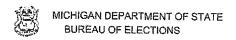


REC'D DEC 0 5 2024

CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and ca	signed by	3. This Statement covers: fro	m 10-21-24 to 11-25-2024			
1. Committee I.D. Number	11.20.27.00.20.1	4. Candidate Last Name	First Name M.I.			
		Wright	Jeff			
33520		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. Treasurer's Name & Reside	ential Address			
2174 Sycamore St.		Warren Vyvyan				
Burton,MI 48509		1455 Laurentian Pas Flint, MI 48532	1455 Laurentian Pass Flint, MI 48532			
Area Code and Phone (810) 742-0246		TO CARLOS AND				
If the address in this box is different from the commit mailing address on the Statement of Organization, r be sent to this address by the filing official.	ttee nail may	Area Code & Phone (810)				
7. Treasurer's Business Address		Designated Record Keeper Designated Record Keeper)	's Name and Mailing Address (If the committee has a			
same as #6						
Area Code and Phone		Area Code and Phone	part date to be be being a common of manager a serious a factor of the common of the c			
9. TYPE OF STATEMENT		NLY if candidate	9e. Dissolution of Candidate Committee			
9a. Pre-Election OR 9b. Post-Election		ballot for the	By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here			
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,			
Primary	July Quart	terry	owes no lates fees or has any outstanding debt.			
General	October C	Quarterly	Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.			
Convention			portaines ea a request of the responding values.			
Special	9c. Annua	al Statement () Coverage Year	Effective date of dissolution			
School School						
Caucus	(Com	ndment to Campaign Statement piete Itern 9a, 9b, 9c or 9e to ste which Statement is being ded.)	Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.			
Date of Election, Convention or Caucus 11-5-2084			£			
		En the recoverage of the posterior	nent and/attached schedules (if any) and to the best of			
 Verification: I/We certify that all reasonable diligonal transfer in the contents are true. 	ence was used accurate and c	complete.				
Current Treasurer or Warren Vyvya	an	, Wallon	Upon Date 11-30-24			
Designated Record Keeper	y day, a a a a a a a a a a a a a a a a a a	Signati.	Date			
Jeff Wright			Nate 12/4/24			
Candidate Type or Print Name		Signatur				
Authority granted under P.A. 388 of 1976	ekit neg fe n a en en en e n en	Annual Martin and the statement in the statement of the s				
. · ·		* '				



1.	Committee	I D	Number

SUMMARY PAGE CANDIDATE COMMITTEE Committee I.D. Number 33500

Committee Name Jeff Wright doog

RECEIPTS		
	Column I This Period	Column II Cumulative this election cycle
3. Contributions	1000-	,,,,,
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	us
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$	(18.)\$ 386, 681
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.)\$ 6432,2)
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	(20.)\$ 393 113.21
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.) \$
7. In-Kind Expenditures (Schedule 1B-JK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		The state of the s
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ 50,0411,71	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	69
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ 50, 041,71	(23.) \$ 251,235
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.)\$100 -	
b. Unitemized (less than \$50.01 each - no Schedule)	(10a.) \$	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS	(10b.)\$	
(Add Line 10a + Line 10b)	(11) 6 /00 -	(24.)\$ 60918.74
DEBTS AND OBLIGATIONS 12. Debts and Obligations	(11.) \$	(24.)\$ 00 7.0.1
a. Owed by the Committee (Schedule 1E)	(12a.)\$	and the second s
b. Owed to the Committee (Schedule 1E)	(405) 8	SSA STATE OF THE S
	(12b.) \$BALANCE STATEMENT	
 13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period (Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15) 	(13.) $$$ 156, 106.07 $$$ (14.) $+$ $$$ 19 776.38 $$$ (15.) $=$ $$$ 175, 882.45 $$$ (16.) $ $$ 50 141.71 $$$ (17.) $$$ 125, 740, 74 $$$	



