

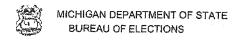
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# REC'D SEP 0 4 2024

FOR OFFICIAL USE ONLY

# CANDIDATE COMMITTEE COVER PAGE

Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and d	i signed by andidate.	3. This Statement covers:	om 7-33-34 to 8-36-3034		
1. Commiltee I.D. Number	wa	4. Candidate Last Name	First Name M.I.		
33520	Wright				
		4a. Office Sought Including Di	istrict # or Community Served (If applicable)		
2. Committee Name		Drain Commissioner			
Jeff Wright 2000		4b. County of Residence G空解氣點距距			
5. Committee's Mailing Address		8. Treasurer's Name & Reside	ential Address		
2174 Sycamore St.		Warren Vyvyan			
Burton,MI 48509		1455 Laurentian Par	5%		
		Flint, MI 48532			
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, i be sent to this address by the filing official.	ittee mail may	Area Code & Phone (810)			
7. Treasurer's Business Address		8. Designated Record Keeper	r's Name and Mailing Address (if the committee has a		
same as #6		Designated Record Keeper)	i i		
Area Code and Phone	T T T T T T T T T T T T T T T T T T T	Area Code and Phone	9e. Dissolution of Candidate Committee		
9. TYPE OF STATEMENT		ILY if candidate	potential		
9a. Pre-Election OR 9b. Post-Election	is not on 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 he		
Pre-Election or Post-Election Statement relates to:			by discharged and forgiven and no longer collectible from the committee. The committee has no outstanding assets,		
<b>X</b> Primary	July Quarte	erly	owes no lates fees or has any outstanding debt.		
General	October Q	uarterly			
			Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Warver.		
Convention			To reconstruction of the control of		
Special	<sup>9c.</sup> □Anriual	Statement ()	Effective date of dissolution		
School	NO.	Coverage Year	Elitable data of diodolados		
Caucus	(Comp	Iment to Campaign Statement lete Item 9a, 9b, 9c or 9e to e which Statement is being ed.)	Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.		
Date of Election, Convention or Caucus					
8-5-2124					
THE PARTY AND THE PARTY OF THE					
10. Verification: NWe certify that all reasonable dilige mylour knowledge and belief the contents are true, a	ence was used i eccurate and co	n the preparation of this stateme mplete.	ent and attached schedules (if any) and to the best of		
Current Treasurer or Designated Record Keeper Warren Vyvya	ın	, V/124/2. 1.	Mrs. K-27-2024		
Type or Print Name	print at the control from the control to the control of the contro	Signalure \	Uate San Date		
Candidate Jeff Wright		IN W	Opate 8 · 27 · 202		
Type or Print Name	7 con d a William Page and control of the control o	Signature /			



SUMMARY PAGE
CANDIDATE COMMITTEE

1. Committee	I.D.	Number
	,,,,	140111701

33520

2. Committee Name

Jeff Wright 2000

RECEIPTS	***************************************	21 1	
3. Contributions		Column I This Period	Column II Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	18,600-	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	NOT APPLICABLE	, min washing
c. Subtotal of "Contributions"	(3c.) \$_	18600	(18.)\$ 299 406
4. Other Receipts (Schedule 1A -1, Column 6)		. 92	(19.)\$ 6428,73
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	18600.92	(20.)\$ 305834,73
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 a grand a granda a granda	
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ _	4947,04	
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.) \$ _	4947.04	(23.)\$ 172 279.61
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.)\$ _	300-	Violation and the state of the
b. Unitemized (less than \$50.01 each - no Schedule)	/40F 1 ft		
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	, , , , , , , , , , , , , , , , , , , ,	300-	(24.)\$ 59328.74
DEBTS AND OBLIGATIONS 12. Debts and Obligations	(11.) \$		(24.)\$ 1 100 . 1 1
a. Owed by the Committee (Schedule 1E)	(12a.) \$		,
b. Owed to the Committee (Schedule 1E)	(12h \ ¢		
	(12b.) \$ _ BALAN	NCE STATEMENT	
13. Ending Balance of last report filed	(13.) \$	105 (44 46 )	
(Enter zero if no previous reports have been filed.)		10/10/00	/
Amount received during reporting period     (Line 5, Total Contributions & Other Receipts)	(14.) + \$_	<u> </u>	,
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period	(15.) = \$	124 245, 38 1	
(Add lines 9 and 11)	(16.) - \$	5247.04 V	
17. ENDING BALANCÉ (Subtract line 16 from line 15)	(17.) \$	118 998.34.	✓

