CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

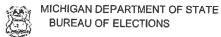
Report must be legible, typed or printed in ink an the treasurer (or designated record keeper) and o	d signed by candidate.	3. This Stateme		om 1-1-2024 to	7-21-2024			
1. Committee I.D. Number		4. Candidate	ast Name	First Name	M.I.			
33520		Wright		Jeff				
		4a, Office Soug	4a, Office Sought Including District # or Community Served (If applicable)					
2. Committee Name		Drain Com	Drain Commissioner					
Jeff Wright 2000		4b. County of Re	esidence GE	04 in 45 in in				
5. Committee's Mailing Address		6. Treasurer's N	lame & Reside	ential Address				
2174 Sycamore St.		Warren Vy						
Burton,MI 48509		1455 Laure		SS				
		Flint, MI 48	0002					
Area Code and Phone (610) 742-0246								
If the address in this box is different from the comm mailing address on the Statement of Organization,	nittee mail may			6.0.61.0				
be sent to this address by the filing official.	THOS THEY	Area Code & Ph	one (810)	919-9618				
7. Treasurer's Business Address		8. Designated F Designated Re	Record Keeper	's Name and Malling Address	(If the committee has a			
same as #6		Designated No	ora reciper,					
Area Code and Phone	www.ceoe	Area Code and	Phone	Se. Dissolution of Candida	to Committee			
9. TYPE OF STATEMENT		ILY if candidate		DOMESTIC .				
9a. Pre-Election OR 9b. Post-Election	is not on the current year:			by the committee to the candi	Ve certify any outstanding debt idate or his or her spouse is here			
Pre-Election or Post-Election Statement relates to:	The state of the s	and a		by discharged and forgiven at the committee. The committee	nd no longer collectible from e has no outstanding assets,			
⊠ Primary	July Quarte	eny		owes no lates fees or has any	outstanding debt.			
General	October Q	uarterly		Further, if the dissolution cann	not be granted, that this be			
Convention				considered a request for the R	leporting Warver.			
Special	9c. 🗀	I Charles and I	,					
School	Annuai	Statement (Covera	ige Year	Effective date of dis	solution			
Caucus	9d. Ameno	dment to Campaig	n Statement					
	(Comp	olete Item 9a, 9b, 9 e which Statemen	c or 9e to		ual funds must be reported on			
	amend	ed.)	.	Schedule 1B and the Summa	ry Page.			
Date of Election, Convention or Caucus								
			,		:			
still Birth Chatta area in 11 and a deep in 11 and a deep full birth on a private of the publishment of the furn				Y				
		4						
10. Verification: I\We certify that all reasonable diligenty\u00e3our knowledge and belief the contents are true, a	ence was used in accurate and con	n the preparation mplete.	f this stateme	ont and attached schedules (if a	any) and to the best of			
Current Treasurer or Warren Vyvya	ın	Ma	War. L	1 cman	7-23-2014			
Designated Record Keeper Type or Print Name		Signature	111	Date _	1000			
last Wriaht			1-1/1	10	7-23-2024			
Candidate Jeff Wright		1	MILL	Date				
Type or Print Name	त् ५ ०५५ आर्थकान साम्य सम्बद्धाः सम्बद्धाः सम्बद्धाः सम्बद्धाः सम्बद्धाः सम्बद्धाः सम्बद्धाः सम्बद्धाः सम्बद्ध	Signat	EDITIVE DANSAGO OF STATE OF ST	NOTOTALLA MARKENIA LE SECUE D'ALC EN ALC EN ALC EN EN ALC EN	ዋወሄ ቀን ፕሮስያ ከተመመተ በነገ መቅት ቁላብ ባለት ባ ካ የአካት የተበባት ከላለቂ ተቀንክ ትግብ ተቀንክ ብርሃት። « »			
Authority granted under P.A. 388 of 1976		1/1	1					