Page ____ of ____

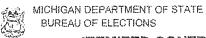
ITEMIZED OTHER RECEIPTS SCHEDULE 1A-1

CANDIDATE COMMITTEE

1. Committee I.D. Number 33520

2 Nove 9 Add 5		2. Committee Name	eff Wright 2000
3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Recei	
Receipt #1 Name & Address:	Date of Receipt Movily	Loan from a Lending	and the second s
Name & Address: Huntington Bran PO Bux 1558 & Columbus, OH	K 20	Interest	s <u>1,38</u>
PO Bux 1558 6	- AW 311 	Refund \Rebate	Click for Memo Itemization Type
Columbus, Un	Fund Raiser	Other (Specify)	Million and the second and the secon
Receipt #2 Name & Address:	Date of Receipt	Loan from a Lending	Institution
		Interest	\$ ************************************
		Refund \Rebate	Click for Memo Itemization Type
	Fund Raiser	Other (Specify)	www.many.ina.dishalalanammanaanayy
Receipt #3 D Name & Address:	eate of Receipt	Loan from a Lending I	nstitution
		Interest	\$
		Refund \Rebate	Click for Memo Itemization Type
	Fund Raiser	Other (Specify)	
Receipt #4 Di	ate of Receipt		
Traine at Final cook		Loan from a Lending I	Institution \$
		Interest Refund \Rebate	Click for Memo Itemization Type
г		Other (Specify)	
Receipt #5 Da	Fund Raiser		
Name & Address:	ate of Receipt	Loan from a Lending Ir	nstitution
		Interest	\$ 12.000,000,000,000,000,000,000,000,000,00
		Refund \Rebate	
Receipt #6 Date	Fund Raiser	Other (Specify)	Control of the Contro
Name & Address:	of Receipt	Loan from a Lending I	nstitution
		Interest	\$
		Refund \Rebate	Click for Memo Itemization Type
Parallel M7	Fund Raiser	Other (Specify)	
Receipt #7 Date Name & Address:	of Receipt	Loan from a Lending I	nstitution
		Interest	\$ ************************************
		Refund \Rebate	Click for Memo Itemization Type
	Fund Raiser	Other (Specify)	
			Page Subtotal 1,38
		Grand Total of A (Complete on last	Il Schedules 1A -1 page of Schedule) 1,38

Enter this total on line 4 of Summary Page



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

- ALININA TE ANAMITTE

1. Committee i.D. Number

Teff Wright 2000

CANDIDATE COMMITTE 2. Committee Name	<u> </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 10-28-24 Name & Address: Tomas: Benefit		
James; Benjett 9500 BRAND: LN Flower: Ne, MI 45836	s 2 400	s 2400 -
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation ENGINEER Employer ETVH Business Address 46555 Contrinental DR. Chashafield 1	47 48047	
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10-28-24		
Name & Address Anthony Aderhold	7///	-
815 Highland TAI	\$ 3000	\$ 3000
Hudson, WI - 14616 5. If over \$100.00 cumulative, please provide: The laid Sources Employer 5 AK Const.	Click Here fo	r Memo Itemization
Occupation Industrial Sorvices Employer JRK CONST. Business Address 501 ASDEN GROVE DR. FRANKLIN TN 30	>- < l7	
Business Address JUT / TopPet UROV Ph. RANK/11/2 7/2 Type of Contribution: Direct Loan from a person Fund Raiser	064	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10-18-24	Light 35000 Shiningan Musikania il Novin Hibrary	н жүрө мини жүрө жайын жай Жайы
Name & Address: Molly Page		
418 Long Pointe Da.	s 1500	s 4900 -
Avon Lake, OH 44012	Click Here for	Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation Engloyer AFCOM,		
Business Address 303 E. Wacken DR. Suite 600 Chicago Type of Contribution: Direct Loan from a person Fund Raiser	, IL 60601	
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt /0-28-34	ENGLISH SECTION OF THE SECTION OF TH	AND THE PERSON OF THE PERSON O
Name & Address Chadric LAUCAMB		
Chadric LAUCAMA. 340 E. N. Water ST. Unil 2708	s 500	\$ 500
ChicAgo, JL 60611 5. If over \$100.00 cumulative, please provide:	444444444444444444444444444444444444444	
Occupation Engineer Employer A ECOM	Click Here for	Memo Itemization
Business Address 3 03 E. WAKEN DR. Suite 600 Chicago	IL 60601	
Type of Contribution: Direct Loan from a person Fund Raiser		3
Page Subtotal	1400	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	**************************************
Pageof	line 3a of Summary Page.	



, MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

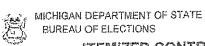
CARDINATE COMMITTEE

1. Committee I.D. Number

33500

7eff Wright 2000

CARVILLA I CUMMINI I I I 2. COMMINGE 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 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 10-38-39 Name & Address: JAMPS PARADY		
12195 FoleyRd.	s 1000-	s 7400
5. If over \$100.00 cumulative, please provide: Occupation OWNOR Employer Perhody Tissue		or Memo Itemization
Business Address 365 N. Alloy DR # 100 Fewfor, My 4	8430	
Type of Contribution: Direct Loan from a person X Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt /0-28-24		
Padrick O'Neill	3	
OVERLAND PARK, KS 66 233	s <u>200</u>	\$ 200 ⁻
5. If over \$100.00 cumulative, please provide: Occupation <u>Engineer</u> Employer Black 2 Vench	Click Here fo	r Memo Itemization
Occupation ENGINEER Employer	10 -1	
Business Address 3151 Claystone ST 5 F Suite 6 100 GRA.	d Kapids, MI	49430
Type of Contribution: Direct Loan from a person X Fund Raiser		** 3 <i>U U</i>
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10-08-04 Name & Address BORSMA		
Mus Book as a Ma	s 500°	
2445 BROOKS PRINGS OR.	\$ 300	\$ <u>300</u>
Brockfield, WI 53005	Click Here for	Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation Engloyer Black a Vench		
Business Address 3151 Claystone ST SE Guilo 6100 GRAN /4	pids, MI 4	9430
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt (0-)8-)4		
Her ther Cheslek 3176 Pickfund DR. SE	and the second	
A A - A	\$ 500	\$ 500
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Engineer Employer Black & Vench	_	The second secon
Business Address 3151 Clay stone STSE Suite 6100 GRAND K	apids MI 49	9430
Type of Contribution: Direct Loan from a person Fund Raiser	2.00	
Page Subtotal	2200 -	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Tatas this total	**************************************
7 4	Enter this total on line 3a of Summary	
Page d of	Page.	



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number 33520
Teff Weight 2000

CANDIDATE COMMITTEE 2. Committee Name	VELL	<u> </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 10-28-24 Name & Address: JeffRey KRAWCE y K		Clas
1040 TARTAN LN, CUMMERCE TWP, MJ 48390	s 2100 -	6 but
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occribation Embode	8395	
Type of Contribution: Direct Loan from a person X Fund Raiser	I mandage indica ga paga ang paga ang katalan	ender begreichen gemeine der der der der der der der der der de
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10-38-34 Name & Address		
JUHN HAGE ISKAMP. 1001 ROYAL Mile	s 2400-	s 2400-
Birmingham, AL 35242 5. If over \$100.00 cumulative, please provide: ENGINEER Employer AMER. Pine	Click Here fo	r Memo Itemization
Occupation	U	
Business Address 875 BRiNGEWA fen CT / Joover, AL 350 4 Type of Contribution: Direct Loan from a person Fund Raiser	- ,	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10-28-24	annumukanakanan anaka kanakanan da n 1947, alabe	рестыраль синцирас состанасность негорация <mark>выс</mark> ок из напроминас
Name & Address:	12	<i>~</i> 305 0 0 ====
363 Blue River DR.	s 1300	\$ 8000 <u> </u>
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Engineer Employer HMCR, lipe		
Business Address 875 BRIDGE WARE CT Howell, AL 350 Type of Contribution: Direct Loan from a person Fund Raiser	44	
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 10-08-04		остория
J. Michael O'BREN	1200	Cenish -
1305 FATRWAY VIEW LY. HOOVER, AL 35 JUL	\$ 1000	\$ 8 VVO
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Englised Employer Huch. Pipe		OVER THE PROPERTY OF THE PROPE
Business Address 8715 BRIAGEWATER CT HOOVER, IVA 3 Type of Contribution: Direct Loan from a person To Fund Raiser	5244	OTTO THE CONTRACTOR OF THE CON
Type of Contribution: Direct Loan from a person X Fund Raiser Page Subtotal	6900-	
Grand Total of Ali Schedules 1A		Service and the service and th
(Complete on last page of Schedule)	Enter this total on line 3a of Summary	•
Page of t	Page.	