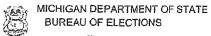


## ITEMIZED OTHER RECEIPTS SCHEDULE 1A-1

# **CANDIDATE COMMITTEE**

1. Committee I.D. Number 33500

3. Name & Address From Whom R	eceived 4 Data of D. /	2. Committee Name Ueff WRight 2000
Receipt #1	D-1 6 D : - (	L5. Type of Receipt 6. Amount
Name & Address: Hyatington	Bank 558 GAW 37 50H 43 216 Fund Raiser	Loan from a Lending Institution  Interest  \$ 92
POBOX 1	558 61W 31 OH 42111	Refund \Rebate Click for Memo Itemization Type
	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
eceipt #6	Fund Raiser	Other (Specify)
lame & Address:	Date of Receipt	Loan from a Lending Institution
		Interest \$
		Refund \Rebate Click for Memo Itemization Type
eceipt #7	Fund Raiser	Other (Specify)
ame & Address:	Date of Receipt	Loan from a Lending Institution
		Interest \$
		Refund \Rebate Click for Memo Itemization Type
	Fund Raiser	Other (Specify)
		Page Subtotal 93
		Grand Total of All Schedules 1A -1 (Complete on last page of Schedule)
ge of		Enter this total on line 4 of Summary Page

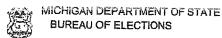


# **ITEMIZED CONTRIBUTIONS**

33520

SCHEDULE 1A	r i.D. Number
CANDIDATE COMMITTEE 2. Committee	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 Indept Committee (PAC) Report all contributions regardless of amount.	first name, 6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt & 7 Name & Address:  Wind Cooper III	
PO Box 300500 Flivt, MI 48532	\$ 600 - \$ 4200 -
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation OWNER Employer Connect Connect Business Address 3487 5. Lindow Ry. Flw.	CIA I
Business Address 3487 5. Lindov Ry, Fhul	MI 4853)
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt & 7_Name & Address  DANIE   Zefo	- 34
8033 Fenton Rd.	s 1200 - 84800 -
GRAND Blanc, MI 48439	\$ 7 400 \$ 1000
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation OWNER Employer Zito Const.	
Business Address	Annual and comme
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt & 7. Name & Address:	-24
John Zito	
8033 Ferton Pd.	s 1200 - 4800-
GRAND Blone, MT 48439	\$ 1000
E If over \$100,00 evenudative plane provide	Click Here for Memo Itemization
Occupation OWNER Employer Eito Const	Without the resemble of the second se
Business Address SAME	THE REAL PROPERTY.
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 8-7-	34
2 15 RAY Rd. Fonday MT 48430	\$ 1200 - \$ 1200 -
5. If over \$100.00 cumulative, please provide:	
Occupation ENGINEER Employer hawkence En	Click Here for Memo Itemization
Business Address 4344 Silver Like Rd, Kerran	MI 48451
Type of Contribution: Direct Loan from a person Fund Raiser	- ** **
Pa	age Subtotal 4300 V
Grand Total of All So	

Enter this total on line 3a of Summary Page.



