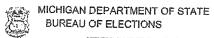
CANDIDATE COMMITTEE	2. Committee Name	Jett Wi	Right 2000
Enter contributor's name and address. If contribution is from an in middle initial. Check box to indicate if contribution is from a Politic Committee (PAC) Report all contributions regardless of amount.	idividual, enter last name, first name, al Committee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Vanded cheek, Jesse	of Receipt 9-13-23		oate of receipty
5. If over \$100.00 cumulative, please provide: 48 230		s 1000	s /000
Occupation Engineer Employer	HRC	Click Here fo	r Memo Itemization
Business Address 555 Hulet DR. /	Bloomfield Hills, M.	17 48302	
Type of Contribution: Direct Loan from a person	8 21		
3. Contribution #2 PAC Receipt? YES 4. Date of Name & Address Milchell, Divie	of Receipt 9-13-23	# No. 10 Percentage	
4125 Seb Ring DR. White Like MJ 48383		s 2000-	s 7300
5. If over \$100.00 cumulative, please provide:	HRC	Click Here for	Memo Itemization
	oom field Hills, MI		
Type of Contribution: Direct Loan from a person	Fund Raiser	48301	
3. Contribution #3 PAC Receipt? YES 4. Date of	of Receipt 9-/3-33		
Name & Address;			
DAVERDURY AARON 13421 L DR. N.		\$ 2400-	6800-
BAHLE CREEK MI 49014			WWW.
5. If over \$100.00 cumulative, please provide:	. 1/	Click Here for N	Memo Itemization
Occupation EngiNeed Employer Jo. Business Address 4 7 91 CAM Aug DR		graves	
Type of Contribution: Direct Lban from a person	X Fund Raiser	49008	
3. Contribution #4 PAC Receipt? YES 4. Date of Name & Address 1	of Receipt 9-27-33		
Wult, BARRY	·		
8386 OLD PINNK Rd.		s 600	s 600 -
5. If over \$100.00 cumulative, please provide:		3_000	\$
	Self-Employal	Click Here for M	emo Itemization
Business Address 5 Ame			New York Control of the Control of t
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1. Committee I.D. Number 33520

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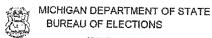
Enter contributor's name and address. If contribution is from an individual, enter less name, from a name middle initial, check how to include of contribution from a Pottlead Committee or an independent of Committee or All Andrew or All	CANDIDATE COMMITTEE	2. Committee Name Jeff WRIGHT 2006
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1. Committee I.D. Number

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CANDIDATE COMMITTEE 2. Committee Name	Jeff WR.	ght 2000
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CANDIDATE COMMITTEE

1. Committee I.D. Number

33520

2000

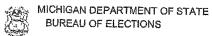
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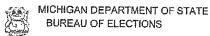
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, 6. Amount 7. Cumulative for middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Election Cycle for Each Committee (PAC) Report all contributions regardless of amount. Contributor (Through date of receipt) 3. Contribution # 1 PAC Receipt? 4. Date of Receipt Name & Address: 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization EMINEER Occupation **Business Address** Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt Name & Address Andrew MCCune 5187 Winbledon Circle 700 MI Click Here for Memo Itemization Employer_ Occupation **Business Address** Type of Contribution: Loan from a person Fund Raiser 3. Contribution #3 PAC Receipt? 4. Date of Receipt 10-8-23 Name & Address: ERICH Smith s 700 s 200 Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide: TRIM INC 48501 ENGINEE/L Employer Occupation **Business Address** Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 4 PAC Receipt? 4. Date of Receipt Name & Address Joy Oloun Ke 225 EG3RJST AP! Phe 700 . 900 NY NY 100 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation ___ Business Address Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal 9'00 Grand Total of All Schedules 1A (Complete on last page of Schedule) Enter this total on

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CANDIDATE COMMITTEE 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 <u>all</u> contributions regardless of amount.	6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through
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Occupation A TURNEY Employer MERAW MORRIS	Click Here for Memo Itemization
Business Address 2075 W Big Berver Rd. \$750	TROY, MJ 48084
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1. Committee I.D. Number

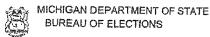
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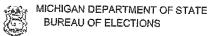


1. Committee I.D. Number 33520

CANDIDATE COMMITTEE 2. Commi	ttee Name <u>JETT WRIGHT 2000</u>
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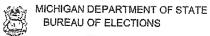


#### **CANDIDATE COMMITTEE**

1. Committee I.D. Number 33520
2. Committee Name Teff WRIGHT 2000

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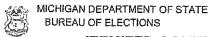
1. Committee I.D. Number

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1305 FAIR WAY VIEW LN.	s 2400 s 6800-
HOOVER, AL 35244	3
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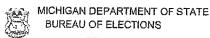
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1. Committee I.D. Number