SUMMARY PAGE

1. Committee I.D. Number 33500

2. Committee Name Jeff Wright 2000

CANDIDATE COMMITTEE	z. Comminee Name	WKIGHI GOOD
RECEIPTS	Column I	Column II
3. Contributions	This Period	Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	Andrew Services
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	Vandamin igyan
c. Subtotal of "Contributions"	(3c.) \$ 1000 T	(18.) \$ <u>280806</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ 5.98	(19.) \$ 6427.81
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ 1005.98	(20.) \$ 287 233,81
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		and the state of t
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a) \$ 9,998,12	no or
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	Name and Allertance
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(8c.) \$	(23.) \$ 167332.57
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)	,	
Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$17,914.65	
b. Unitemized (less than \$50.01 each - no Schedule)	,	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(10b.) \$	(24) \$ 59 028, 74
DEBTS AND OBLIGATIONS 12. Debts and Obligations	(18.) \$	(24.) \$ 5 7 0 8 , 7
a. Owed by the Committee (Schedule 1E)	(12a.) \$	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
	BALANCE STATEMENT	эчлэх в парта эне эне ув в царыятой омилия в в смала в жейнага звычная в вымала _{в пис}
Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ 130,551.25	
 Amount received during reporting period (Line 5, Total Contributions & Other Receipts) 	(14.) + \$ 1 005.98	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>133557.33</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ 27912.77	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ 105,644,46 *	



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number

33520

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 all contributions regardless of amount.	e, 6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 4-11-20 Name & Address: MI LABORERS Political League 1118 Centennial Way, Suite 100	
1118 Centennial Way, Suite 100 LANSING MI 489,7 5. If over \$100.00 cumulative, please provide:	\$ 1,000 - \$ 1,000 -
Occupation Employer	Click Here for Memo Itemization
Business Address	_
Type of Contribution: Direct Loan from a person Fund Raiser	
Contribution #2 PAC Receipt? YES 4. Date of Receipt Name & Address	
	\$\$
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	
Contribution # 3 PAC Receipt? YES 4. Date of Receipt Name & Address:	_
	\$
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 Name & Address	
	\$
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Employer	- Onor Hore for Might Hernisatiot
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
Page Subtot	al 1000 -
Grand Total of All Schedules 1.	1

(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.



ITEMIZED OTHER RECEIPTS SCHEDULE 1A-1

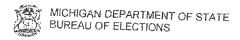
CANDIDATE COMMITTEE

1. Committee I.D. Number 33520

2 Nome 9 Address From Miles Pro-			ommittee Name	eff Wright 2000
3. Name & Address From Whom Recei Receipt #1	ved 4. Date of Receipt	M III	5. Type of Rece	
Name & Address:		month ly	Loan from a Lending	- ac
Huntington Dr	ok 27		Interest	\$ 5,78
PO Box 1558	Ha all		Refund \Rebate	Click for Memo Itemization Type
Huntington Bri PO Box 1558 Columbus, OH	Fund Raiser		Other (Specify)	
Receipt #2	Date of Receipt			
Name & Address:			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
	П		Other (Specify)	7,7
Receipt #4	Fund Raiser Date of Receipt			
Name & Address:			Loan from a Lending I	nstitution
			Interest	\$
			Refund \Rebate	Click for Memo Itemization Type
	Fund Raiser		Other (Specify)	
Receipt #5 Name & Address:	Date of Receipt		Loan from a Lending In	estitution
			Interest	\$
			Refund \Rebate	Click for Memo Itemization Type
	Fund Raiser		Other (Specify)	
	Date of Receipt		Loan from a Lending Ir	
Name & Address:	·	<u> </u>		
			Interest	\$
			Refund \Rebate	Click for Memo Itemization Type
	Fund Raiser		Other (Specify)	
Receipt #7 [Name & Address:	Date of Receipt		Loan from a Lending Ir	actitution
			_	\$
			Interest	
			Refund \Rebate	Click for Memo Itemization Type
	Fund Raiser		Other (Specify)	
				Page Subtotal 5,98
			Grand Total of Al	Schedules 1A -1 page of Schedule) 5,98
			(Complete on last	page of Scriedule)

