



**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.

<p>1. Committee I.D. Number <b>33520</b></p> <p>2. Committee Name <b>Jeff Wright 2000</b></p> <p>5. Committee's Mailing Address <b>2174 Sycamore St. Burton, MI 48509</b></p> <p>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.</p> <p>7. Treasurer's Business Address <b>same as #6</b></p> <p>Area Code and Phone _____</p>	<p>3. This Statement covers: from <u>1-1-2022</u> to <u>7-20-2022</u></p> <p>4. Candidate Last Name <b>Wright</b> First Name <b>Jeff</b> M.I. _____</p> <p>4a. Office Sought Including District # or Community Served (If applicable) <b>Drain Commissioner</b></p> <p>4b. County of Residence <b>GENESEE</b></p> <p>6. Treasurer's Name &amp; Residential Address <b>Warren Vyvyan 1455 Laurentian Pass Flint, MI 48532</b></p> <p>Area Code &amp; Phone (810) _____</p> <p>8. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper)</p> <p>Area Code and Phone _____</p>	
<p><b>9. TYPE OF STATEMENT</b></p> <p>9a. <input type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election</p> <p>Pre-Election or Post-Election Statement relates to:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus</p> <p>Date of Election, Convention or Caucus _____</p>	<p>Required ONLY if candidate is not on the ballot for the current year:</p> <p><input checked="" type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly</p> <p>9c. <input type="checkbox"/> Annual Statement (_____) Coverage Year</p> <p>9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)</p>	<p><b>9e. Dissolution of Candidate Committee</b></p> <p><input type="checkbox"/> 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 lates fees or has any outstanding debt.</p> <p>Further, If the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.</p> <p>Effective date of dissolution _____</p> <p>Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.</p>
<p>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.</p> <p>Current Treasurer or Designated Record Keeper <u>Warren Vyvyan</u>, Signature <u>[Signature]</u> Date <u>7-20-2022</u></p> <p>Candidate <u>Jeff Wright</u>, Signature <u>[Signature]</u> Date <u>7.20.2022</u></p>		



1. Committee I.D. Number 33520

2. Committee Name Jeff Wright 2000

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

**RECEIPTS**

3. Contributions

- a. Itemized (Schedule 1A - Column 6)
- b. Unitemized (less than \$20.01 each - no Schedule)
- c. Subtotal of "Contributions"

Column I  
This Period

(3a.) \$     - 0 -    

(3b.) \$     NOT APPLICABLE    

(3c.) \$     - 0 -    

(4.) \$     3.68    

(5.) \$     3.68    

Column II  
Cumulative this election cycle

(18.) \$     85,250 -    

(19.) \$     429.04    

(20.) \$     86,104.40    

4. Other Receipts (Schedule 1A - 1, Column 6)

5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS  
(Add Line 3c + Line 4)

**IN-KIND CONTRIBUTIONS & EXPENDITURES**

- 6. In-Kind Contributions (Schedule 1-IK, Column 7)
- 7. In-Kind Expenditures (Schedule 1B-IK, Column 6)

(6.) \$ \_\_\_\_\_

(7.) \$ \_\_\_\_\_

(21.) \$ \_\_\_\_\_

(22.) \$ \_\_\_\_\_

**EXPENDITURES**

8. Expenditures

- a. Itemized (Schedule 1B, Column 6)
- b. Itemized Get-Out-the-Vote (Schedule 1B-G)
- c. Unitemized (less than \$50.01 each - no Schedule)

(8a.) \$     511 -    

(8b.) \$ \_\_\_\_\_

(8c.) \$ \_\_\_\_\_

(9.) \$     511 -    

(23.) \$     48,566.33    

9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)

**INCIDENTAL EXPENSE DISBURSEMENTS  
(Officeholders Only)**

- 10. Disbursements
  - a. Itemized (Schedule 1C, Column 6)
  - b. Unitemized (less than \$50.01 each - no Schedule)

(10a.) \$     6175 -    

(10b.) \$ \_\_\_\_\_

(11.) \$     6175 -    

(24.) \$     17,753 -    

11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS  
(Add Line 10a + Line 10b)

**DEBTS AND OBLIGATIONS**

- 12. Debts and Obligations
  - a. Owed by the Committee (Schedule 1E)
  - b. Owed to the Committee (Schedule 1E)

(12a.) \$ \_\_\_\_\_

(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.) \$     76,595.46    

(14.) + \$         3.68    

(15.) = \$     76,599.14    

(16.) - \$     6,686.00    

(17.) \$     69,913.14



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:

Huntington Bank  
PO Box 1558 FAW37  
Columbus, OH 43216

Date of Receipt

Monthly

Loan from a Lending Institution

Interest

\$ 3.68

Refund \Rebate

Click for Memo Itemization Type

Other (Specify)

Fund Raiser

Receipt #2

Name & Address:

Date of Receipt

Loan from a Lending Institution

Interest

\$

Refund \Rebate

Click for Memo Itemization Type

Other (Specify)