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CANDIDATE COMMITTEE 2. Committee Name	Jett	WRIGHT 2000
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Fenton, MI 48436	\$ <u>24</u>	00 \$ 1800
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DAN Christian		
2736 ST.11 VAlley DR.	s 5	00 : 1,500 -
E. LANSING, MI 48823	* . <del>2000.000.000.000.000.000.000.000.000.0</del>	
5. If over \$100.00 cumulative, please provide:	Click H	lere for Memo Itemization
Occupation Engineer Employer Tetra - Tech		
Business Address 3497 Coolidge Rd. E. Lansing, M.	17 488	<b>a</b>
Type of Contribution: Direct Loan from a person Y Fund Raiser		
Contribution # 3 PAC Receipt? YES 4. Date of Receipt  Name & Address:		
ranie a Audiess.	****	
	\$	¢.
		——————————————————————————————————————
5. If over \$100.00 cumulative, please provide:	Click He	ere for Memo Itemization
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		
	*	
	\$	<u> </u>
5. If over \$100.00 cumulative, please provide:	Click He	re for Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	1 3901	
Grand Total of All Schedules 1A	Q Q 21/	

(Complete on last page of Schedule)

To S., 400 Enter this total on line 3a of Summary Page,



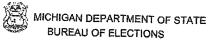
## ITEMIZED OTHER RECEIPTS SCHEDULE 1A-1

### CANDIDATE COMMITTEE

1. Committee I.D. Number 33520

Page

3. Name & Address From V	Mhora Possivad	2. Committee Name Ueff WRight 2000
Receipt #1	Whom Received 4. Date of Receipt  Date of Receipt	5. Type of Receipt 6. Amount
Name & Address:		
Hunting	TON DINK	Interest \$ d, 36
PO Box	1658 GAW 31	Refund \Rebate Click for Memo Itemization Type
Columbus	ton BANK 1658 GAN 37 OH Fund Raiser	Other (Specify)
Receipt #2 Name & Address:	Date of Receipt	Loan from a Lending Institution
		Interest \$
		Refund \Rebate Click for Memo Itemization Type
	Fund Raiser	Other (Specify)
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)
Receipt #5 Name & Address:	Date of Receipt	Loan from a Lending Institution
		Interest \$
		Refund \Rebate Click for Memo Itemization Type
	Fund Raiser	Other (Specify)
Receipt #6 Name & Address:	Date of Receipt	Loan from a Lending Institution
		Interest \$
		Refund \Rebate Click for Memo Itemization Type
	Fund Raiser	Other (Specify)
eceipt #7 lame & Address:	Date of Receipt	Loan from a Lending Institution
		Interest \$
		Refund \Rebate Click for Memo Itemization Type
	Fund Raiser	Other (Specify)
		Page Subtotal A
		Grand Total of All Schedules 1A -1 (Complete on last page of Schedule)
· ***		Enter this total on line 4 of Summary



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

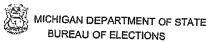
(For use by officeholders only)

1. Committee I. D. Number 33520

2. Committee Name Jeff Wright 2000

Name and address of person to whom disbursement was made		7,117
	Description of Disbursement     (Be specific & you may assign a disbursement code*)	5. Date 6. Amount of Disbursement
Disbursement # 1 Name & Address:	Purpose	
Genesee Co. Aggictural 6130 E. MTMORRIS Rd.	Sponson	7-25-23 \$ 1050
6130 E. MTMODRIS Rd.	•	Date  Click for Memo Itemization Type
_ MT. MORRIS, MI 4 8458	Disbursement Code 60	
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code	
Disbursement # 2 Name & Address:	Purpose	
FRIENDS of Donowique Clean		9-37-33 s 100
4501 Jens Lane		
Flint, MI 48507	antidentitie.	Click for Memo Itemization Type
Check box if this disbursement is payment of debt or obligation eported on previous statement	Disbursement Code 10	
Disbursement # 3 lame & Address:	Purpose	
Genesee Futuac Fund	Sponson	9-27-23 \$ 100
5073 CANdlewood DR.		Date
GRAND Blanc, MI 48439	(	Click for Memo Itemization Type
Check box if this disbursement is payment of debt or obligation ported on previous statement	Disbursement Code	
sbursement # 4 ame & Address:	Purpose	
The Davidhey fow Comm	Fundanisea Ticker	9-27-23 \$ 100
PO BOX 316 349	c	lick for Memo Itemization Type
Flint, MJ 48532		The state of the s
	sbursement Code Fund Raiser	
		ibtotal this page
	Grand Total of a	Il Schedules 1C
	(Complete on last pa	ge of Schedule)

