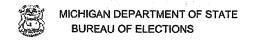


MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

FOR OFFICIAL USE ONLY

CANDIDATE COMMITTEE

Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and o	l signed by andidate.	3. This Statement covers:	from 10-21-2023 12-31-2023		
1. Committee I.D. Number		4. Candidate Last Name	First Name M.I.		
33520		Wright	Jeff		
2. Committee Name		4a. Office Sought Including I Brain Commissioner	District # or Community Served (If applicable) .		
Jeff Wright 2000		4b. County of Residence GENESEE			
5. Committee's Mailing Address		6. Treasurer's Name & Residential Address			
2174 Sycamore St.		Warren Wwwan			
Burton,MI 48509			Warren Vyvyan 1455 Laurentian Pass Flint, MI 48532		
Area Code and Phone (610) 742-0246 If the address in this box is different from the commailing address on the Statement of Organization, be sent to this address by the filing official.	ittee mail may	Area Code & Phone (810)	919-9618		
7. Treasurer's Business Address		8. Designated Record Keep	er's Name and Mailing Address (If the committee has a		
same as #6		Designated Record Keeper)		
Area Code and Phone		Area Code and Phone			
		Area Code and Filone	9e. Dissolution of Candidate Committee		
9. TYPE OF STATEMENT	Required ON	ILY If candidate	88. Dissolution of Candidate Committee		
9a. Pre-Election OR 9b. Post-Election	is not on the ballot for the current year:		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		
Pre-Election or Post-Election Statement relates to: Primary	July Quarte	erly	by discharged and forgiven and no longer collectible from the committee. The committee has no outstanding assets, owes no lates fees or has any outstanding debt.		
General	October Q	uarterly	Further, if the dissolution cannot be granted, that this be		
Convention			considered a request for the Reporting Waiver.		
Special	9c. Annual	Statement (<u></u><u></u>203)			
School	7	Coverage Year	Effective date of dissolution		
Caucus	(Comp	dment to Campaign Statement lete Item 9a, 9b, 9c or 9e to e which Statement is being	Note: The disposition of residual funds must be reported or		
Date of Election, Convention or Caucus	amend	ed.)	Schedule 1B and the Summary Page.		
SECURIO DE COMO DE SEA PROPERTO DE COMO DE COM			We observe the second s		
10. Verification: IWVe certify that all reasonable dilige mylour knowledge and belief the contents are true, a	nce was used in occurate and co	n the preparation or this stater mplete.	mer/ and attached schedules (if any) and to the best of		
Current Treasurer or Designated Record Keeper	n	, Malakon	VAGA 1-16-2024		
Type or Print Name	ne a bessel as a bessel as a bessel as a best and a description of the second as a descriptio	Signatilia	Date		
Candidate Jeff Wright		<u> </u>	Date 1-16-2024		
Type or Print Name	energy-magnifying laborations was a very magnify and control on the con-	Signatura	PROCRETING TO MAN SHIP MET TO THE SECON TO THE SECON TO MAKE SHIP SECON TO THE SE		
Authority granted under P.A. 388 of 1976					



1. Committee I.D. Number

SUMMARY PAGE

33520 Tet+ Wright 2000

CANDIDATE COMMITTEE		
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		Summand the district System
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>5400</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ 5400 -	(18.) \$ 279, 806
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$ 64a1.83
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$5403.53	(20.) \$ 286, 221. 83
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)	(Ba.) \$ 38 895.53	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	AND PROPERTY OF THE PROPERTY O
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ 38895.53	(23.) \$ 157,334.45
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.)\$1385	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	(24.)\$ 41 114.09
DEBTS AND OBLIGATIONS 12. Debts and Obligations	(11)	(2) Ψ
a. Owed by the Committee (Schedule 1E)	(12a.) \$	BBANK CONTRACTOR OF THE CONTRA
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.) 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period (Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15)	(13.) \$ $1674/38.35$ (14.) + \$ 5403.53 (15.) = \$ $170.831.78$ (16.) - \$ 40280.53 (17.) \$ $130.551.25$	