Enter this total on line 4 of Summary Page

Page ____ of ____



ITEMIZED EXPENDITURES SCHEDULE 1B

1. Committee I. D. Number 33520

CANDIDATE COMMITTEE 2. Committee Name Jeff Wright 2000 3. Name and address of person or vendor to whom paid Purpose (Required Information) 5. Date 6. Amount Expenditure #1 Hunting ton Bonk Name POBOX 1558 GAW37 Columbus, 04 43216 Click Here for Memo Itemization Type Check box if this expenditure is payment of Fund Raiser debt or obligation reported on previous statement Expenditure #2 Name Genesee Co Dem PARTY POBUX 1787 Purpose: Tickets Address Flint MI 48507 Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous Fund Raiser Expenditure #3 STRAGOTIC Hope Fund Name Sponson / Tickels Date \$ 500 35449 5, Port Hary Address Flint MI 48504 Click Here for Memo Itemization Type Check box if this expenditure is payment of Fund Raiser debt or obligation reported on previous statement Expenditure #4 View News PAPER Name POBOX 220 Address Click Here for Memo Itemization Type LAPEER, MI 48446 Check box if this expenditure is payment of debt or obligation reported on previous Fund Raiser Expenditure #5 Genesce Co Dem Panty Name PO BOX 7787 Address Flint MI 48507 Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous Fund Raiser Subtotal this page Grand Total of all Schedules 18 (Complete on last page of Schedule)

Enter this total on line 8a of Summary Page

ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number

33520

2. Committee Name Jeff Wright 2000 Name and address of person or vendor to whom paid Purpose (Required Information) 5. Date 6. Amount Expenditure #1 DL+ Trading Name Fundanises GXI 2900 Cleveland Ave Address MARINEHR, WI Click Here for Merno Itemization Type Check box if this expenditure is payment of 54143 Fund Raiser debt or obligation reported on previous statement Expenditure #2 Name MI DEMOCRATIC PARTY Address 606 TOWN Send LANSING, MT 42933 Click Here for Memo Itemization Type Check box if this expenditure is payment of Fund Raiser debt or obligation reported on previous statement Expenditure #3 All Safe Sturne Name 1320 N. Belsny Rd. Address Burton, MI 48509 Click Here for Memo Itemization Type Check box if this expenditure is payment of Fund Raiser debt or obligation reported on previous statement Expenditure #4 Name Columbia Spontswerz Co. 14375 NW Science Park DR. Address Poetland, OR 97225 Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous Fund Raiser statement Expenditure #5 white House TAVERN Name 621 W Count Address Flint, MT 48501 Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous Fund Raiser Subtotal this page 3071.09 Grand Total of all Schedules 18 (Complete on last page of Schedule)

> Enter this total on line 8a of Summary Page



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number 338

33520

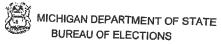
2. Committee Name Jeff Wright 2000

1 2 November 11	z. Committee Name		
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			mental, nijih didir kelawa dari masa kelah kelah panaj arah belan mengapi perbagai kerapa
Name The GREAT Puton		5-8-24	100 74
Address G-3246 W PASNEWA	Purpose: Election Exp.	Date	\$ 187
Flint, MI 48504	Click	Here for Memo It	emization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous		
Expenditure #2	statement		
Name Gen Co Dem. Party		6-5-24	. 11.11
Address POBOX 778 7	Purpose: Splanson	Date	\$ <u>100</u>
Frint, Mt 48507	Click H	lere for Memo Iter	nization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous		
Expenditure #3	statement		
Name View News PAPER GROUP.		7-11-14	1,00
Address 1521 Inlay City Rd.	Purpose: Election Exp.) 10 J4	1659
PO BOX 220	I.	re for Memo Itemi	1
LAPER, MI 48 446	Check box if this expenditure is payment of	e for mento items	ranou tybe
Fund Raiser	debt or obligation reported on previous statement		-
Expenditure #4	Statement .		
Name KAdREW PRINTING		7 10 14	29
Address 1035 ANN ARhon ST	Purpose: Election Exp.	7-10- <u>34</u>	54
	Purpose: Clection EX/1.	Date	
Flint, MI 48503	Click Here	for Memo Itemiza	ation Time
novena,	Check box if this expenditure is payment of	TOT WIGHTS RESTRICT	adon rype
Fund Raiser	debt or obligation reported on previous statement		
penditure #5	- Salari Maria		
ame US PS			And a second
idress 2500 S. Lindon Rd.		-3-J4 Date \$	68
Flint, MI 48532	Click Here	for Memo Itemizat	ion Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		- Terretary property and the format of the f
	Subtotal thi	s page 3	071.03
		0.0	243.0