## **ITEMIZED CONTRIBUTIONS** SCHEDULE 1A

### CANDIDATE COMMITTEE

1. Committee I.D. Number 33520

CANDIDATE COMMITTEE 2. Committee Name	<u> </u>	WRIGHT NOOD
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 \$-21-24  STeven Mancini 37532 Hidden valley Ct.		, date of recept)
ChiNdon Twp, MI 48036	\$ 2400	s 4800
5. If over \$100.00 cumulative, please provide:  OccupationOWNER _ Employer _ Rickman Const.		or Memo Itemization
Business Address 41500 Mound Rd. Sterling Hals MI	483141	
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 8-21-24  Name & Address  Julie Mitchell  4 225 5eb Riv 9 DA.	100-	
White Lake, MI 48383	s 3000	\$ 2000
5 If over \$100.00 completion places provides	Click Here for	Memo Itemization
Occupation <a href="#">CN91NEER</a> Employer <a href="#">JAC</a> Business Address <a href="#">Business Address</a> <a href="#">555 Hulet DR. Bloom field Hills</a> , M.		
Business Address 555 Hulet DR. Bloomfield Hills, M.	7 48302	
Type of Contribution: Direct Loan from a person A Fund Raiser		
3. Contribution #3 Name & Address:  Tom Max well  354 Block tow Rd.  Rodchoskallis MS 48306  5. If over \$100.00 cumulative, please provide:	- 97	\$ 6000 Memo Itemization
Occupation Frqueed Employer  Business Address 555 Hulot DR. 13/confect Loan from a person Fund Raiser	48307	
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 8-01-24  Name & Address  Jessie Vande Creek  15882 Lake view Ct.  GROSS Pointe, MI 48830	s 800°	s_1800-
5. If over \$100.00 cumulative, please provide:	Click Here for 1	Memo Itemization
Occupation Employer / HC		wemo nemization
Business Address 555 Hulet DR., Bloomfield Aills, MI	48312	·
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	7300	J
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
3 3	Enter this total on line 3a of Summary	

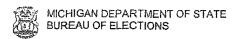
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# **ITEMIZED CONTRIBUTIONS** SCHEDULE 1A

1. Committee I.D. Number 33520

CANDIDATE COMMITTEE	2. Committee Name	<u> </u>	WRIGHT 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 Committee (PAC) Report all contributions regardless of amount.	l, enter last name, first name, mittee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? XYES 4. Date of Receipt Name & Address:  Mylled Can field 5/e 2500  Ver froit MI 48226  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address  Type of Contribution: Direct Loan from a person	Fund Raiser		§ 9600 or Memo Itemization
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt Name & Address  Michael Roy Ally  Job E. Rolston Rd.  Lindon, MI  5. If over \$100.00 cumulative, please provide:  Occupation Englished Employer Rowe  Business Address 5 40 5, SAG, 51. Fl		_	\$_3435 Memo Itemization
Type of Contribution: Direct Loan from a person	Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt Name & Address:  Tonathan Rick 10395 Wilson RI. Montace, MT 48457  5. If over \$100.00 cumulative, please provide:  Occupation Engloyer Rowe Business Address 5 40 5. Saginaw 51 F Type of Contribution: Direct Loan from a person	. <u></u>	Click Here for	\$∂_HOO_ Memo Itemization
3. Contribution # 4 PAC Receipt? YES 4. Date of Recei			
		© Click Here for N	\$ /lemo Iternization
Business Address  Type of Contribution: Direct Loan from a person	Fund Raiser		The state of the s
Gra	Page Subtotal Page Subtotal Page Subtotal Page Subtotal Page of Schedule)	7200 18,600 Enter this total on line 3a of Summary Page.	<i>✓</i>