*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 on line 10a 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 7eff 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 Cuthode 2245 E. Balduin RIChu	Purnose	10-4-33 \$ 880 ⁻
GRAND Blanc, MI 484	39	Click for Memo Itemization Type
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code	
Disbursement # 2 Name & Address; Burton KWANIS	Purpose	8-9-33 \$ 100
5272 White Pives DR. GRAND Blanc, MI 4843	<b>×</b> 7	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: For Addres 136	Purpose Sponson	10-18-33 s 225
POBOX 7738 Flint, MI 48507	m.	Click for Memo Itemization Type
Check box if this disbursement is payment of debt or obligation eported on previous statement	Disbursement Code 60	
sbursement # 4 ame & Address:	Purpose	
		Date  Click for Memo Itemization Type
Check box if this disbursement is payment of debt or obligation corted on previous statement	Disbursement Code Fund Raiser	
		Subtotal this page
	Grand Total o (Complete on last	Subtotal this page 105 of all Schedules 1C page of Schedule) 0555

*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

Enter this total on line 10a of Summary Page



# ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number

33520

CANDIDATE COMMITTEE 2.	Committee Name		
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information) 5. Date 6. Amount		
Expenditure #1  Name  US PS  Address > COD S   Lindar Rd	Purpose: Fund Raised B-7-33 \$ 66		
Address 2500 S. Linden Rd. Flint MJ 48582  Fund Raiser	Click Here for Memo Itemization Type  Check box if this expenditure is payment of debt or obligation reported on previous		
Expenditure #2	statement		
Name KA DROW PRINTING Address 1035 ANN ARbun ST.	Purpose: Fund RAISEL 8-3-33 \$ 60 60		
Fliwt, MJ 48503	Click Here for Memo Itemization Type  Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Address 2900 Cleveland Ave	Purpose: <u>Fund Rysea</u> 8-9-33 \$ 7303 *		
MARINETTE, WI 64143	Click Here for Memo Itemization Type  Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4  Name Sport Smart  Address 13300-565. Cleveland Ave  # 637	Purpose: Fund Raisin 9-13-33 s 795		
Funt Myens, FL 39907  Fund Raiser	Click Here for Memo Itemization Type  Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5 Name The GREAT Put = ON Address 3240 W. PASAdonA	Purpose: Fund RAISCA 10-4-33 s 31482		
Flint, MJ 48504	Click Here for Memo Itemization Type  Check box if this expenditure is payment of debt or obligation reported on previous statement		
	Subtotal this page 8539,83		
	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

SCHEDULE 1B	. Committee I. D. Number	3520
CANDIDATE COMMITTEE		····
Name and address of person or vendor to whom paid		Wright 2000
Expenditure #1	4. Purpose (Required Information)	5. Date 6. Amount
Name All Safe STURAGE Address 1320 N. Belsmy Rd.	Purpose: Election Exp.	9-13-33 s 360 -
Bun Low, MT 48509		k Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous	
Expenditure #2	statement	
Address 2900 Cleve land Ave.  MARINETTE, WI 54143	Purpose: Fund RAISER	10-11-33 \$ 434 81 Date
	greenene e	Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	:
Expenditure #3		
Name Williams Gun Sight Co.		10-11-23 : 6268 43
Address 7389 Lapeer Rd.	Purpose: Fund RAISER	Date \$ 6008
DAVISON, MI 48423	Click Here for Memo Itemization Type	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	
Expenditure #4	descriptin	
Name Huntington Bank		Marthal XV
Address POBOX 1558 FAW 37	Purpose: Elect. Exp.  (Manthy Service fee)	Date \$ 00
Columbus, OH 43216	(Monthy Service fee) Click H	ere for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	The state of the s
Expenditure #5	SIGNOTE	
Name		**************************************
Address	Purpose:	\$
	Click H.	ere for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	тельно келькачогі туре
	Subtota	al this page 7079.34
	Grand Total of all Si (Complete on last page	chedules 1B 15 619.06 v
		Empan Alata da 1 . 1

Enter this total on line 8a of Summary Page



Summary Page.

#### **FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE**

1. Committee I.D. Number 2. Committee Name - USE A SEPARATE SHEET FOR EACH EVENT -3. Date Event Was Held 4. Number of Individuals Attending 5. Type of Fund Raising Activity 6. Address and Name (If any) of the or Participating (whichever is place where the activity was neld ! greater) 10-6-2023 Outdoor Event 4166 HAVENS RL 7. Total Contributions 8. Other Receipts 88400 9. Gross Receipts (Add lines 7 and 8) 10. Total Cost of Event Not All Vendons have (Total Cost includes In-Kind Contributions and All Expenditures Made For the Event) Billed Comm. Asof 10-20-23 11. Check if event was a joint fund raiser and complete the following: Co-Sponsor(s) Contribution Split **Expenditure Split** (%) (%) The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement. Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the

Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.