Page____ of ___

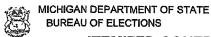
ITEMIZED OTHER RECEIPTS SCHEDULE 1A-1

CANDIDATE COMMITTEE

1. Committee I.D. Number 33530

Receipt #1 Name & Address; Habritud, Ju Banck PO Bo x, 1558 Column tus, Ju Banck Po Refund Rebate Colick for Memo Itemization Type Coccept User (Specify) Coccept User (Specify) Coccept User (Specify) Coccept Specify) Coccept User (Specify) Coccept User (Specify	Name & Address From Whom Received A. Date of Receipt	2. Committee Name Uert WRIGHT 0000
Handfling fun Baruk PS Bo x 1558 CAW 37 Refund Relate Click for Memo Itemization Type Receipt #2 Calupy fus, of H 43 alse Click for Memo Itemization Type Calupy fus, of H 43 alse Click for Memo Itemization Type Calupy fus, of H 43 alse Click for Memo Itemization Type Calupy fus, of H 43 alse Click for Memo Itemization Type Color (Specify) Color (Specify) Click for Memo Itemization Type Click for Memo Itemiz		5. Type of Receipt 6. Amount
Receipt #2 Name & Address: Date of Receipt Name & Address: Date of Receipt Fund Reiser Date of Receipt	Name & Address:	253
Receipt #2 Name & Address: Date of Receipt Name & Address: Date of Receipt Fund Reiser Date of Receipt	PAR 1560 FAW 37	Interest 5 3 7 2 2
Receipt #2 Name & Address: Date of Receipt Name & Address: Date of Receipt Fund Reiser Date of Receipt	Clumbus AH 43216	Refund \Rebate Click for Memo Itemization Type
Loan from a Lending Institution Interest S Refund KRebate Click for Memo Itemization Type Other (Specify)	East 1 0100 I (diocili	Other (Specify)
Receipt #5 Name & Address: Date of Receipt Date of Rece		Loan from a Lending Institution
Fund Raiser Other (Specify)		Interest \$
Receipt #3 Name & Address: Date of Receipt		Refund \Rebate Click for Memo Itemization Type
Name & Address: Loan from a Lending Institution Interest \$ Refund Rebate Click for Memo Itemization Type Click for Memo Itemization	Fund Raiser	Other (Specify)
Receipt #4 Name & Address: Fund Raiser Date of Receipt Loan from a Lending Institution Interest Refund \text{Rebate Click for Memo Itemization Type} Fund Raiser Date of Receipt Loan from a Lending Institution Interest Refund \text{Rebate Click for Memo Itemization Type} Fund Raiser Date of Receipt Loan from a Lending Institution Interest Refund \text{Rebate Click for Memo Itemization Type} Fund Raiser Date of Receipt Loan from a Lending Institution Interest Refund \text{Rebate Click for Memo Itemization Type} Refund \text{Rebate Click for Memo Itemization Type} Cher (Specify) Cher (Specify) Cother (Spec		Loan from a Lending Institution
Fund Raiser Other (Specify)		Interest \$
Receipt #4 Name & Address: Fund Raiser		Refund \Rebate Click for Memo Itemization Type
Receipt #4 Name & Address: Date of Receipt Interest Refund VRebate Click for Memo Itemization Type Thund Raiser Cother (Specify) Receipt #6 Name & Address: Date of Receipt Fund Raiser Cother (Specify) Receipt #6 Name & Address: Date of Receipt Date of Receipt Loan from a Lending Institution Interest Refund \(\text{Reposition} \) Receipt #6 Name & Address: Date of Receipt Date of Receipt Cother (Specify) Receipt #7 Second Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Cother (Specify) Date of Receipt Cother (Specify) Date of Receipt Cother (Specify) Page Subtotal Refund \(\text{Reposition} \) Page Subtotal	Fund Raiser	
Loan from a Lending Institution	Receipt #4 Date of Receipt	
Interest	Name & Address:	
Receipt #5 Name & Address: Date of Receipt Loan from a Lending Institution Interest Refund \Rebate Click for Memo Itemization Type Ceceipt #6 Name & Address: Date of Receipt Loan from a Lending Institution Interest Refund \Rebate Click for Memo Itemization Type Click for Memo Itemization Type Page Subtotal Interest Refund \Rebate Click for Memo Itemization Type Page Subtotal A 1 5 3 5 3 Crand Total of All Schedules 1A - 1		Interest \$
Receipt #5 Name & Address: Loan from a Lending Institution Interest \$ Refund \Rebate Click for Memo Iternization Type Refund \Rebate Click for Memo Iternization Type Refund \Rebate Click for Memo Iternization Type Refund \Rebate Click for Memo Iternization Type Click for Memo Iternization Type Refund \Rebate Click for Memo I		Refund \Rebate Click for Memo Itemization Type
Loan from a Lending Institution Interest Refund \Rebate Click for Memo Itemization Type	Fund Raiser	Other (Specify)
Interest \$ Refund \Rebate Click for Memo Itemization Type Click for Memo Itemization Type Receipt #6 Date of Receipt Loan from a Lending Institution Interest Refund \Rebate Click for Memo Itemization Type Refund \Rebate	Receipt #5 Date of Receipt Name & Address:	Loan from a Lending Institution
Fund Raiser Other (Specify) Date of Receipt Loan from a Lending Institution Interest Refund \Rebate Click for Memo Itemization Type occipt #7 Date of Receipt Loan from a Lending Institution Fund Raiser Other (Specify) Interest Click for Memo Itemization Type occipt #7 Interest Refund \Rebate Click for Memo Itemization Type The Refund Rebate Other (Specify) Page Subtotal 3.53 Grand Total of All Schedules 1A -1		Patrony .
Fund Raiser Other (Specify)		Refund \Rebate Click for Memo Itemization Type
Receipt #6 Name & Address: Date of Receipt Interest Refund \Rebate Click for Memo Itemization Type Other (Specify) Date of Receipt Loan from a Lending Institution Fund Raiser Other (Specify) Interest Interest Refund \Rebate Click for Memo Itemization Type The page Subtotal The page	Fund Raiser	
Interest Refund \Rebate Click for Memo Itemization Type	Recelpt #6 Date of Receipt Name & Address:	
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 3,53 Grand Total of All Schedules 1A -1		
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 3,53 Grand Total of All Schedules 1A -1		Refund \Rebate Click for Memo Itemization Type
Loan from a Lending Institution Interest Refund \Rebate Click for Memo Itemization Type The substitution Other (Specify) Page Subtotal 7,53 Grand Total of All Schedules 1A -1		
Interest Refund \Rebate Click for Memo Itemization Type The substitution The substitution Substitution Click for Memo Itemization Type Page Subtotal 7,53 Grand Total of All Schedules 1A -1	Receipt #7 Date of Receipt Name & Address;	
Refund \Rebate Click for Memo Itemization Type The Fund Raiser Other (Specify) Page Subtotal 3, 53 Grand Total of All Schedules 1A -1		- I
Fund Raiser Other (Specify) Page Subtotal 3, 53 Grand Total of All Schedules 1A -1		
Page Subtotal 3, 53 Grand Total of All Schedules 1A -1		Refund \Rebate Click for Memo Itemization Type
Grand Total of All Schedules 1A -1	Fund Raiser	
Grand Total of All Schedules 1A -1		3,5 \$
(Complete on last page of Schedule)		Grand Total of All Schedules 1A -1 (Complete on last page of Schedule) 3 . 5 3