# **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 Hunting ton Bank.  Address PO Box 1558 FAW 37	Purpose: Monthly Sorvice	8-15-)1 Date	\$ 7
Columbus, 01/ 43216	T O COL	ere for Memo II	ternization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2		······	
Name The CRIM Foundation	50 4	8-7-J4	\$ <u>1000</u> -
Address 452 5. Sag minw ST	Purpose: Spansak		
Flint, MI 48502	Click He	ere for Memo Ite	emization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name McCRee Theatre		8-7-24	< 1111 -
Address 4601 Clio Rd.	Purpose: Spanson	Date	* 1000
Flint, MI 48569		re for Memo Ite	mization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4			
Name Kaistie Reed Evans	8	87-)4	- 1800-
Address 6123 N. Seymoul RV.	Purpose: MemoRIA	Date	\$ <u>1100</u>
Flushing, MT 48433	Click Her	e for Memo Iter	mization Type 🔻
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		Additional
Expenditure #5			
Name Allied Union Services	111.8	21-24	s 85.71
Address 240 N. Fenway 1R.	Purpose: Elect 6xp.	Date	900000000000000000000000000000000000000
Fenton, MI 48430  Fund Raiser	Click Her Check box if this expenditure is payment of debt or obligation reported on previous statement	e for Memo Iter	nization Type
	Subtotal	this page	3092.71
	Grand Total of all Sct (Complete on last page of		
	, , , , , , , , , , , , , , , , , , , ,		

Enter this total on line 8a of Summary Page



# **ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE**

1. Committee I. D. Number

33520

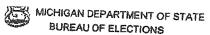
2. Committee Name Jeff Wright 2000

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			<u> </u>
Name Swaicki & Sons		8-21-24	s 1791 3
Address 1501 W. Lafayette	Purpose: Eloct. Exp.	Date	4 <u>1 101</u>
Detroit, MI 48216	Click	Here for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment o debt or obligation reported on previous statement	f	
Expenditure #2			
Name USPS Address 2506 S. Linden Rd.  Flint, MI 48532	Purpose: Elect. Exp.	7-315 Date	y s 73
Flat, MI 48532	Click	Here for Memo	Itemization Type 💌
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		2000
Expenditure #3			
Name			
Address	Purpose:	Date	\$
	Click I	lere for Memo I	temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Expenditure #4	statement		
Name			Proposition
Address	Purpose:	Date	\$
	Click H	lere for Memo It	emization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		lacentrial
Expenditure #5			
Name			11
Address	Purpose:	Date	\$
Fund Raiser	Click F Check box if this expenditure is payment of debt or obligation reported on previous statement	lere for Memo It	emization Type
	Subto	tal this page	18 80 83
	Grand Total of all 5	Schedules 1B	

Page \_\_\_\_\_of\_\_\_\_\_\_

(Complete on last page of Schedule)

Enter this total on line 8a of Summary Page



## INCIDENTAL OFFICE EXPENSE DISBURSEMENTS SCHEDULE 1C CANDIDATE COMMITTEE

1. Committee I. D. Number 33520

2. Committee Name Josh WRight 2000

(, or paging culceuolders only)	2. Committee Name UCTT	_VVNI911 QUUU
3. Name and address of person to whom disbursement was made	Description of Disbursement     (Be specific & you may assign	
Disbursement # 1	disbursement code*)	- Dispursement
Name & Address:  <.T. E.D. HASKINS MAYOR	Purpose Ticket	7-31-14 . 100-
3437 5. Belsay Rd.		Date
Burton, MI 48519	-	Click for Memo Itemization Type
Check box if this disbursement is payment of debt or obligation	Disbursement Code 1 C	
reported on previous statement  Disbursement # 2	Fund Raiser	
Name & Address: The DAVID Leyton Comp.	Purpose Ticket	731-24 s /00
PO Box 320349		Date
_ Flist MJ 48532		Click for Memo Itemization Type
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code Fund Raiser	_
Disbursement # 3 Name & Address:	Purpose ;	
	and the same of th	S Date
		Click for Memo Itemization Type
Check box if this disbursement is payment of debt or obligation ported on previous statement	Disbursement Code Fund Raiser	ff control and the second seco
sbursement # 4 ame & Address: Comm to Elect Bob Con	Purpose Ticket	7-29-24 \$ 100-
15223 Bird R.		Date Click for Many at 1
ByRON, MI 48418		Click for Memo Itemization Type
Check box if this disbursement is payment of debt or obligation orted on previous statement	Disbursement Code Fund Raiser	· ·
		Subtotal this page 300
	Grand Total (Complete on la	of all Schedules 1C st page 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

Enter this total on line 10a of Summary Page