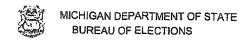


## REC'D OCT 2 5 2024

## CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

COVER PAGE			······································	and the same of th
Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and car	signed by ndidate.		m 8-27-24 to	10-20-2024
1. Committee I.D. Number		4. Candidate Last Name	First Name	M.I.
33520		Wright	Jeff	
		4a. Office Sought Including Dis	strict # or Community Served (	If applicable)
2. Committee Name		Drain Commissioner		
Jeff Wright 2000		4b. County of Residence GEI		
5. Committee's Mailing Address		6. Tréasurer's Name & Reside	ential Address	
2174 Sycamore St.		Warren Vyvyan		
Burton,MI 48509		1455 Laurentian Pas	3\$	
		Flint, MI 48532		
Area Code and Phone (810) 742-0246		December of the second		
I if the address in this hay is different from the continu	tee	Le de la constante de la const		
mailing address on the Statement of Organization, making address by the filing official.	nali may	Area Code & Phone (810)		
7. Treasurer's Business Address	navo a es 1868 o es suboquelos proposis subar el a presença como españa.	8. Designated Record Keeper	's Name and Mailing Address	(If the committee has a
same as #6		Designated Record Keeper)		
301110 00 110		422000000000000000000000000000000000000		
The second secon		***************************************		
Area Code and Phone	***************************************	Area Code and Phone	I Se. Dissolution of Candida	was to an expectation
9. TYPE OF STATEMENT	Chambinad Off	II V if pandidata		
9a. Pre-Election OR 9b. Post-Election	is not on the	ILY if candidate ballot for the	By checking this item I/V	We certify any outstanding debt
	current year:		by the committee to the cand by discharged and forgiven a	didate or his or her spouse is here and no longer collectible from ee has no outstanding assets.
Pre-Election or Post-Election Statement relates to:	July Quart	erly	owes no lates fees or has an	ee rias no outstanting assets. v outstanding debt.
Primary		•		
S General	October Q	uarterly	Further, if the dissolution can	not be granted, that this be
Convention			considered a request for the	Reporting Walver.
bonesoni parante	or r			
Special	JAnnua L. JAnnua	il Statement ()	Effective date of di	ssolution
School	************	Coverage Year		
Caucus	9d. Amen	dment to Campaign Statement plete Item 9a, 9b, 9c or 9e to		
	indica	te which Statement is being	Note: The disposition of residual Schedule 1B and the Summi	dual funds must be reported on an arry Page.
	ameno	led.)	Odiloddio 15 dile in obinici	
Date of Election, Convention or Caucus				
-				
11-5-2004				
			'	
10. Verification: I/We certify that all reasonable dilige	e de la companya del companya de la companya de la companya del companya de la co	in the accordance of the eleter	ent and attached schedules (if	fany) and to the best of
10. Verification: I/We certify that all reasonable dilige my/our knowledge and belief the contents are true, a	ccurate and co	omplete.	1/	
		1/11/01	VIAMA.	111-31-1/11
Designated Record Keeper	11	1 VU UVUA	Z Date	10 al avar
Type or Print Name		Signature	+11	11 7- 04
laff Mriaht		INRUM		111-15-67
Candidate Jeff Wright	<u> </u>	1 V V IV V	Date	10 L V
Type or Print Name		Signature		The state of the s



SUMMARY PAGE

1. Committee I.D. Number 33520
2. Committee Name Jeff Wright 2006

CANDIDA I E COMMITTEE	2. Committee i valle	
RECEIPTS	Column I	Column II
3. Contributions	This Period	Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$67500 <sup>-</sup>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ 67 500 -	(18.)\$ <u>366 906</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.)\$ 64,30,83
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ 67500.10	(20.)\$ 373, 336.83
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)	(8a.) \$ <u>28904.37</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	Manage Ma
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>28904.37</u>	(23.)\$ 201, 183.98
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		,
Disbursements     a. Itemized (Schedule 1C, Column 6)	(10a.)\$	
b. Unitemized (less than \$50.01 each - no Schedule)	440, 10	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(10b.) \$	(24.)\$ 60 818, 74
DEBTS AND OBLIGATIONS 12. Debts and Obligations	(11.) \$ / / / /	(24.)\$ 60 878, 79
a. Owed by the Committee (Schedule 1E)	(12a.)\$	
b. Owed to the Committee (Schedule 1E)	(12b.)\$	
	BALANCE STATEMENT	
<ul> <li>13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)</li> <li>14. Amount received during reporting period (Line 5, Total Contributions &amp; Other Receipts)</li> <li>15. SUBTOTAL Add lines 13 and 14</li> <li>16. Amount expended during reporting period (Add lines 9 and 11)</li> <li>17. ENDING BALANCE (Subtract line 16 from line 15)</li> </ul>	(13.) $$118,998,34$ (14.) $+$67,502.10$ (15.) $=$186,500.44$ (16.) $-$30,394.37$ (17.) $$156,106,07$	