Grand Total of all Schedules 18 (Complete on last page of Schedule) 999812

Enter this total on line 8a of Summary Page

Page 3 of 3



(For use by officeholders only)

1. Committee I. D. Number

33520

Summary Page

2. Committee Name	Jeff	Wright	2000

3. Name and address of person to whom disbursement was made	14.5		
	Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursemen
Disbursement # 1			
Name & Address: Spring Mendows Country Club	Office Stall Apaciation	1-11-24	s5349°
1129 Ripley Rd.	Divien	Date	7
	Clic	k for Memo Item	nization Type
Linden, MT 48451	Disbursement Code 60		
Check box if this disbursement is payment of debt or obligation reported on previous statement	Fund Raiser		
Disbursement # 2	Duman		
Name & Address: Montrose Orchands	Sponson N. End Soup Kitchen	1-24-24	s_1,300
12473 Seymour Rd.		Date	
Montrose, MJ 48457	Click	for Memo Itemiz	zation Type
Check box if this disbursement is payment of debt or obligation reported on previous statement	Sisbursement Code		
Disbursement #3	Purpose		
Name & Address: Burton Knumis 5272 White Pines Dr.	5 Nonsur	2-6-24 Date	s 100
GRAND Blanc, MI48435	Click fo	or Memo Itemiza	tion Type
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code		
Disbursement # 4	_	_	
Name & Address: 51 Patrick Day Manshal 7359 N. Oak Rd.	Sponsok	3-7-34 Date	\$ 300
DAVISON, MI 48403	Click for	r Memo Itemizati	ion Type
Check box if this disbursement is payment of debt or obligation provious statement	bursement CodeFund Raiser		
	Subtotal	this page	NG 16
	Grand Total of all Sche (Complete on last page of S	- 1	049.65
ASE REFER TO INSTRUCTIONS FOR LIST OF DISPUTE	, , ,	Ente	er this total ine 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



(For use by officeholders only)

1. Committee I. D. Number 33520

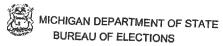
2. Committee Name Verifit 2000

on line 10a of

Summary Page

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 Disbursemer
Disbursement # 1 Name & Address: Hely Rusary 5197 Richfield Rd.	Purpose	3-6-34 Date	\$ <u>600</u>
Flint, MI 48506		Click for Memo Iter	nization Type
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code Fund Raiser	*	
Disbursement # 2 Name & Address: RDG 5, + downers PO Box 830	Purpose 5 Janson	3-13-34 Date	s_800
MT. MORAIS, MI 48458		Click for Memo Itemi	zation Type
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code		
Disbursement #3 Name & Address: FRIENDS of Paminic Clemen	Purpose Tickets	3-13-24	\$ 100°
PO BOX 7787		Date	
Flint, MI 48507	—	Click for Memo Itemiza	ation Type
Check box if this disbursement is payment of debt or obligation eported on previous statement	Disbursement Code		
Visbursement # 4 Vision & Address: Gen. Co BAR Assoc.	Purpose Spawson	3-20-24	\$350°
315 E. Court ST Flint, MI 48502	10)	Date Click for Memo Itemiza	tion Type
7	sbursement Code		
		Subtotal this page	850-
	Grand Total o (Complete on last	of all Schedules 1C page of Schedule)	
		En	tor thin 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



(For use by officeholders only)

