



REC'D DEC 05 2024

**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

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

3. This Statement covers: from 10-21-24 to 11-25-2024

1. Committee I.D. Number

33520

4. Candidate Last Name First Name M.I.

Wright Jeff

2. Committee Name

Jeff Wright 2000

4a. Office Sought Including District # or Community Served (If applicable)

Drain Commissioner

4b. County of Residence **GENESEE**

5. Committee's Mailing Address

2174 Sycamore St.
Burton, MI 48509

6. Treasurer's Name & Residential Address

Warren Vyvyan
1455 Laurentian Pass
Flint, MI 48532

Area Code and Phone (810) 742-0246

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

Area Code & Phone (810)

7. Treasurer's Business Address

same as #6

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

Area Code and Phone _____

Area Code and Phone _____

9. TYPE OF STATEMENT

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

Pre-Election or Post-Election Statement relates to:

- Primary
- General
- Convention
- Special
- School
- Caucus

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

- July Quarterly
- October Quarterly

9c. Annual Statement (_____) Coverage Year

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

Date of Election, Convention or Caucus

11-5-2024

9e. Dissolution of Candidate Committee

By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.

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

Effective date of dissolution

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

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

Current Treasurer or Designated Record Keeper Warren Vyvyan
Type or Print Name

Signature

Date

11-30-24

Candidate Jeff Wright
Type or Print Name

Signature

Date

12/4/24



1. Committee I.D. Number 33520

2. Committee Name Jeff Wright 2000

**SUMMARY PAGE
CANDIDATE COMMITTEE**

| RECEIPTS | Column I This Period | Column II Cumulative this election cycle |
|--|------------------------------------|---|
| 3. Contributions | | |
| a. Itemized (Schedule 1A - Column 6) | (3a.) \$ <u>19,775⁻</u> | |
| b. Unitemized (less than \$20.01 each - no Schedule) | (3b.) \$ <u>NOT APPLICABLE</u> | |
| c. Subtotal of "Contributions" | (3c.) \$ <u>19,775⁻</u> | (18.) \$ <u>386,681</u> |
| 4. Other Receipts (Schedule 1A -1, Column 6) | (4.) \$ <u>1.38</u> | (19.) \$ <u>6432.21</u> |
| 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4) | (5.) \$ <u>19,776.38</u> | (20.) \$ <u>393,113.21</u> |
| IN-KIND CONTRIBUTIONS & EXPENDITURES | | |
| 6. In-Kind Contributions (Schedule 1-IK, Column 7) | (6.) \$ _____ | (21.) \$ _____ |
| 7. In-Kind Expenditures (Schedule 1B-IK, Column 6) | (7.) \$ _____ | (22.) \$ _____ |
| EXPENDITURES | | |
| 8. Expenditures | | |
| a. Itemized (Schedule 1B, Column 6) | (8a.) \$ <u>50,041.71</u> | |
| b. Itemized Get-Out-the-Vote (Schedule 1B-G) | (8b.) \$ _____ | |
| c. Unitemized (less than \$50.01 each - no Schedule) | (8c.) \$ _____ | |
| 9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c) | (9.) \$ <u>50,041.71</u> | (23.) \$ <u>251,225⁶⁹</u> |
| INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only) | | |
| 10. Disbursements | | |
| a. Itemized (Schedule 1C, Column 6) | (10a.) \$ <u>100⁻</u> | |
| b. Unitemized (less than \$50.01 each - no Schedule) | (10b.) \$ <u>-0-</u> | |
| 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b) | (11.) \$ <u>100⁻</u> | (24.) \$ <u>60,918.74</u> |
| DEBTS AND OBLIGATIONS | | |
| 12. Debts and Obligations | | |
| a. Owed by the Committee (Schedule 1E) | (12a.) \$ _____ | |
| b. Owed to the Committee (Schedule 1E) | (12b.) \$ _____ | |
| BALANCE STATEMENT | | |
| 13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) | (13.) \$ <u>156,106.07</u> ✓ | |
| 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) | (14.) + \$ <u>19,776.38</u> ✓ | |
| 15. SUBTOTAL Add lines 13 and 14 | (15.) = \$ <u>175,882.45</u> ✓ | |
| 16. Amount expended during reporting period (Add lines 9 and 11) | (16.) - \$ <u>50,141.71</u> ✓ | |
| 17. ENDING BALANCE (Subtract line 16 from line 15) | (17.) \$ <u>125,740.74</u> ✓ | |



