



**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers: from 1-1-2024 to 7-26-2024

1. Committee I.D. Number
33520

2. Committee Name
Jeff Wright 2000

4. Candidate Last Name **Wright** First Name **Jeff** M.I.
4a. Office Sought Including District # or Community Served (If applicable)
Drain Commissioner

4b. County of Residence **GENESEE**

5. Committee's Mailing Address
**2174 Sycamore St.
Burton, MI 48509**

Area Code and Phone (810) 742-0246
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

6. Treasurer's Name & Residential Address
**Warren Vyvyan
1455 Laurentian Pass
Flint, MI 48532**

Area Code & Phone (810) 919-9618

7. Treasurer's Business Address
same as #6

Area Code and Phone _____

8. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper)

Area Code and Phone _____

9. TYPE OF STATEMENT

9a. Pre-Election OR 9b. Post-Election

Pre-Election or Post-Election Statement relates to:

Primary
 General
 Convention
 Special
 School
 Caucus

Date of Election, Convention or Caucus

Required ONLY if candidate is not on the ballot for the current year:

July Quarterly
 October Quarterly

9c. Annual Statement (_____) Coverage Year

9d. Amendment to Campaign Statement (Complete item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)

9e. Dissolution of Candidate Committee

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 the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record Keeper Warren Vyvyan / Warren Vyvyan Date 7-23-2024
Type or Print Name Signature

Candidate Jeff Wright / Jeff Wright Date 7-25-2024
Type or Print Name Signature



1. Committee I.D. Number 33520

2. Committee Name Jeff Wright 2000

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>1,000⁻</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>1,000⁻</u>	(18.) \$ <u>280806⁻</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>5.98</u>	(19.) \$ <u>6427.81</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>1,005.98</u>	(20.) \$ <u>287233.81</u>
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)	(8a.) \$ <u>9,998.12</u>	
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.) \$ <u>9,998.12</u>	(23.) \$ <u>167332.57</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>17,914.65</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>17,914.65</u>	(24.) \$ <u>59028.74</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ _____	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _____	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>132,551.25</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>1,005.98</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>133,557.23</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>27,912.77</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>105,644.46 *</u>	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 33520
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 date of receipt)
3. Contribution #1 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>4-17-2004</u> Name & Address: <u>MI Laborer's Political League</u> <u>1118 Centennial Way, Suite 100</u> <u>Lansing, MI 48917</u>	\$ <u>1,000-</u>	\$ <u>1,000-</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization
Business Address _____		
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address _____	\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization
Business Address _____		
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address _____	\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization
Business Address _____		
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address _____	\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization
Business Address _____		
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal 1000-

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

1000-

Enter this total on
line 3a of Summary
Page.



**ITEMIZED OTHER RECEIPTS
SCHEDULE 1A-1**

CANDIDATE COMMITTEE

1. Committee I.D. Number 33520

2. Committee Name Jeff Wright 2000

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name & Address: <u>Huntington Bank</u> <u>PO Box 1558 GAW 37</u> <u>Columbus, OH 43216</u>	Date of Receipt <u>Monthly</u>	<input type="checkbox"/> Loan from a Lending Institution <input checked="" type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <small>Click for Memo Itemization Type</small> <input type="checkbox"/> Other (Specify) _____	\$ <u>5.98</u>
Receipt #2 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <small>Click for Memo Itemization Type</small> <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #3 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <small>Click for Memo Itemization Type</small> <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #4 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <small>Click for Memo Itemization Type</small> <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #5 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <small>Click for Memo Itemization Type</small> <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #6 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <small>Click for Memo Itemization Type</small> <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #7 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <small>Click for Memo Itemization Type</small> <input type="checkbox"/> Other (Specify) _____	\$ _____

Page Subtotal 5.98

Grand Total of All Schedules 1A -1
(Complete on last page of Schedule) 5.98

Enter this total on
line 4 of Summary
Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 33520
2. Committee Name Jeff Wright 2000