Enter this total on line 4 of Summary Page



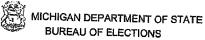
ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number 2. Committee Name

CANDIDA	ATE	COMM	ITTEE
---------	-----	------	-------

Γ	3	3520	
Jet	P	WRight	2000

	g g
Enter contributor's name and address. If contribution is from an individual, enter last name, first middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	
3. Contribution #1 PAC Receipt? XYES 4. Date of Receipt 11-1-30, A FCOM PAC	13
2000 K STREET Suite 800 Washington, DC 20006	s 2000 - s 6000 -
5. If over \$100.00 cumulative, please provide:	
OccupationEmployerSm. E	Click Here for Memo Itemization
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt //-/- Jog	2
Thomas MEGRAN	
7278 PARKHURST Bloomfield Kills, MT 48301	s 2400 - \$ 7200 -
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation OWNER Employer McGRAW - MORRIS	-
Business Address JU75 W Big Beaver Rd #756 TR	Roy, MJ 48084
Type of Contribution: Direct Loan from a person X Fund Raiser	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 13-38-3. Name & Address: A. T. MARJAM bek	
4839 E. Kelly Da.	\$ 1000 \$ 1000
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation SR V.P. Employer A FCOM	
Business Address 7720 N. 1/2th 57. Suite 100 Phose	enix, A= 850 do
Type of Contribution: Direct Loan from a person X Fund Raiser	_ ''')
Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name & Address	
Natile & Address	
E. Marian 6400.00 arministra alta ana anno della	\$
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Employer	anning and a second a second and a second an
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
Page S	Subtotal 5400 T
Grand Total of All Schedu (Complete on last page of Sc	
Page of of	Enter this total on line 3a of Summary Page.