Fund Raiser

Receipt #3

Name & Address:

Date of Receipt

Loan from a Lending Institution

Interest

\$

Refund \Rebate

Click for Memo Itemization Type

Other (Specify)

Fund Raiser

Receipt #4

Name & Address:

Date of Receipt

Loan from a Lending Institution

Interest

\$

Refund \Rebate

Click for Memo Itemization Type

Other (Specify)

Fund Raiser

Receipt #5

Name & Address:

Date of Receipt

Loan from a Lending Institution

Interest

\$

Refund \Rebate

Click for Memo Itemization Type

Other (Specify)

Fund Raiser

Receipt #6

Name & Address:

Date of Receipt

Loan from a Lending Institution

Interest

\$

Refund \Rebate

Click for Memo Itemization Type

Other (Specify)

Fund Raiser

Receipt #7

Name & Address:

Date of Receipt

Loan from a Lending Institution

Interest

\$

Refund \Rebate

Click for Memo Itemization Type

Other (Specify)

Fund Raiser

Page Subtotal

3.68

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

3.68

Enter this total on  
line 4 of Summary  
Page

ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE

1. Committee I. D. Number 33520

2. Committee Name Jeff Wright 2000

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Huntington Bank</u> Address <u>PO Box 1558 GAW 37</u> <u>Columbus, OH 43216</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Elect. Exp.</u> <u>Monthly Service Fee</u> <u>Bank</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>Monthly</u> Date	\$ <u>35</u>
Expenditure #2 Name <u>All Safe Storage</u> Address <u>1320 N. Belsny Rd.</u> <u>Burton, MI 48509</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Election Exp.</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3-18-22</u> Date	\$ <u>360</u>
Expenditure #3 Name <u>US Post Office</u> Address <u>2500 S. Linden Rd.</u> <u>Flint, MI 48532</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Election Exp.</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3-25-22</u> Date	\$ <u>116</u>
Expenditure #4 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	Date	\$ _____
Expenditure #5 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	Date	\$ _____

Subtotal this page

511

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

511

Enter this total on line 8a of Summary Page



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>Montruse Orchards</u> <u>12473 Seymour Rd.</u> <u>Montruse, MI 48457</u>	Purpose <u>Donation: North End</u> <u>Soup Kitchen</u>	<u>1-24-22</u> Date	<u>\$ 1350<sup>-</sup></u>
Click for Memo Itemization Type			
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>60</u>	<input type="checkbox"/> Fund Raiser	
Disbursement # 2 Name & Address: <u>Burton Kuwanis</u> <u>5272 White Pines Dr.</u> <u>Grand Blanc, MI 48439</u>	Purpose <u>Sponsor</u>	<u>1-9-22</u> Date	<u>\$ 100<sup>-</sup></u>
Click for Memo Itemization Type			
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>60</u>	<input type="checkbox"/> Fund Raiser	
Disbursement # 3 Name & Address: <u>Flint St. Patricks Day Grand</u> <u>7359 N. Oak Rd. Marshall</u> <u>DAVISON, MI 48423</u>	Purpose <u>Sponsor</u>	<u>2-14-22</u> Date	<u>\$ 300<sup>-</sup></u>
Click for Memo Itemization Type			
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>60</u>	<input type="checkbox"/> Fund Raiser	
Disbursement # 4 Name & Address: <u>Genesee Agricultural Society</u> <u>2188 W. MT. MORRIS</u> <u>MT. MORRIS, MI 48458</u>	Purpose <u>Membership</u>	<u>3-9-22</u> Date	<u>\$ 25<sup>-</sup></u>
Click for Memo Itemization Type			
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>60</u>	<input type="checkbox"/> Fund Raiser	
Subtotal this page			<u>1775<sup>-</sup></u>
Grand Total of all Schedules 1C (Complete on last page of Schedule)			

Enter this total on line 10a of Summary Page

\*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES  
 Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY



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

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

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: <u>MI FOP</u> <u>PO Box 12299</u> <u>LANSING, MI 48901</u>  <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose <u>Sponsor</u>  Disbursement Code <u>60</u> <input type="checkbox"/> Fund Raiser	<u>3-18-22</u> Date	<u>\$ 75<sup>-</sup></u>  Click for Memo Itemization Type
Disbursement # 2 Name & Address: <u>Holy ROSARY</u> <u>5191 Richfield Rd.</u> <u>Flint, MI 48506</u>  <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose <u>Sponsor</u>  Disbursement Code <u>60</u> <input type="checkbox"/> Fund Raiser	<u>3-25-22</u> Date	<u>\$ 500<sup>-</sup></u>  Click for Memo Itemization Type
Disbursement # 3 Name & Address: <u>FOP Lodge 126</u> <u>PO Box 7738</u> <u>Flint, MI 48507</u>  <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose <u>Sponsor</u>  Disbursement Code <u>60</u> <input type="checkbox"/> Fund Raiser	<u>4-29-22</u> Date	<u>\$ 125<sup>-</sup></u>  Click for Memo Itemization Type
Disbursement # 4 Name & Address: <u>Supporters of John Cherry</u> <u>PO Box 500</u> <u>Cllo, MI 48420</u>  <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose <u>Fundraiser</u>  Disbursement Code <u>60</u> <input type="checkbox"/> Fund Raiser	<u>4-22-22</u> Date	<u>\$ 100<sup>-</sup></u>  Click for Memo Itemization Type
Subtotal this page			<u>800<sup>-</sup></u>
Grand Total of all Schedules 1C (Complete on last page of Schedule)			Enter this total on line 10a of Summary Page