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Huntington Bank</u> Address <u>PO Box 1558 GAW37 Columbus, OH 43216</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Monthly Service Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>Monthly</u> Date	\$ <u>49⁰⁰</u>
Expenditure #2 Name <u>Genesee Co Dem. Party</u> Address <u>PO Box 7787 Flint, MI 48507</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Tickets</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>2-14-24</u> Date	\$ <u>250⁰⁰</u>
Expenditure #3 Name <u>STRategic Hope Fund</u> Address <u>35449 S. Port Hwy Flint, MI 48504</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Sponsor/Tickets</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>2-21-24</u> Date	\$ <u>500⁰⁰</u>
Expenditure #4 Name <u>View Newspaper</u> Address <u>1521 Imhry City Rd. PO Box 220 Lapeer, MI 48446</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Election exp.</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>2-21-24</u> Date	\$ <u>3,157⁰⁰</u>
Expenditure #5 Name <u>Genesee Co Dem Party</u> Address <u>PO Box 7787 Flint, MI 48507</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Tickets</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3-6-24</u> Date	\$ <u>900⁰⁰</u>

Subtotal this page

4856⁰⁰

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
CANDIDATE COMMITTEE**

1. Committee I. D. Number 33520
2. Committee Name Jeff Wright 2000

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>DLT Trading</u> Address <u>2900 Cleveland Ave</u> <u>MARINETTE, MI</u> <u>54143</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Fundraiser Exp.</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3-6-24</u> Date	\$ <u>794⁸⁹</u>
Expenditure #2 Name <u>MI Democratic Party</u> Address <u>606 Townsend</u> <u>LANSING, MI</u> <u>48933</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Membership Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3-6-24</u> Date	\$ <u>25</u>
Expenditure #3 Name <u>All safe Storage</u> Address <u>1320 N. Belsay Rd.</u> <u>Burton, MI</u> <u>48509</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Election Exp.</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3-13-24</u> Date	\$ <u>360</u>
Expenditure #4 Name <u>Columbin Sportswear Co.</u> Address <u>14375 NW Science Park Dr.</u> <u>Portland, OR</u> <u>97229</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Election Exp.</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4-24-24</u> Date	\$ <u>1341²⁰</u>
Expenditure #5 Name <u>White Horse Tavern</u> Address <u>621 W. Court</u> <u>Flint, MI</u> <u>48501</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Election Exp.</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5-6-24</u> Date	\$ <u>550</u>

Subtotal this page

3071.09

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
CANDIDATE COMMITTEE

1. Committee I. D. Number 33520
2. Committee Name Jeff Wright 2000

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>The Great Puton</u> Address <u>G-3240 W Pasadena</u> <u>Flint, MI 48504</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Election Exp.</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5-8-24</u> Date	\$ <u>189²⁴</u>
Expenditure #2 Name <u>Gen Co Dem. Party</u> Address <u>PO Box 7787</u> <u>Flint, MI 48507</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Sponsor</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6-5-24</u> Date	\$ <u>100⁻</u>
Expenditure #3 Name <u>View Newspaper Group.</u> Address <u>1501 Inlay City Rd.</u> <u>PO Box 220</u> <u>Lapeer, MI 48446</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Election Exp.</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-10-24</u> Date	\$ <u>1659⁻</u>
Expenditure #4 Name <u>Kadrew Printing</u> Address <u>1035 Ann Arbor ST</u> <u>Flint, MI 48503</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Election Exp.</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-10-24</u> Date	\$ <u>54²⁹</u>
Expenditure #5 Name <u>US PS</u> Address <u>2500 S. Linden Rd.</u> <u>Flint, MI 48532</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Elect. Exp</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-3-24</u> Date	\$ <u>68⁻</u>

Subtotal this page 2071.03

Grand Total of all Schedules 1B
(Complete on last page of Schedule) 9998.12

Enter this total
on line 8a 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 Jeff 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: <u>Spring Meadows Country Club</u> <u>1129 Ripley Rd.</u> <u>Linden, MI 48451</u>	Purpose <u>Office Staff Appreciation Dinner</u> Disbursement Code <u>60</u> <input type="checkbox"/> Fund Raiser	<u>1-11-24</u> Date	<u>\$ 5349.65</u>
Disbursement # 2 Name & Address: <u>Montrose Orchards</u> <u>12473 Seymour Rd.</u> <u>Montrose, MI 48457</u>	Purpose <u>Sponsor N. End Soup Kitchen</u> Disbursement Code <u>60</u> <input type="checkbox"/> Fund Raiser	<u>1-24-24</u> Date	<u>\$ 1,300-</u>
Disbursement # 3 Name & Address: <u>Burton Krumms</u> <u>5072 White Pines Dr.</u> <u>Grand Blanc, MI 48435</u>	Purpose <u>Sponsor</u> Disbursement Code <u>60</u> <input type="checkbox"/> Fund Raiser	<u>2-6-24</u> Date	<u>\$ 100-</u>
Disbursement # 4 Name & Address: <u>St Patrick Day Marshal</u> <u>7359 N. Oak Rd.</u> <u>Davison, MI 48423</u>	Purpose <u>Sponsor</u> Disbursement Code <u>60</u> <input type="checkbox"/> Fund Raiser	<u>2-7-24</u> Date	<u>\$ 300</u>
Subtotal this page			<u>7049.65</u>
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