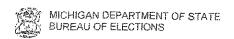
MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

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

Table J. T. E. E. S. Sand C. Example V. C. Character St. C.	
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? XYES 4. Date of Receipt 10-30-34 Name & Address: A FCOM PAC 2000 K 5T. Suite 800 WAShington DC, 20006 5. If over \$100.00 cumulative, please provide: Occupation Employer	s 2000 s 8000 Click Here for Memo Itemization
Business Address Type of Contribution: Direct Loan from a person Fund Raiser	a communication of the communi
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 11-30-34 Name & Address Keyin K. bg J 78 K, 245 Brock Dr. Franken muth, MJ 48934 5. If over \$100.00 cumulative, please provide: Occupation A Tonney Employer Morris Business Address 1075 W Big Benver Suite 750 Troy, Type of Contribution: Direct Loan from a person Fund Raiser	\$ 1275 \$ 7875 Click Here for Memo Itemization MI 48084
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt Name & Address:	\$ \$
5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address	Click Here for Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name & Address	
5. If over \$100.00 cumulative, please provide:	\$
Occupation Employer	Click Here for Memo Itemization
Business Address Type of Contribution: Direct Loan from a person Fund Raiser	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page of	3275 V 19715 V Enter this total on line 3a of Summary Page.



ITEMIZED EXPENDITURES SCHEDULE 18

1. Committee I. D. Number

33520

CANDIDATE COMMITTEE

2. Committee Name Jeff Wright 2000

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date 6. Amount
Expenditure #1		111
Name Hunting fon Bank	2 1/6	Monthly s 7
Address Po Box 1558 FAW 37	Purpose: Bink Fee Monthly Gir	Date '
Columbus, OH 43216	Monthly Clie	ck Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment debt or obligation reported on previous statement	of
Expenditure #2		
Name Concept 3 Address 222 N. Main 51.	Purpose: Elad. 6xp.	10-33-34 _{\$} 50 Date
DAVISON, MT 48509	***	k Here for Memo Itemization Type
Fund Raiser Expenditure #3	Check box if this expenditure is payment of debt or obligation reported on previous statement	of .
Name DLT TRAding		~ <i>0</i>
Address 2900 Cleveland Ave	Purpose: Elect. Exp.	10-30-14 s 490 28
MARINETTE, WI 54143	* Click	Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment or debt or obligation reported on previous statement	ī
Expenditure #4		
Name View News paper Address 1521 Impay City Rd.	Purpose: Elect. EXP.	10-30-24 s 392
• • • • • • • • • • • • • • • • • • • •		
LAPER, MI 48446	Check box if this expenditure is payment of	Here for Memo Itemization Type
Fund Raiser	dent or obligation reported on previous statement	DESCRIPTION OF THE PROPERTY OF
Expenditure #5		
Name Townsquare Media Address I Machatlaville Rd Sulpada	Purpose: Elect. Exp.	10-18-34 \$ 2960 -
Punchase, NY 16577 Fund Raiser	Click H Check box if this expenditure is payment of debt or obligation reported on previous statement	Here for Memo Itemization Type
	Subto	tal this page 389,9 38,