\*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES  
Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

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

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

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: <u>Greater Flint AFL-CIO</u> <u>PO Box 245</u> <u>Flint, MI 48501</u>	Purpose <u>Sponsor</u> Disbursement Code <u>60</u> <input type="checkbox"/> Fund Raiser	<u>4-29-00</u> Date	<u>\$ 300-</u> Click for Memo Itemization Type
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement Disbursement # 2 Name & Address: <u>MI Democratic Party</u> <u>606 Townsend St.</u> <u>LANSING, MI 48933</u>	Purpose <u>Host</u> Disbursement Code <u>60</u> <input type="checkbox"/> Fund Raiser	<u>5-13-00</u> Date	<u>\$ 250-</u> Click for Memo Itemization Type
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement Disbursement # 3 Name & Address: <u>City of Burton</u> <u>4303 S. Center Rd.</u> <u>BURTON, MI 48519</u>	Purpose <u>SPONSOR</u> Disbursement Code <u>60</u> <input type="checkbox"/> Fund Raiser	<u>5-23-00</u> Date	<u>\$ 250-</u> Click for Memo Itemization Type
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement Disbursement # 4 Name & Address: <u>Assumption Greek Orthodox</u> <u>2245 E. Baldwin Church</u> <u>Grand Blanc, MI 48439</u>	Purpose <u>SPONSOR</u> Disbursement Code <u>60</u> <input type="checkbox"/> Fund Raiser	<u>5-25-00</u> Date	<u>\$ 500-</u> Click for Memo Itemization Type

Subtotal this page 1300-  
 Grand Total of all Schedules 1C  
 (Complete on last page of Schedule)

Enter this total on line 10a of Summary Page

\*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES  
 Note: No campaign expenditures are to be reported on this schedule; incidental Office Expense Disbursements ONLY



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

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

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

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: <u>Norton Male Chorus</u> <u>3397 Windland</u> <u>Flint, MI 48504</u>	Purpose <u>Sponsor</u> Disbursement Code <u>60</u>	<u>5-25-00</u> Date	<u>\$ 250-</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement			
Disbursement # 2 Name & Address: <u>Genesee County Fair</u> <u>2188 W MT. MORRIS Rd.</u> <u>MT. MORRIS, MI 48458</u>	Purpose <u>Tent Sponsor</u> Disbursement Code <u>60</u>	<u>6-16-00</u> Date	<u>\$ 1000-</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement			
Disbursement # 3 Name & Address: <u>Flint Inner-city Golf</u> <u>401 Farland St.</u> <u>Flint, MI 48503</u>	Purpose <u>Sponsor</u> Disbursement Code <u>60</u>	<u>6-17-00</u> Date	<u>\$ 450-</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement			
Disbursement # 4 Name & Address: <u>Scott Parks/Team</u> <u>8860 Buet Rd. Benjamin</u> <u>Birch Run, MI 48415</u>	Purpose <u>Sponsor</u> Disbursement Code <u>60</u>	<u>6-15-00</u> Date	<u>\$ 300-</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement			
Subtotal this page			<u>2000-</u>
Grand Total of all Schedules 1C (Complete on last page of Schedule)			Enter this total on line 10a of Summary Page

\*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES  
Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY





MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

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

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

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: <u>Genesee County Democratic Party</u> <u>PO Box 7787</u> <u>Flint, MI 48507</u>	Purpose <u>Sponsor</u>  Disbursement Code <u>60</u> <input type="checkbox"/> Fund Raiser	<u>6-29</u> Date	<u>\$ 200-</u>  Click for Memo Itemization Type
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement # 2 Name & Address: <u>Burton Kavanis</u> <u>5272 White Pines Dr.</u> <u>Grand Blanc, MI 48439</u>	Purpose <u>Sponsor</u>  Disbursement Code <u>60</u> <input type="checkbox"/> Fund Raiser	<u>7-9</u> Date  Click for Memo Itemization Type
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement # 3 Name & Address:  Purpose  Disbursement Code _____ <input type="checkbox"/> Fund Raiser	_____ Date	\$ _____  Click for Memo Itemization Type
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement # 4 Name & Address:  Purpose  Disbursement Code _____ <input type="checkbox"/> Fund Raiser	_____ Date	\$ _____  Click for Memo Itemization Type

Subtotal this page 300-  
Grand Total of all Schedules 1C  
(Complete on last page of Schedule) 6175-

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