1. Committee I. D. Number 33520

2. Committee Name Teff Wright 2000

(For use by officendiders only)	2. Committee Name	0-11	DUK 19h1	a du
Name and address of person to whom disbursement was made	4. Description of Di (Be specific & you disbursement coo	u mav assion a	5. Date	6. Amount of Disburseme
Disbursement # 1		ie)		2.0001001110
Name & Address: 500 H BONGETT FOR Supervision	Purpose Spanson/	Ticket	3-20-24	s 100
2067 LARKSPUR LN	- 4		Date Click for Mome No.	-1
GRAND Blanc, MI 48	439	T	Click for Memo Iten	nization Type
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code	10		
Disbursement # 2				
Name & Address: City of Burton 4303 S. Center Rd.	Purpose Mcmonin J.	Day Parade s	Ponsil 4-10-24 Date	\$ 250
Burton, Mt 48519			Click for Memo Itemiz	zation Type
Check box if this disbursement is payment of debt or obligation		60		
eported on previous statement	Fund Raiser			
Disbursement # 3 lame & Address: UAW Region 10	Purpose Spons	6 a A	5-874	Sovi
4549 VANSIYKE Rd.		3016	Date	\$ 000
Flint, MI 48507		C	lick for Memo Itemiza	tion Type
7	Dishurgement O. d.	50		
☐ Check box if this disbursement is payment of debt or obligation ported on previous statement	Disbursement Code Fund Raiser			
sbursement # 4				
ame & Address: Midwist Rodeo	Purpose	t.	5-8-24	. 3000
26916 hehigth		, ====	Date	
INSTER, MT 48141		Cli	ck for Memo Itemizati	оп Туре
1	Disbursement Code	60		
		Sub	ototal this page 3	850-
	(Co	Grand Total of all mplete on last pag	Schodulas 10	טעט
	(00)	picto on last pag	e or schedule)	
			Ente	er 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

on line 10a of Summary Page



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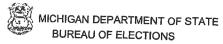
1. Committee I. D. Number 33520

2. Committee Name 7eff Wright 2000

Summary Page

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 Disbursemer
Disbursement # 1 Name & Address: Genesee Co Ang Sucrety 6130 E. Mt. Mornis MT Mornis, MI 48458	Purpose	5-8-34 \$ doo' Date Click for Memo Itemization Type
·	Disbursement Code Fund Raiser Purpose 5 ponsort	5-8-24 _{\$ 105}
POBOX 7738 Flint, MI 48507		Date Click for Memo Itemization Type
reported on previous statement	Disbursement Code	
Disbursement # 3 Name & Address: Note tow Male Charus 4301 Genesee Rd.	Purpose	5-8-24 \$ 250 Tate
Lapeer MI 48446		Click for Memo Itemization Type
ported on previous statement	Disbursement Code	
Soursement #4 arme & Address: June theenth Freedom 3712 N. Saginian Flint, MJ 48505	Purpose Sporson	Date Click for Memo Itemization Type
7	sbursement Code	
	Grand Total o	Subtotal this page 1735 T fall Schedules 1C page of Schedule)
ASE REFER TO INSTRUCTIONS FOR USE OF DISPURPMENT ASSE		Enter this total 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



(For use by officeholders only)

1. Committee I. D. Number 33520

2. Committee Name Teff Wright 2000

3. Name and address of person	n to whom disbursement was made	4. Description of Disbursement		
	alouischient was made	(Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address:	_	Purpose		
TENOS	see Co. FAIR			
		Spowson	5-29-24	s 1000
6130	E MT. Monnis		Date	\$ 1000
MT.	MORRIS, MI 48458		Click for Memo Item	nization Type
	10.00	(-1)		
		Disbursement Code		
Check box if this disburse	ment is payment of debt or obligation			
reported on previous statement	t	Fund Raiser		
Disbursement # 2				
Name & Address:	$\sim 1 \sim 1 \sim 1$	Purpose		
KenR	sley Schools	Sponson	5-21-14	Usa-
1,12	11 1 1 110		_ 51-04	\$
430	od Underhill Pr.		Date	
	le 1			
P	int MJ 48516		Click for Memo Itemiz	zation Type
	4 48316			• •
		(T()		
Check box if this disbursem	ent is payment of debt or obligation	Disbursement Code		
reported on previous statement		Fund Raiser		
Disbursement # 3				
Name & Address:	101 111	Purpose		
HNG IEN	of ORDEL of HIBERNIAS	Sponsor	6-5-24	· Dod-
6.64	T Mala ST		0001	\$ 0100
003	Maple ST		Date	
MITM	lancis MI 48 458			
,,,,,,,	148 458		Click for Memo Itemiza	ation Type
				7,5-
[$\mathcal{F}O$		
Check box if this disburseme	ent is payment of debt or obligation	Disbursement Code		
reported on previous statement	are to payment of debt of obligation	Fund Raiser		
Disbursement # 4	1- / 4 01/1	Purpose		
Name & Address:	MITCH, ORECK ORHOLD	× 5	(10.1)	. 1
71374	Alian Greek Orthodos EBAldwin (hund	PONSOR	6-12-11	\$ 1000
2245	E BALLEN (Make)		Date	7,000
			Ollist A. A.	1
Go.	12) 1/7		Click for Memo Itemiza	tion Type
OKMA	1 Blanc, MT 48439			1
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Check box if this disbursemer	nt is payment of debt or obligation	isbursement Code		
reported on previous statement	-	Fund Raiser		
			Subtotal this page	2000
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		Grand Total o	f all Schedules 1C page of Schedule)	
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*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