## ITEMIZED OTHER RECEIPTS SCHEDULE 1A-1

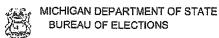
#### **CANDIDATE COMMITTEE**

1. Committee I.D. Number 33500

7. Committee Name Teff Weight 2000

3. Name & Address From Whom Receive	4 8-1(8-	***************************************	ommittee Name <u>/ ૯</u>	TT VEIGH 2000
Receipt #1	ed 4. Date of Rece  Date of Receipt		5. Type of Receipt	6. Amount
Name & Address:	•	Mosfuly	Loan from a Lending In	1/1
Huntington B,	ANK		Interest	s <u> </u>
PO Box 1558 Columbus, OH	6AW 31		Refund \Rebate	Click for Memo Itemization Type
Columbus, OH	43 416		Other (Specify)	
Receipt #2	Date of Receipt			
Name & Address:	Date of Neceshi	64mm mmm. 1220 2220 44844 mm mmm. 1120 448	Loan from a Lending In	stitution
			Interest	\$
			Refund \Rebate	Click for Memo Itemization Type
	Fund Raiser		Other (Specify)	**************************************
Receipt #3 Name & Address:	Date of Receipt		Loan from a Lending Ins	stitution
			Interest	\$
			Refund \Rebate	Click for Memo Itemization Type
	Fund Raiser		Other (Specify)	
Receipt #4	Date of Receipt			
Name & Address:	·		Loan from a Lending Ins	titution
			Interest	\$
			Refund \Rebate	Click for Memo Itemization Type
	Fund Raiser		Other (Specify)	
Receipt #5	Date of Receipt			
Name & Address:	600000000000000000000000000000000000000	***************************************	Loan from a Lending Inst	
			Interest	\$
			Refund \Rebate	Click for Memo Itemization Type
	Fund Raiser		Other (Specify)	XXVIIIII
Receipt #6 C Name & Address:	Date of Receipt	***************************************	Loan from a Lending Ins	titution
			Interest	\$
			Refund \Rebate	Click for Memo Itemization Type
	Fund Raiser		Other (Specify)	
Receipt #7 E Name & Address:	Date of Receipt		Loan from a Lending Ins	
			Interest	\$
			Refund \Rebate	Click for Memo Itemization Type
	Fund Raiser		Other (Specify)	NAMES (STATE OF THE STATE OF TH
				Page Subtotal 2,10
			Grand Total of All	Schedules 1A -1
			(Complete on last pa	age of Schedule) 0,10

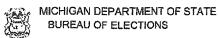
Enter this total on line 4 of Summary Page



1. Committee I.D. Number 33530

line 3a of Summary

CANDIDATE COMMITTEE 2. Committee Name	Jett NR	1977 0000
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? YES 4. Date of Receipt 9-5-34  Name & Address:  KPVIN KING BROK M.  FRANKOLANIK MI 48734	÷ 1800	s 6000
The hero plant,	* richini e stra della a successiona anno anno anno anno anno anno anno	**************************************
5. If over \$100.00 cumulative, please provide:  Occupation AHCRAPY Employer McGRAW - MonRIS	Click Here for	or Memo Itemization
1675 W 2. P. S. 5750 Thurst	4 5.0Cd I	
	4 2027	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 9-5-04		
Tapa ad Pung		
Terrod Pung 14655 S. Junes Rd.	s 2400°	771/2/2
Engle, MI 4882)	\$ A700	\$ 1200
	,	
5. If over \$100.00 cumulative, please provide:  Occupation OWNEA Employer ORINGEA CONST.	Click Here to	r Memo Itemization
Coodpation		
Business Address 6267 Aureling Rd Lansing, MT	48511	
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 9-5-04  Name & Address:  500 # 6100  Nov; MI 48375  5. If over \$100.00 cumulative, please provide:	\$ 100 Click Here for	\$ 100 memo Itemization
Occupation Employer		in an analysis of the second s
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser		Tan-hiliana ao
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 9-5-24  Name & Address  STeve Nei he Ise!  4737 Food ison Phace  Rod chrs frh MI 48306  5. If over \$100.00 cumulative, please provide:	\$ 100°	\$ 100 T
Occupation Employer	Click Here for	Memo Itemization
Occupation Employer		жентельных померы в
Business Address		an one-anyole-us
Type of Contribution: Direct Loan from a person Fund Raiser		COSTOLANIA
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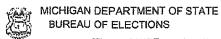
#### **CANDIDATE COMMITTEE**