**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

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: <u>Holy Rosary</u> <u>5197 Richfield Rd.</u> <u>Flint, MI 48506</u>	Purpose <u>Sponsor</u> Disbursement Code <u>GO</u>	<u>3-6-24</u> Date	<u>\$ 600</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement		<input type="checkbox"/> Fund Raiser	
Disbursement # 2 Name & Address: <u>RDG Sitdowners</u> <u>PO Box 832</u> <u>MT. MORRIS, MI 48458</u>	Purpose <u>Sponsor</u> Disbursement Code <u>GO</u>	<u>3-13-24</u> Date	<u>\$ 800</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement		<input type="checkbox"/> Fund Raiser	
Disbursement # 3 Name & Address: <u>Friends of Dominic Clemens</u> <u>PO Box 7787</u> <u>Flint, MI 48507</u>	Purpose <u>Tickets</u> Disbursement Code <u>IO</u>	<u>3-13-24</u> Date	<u>\$ 100</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement		<input checked="" type="checkbox"/> Fund Raiser	
Disbursement # 4 Name & Address: <u>Gen. Co BAR Assoc.</u> <u>315 E. Court ST</u> <u>Flint, MI 48502</u>	Purpose <u>Sponsor</u> Disbursement Code <u>GO</u>	<u>3-20-24</u> Date	<u>\$ 350</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement		<input type="checkbox"/> Fund Raiser	
Subtotal this page			<u>1850</u>
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



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**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

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: <u>Scott Bennett for Supervisor</u> <u>2067 Larkspur Ln</u> <u>Grand Blanc, MI 48439</u>	Purpose <u>Sponsor/Ticket</u> Disbursement Code <u>IO</u> <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement <input checked="" type="checkbox"/> Fund Raiser	<u>3-20-04</u> Date	<u>\$ 100-</u>
Disbursement # 2 Name & Address: <u>City of Burton</u> <u>4303 S. Center Rd.</u> <u>Burton, MI 48519</u>	Purpose <u>Memorial Day Parade Sponsor</u> Disbursement Code <u>GO</u> <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	<u>4-10-04</u> Date	<u>\$ 250-</u>
Disbursement # 3 Name & Address: <u>UAW Region 10</u> <u>4549 Vranstyk Rd.</u> <u>Flint, MI 48507</u>	Purpose <u>Golf Sponsor</u> Disbursement Code <u>GO</u> <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	<u>5-8-04</u> Date	<u>\$ 500-</u>
Disbursement # 4 Name & Address: <u>Midwest Rodeo</u> <u>26916 Keith</u> <u>Inster, MI 48141</u>	Purpose <u>Sponsor</u> Disbursement Code <u>GO</u> <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	<u>5-8-04</u> Date	<u>\$ 3000-</u>
Subtotal this page			<u>3850-</u>
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



**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

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: <u>Genesee Co Arg Society</u> <u>6130 E. MT. MORRIS</u> <u>MT MORRIS, MI 48458</u>	Purpose <u>Sponsor</u> Disbursement Code <u>60</u> <input type="checkbox"/> Fund Raiser	<u>5-8-24</u> Date	<u>\$ 1200-</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement			
Disbursement # 2 Name & Address: <u>FOP Lodge 126</u> <u>PO Box 7738</u> <u>Flint, MI 48507</u>	Purpose <u>Sponsor</u> Disbursement Code <u>60</u> <input type="checkbox"/> Fund Raiser	<u>5-8-24</u> Date	<u>\$ 125-</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement			
Disbursement # 3 Name & Address: <u>Norton Male Chorus</u> <u>4301 Genesee Rd.</u> <u>hasper MI 48446</u>	Purpose <u>Sponsor</u> Disbursement Code <u>60</u> <input type="checkbox"/> Fund Raiser	<u>5-8-24</u> Date	<u>\$ 250-</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement			
Disbursement # 4 Name & Address: <u>June theenth Freedom</u> <u>Sch. Awards</u> <u>2712 N. Saginaw</u> <u>Flint, MI 48505</u>	Purpose <u>Sponsor</u> Disbursement Code <u>60</u> <input type="checkbox"/> Fund Raiser	<u>5-22-24</u> Date	<u>\$ 150-</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement			
Subtotal this page			<u>1725-</u>
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