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Enter this total on line 10a of **Summary Page**



(For use by officeholders only)

1. Committee I. D. Number

33520 Jeff Wright 2000 2. Committee Name

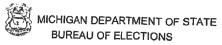
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Name and address of person to whom disbursement was made	Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1	Purpose		
Name & Address: GRenten Flint AFL-C10		F 15 2	311 -
	DUNSOR	5-15-24	s 370
10 Bux 245	,	Date	1
Flint, MI 48501	C	ick for Memo Item	ization Type
 	Disbursement Code CTU		
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reported on previous statement	Fund Raiser		
Disbursement # 2	Purpose /		
Name & Address: FRIENDS of Charles Wintrey	Sponson/Tick	1 000	115
	- porsoly liets	1 6719-14	\$ 100
2946 Mallery ST	**	Date	
Il' + MT UCSU	Cli	ck for Memo Itemi	zation Tuno
Fint, MI 48504			zacon type
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Disbursement # 3	Purpose		
Nimma O Address		1100	
FRIENDS of Eller Eller burg	Sporson/Ticket	6-14-24	\$ 100
		Date	
2028 Buden Ave			
R. MAT WE TO	Clic	k for Memo Itemiz	ation Type
Burton, MI 48529	T		••
•	/ /)		
Check box if this disbursement is payment of debt or obligation	Disbursement Code		
reported on previous statement	Fund Raiser		
Disbursement # 4	Inguit.)		
	Purpose	_	
COMM TO Elect JASOND	Sponson / Ticket	7-10-14	- 11ri
Name & Address: COMM to Elect JASPAR MARTA	poroson / Tiener	Date	\$ 700
0.2 165 111/31(14)	3	Date	
Flushing, MI 48433	Clic	k for Memo Itemiz	ation Type
-1 1 MT NG423			
1-145NING, MI 48127	T 6		
Check box if this disbursement is payment of debt or obligation pieported on previous statement	sbursement Code		
chortee on bigations statement	Fund Raiser		
	Subi	otal this page	C 11 1 -
	Gubi	out and page	640-
	Grand Total of all	Schedules 1C	
¥!.	(Complete on last page	or 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 <u>6</u> of <u>7</u>



(For use by officeholders only)

1. Committee I. D. Number

2. Committee Name

Jeff Wright 2000

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
Name & Address: Supporters of John Chepres PO Bux 500	Purpose Spanson / Ticket	7-10-24 \$ 100
Clio, MJ 48420		Click for Memo Itemization Type
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code TC Fund Raiser	
Disbursement # 2 Name & Address: COMM to Elect Beverly POBOX 320177 BROW		7-10-24 s 100
Flint, MI 48532		Date Click for Memo Itemization Type
	Disbursement Code	
Disbursement # 3 Jame & Address:	Purpose	
		\$
		Click for Memo Itemization Type
Check box if this disbursement is payment of debt or obligation ported on previous statement	Disbursement Code Fund Raiser	
sbursement # 4 ame & Address:	Purpose	
4		\$
	(Click for Memo Itemization Type
Check box if this disbursement is payment of debt or obligation ported on previous statement	isbursement CodeFund Raiser	
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	Grand Total of (Complete on last p	ubtotal this page all Schedules 1C age of Schedule) J7914.65

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