1. Committee I.D. Number 33500
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.	6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 95-24  Name & Address:  5 Teve 5 chewbeck  a 08 59 Lyttle De.  PARKA CO 80138	s 100 - s 200 -
5. If over \$100.00 cumulative, please provide:  Occupation Employer Plant - Mulanu	Click Here for Memo Itemization
Business Address Pu Box 307 Southfield, MI 48075	
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 9-5-24  Name & Address  ART BoleRen brood  PO Box 205  GRAND HAVEN, MT 49417	s 100 s 100
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 #3 PAC Receipt? YES 4. Date of Receipt 9-5-24  Name & Address:  T, M Cow9!!  6770 Violet WAY  ARVA AA CO 80007  5. If over \$100.00 cumulative, please provide:	\$ /00 \$ /00 Click Here for Memo Itemization
Occupation Employer Employer	
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 95-24  Name & Address  Poug Robert  8383 5 Grove Rd.  Dewitt, MT 48820	s . 100 - s 100 -
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	
Page Subtotal	400-
Grand Total of All Schedules 1A (Complete on last page of Schedule)	error con contains de contraction accompany and contraction an

Page <u></u> <u>a</u> of <u>13</u>

Enter this total on line 3a of Summary Page.



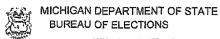
Page 3 of 13

#### **ITEMIZED CONTRIBUTIONS** SCHEDULE 1A

1. Committee I.D. Number 33530

line 3a of Summary

CANDIDATE COMMITTEE 2. Committee Name	Jett WK	19 ht 2000
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 9-5-34  Name & Address:  NAME TO BE TRAIN		- ()60
E. LANSing MI 48823		or Memo Itemization
Occupation OWNER Employer 112 M.L. INC	Office i	or Memo Remization
Occupation OWNPA Employer DLZ MI. Inc  Business Address 1435 Keystone Ave E https://www.g.mi. 4  Type of Contribution: Direct Loan from a person X Fund Raiser	18911	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 9-1/-34 Name & Address  SAAB		
14025 SWAWER BRAG DR.	\$ 3000°	s 3000
Fenton, MI 48430	00-1-11 6	
5. If over \$100.00 cumulative, please provide:  Occupation ONNER Employer Sorensen Gross Co		or Memo Itemization
Business Address 111 E Count St sto 1A Flist, MI48	301	
Type of Contribution: Direct Loan from a person Y Fund Raiser	-	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 9-11-24  Name & Address:  John Willemin  1143 Fox chase ha  ERAND RAPIDS, MI 49546  5. If over \$100.00 cumulative, please provide:  Occupation Engineer Fish heck	\$ 1800 Click Here fo	s 4200 -
Occupation Employer Find Rapids  Business Address 1515 Anker Aon In SE Grand Rapids  Type of Contribution: Direct Loan from a person Fund Raiser	MJ 49546	
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 9-11-24  Name & Address  Nicholas Czerwinski  920 8 Mile Rd.  KAW KAWlin, MI 48631	s 2400-	- \$ 3200
5. If over \$100.00 cumulative, please provide:		
Occupation Engineer Employer Spicer Group.	Click Here fo	r Memo Itemization
Business Address 230 S. WAShington Saginar MT Ly  Type of Contribution: Direct Loan from a person Fund Raiser	8607	
Page Subtota	1 /0,200-	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

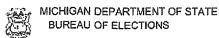


#### **CANDIDATE COMMITTEE**

33500 1. Committee I.D. Number

·. ·	Committee Name	Jest	WR	ig ht	2000	
				2		

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 9-11-34  Name & Address:  STEVEN ROZ NUW SK:  9316 TACK MAN DR.  Temperature MI 48183  5. If over \$100.00 cumulative, please provide:	s 2406-	<sub>\$</sub> 4800
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Engineer Employer SMCOR GROUP  Business Address 330 S. Wishing on Signin, MI48609	1	
Type of Contribution: Direct Loan from a person X Fund Raiser  3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 9-11-34		
Name & Address		
James Hadel	1111	11014-
4650 GATE house CT	s d400	s 4800 -
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer GRAN Blanc Int. Holdings,	Inc	
Business Address 9435 ENLA PRIZE WAY HULLY MI	48427	
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 9-11-04  Name & Address: Scott Kylhavek	A AME I AME AND	
POBOX 183 Now Lotheap, MI 48460	s - 2400 -	s 4900 <sup>-</sup>
*	Click Here for	Memo Itemization
5. If over \$100.00 cumulative, please provide:  Occupation OWNOR Employer Metcalf Elect.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Business Address 4500 Monrish Rd. Sweet & Crock, M.	1 48473	
Type of Contribution: Direct Loan from a person X Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 9-//-24		
Name & Address Kenneth Com		_
3230 RUSAlie AUN CT	s 2100	7100
Clio, M] 48420	<u> </u>	<b>b</b>
5. If over \$100.00 cumulative, please provide:  Occupation Ower Employer Platinian Mech Inc	Click Here for	Memo Itemization
Business Address 5051 Exchange DR Flint MI	8507	
Type of Contribution; Direct Loan from a person Fund Raiser		
Page Subtotal	9300-	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		, produces and the second
Page 4 of 13	Enter this total on line 3a of Summary Page.	