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

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

| 3. Name & Address From Whom Received | 4. Date of Receipt | 5. Type of Receipt | 6. Amount |
|---|--------------------------------|--|----------------|
| Receipt #1 Name & Address: <u>Huntington Bank</u> <u>PO Box 1558 GAW 37</u> <u>Columbus, OH 43216</u> <input type="checkbox"/> Fund Raiser | Date of Receipt <u>Monthly</u> | <input type="checkbox"/> Loan from a Lending Institution <input checked="" type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <small>Click for Memo Itemization Type</small> <input type="checkbox"/> Other (Specify) _____ | \$ <u>1.38</u> |
| Receipt #2 Name & Address: <input type="checkbox"/> Fund Raiser | Date of Receipt _____ | <input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <small>Click for Memo Itemization Type</small> <input type="checkbox"/> Other (Specify) _____ | \$ _____ |
| Receipt #3 Name & Address: <input type="checkbox"/> Fund Raiser | Date of Receipt _____ | <input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <small>Click for Memo Itemization Type</small> <input type="checkbox"/> Other (Specify) _____ | \$ _____ |
| Receipt #4 Name & Address: <input type="checkbox"/> Fund Raiser | Date of Receipt _____ | <input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <small>Click for Memo Itemization Type</small> <input type="checkbox"/> Other (Specify) _____ | \$ _____ |
| Receipt #5 Name & Address: <input type="checkbox"/> Fund Raiser | Date of Receipt _____ | <input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <small>Click for Memo Itemization Type</small> <input type="checkbox"/> Other (Specify) _____ | \$ _____ |
| Receipt #6 Name & Address: <input type="checkbox"/> Fund Raiser | Date of Receipt _____ | <input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <small>Click for Memo Itemization Type</small> <input type="checkbox"/> Other (Specify) _____ | \$ _____ |
| Receipt #7 Name & Address: <input type="checkbox"/> Fund Raiser | Date of Receipt _____ | <input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <small>Click for Memo Itemization Type</small> <input type="checkbox"/> Other (Specify) _____ | \$ _____ |

Page Subtotal 1,38
 Grand Total of All Schedules 1A -1
 (Complete on last page of Schedule) 1,38

Enter this total on
line 4 of Summary
Page



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount. | | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|--|---|------------------------------------|---|
| 3. Contribution #1 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10-28-24</u> | |
| Name & Address: <u>Tammi Bennett</u> <u>9500 Brandi Ln</u> <u>Flowerville, MI 48836</u> | | \$ <u>2400-</u> | \$ <u>2400-</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>Engineer</u> Employer <u>ETNA</u> | | Click Here for Memo Itemization | |
| Business Address <u>46555 Continental Dr, Chesheld, MI 48047</u> | | | |
| Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | | |
| 3. Contribution #2 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10-28-24</u> | |
| Name & Address: <u>Anthony Aderhold</u> <u>815 Highland Trl</u> <u>Hudson, WI 54616</u> | | \$ <u>3000-</u> | \$ <u>3000-</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>Industrial Services</u> Employer <u>SAK Const.</u> | | Click Here for Memo Itemization | |
| Business Address <u>501 Aspen Grove Dr, Franklin, TN 37067</u> | | | |
| Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | | |
| 3. Contribution #3 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10-28-24</u> | |
| Name & Address: <u>Molly Page</u> <u>418 Long Pointe Dr.</u> <u>Avon Lake, OH 44012</u> | | \$ <u>1500-</u> | \$ <u>4900-</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>Engineer</u> Employer <u>AFCOM</u> | | Click Here for Memo Itemization | |
| Business Address <u>303 E. Wacker Dr, Suite 600 Chicago, IL 60601</u> | | | |
| Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | | |
| 3. Contribution #4 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10-28-24</u> | |
| Name & Address: <u>Chadric Laucamp</u> <u>340 E. N. Water St, Unit 2708</u> <u>Chicago, IL 60611</u> | | \$ <u>500-</u> | \$ <u>500-</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>Engineer</u> Employer <u>AFCOM</u> | | Click Here for Memo Itemization | |
| Business Address <u>303 E. Wacker Dr, Suite 600 Chicago, IL 60601</u> | | | |
| Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | | |

Page Subtotal

7400- ✓

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

Enter this total on
line 3a of Summary
Page.