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

Enter this total on line 8a of Summary Page

Page 1 of 2

SCHEDULE 1B

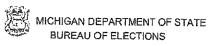
1. Committee I. D. Number

CANDIDATE COMMITTEE	2. Committee Name Jeff Wright 2000
Martin and address of person or vendor to whom paid	4. Purpose (Required Information) 5. Date 6. Amount
Huntsman Hunt Club 3166 HAVENS Rd.	Purpose: Fundanisan Date \$ 44 48
DRyden, MJ 48428	Click Here for Memo Itemization Typ Check box if this expenditure is payment of
X diser	debt or obligation reported on previous statement
WALL ST. Journal PO Box 7020	Purpose: Office 6x1. Date \$ 659
Chicopee, MA 01021	Click Here for Memo Itemization Type
Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement
W. VyvyAN 1455 LAWRENTIAN PASS Flint, MI 48530	Purpose: Office 6xp. 11-70-34 \$ 1000 - Date Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement
	Purpose:\$
f ar	Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement
\$	Purpose:\$
	Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement
	Subtotal this page 46 143 43

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

46142,43 50,041 I

Enter this total on line &a of Summary Page



INCIDENTAL OFFICE EXPENSE DISBURSEMENTS SCHEDULE 1C

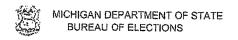
DISBURSEMENTS SCHEDULE 1C	1. Committee I. D. Number	33	520	
CANDIDATE COMMITTEE (For use by officeholders only)	2. Committee Name	Jeff	WRight	2000
3. Name and address of person to whom disbursement was made	4. Description of Dist (Be specific & your	may assign a	5. Date	6. Amount of Disbursemen

	(Be specific & you may assign a disbursement code*)	5, Date	Disbursement
Disbursement # 1 Name & Address:	Purpose		.1
Name & Address:	Ticket	10 3	
Common flect hanky Green	1)ckel	10-36-01	4 s 100 -
		Date	
		Click for Memo Ite	mization Type
			•
	てつ		
	Disbursement Code		
Check box if this disbursement is payment of debt or obligation reported on previous statement	Fund Raiser		
Disbursement # 2 Name & Address:	Purpose		
Tenerous as a subsection of the subsection of th			
		Data	\$
		Date	
		me to an a	
		Click for Memo Iten	nization Type
Charle have fitted at the control of	Disbursement Code		
Check box if this disbursement is payment of debt or obligation reported on previous statement	Fund Raiser		
roported on previous statement	L_J' coo'		
Disbursement # 3	Purpose		
Name & Address:			*
		Date	\$
		Date	
		Click for Memo Item	nization Type
	Disbursement Code		
Check box if this disbursement is payment of debt or obligation	· · · · · · · · · · · · · · · · · · ·	re .	
reported on previous statement	Fund Raiser		
Disbursement # 4	Purpose		
Name & Address:	ruipose		
			\$
		Date	
		Clink for Mama Ham	ination T.
		Click for Memo Item	rearon rype
Charle have if this attachment of	Dichurarment Code		
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code		
	Fund Raiser		
		Subtotal this page	A 40 00 person
			100
	Grand Tota (Complete on la	al of all Schedules 1C ast page of Schedule)	100

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



FUND RAISER SCHEDULE 1F

1. Committee I.D. Number CANDIDATE COMMITTEE 2. Committee Name - USE A SEPARATE SHEET FOR EACH EVENT -3. Date Event Was Held 4. Number of Individuals Attending 6. Address and Name (If any) of the 5. Type of Fund Raising Activity or Participating (whichever is place where the activity was held, greater) HUNSMAN HUNGClus 10-4-2024 Outdook Every 114 7. Total Contributions 8. Other Receipts 9. Gross Receipts (Add lines 7 and 8) 10. Total Cost of Event (Total Cost includes In-Kind Contributions and All Expenditures Made For the Event) Check if event was a joint fund raiser and complete the following: Co-Sponsor(s) Contribution Split **Expenditure Split** (%) (%) The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement. Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page. Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event. Page of