#### CANDIDATE COMMITTEE

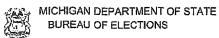
1. Committee I.D. Number 33500
2. Committee Name Jeff WRight 2000

Z. COMMITTEE INCIDENT	<u> </u>	<del>19-73 00-8</del>
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? YES 4. Date of Receipt 9-11-34  Name & Address:  Roheaf Hicks 9055 Pine Valley MR.		7'100-
5. If over \$100.00 cumulative, please provide:	\$ <u>2100</u>	\$ 7100
Occupation Engineer Employer Platinum Mech Inc	Click Here fo	r Memo Itemization
Business Address 5057 6xchnage 1R Flist MI 42  Type of Contribution: Direct Loan from a person Fund Raiser	567	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 9-18-24		
Name & Address  FATRICA PEABODY  13195 Foley Rd.  Ferton, MI45430	s 2000-	s 6800 <sup>-</sup>
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation CUNA Employer CANONY NOW	,	
Business Address 1190 TURROY Rd Fentur, MT 48430	,	
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 9-18-24  Name & Address;  JAMOS MAKENER II  16111 5, IVER shole DR.  Feston, MI48430	s 0400	\$ 6000 -
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
	18442	
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 9-18-84  Name & Address		
T Thunpsun 12191 Jennings Rd Lindar, MT 45451	s 24.00-	s_4200 <sup>-</sup>
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation OWNEL Employer SLC Meter  Business Address 32 85 GARRA Rd. Aubarn Hills MT4		
Type of Contribution: Direct Loan from a person Fund Raiser	8396	
Page Subtotal	8810-	

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

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Page <u>5</u> of <u>13</u>

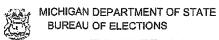


#### CANDIDATE COMMITTEE

1. Committee I.D. Number 33500
2. Committee Name Jeff Wright 2000

line 3a of Summary

2. Committee Name	/ / //	<u>14:17 00=0</u>
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 9-35-34  Name & Address:  JASON Keryon		
	n -	1000
10305 Jewell Rd. GAINOS MI 48436	s '100'	5 2800
E If aver \$100.00 aumiliative places arresides		
Occupation Engineer Employer Wide-Thim		or Memo Itemization
Business Address 555 5 545, ST Ft. MI 48502	9	
Type of Contribution: Direct Loan from a person X Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 9-05-04  Name & Address		
Tim Colemnu 2433 Beakshike Ave	· 700	s 1400
Avow, 0 If 44011  5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Engineer Employer WAde Aim		
Business Address 555 5. SAG. ST FINT MT 48503	•	
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 9-25-21)  Name & Address:  Shawa Keough		
26 155 Goldand Rd.	s 700	s 2900 -
TAYlor, MY 48 180	Clinic Horn for	Memo Itemization
5. If over \$100.00 cumulative, please provide:	Click Here to	Memo Remization
Occupation engineer Employer Whoe - 121mg		
Business Address 555 5. St. 9 5 Flort MT 1850  Type of Contribution: Direct Loan from a person Fund Raiser	7	
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 9-15-24		
Thomas BRZeziński		
11945 WARdSWORTH DR.	· 700-	1900
5. If over \$100.00 cumulative, please provide:		\$ 7 ,00
Occupation Engineer Employer WAde - Trim	Click Here for	Memo Itemization
Business Address 555 5. SAg 5T Plint MI 4	8502	
Type of Contribution: Direct Loan from a person Fund Raiser		
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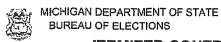


#### **CANDIDATE COMMITTEE**

1. Committee I.D. Number 33500

2. Committee Name Jeff WRight 2000

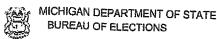
we are the same to said the property as a same and a continue of the continue		4-11 20-0
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (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? YES 4. Date of Receipt 9-75-34  Name & Address:  And Rew MC Cune 5187 Windle Bow Ct.	Dag	2400-
And Appen, MI 48108	\$	
Occupation Engineer Employer WASE - Rim	Click Here to	or Memo Itemization
Business Address 555 5. 5/19 5T Ffirst M7 48502		
Type of Contribution:   Direct   Loan from a person   Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 9-35-34  Name & Address		
John Gesielski 9254 Pine Walk Pass	s 700-	s 2400 -
hinden MI 48451	Commence of the Commence of th	***************************************
5. If over \$100.00 cumulative, please provide:  Occupation Engineer Employer  While - I Ring	Click Here fo	r Memo Itemization
CEE E S. CT CF MT UC	n 2	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 9-35-34 Name & Address:	_	
2980 Wildwood Rd.	s 700	s 2700
Holly M7 4844)  5. If over \$100.00 cumulative, please provide:	Click Here for	· Memo Itemization
Occupation Engineer Employer WAVE - RIM  Business Address 555 3. SAMM ST FRANK MT US	Z. 7	
Business Address 335 3. 5/1/1/1 51 Find, My 48 Type of Contribution: Direct Loan from a person Fund Raiser	500	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 9-05-04 Name & Addgess		
DAVID Dipiet RO 5968 EMERA IHAK-S DR.		
5768 EMERA 181 K-S 11R.	<u>\$</u>	\$ 2,900
Median OH 44 250  5. If over \$100.00 cumulative, please provide:		
Occupation Engineer Employer Wade-TRIM	Click Here for	Memo Itemization
Business Address 555 5. 549 57 Flint MI 48502		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	2800 -	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	***************************************	
7 13	Enter this total on line 3a of Summary	we-