**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

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: <u>Genesee Co. Fair</u> <u>6130 E MT. MORRIS</u> <u>MT. MORRIS, MI 48458</u>	Purpose <u>Sponsor</u> Disbursement Code <u>GO</u>	<u>5-29-04</u> Date	<u>\$ 1000</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement			
Disbursement # 2 Name & Address: <u>Kearsley Schools</u> <u>4302 Underhill Dr</u> <u>Flint, MI 48506</u>	Purpose <u>Sponsor</u> Disbursement Code <u>GO</u>	<u>5-31-04</u> Date	<u>\$ 400</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement			
Disbursement # 3 Name & Address: <u>Ancient Order of Hibernians</u> <u>665 Maple St</u> <u>MT. MORRIS, MI 48458</u>	Purpose <u>Sponsor</u> Disbursement Code <u>GO</u>	<u>6-5-04</u> Date	<u>\$ 200</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement			
Disbursement # 4 Name & Address: <u>Assumption Greek Orthodox Church</u> <u>2245 E Baldwin</u> <u>Grand Blanc, MI 48439</u>	Purpose <u>Sponsor</u> Disbursement Code <u>GO</u>	<u>6-12-04</u> Date	<u>\$ 1000</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement			

Subtotal this page 2600

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



**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

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: <u>Grant Flint AFL-CIO</u> <u>PO Box 245</u> <u>Flint, MI 48501</u>	Purpose <u>Sponsor</u>	<u>5-15-24</u> Date	\$ <u>340-</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>GO</u>	<input type="checkbox"/> Fund Raiser	
Disbursement # 2 Name & Address: <u>Friends of Charles Winfrey</u> <u>2946 Mallery St</u> <u>Flint, MI 48504</u>	Purpose <u>Sponsor/Ticket</u>	<u>6-19-24</u> Date	\$ <u>100-</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>IO</u>	<input checked="" type="checkbox"/> Fund Raiser	
Disbursement # 3 Name & Address: <u>Friends of Ellen Ellenburg</u> <u>2228 Buden Ave</u> <u>Burton, MI 48509</u>	Purpose <u>Sponsor/Ticket</u>	<u>6-19-24</u> Date	\$ <u>100-</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>IO</u>	<input checked="" type="checkbox"/> Fund Raiser	
Disbursement # 4 Name & Address: <u>Comm to Elect Jasper</u> <u>PO Box 165</u> <u>Flushing, MI 48433</u> <u>MARTUS</u>	Purpose <u>Sponsor/Ticket</u>	<u>7-10-24</u> Date	\$ <u>100-</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>IO</u>	<input type="checkbox"/> Fund Raiser	
Subtotal this page			<u>640-</u>
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



**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

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: <u>Supporters of John Cherry</u> <u>PO Box 500</u> <u>Cllo, MI 48420</u>	Purpose <u>Sponsor/Ticket</u>	<u>7-10-24</u> Date	<u>\$ 100⁻</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>IC</u>	Click for Memo Itemization Type	
<input type="checkbox"/> Fund Raiser			
Disbursement # 2 Name & Address: <u>Comm to Elect Beverly</u> <u>PO Box 320177</u> <u>BROWN</u> <u>Flint, MI 48532</u>	Purpose <u>Sponsor/Ticket</u>	<u>7-10-24</u> Date	<u>\$ 100⁻</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>IO</u>	Click for Memo Itemization Type	
<input type="checkbox"/> Fund Raiser			
Disbursement # 3 Name & Address:	Purpose	Date	\$
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code	Click for Memo Itemization Type	
<input type="checkbox"/> Fund Raiser			
Disbursement # 4 Name & Address:	Purpose	Date	\$
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code	Click for Memo Itemization Type	
<input type="checkbox"/> Fund Raiser			

Subtotal this page 200⁻
Grand Total of all Schedules 1C (Complete on last page of Schedule) 17,914.65

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