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

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

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount. | | | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|--|---|------------------------------------|---------------------------------|---|
| 3. Contribution # 1 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10-28-24</u> | | |
| Name & Address: <u>James Peahody</u> <u>12195 Foley Rd.</u> <u>Fenton, MI 48430</u> | | | \$ <u>1000-</u> | \$ <u>7400-</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>Peahody Insur</u> | | | Click Here for Memo Itemization | |
| Business Address <u>265 N. Alloy DR #100 Fenton, MI 48430</u> | | | | |
| Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | | | |
| 3. Contribution #2 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10-28-24</u> | | |
| Name & Address: <u>Patrick O'Neill</u> <u>14606 Riley ST</u> <u>Overland Park, KS 66233</u> | | | \$ <u>200-</u> | \$ <u>200-</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>Black & Veatch</u> | | | Click Here for Memo Itemization | |
| Business Address <u>3151 Claystone ST SE Suite 6100 Grand Rapids, MI 49430</u> | | | | |
| Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | | | |
| 3. Contribution # 3 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10-28-24</u> | | |
| Name & Address: <u>Paul Boersma</u> <u>2445 Brooksprings DR.</u> <u>Brockfield, WI 53005</u> | | | \$ <u>500-</u> | \$ <u>500-</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>Black & Veatch</u> | | | Click Here for Memo Itemization | |
| Business Address <u>3151 Claystone ST SE Suite 6100 Grand Rapids, MI 49430</u> | | | | |
| Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | | | |
| 3. Contribution # 4 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10-28-24</u> | | |
| Name & Address: <u>Heather Cheslek</u> <u>3176 Pickford DR. SE</u> <u>Ada, MI 49301</u> | | | \$ <u>500-</u> | \$ <u>500-</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>Black & Veatch</u> | | | Click Here for Memo Itemization | |
| Business Address <u>3151 Claystone ST SE Suite 6100 Grand Rapids, MI 49430</u> | | | | |
| Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | | | |

Page Subtotal 2200- ✓

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

Enter this total on
line 3a of Summary
Page.



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

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

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount. | | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|--|---|------------------------------------|---|
| 3. Contribution #1 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10-28-24</u> | |
| Name & Address: <u>Jeffrey Krawczyk</u> <u>1040 TARTAN LN.</u> <u>Commerce Twp, MI 48390</u> | | \$ <u>2100-</u> | \$ <u>6600-</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>owner</u> Employer <u>Commerce Controls</u> Business Address <u>41069 Vincent Ct. Novi, MI 48375</u> | | Click Here for Memo Itemization | |
| Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | | |
| 3. Contribution #2 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10-28-24</u> | |
| Name & Address: <u>John Hagelskamp.</u> <u>1001 Royal Mile</u> <u>Birmingham, AL 35242</u> | | \$ <u>2400-</u> | \$ <u>2400-</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>Engineer</u> Employer <u>Amer. Pipe</u> Business Address <u>875 Bridgewater Ct Hoover, AL 35244</u> | | Click Here for Memo Itemization | |
| Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | | |
| 3. Contribution #3 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10-28-24</u> | |
| Name & Address: <u>Wm. Benton</u> <u>363 Blue River Dr.</u> <u>Lincoln, AL 35096</u> | | \$ <u>1200-</u> | \$ <u>8000-</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>Engineer</u> Employer <u>Amer. Pipe</u> Business Address <u>875 Bridgewater Ct Hoover, AL 35244</u> | | Click Here for Memo Itemization | |
| Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | | |
| 3. Contribution #4 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10-28-24</u> | |
| Name & Address: <u>J. Michael O'Brien</u> <u>1305 Fairway View Ln.</u> <u>Hoover, AL 35244</u> | | \$ <u>1200</u> | \$ <u>8000-</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>Engineer</u> Employer <u>Amer. Pipe</u> Business Address <u>8715 Bridgewater Ct Hoover, AL 35244</u> | | Click Here for Memo Itemization | |
| Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | | |

Page Subtotal 6900- ✓

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|----------------|---|
| 3. Contribution # 1 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>10-30-24</u> Name & Address: <u>AECOM PAC</u> <u>2000 K ST. Suite 800</u> <u>Washington DC, 20006</u> | \$ <u>2000</u> | \$ <u>8000</u> |
| Click Here for Memo Itemization | | |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ | | |
| Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | |
| 3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11-20-24</u> Name & Address: <u>Kevin K. Iby</u> <u>298 Kings Brock DR.</u> <u>FRANKENMUTH, MI 48934</u> | \$ <u>1275</u> | \$ <u>7875</u> |
| Click Here for Memo Itemization | | |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>MCGRAW - MORRIS</u> Business Address <u>1075 W Big Beaver Suite 750 Troy, MI 48064</u> | | |
| Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | |
| 3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: _____ | \$ _____ | \$ _____ |
| Click Here for Memo Itemization | | |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ | | |
| Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | |
| 3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: _____ | \$ _____ | \$ _____ |
| Click Here for Memo Itemization | | |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ | | |
| Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | |

Page Subtotal 3275 ✓

Grand Total of All Schedules 1A 19,775 ✓
(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