#### **CANDIDATE COMMITTEE**

1. Committee I.D. Number 33500
2. Committee Name Deff Wright 2000 2. Committee Name

a. Committee	
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 Indep Committee (PAC) Report all contributions regardless of amount.	r, first name, centent 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Name & Address:	95- <b>34</b>
RAIDH P.CA-NO 16026 Buckingham Ave	Dan- 1900-
Beverly Hills, MI 48025	s 100° s 1900°
Occupation Engineer Employer What - 1Rin	Click Here for Memo Itemization
Business Address 355 5 5 5 5 Flivt, M	T 48502
Type of Contribution: Direct Loan from a person X Fund Raiser	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 9—Name & Address	25-24
Matt Stacey	7
1359 Hardein	s 100 s 1400
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Engineer Employer / Note 1/RI	W)
Business Address 555 5. 5kg 51 Flint	MI 48502
Type of Contribution: Direct Loan from a person Fund Raiser	Г
Name & Address:	5-24
Jim Opour Ke 235 E- 63Rd 51	· 740- 1600-
NY NY 10065	*
5. If over \$100.00 cumulative, please provide:  Occupation Engineer Employer Wade - TRIN	Click Here for Memo, Itemization
	17
Business Address 555 5. 5. 5. Fh. V. Type of Contribution: Direct Loan from a person X Fund Raise	1 48308
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 10-9	-24
MARISA D'Agonstivi	***************************************
17 565 Augusta OR.	s 4800 - 4800 -
MACOMB NI 4804) 5. If over \$100.00 cumulative, please provide:	
Occupation OWNER Employer 1 Agons tini	Click Here for Memo Itemization
Business Address 15801 23 Mile MACOND TWD, MJ	_
Type of Contribution: Direct Loan from a person Fund Raiser	
	Page Subtotal 6900
Grand Total of All 3 (Complete on last page	e of Schedule)
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raye v or v	Page.



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#### ITEMIZED CONTRIBUTIONS SCHEDULE 1A

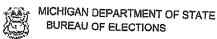
1. Committee I.D. Number

CANDIDATE COMMITTEE 2. Committee Name 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 6. Amount 7. Cumulative for Committee (PAC) Report all contributions regardless of amount. Election Cycle for Each Contributor (Through 3. Contribution # 1 date of receipt) PAC Receipt? 4. Date of Receipt Name & Address: JOHN Deval 916 JAY RodgeAs CT.
TRAVEASE CITY MJ
5. If over \$100.00 cumulative, please provide: \$ J 375 \$ Engineer Employer Click Here for Memo Itemization Occupation Business Address 2 960 Lucerne Type of Contribution: Loan from a person Fund Raiser 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt Name & Address CRAig Shumaker 1403 Bende Re 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization ENGINEER Employer Occupation \_\_\_\_ Business Address 2960 Lucerve 99546 Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #3 PAC Receipt? 10-9-24 4. Date of Receipt Name & Address: JOREMY NAKASHIMA 313 N. Scott When two IL 60
5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization ENGINEER Employer Business Address OKenes MI 48846 Suite 100 Type of Contribution: Loan from a person Fund Raiser 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name & Address Keith Sikaitis 5874 ANDOVER Rd 5. If over \$100.00 cumulative, please provide: MI 48098 Click Here for Memo Itemization Occupation **Business Address** Type of Contribution: Direct Loan from a person Fund Raiser

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

Page Subtotal

Enter this total on line 3a of Summary Page.



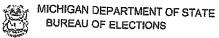
1. Committee I.D. Number

CANDIDATE COMMITTEE 2. Committee Name 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 6. Amount 7. Cumulative for Committee (PAC) Report all contributions regardless of amount. Election Cycle for Each Contributor (Through date of receipt) 3. Contribution # 1 PAC Receipt? 4. Date of Receipt Name & Address: KRAWCZYK Jest 1040 TARTIN LN. 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Employer\_ Business Address 41069 Vincent Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt Name & Address yler Kindle 42 Chambray ST. s 2400 - s 24 Fortage MT '49002
5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization ENGINEEL Occupation \_\_\_ **Business Address** Type of Contribution: Loan from a person **Fund Raiser** Contribution # 3 PAC Receipt? YES 4. Date of Receipt Name & Address: SAMIR MATTA 810 Birchwood ST. 1200 s Dewitt MI 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization ENGINEER Employer Business Address 2121 ULIVERSITY PACK DA Sunte 100 Type of Contribution: Loan from a person Fund Raiser 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt Name & Address Donald Dawes 9860 E. ShipMAN 2400 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization OWNER Occupation\_ Employer Comnerce 1) Flushing, MT 48433 **Business Address** Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal

Page 10 of 13

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

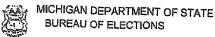
Enter this total on line 3a of Summary Page.