INCIDENTAL OFFICE EXPENSE **DISBURSEMENTS** SCHEDULE 1C

CANDIDATE COMMITTEE

1. Committee I. D. Number

r use by officeholders only)	2. Committee Na
use by officenoiders only)	z. Committee Na

33520 Jeff Wright 2000

3 Name and address of percents when did		
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:	Purpose	
Huly Kosary	Sponson Tem Uniforms	11-1-13 \$ 450
Huly Rosary 5191 Richfield Rd.	8	Date
	,	Click for Mome Hamiltonia T
Flind, MI 48506		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:	Purpose	
Genesee Co Arg. Society	Sponsar / Manhenship	10-25-23 \$ 185
_	The state of the s	Data
2188 W. MT. Monnis		Date
MT. MonRis, MI 48458	Cl	ick for Memo Itemization Type
Maritime of the Control of the Contr	60	
Check box if this disbursement is payment of debt or obligation	Disbursement Code 60	
eported on previous statement	Fund Raiser	
	L_I	
Disbursement # 3 Name & Address:	Purpose	
Old Naws boys	Spansor	13133
OTA NOWS DOYS	PONSOK	12-8-33 \$ 500
6055 TAYLOR DR.		Date
Flint, MI 48507	Clic	k for Memo Itemization Type
٦	Disbursement Code 60	
Check box if this disbursement is payment of debt or obligation	Dispursement Code VV	
ported on previous statement	Fund Raiser	
sbursement # 4 ame & Address:	Purpose	
Halia Pasasa	500000	11 16 21 76-
HOLY COSKY	Spansor	12-19-23 \$ 250
Huly Rosnay 5191 Richfield Rd.		Date
	Clic	k for Memo Itemization Type
Flint, MI 48506		Morno Romazzadon Type
7	60	
Check box if this disbursement is payment of debt or obligation	Disbursement Code	
ported on previous statement	Fund Raiser	
	Subt	otal this page 1206
	Grand Total of all	School of the sage
	Grand Total of all S (Complete on last page	of Schedule) 1385

*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

)	
Page	ŧ	of	



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number 33520

2. Committee Name Jeff Wright 2000
4. Purpose (Required Information) 5. Date 6. Amount
Monthly , 14
Purpose: Office exp. Date (Monthly Service Fedical Here for Memo Itemization Type Bank
Mowthly Service Fedical Here for Memo Itemization Type
Check box if this expenditure is payment of debt or obligation reported on previous statement
111-17-13 27 ac
Purpose: Fund Raisen Exp Date Date
Click Here for Memo Itemization Type
Check box if this expenditure is payment of debt or obligation reported on previous statement
11-1-23 : 300-
Purpose: Fundanisan Exp. Date \$ 300-
Click Here for Memo Itamization Type
Check box if this expenditure is payment of debt or obligation reported on previous
statement
12h 12 ran 8
Purpose: 6 + fice exp. 12-12-23 \$ 599 8
Ciick Here for Memo Itemization Type
Check box if this expenditure is payment of debt or obligation reported on previous statement
Purpose:\$
Click Here for Memo Itemization Type Check box if this expenditure is payment of
debt or obligation reported on previous statement
Subtotal this page Grand Total of all Schedules 1B (Complete on last page of Schedule) 38895 53
Grand Total of all Schedules 18 (Complete on last page of Schedule) 38895 53

Enter this total on line 8a of Summary Page



FUND RAISER SCHEDULE 1F 1. Committee I.D. Number CANDIDATE COMMITTEE 2000 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 held. | Hun SMN Hunt Club greater) 10-6-2073 outdoor Event 121 ivate Residence 7. Total Contributions 8. Other Receipts 9. Gross Receipts (Add lines 7 and 8) 10. Total Cost of Event (Total Cost includes In-Kind Contributions and All Expenditures Made For the Event) 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 Summary Page. Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event. Page _____ of ___

THE ACTION AND ACTION AND ACTION AND ACTION			