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

| 3. Name and address of person or vendor to whom paid | 4. Purpose (Required information) | 5. Date | 6. Amount |
|--|--|-------------------------|----------------------------|
| Expenditure #1 Name <u>Hunting Iron Bank</u> Address <u>PO Box 1558 FAW 37</u> <u>Columbus, OH 43016</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>Bank Fee</u> <u>Monthly</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>Monthly</u> Date | \$ <u>7⁻</u> |
| Expenditure #2 Name <u>Concept 3</u> Address <u>222 N. Main St.</u> <u>DAVISON, MI 48509</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>Elect. Exp.</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>10-23-24</u> Date | \$ <u>50⁻</u> |
| Expenditure #3 Name <u>DLT Trading</u> Address <u>2900 Cleveland Ave</u> <u>MARINETTE, WI 54143</u> <input checked="" type="checkbox"/> Fund Raiser | Purpose: <u>Elect. Exp.</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>10-30-24</u> Date | \$ <u>490²⁸</u> |
| Expenditure #4 Name <u>View Newspaper</u> Address <u>1521 Inlay City Rd.</u> <u>Lapeer, MI 48446</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>Elect. Exp.</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>10-30-24</u> Date | \$ <u>392⁻</u> |
| Expenditure #5 Name <u>Townsquare Media</u> Address <u>1 MACHATTAVILLE Rd Suite 202</u> <u>Purchase, NY 10577</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>Elect. Exp.</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>10-18-24</u> Date | \$ <u>2960⁻</u> |

Subtotal this page

3899²⁸

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

Enter this total
on line 8a of
Summary Page

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

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

| Name and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
|---|---|-------------------------|---------------------|
| Expenditure #1 Huntsman Hunt Club 3166 Havens Rd. Pryden, MI 48428 <input checked="" type="checkbox"/> Raiser | Purpose: <u>Fundraiser</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>11-15-04</u> Date | \$ <u>44,480.85</u> |
| Expenditure #2 Wall St. Journal PO Box 7020 Chicopee, MA 01021 <input type="checkbox"/> Raiser | Purpose: <u>Office Exp.</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>11-20-04</u> Date | \$ <u>659.88</u> |
| Expenditure #3 W. Vyvyan 1455 Laurentian Pass Flint, MI 48532 <input type="checkbox"/> Raiser | Purpose: <u>Office Exp.</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>11-20-04</u> Date | \$ <u>1000.-</u> |
| Expenditure #4 <input type="checkbox"/> Raiser | Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | _____ Date | \$ _____ |
| Expenditure #5 <input type="checkbox"/> Raiser | Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | _____ Date | \$ _____ |

Subtotal this page 46,140.93

Grand Total of all Schedules 1B
(Complete on last page of Schedule) 50,041.71 ✓

Enter this total
on line 8a of
Summary Page

2 2



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**INCIDENTAL OFFICE EXPENSE
DISBURSEMENTS
SCHEDULE 1C
CANDIDATE COMMITTEE**
(For use by officeholders only)

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

| 3. Name and address of person to whom disbursement was made | 4. Description of Disbursement (Be specific & you may assign a disbursement code*) | 5. Date | 6. Amount of Disbursement |
|---|---|---|---------------------------------|
| Disbursement # 1 Name & Address: <u>Commit to Elect LARRY GREEN</u> | Purpose <u>Ticket</u> | <u>10-26-24</u> Date | <u>\$ 100⁻</u> |
| <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement | | Disbursement Code <u>IO</u> <input type="checkbox"/> Fund Raiser | Click for Memo Itemization Type |
| Disbursement # 2 Name & Address: | Purpose | _____ Date | \$ _____ |
| <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement | | Disbursement Code _____ <input type="checkbox"/> Fund Raiser | Click for Memo Itemization Type |
| Disbursement # 3 Name & Address: | Purpose | _____ Date | \$ _____ |
| <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement | | Disbursement Code _____ <input type="checkbox"/> Fund Raiser | Click for Memo Itemization Type |
| Disbursement # 4 Name & Address: | Purpose | _____ Date | \$ _____ |
| <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement | | Disbursement Code _____ <input type="checkbox"/> Fund Raiser | Click for Memo Itemization Type |
| Subtotal this page | | | <u>100⁻</u> |
| Grand Total of all Schedules 1C (Complete on last page of Schedule) | | | <u>100⁻</u> |

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
CANDIDATE COMMITTEE**

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

- USE A SEPARATE SHEET FOR EACH EVENT -

| | | | |
|--|--|--|---|
| 3. Date Event Was Held <u>10-4-2024</u> | 4. Number of Individuals Attending or Participating (whichever is greater) <u>114</u> | 5. Type of Fund Raising Activity <u>Outdoor Event</u> | 6. Address and Name (If any) of the place where the activity was held <u>Huntsman Hunt Club</u> <u>3166 Havens Rd</u> <u>Dryden MI 48428</u> <input type="checkbox"/> Private Residence |
|--|--|--|---|

7. Total Contributions 104,875⁰⁰
8. Other Receipts - 0 -
9. Gross Receipts (Add lines 7 and 8) 104,875 -
10. Total Cost of Event 67,180.48
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. 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.