### CANDIDATE COMMITTEE

1. Committee I.D. N	nuper	-	Server .	Samuel .	0	
2. Committee Name	Jess.	W	R	ia	44	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 Palitical Check box to indicate if contribution is from a Palitical Check box to indicate if contribution is from a Palitical Check box to indicate if contribution is from a Palitical Check box to indicate if contribution is from an individual, enter last name, first name,		19:11 0000
Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt /0-9-24		date of receipt)
Chadrie Laucamp		
340 N. WATER 57		
Chenzy III 60611	. 600-	CMO-
5. If over \$100.00 cumulative, please provide:	\$ 000	\$ 300
Occupation Engineer Employer HECOM		r Memo Itemization
Business Address 303 E Wacker Suite 600 Chichgo I 60	601	
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10-9-34		
Sharon Coon		
5006 old BARN LN		
_ T	\$ 600	s 5600
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation owner Employer Patinger Mech.		Metilo Reilitzaflou
Business Address 5051 6xchange NR. Flint, MI 48501  Type of Contribution: Direct D. Flint, MI 48501	7	
Type of Contribution:	/	STATE OF THE STATE
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 16-9-34		
		And the state of t
TASON ESSEX 625 GREEN AVE.	17	
" <b>*</b> "	s 1300 -	s 6200
BAY City, MJ 48708  5. If over \$100.00 cumulative, please provide:	Chal. Hanner	***************************************
	Click Here for I	Memo Itemization
Occupation ENGINEER Employer JOHN FRON CO.		
Business Address 778 BRidge View South 519 Loan from a person V Fund Raiser	604	Province and the second
43	,	and the second s
Contribution #4 PAC Receipt? YES 4. Date of Receipt 10-9-04		
MARY YOUNG		SACCOSCION AND ADDRESS OF THE PARTY OF THE P
11511 TURREY N.		AND THE PERSON NAMED IN COLUMN 1
Few few MT 48430 i. If over \$100.00 cumulative, please provide:	s	s 500
on over \$100.00 cumulative, please provide:	<b></b>	***************************************
Occupation Employer Refined	Click Here for N	Memo Itemization
Business Address		· · · · · · · · · · · · · · · · · · ·
Type of Contribution: Direct Loan from a person V Fund Raiser		Windows
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	3)00 -	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	***************************************	
11 12	Enter this total on	
	line 3a of Summary Page.	



1. Committee I.D. Number

33520

**CANDIDATE COMMITTEE** 2. Committee Name 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 6. Amount 7. Cumulative for Committee (PAC) Report all contributions regardless of amount. Election Cycle for Each Contributor (Through date of receipt) 3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt Name & Address: BARRY Wolf 8386 OLD Plank Rd. 5. If over \$100.00 cumulative, please provide: 1200 ATTORNEY Torney B. Wolf Click Here for Memo Itemization Occupation Employer \_\_\_ SIMP Business Address Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt Name & Address David Jansen 3307 Elms Rd. 5 WARTZ, CReck, MT 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 #3 PAC Receipt? 4. Date of Receipt Name & Address: Juseph MARUS Kin JR. 637 NAIRN CIRcle 1200 s 6200 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization OWNER Occupation Employer 1155 Welch Rd Business Address MM 166, MT 48390 Type of Contribution: Loan from a person 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name & Address JOHN Nickels 8235 SToney IN. SW ByRon Confer, MT 49315 5. If over \$100.00 cumulative, please provide: 1200 ENGINEAR Click Here for Memo Itemization Occupation \_\_\_\_ Employer \_\_ Business Address 46555 Continental Type of Contribution: Direct Loan from a person Fund Raiser

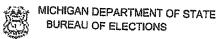
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Grand Total of All Schedules 1A (Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.

Page 12 of 13



#### CANDIDATE COMMITTEE

1. Committee I.D. Number 33500

Enter contributed	Committee Name	Je44 1	URight 2000.
Enter contributor's name and address. If contribution is from an individual, enter I middle initial. Check box to indicate if contribution is from a Political Committee of Committee (PAC) Report all contributions regardless of amount.  3. Contribution # 1 PAC Receipt? YES 4 Date of Receipt	r an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Name & Address:  BRINN Busch  50762 Seaden R.	10-9-24		Table 1, 1000pt/
5. If over \$100.00 cumulative, please provide:		\$ 1300	,- <u>\$ 3400</u> -
Occupation Engineer E/N/	9	Click He	ere for Memo Itemization
Business Address 46555 Confinental Dr. Cha	Strafield, MI	48047	
Contribution #2 PAC Receipt? YES 4. Date of Receipt  Name & Address			
		\$	<b>\$</b>
5. If over \$100.00 cumulative, please provide:		Olivio tau	
Occupation Employer		Click Her	re for Memo Itemization
Business Address			ACCESSED TO THE PROPERTY OF TH
Type of Contribution: Direct D.	d Ralser		Control of the Contro
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt Name & Address:	u Naise:		
		\$	<b> \$</b>
5. If over \$100.00 cumulative, please provide:		Click Here	for Memo Itemization
Occupation Employer_			, comeagon
Business Address	and a commence of the second o		The same of the sa
h	d Raiser		MADE
. Contribution # 4 PAC Receipt? YES 4. Date of Receipt lame & Address			
		\$	
. If over \$100.00 cumulative, please provide:		Y	<b></b>
Occupation Employer		Click Here	for Memo Itemization
Business Address			Portablished
Type of Contribution: Direct Loan from a person Fund F	Raiser		NOTION DESCRIPTION OF THE PROPERTY OF THE PROP
Grand Total	Page Subtotal of All Schedules 1A	1200 -	7-

Page 13 of 13

(Complete on last page of Schedule)

67,500 -Enter this total on

Enter this total on line 3a of Summary Page.



## ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number 335d

CANDIDATE COMMITTEE 2. C	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 for Bank  Address Po Box 1558 FAW 35	Purpose: Bank Fee Monthly \$ 14
Columbus, OH 43016  Fund Raiser	Click Here for Memo Itemization Type  Check box if this expenditure is payment of debt or obligation reported on previous statement
Name All SAfe STURAGE Address 1300 N. Bolsag Rd.	Purpose: $\frac{6}{2}$ $\frac{9-4}{2}$ \$ $\frac{360}{2}$
Burton, MJ 48509	Click Here for Memo Itemization Type  Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #3  Name Concept 3  Address JDD N. Main ST.  DAVISON, MT 40403  L Fund Raiser	Purpose: <u>Elect. 6xp.</u> Date  Click Here for Memo Itemization Type  Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #4  Name Open Tip  Address 330 Reservola ST.  Floor 3  Needham, Heights, MA 02494	Purpose: Election (5) Date \$ 58830  Click Here for Memo Itemization Type  Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #5  Name Hunts man Hunt Club  Address 3166 Havens Rd.  DRydon, MI 48428  Fund Raiser	Purpose: <u>Election</u> Exp. <u>9-11</u> Click Here for Memo Itemization Type  Check box if this expenditure is payment of debt or obligation reported on previous statement
	Subtotal this page 3340.65  Grand Total of all Schedules 1B (Complete on last page of Schedule)

Enter this total on line 8a of Summary Page



## SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number

5	<i>3</i> 5	لم	0		
11	1.	Λ	4	L	3000

2. (	Committee Name OET VVRIGITI & OVO
Name and address of person or vendor to whom paid	4. Purpose (Required Information) 5. Date 6. Amount
Expenditure #1	
Name OLT TRAding	Purpose: Eled 6x0
Address 2900 Cleve had Ave	· Company of a company of the compan
MARINETTE, WI 54143	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 DAW Foley Address 2191 Niethamuca M.	9-25 \$ 100
	Purpose: Elect. Eng. Date
BAY City, MJ 48706	Click Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #3	
Name View Newspaper	21 1 9-25-24 s 2212
Address 1521 Inday City Rd.	Purpose: Elect. 6 x Date
hapeex, MI 48446	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	Succificity
Name DLT TRAding	11/10-9-21 \$ 107.80
Address 2900 Cleveland Ave	Purpose: Elect. Exp. Date \$ 101
MARINETTE, WI 54143	Click Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #5	
Name The GROAT Put-ON	1 634
Name The GREAT PUT-ON Address 3240 PASA dena	Purpose: Elect. EXP 11-7-34 \$ 318
Flint MI 48504	Click Here for Memo Itemization Type
- IIII, 1112 48209	Check box if this expenditure is payment of
Fund Raiser	debt or obligation reported on previous statement
	Subtotal this page 15 98).50
	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

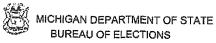
ommittee I. D. Number 33500

1. Committee I. D. Numb	er -		V		
	TZM	1,	n		1 2000
2. Committee Name	021	W	KI	14 71	XUUU

Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name Williams Fun Sight Co. Address 73. Co. 1	Purpose: Elect. Exp.	10-9-4 Date	\$ 7657 <sup>13</sup>
7389 hapeer Rd.	Click Her	re for Memo	Itemization Type
DAVISON, MJ 48433	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2		***************************************	
Name Colony	Purpose: Eloction 6x/	10-9-24	\$ 63 09
Address 311 E. FRMd Blace Rd.	Purpose: C 100/100 C///	Dete	
GRAND Blanc, MI		e for Memo I	temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name ABC-12		10-6-4	s 1861 -
Address 23 02 Lapeer Rd.	Purpose: Election GAD.	Date	* 100
Flint, MI 48503	positional particular and the pa	e for Memo It	temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4		***************************************	***************************************
Name			9000
Address	Purpose:	Date	\$
	Click Here	e for Memo It	emization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5		THE THE STREET STREET,	***************************************
Name			
Address	Purpose:	Date	\$
	Click Here	e for Memo It	emization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		**************************************
	Subtotal I	this page	9581.22
	Grand Total of all Sch (Complete on last page of	edules 1B Schedule)	9581.22 28,904.37

Enter this total on line 8a of Summary Page

Page 3 of 3



# INCIDENTAL OFFICE EXPENSE DISBURSEMENTS SCHEDULE 1C

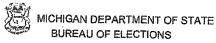
1. Committee I. D. Number \_\_\_\_\_\_33500

SOUEDOFE IC		
CANDIDATE COMMITTEE	T-1/	1/10:14 1000
(For use by officeholders only) 2. 0	Committee Name UE+T	- WK19/11 QUOD
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	Purpose	
Name & Address:		91111 1110-
KANNAIS BURTON	<u> </u>	9-1-14 \$ 100-
5272 White Pines DR		Date
	•	Click for Memo Itemization Type
GRAND Blanc, MI 48439	/ 1	
-	Disbursement Code 50	
Check box if this disbursement is payment of debt or obligation	Fund Raiser	
reported on previous statement Disbursement # 2		
Name & Address	Purpose	
CTE MARY Hood	Tiekot	9-4-24 s 100-
,		Date
PO Box 13567		
,		Click for Memo Itemization Type
_ Flint, MI 48501	Dishursement Code	
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code Fund Raiser	
Disbursement #3	Purpose	
Name & Address: KAIAMA 200 Christina School	s Spenson	9-6-24 \$ 240
2121 Stadium DR.	•••	Date
KALAMAZOO, MI 49008		Click for Memo Itemization Type
14008	6	
	Disbursement Code	
Check box if this disbursement is payment of debt or obligation reported on previous statement	Fund Raiser	
Disbursement # 4	Purpose	
Name & Address: Assumption Greek Optho Co 2245 E. Baldwin	hush Spensa	9-424 \$ 800-
2245 E. BAlduin	•	Date  Click for Memo Itemization Type
GRAND Blane, MI 48439		
Check box if this disbursement is payment of debt or obligation	Disbursement Code	
eported on previous statement	Fund Raiser	
		Cultivated this page
		Subtotal this page 1340
	Grand Total (Complete on las	of all Schedules 1C st page of Schedule)
	( ) op 22.22 w// m/	Enter this total

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 Dishursements O	B. 5 S

Page \_\_\_\_ of \_\_\_\_



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

33500 1. Committee I. D. Number

2. Committee Name	Jeff	WRig	ht 2000

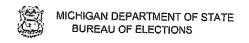
(1-of dee by officeriolders only)	Sommittee (14ame		
3. Name and address of person to whom disbursement was made	4. Description of Disburseme (Be specific & you may ass disbursement code*)		6. Amount of Disbursement
Disbursement # 1	Purpose		
Name & Address:		Ga.	11/
FOP Lodge 126 PO Box 7738	<u> </u>	7-10-31 Date	\$ dd5
PO Box 7738		Click for Memo It	emization Type
_ Flint, MI 48507	Disbursement Code 60	)	
Check box if this disbursement is payment of debt or obligation reported on previous statement	Fund Raiser	AMMONTO CONTRACTOR CON	
Disbursement # 2	Example 1	***************************************	***************************************
Name & Address: Genesae Co. ARq. Society	Purpose Mem Mensh		H s 25
2188 W MT MORRIS Rd.		/ Date	
MT. Moenis, MI 48458	( m	Click for Memo Ite	emization Type
	Disbursement Code		
Check box if this disbursement is payment of debt or obligation reported on previous statement	Fund Raiser	1991.110	
Disbursement # 3 Name & Address:	Purpose	***************************************	
		Management of the contract of	\$
		Date	
		Click for Memo Ite	mization Type
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code		
Disbursement # 4 Name & Address:	Purpose		
			<u>\$</u>
		Date	
		Click for Memo Iter	mization Type
Marine Tolkinson			
	Disbursement Code	No.	
reported on previous statement	Fund Raiser		
		Subtotal this page	250-
	Gran (Complet	d Total of all Schedules 1C e on last page of Schedule)	1490-

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 d of b



3. Date Event Was Held

7. Total Contributions

10. Total Cost of Event

9. Gross Receipts (Add lines 7 and 8)

Co-Sponsor(s)

8. Other Receipts

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

greater)

1. Committee I.D. Number 2. Committee Name - USE A SEPARATE SHEET FOR EACH EVENT -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, Outdoor Event Hantsman Hunt club 3166 HAVENS 86,100-86,100 Not All Expenses / Turoices
Recieved As of
10-10-2024 207,37 (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: 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	
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