



REC'D JUL 25 2023

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**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 1-1-2023 to 7-20-2023

1. Committee I.D. Number
33520

2. Committee Name
Jeff Wright 2000

4. Candidate Last Name **Wright** First Name **Jeff** M.I.
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**

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.

6. Treasurer's Name & Residential Address
**Warren Vyvyan
1455 Laurentian Pass
Flint, MI 48532**

Area Code & Phone (810) 810-919-9618

7. Treasurer's Business Address
same as #6

Area Code and Phone _____

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

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

Date of Election, Convention or 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.)

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, Signature Warren Vyvyan Date 7-22-2023

Candidate Jeff Wright, Signature Jeff Wright Date 7.22.2023



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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.) \$ _____	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ _____	(18.) \$ <u>186,000⁻</u>
4. Other Receipts (Schedule 1A-1, Column 6)	(4.) \$ <u>205.13</u>	(19.) \$ <u>639.27</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>205.13</u>	(20.) \$ <u>187,064.63</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>911.99</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>911.99</u>	(23.) \$ <u>102,819.86</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>10,869.99</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>10,869.99</u>	(24.) \$ <u>37,173.09</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>108,776.60</u>	✓
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>205.13</u>	✓
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>108,981.73</u>	✓
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>11,781.98</u>	✓
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>97,199.75</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 PO Box 1558 GAW 37 Columbus, OH 43216</u>	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>5.13</u>
Receipt #2 Name & Address: <u>Genesee Co. Democratic Party PO Box 7787 Flint, MI 48507</u>	Date of Receipt <u>6-29-02</u>	<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 checked="" type="checkbox"/> Other (Specify) <u>Check never cashed</u>	\$ <u>200-</u>
Receipt #3 Name & Address: _____	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: _____	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: _____	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: _____	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: _____	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 205.13

Grand Total of All Schedules 1A -1
(Complete on last page of Schedule) 205.13

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>SAM'S Club</u> Address <u>4373 CORUNNA Rd. Flint, MI 48532</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>office expense</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3-1-23</u> Date	<u>\$ 127⁰⁶</u> Click Here for Memo Itemization Type <input checked="" type="checkbox"/>
Expenditure #2 Name <u>All-Safe Storage</u> Address <u>1320 N. Belsay Rd. Barton, MI 48509</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>office Holdens Exp.</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3-15-23</u> Date	<u>\$ 360⁻</u> Click Here for Memo Itemization Type <input checked="" type="checkbox"/>
Expenditure #3 Name <u>Huntsman Hunt Club</u> Address <u>3166 HAVENS Rd. Dryden, MI 48428</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>office Holdens Exp.</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5-10-23</u> Date	<u>\$ 289⁹³</u> Click Here for Memo Itemization Type <input checked="" type="checkbox"/>
Expenditure #4 Name <u>Huntington Bank</u> Address <u>PO Box 1558 FAW317 Columbus, OH 43216</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Monthly Bank fee</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> Click Here for Memo Itemization Type <input checked="" type="checkbox"/>
Expenditure #5 Name <u>Genesee Co Clerk</u> Address <u>900 SAGINAW ST. Flint, MI 48502</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Election File Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-14-23</u> Date	<u>\$ 100⁻</u> Click Here for Memo Itemization Type <input checked="" type="checkbox"/>

Subtotal this page 911.99
Grand Total of all Schedules 1B
(Complete on last page of Schedule) 911.99

Enter this total on line 8a of Summary Page



**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>Spring Meadows Country Club</u> <u>1129 Ripley Rd.</u> <u>Livonia, MI 48451</u>	Purpose <u>Staff Appreciation</u> <u>Dinner</u>	<u>1-10-23</u> Date	<u>\$ 4554⁹⁹</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>GO</u> <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type	
Disbursement # 2 Name & Address: <u>Flint St. Patricks Day</u> <u>7359 N. Oak Rd.</u> <u>Davison, MI 48423</u>	Purpose <u>Sponsor</u>	<u>2-1-23</u> Date	<u>\$ 300-</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>GO</u> <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type	
Disbursement # 3 Name & Address: <u>Kiwanis Burton</u> <u>5272 White Pines Dr.</u> <u>Grand Blanc, MI 48439</u>	Purpose <u>Sponsor</u>	<u>2-8-23</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>GO</u> <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type	
Disbursement # 4 Name & Address: <u>Holy Rosary</u> <u>5199 Richfield Rd.</u> <u>Flint, MI 48506</u>	Purpose <u>Sponsor</u>	<u>3-6-23</u> Date	<u>\$ 600-</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>GO</u> <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type	

Subtotal this page 5554.99

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>Genesee Co. Bnr Assoc</u> <u>315 E. Court St</u> <u>Flint, MI 48502</u>	Purpose <u>SPONSOR</u>	<u>3-29-03</u> Date	<u>\$ 350-</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>GO</u> <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type	
Disbursement # 2 Name & Address: <u>Norton Male Chorus</u> <u>4301 Genesee Rd.</u> <u>Lapeer, MI 48446</u>	Purpose <u>SPONSOR</u>	<u>4-16-03</u> Date	<u>\$ 250</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>GO</u> <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type	
Disbursement # 3 Name & Address: <u>Greater Flint AFL-CIO</u> <u>PO Box 245</u> <u>Flint, MI 48501</u>	Purpose <u>SPONSOR</u>	<u>5-10-03</u> Date	<u>\$ 400-</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>GO</u> <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type	
Disbursement # 4 Name & Address: <u>Flint FOP Lodge 126</u> <u>PO Box 7738</u> <u>Flint, MI 48507</u>	Purpose <u>SPONSOR</u>	<u>5-10-03</u> Date	<u>\$ 125</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>GO</u> <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type	

Subtotal this page 1125-

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>Comm for Police Officers Database</u> <u>16501 Judicial DR.</u> <u>Suite 200</u> <u>Fairfax, VA 22030</u>	Purpose <u>Sponsor</u>	<u>4-26-23</u> Date	<u>\$ 95-</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>GO</u> <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type	
Disbursement # 2 Name & Address: <u>City of Burton</u> <u>4303 S. Center Rd.</u> <u>Burton, MI 48519</u>	Purpose <u>Sponsor</u>	<u>5-17-23</u> Date	<u>\$ 250-</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>GO</u> <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type	
Disbursement # 3 Name & Address: <u>Genesee Co Arq. Society</u> <u>2188 W. Mt. Morris</u> <u>Mt. Morris, MI 48458</u>	Purpose <u>Membership</u>	<u>6-14-23</u> Date	<u>\$ 25-</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>GO</u> <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type	
Disbursement # 4 Name & Address: <u>TEAM BENJAMIN</u> <u>8860 Burt Rd.</u> <u>Birch Run, MI 48415</u>	Purpose <u>Sponsor</u>	<u>6-14-23</u> Date	<u>\$ 300-</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>GO</u> <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type	

Subtotal this page 670-

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>Assumption Greek Orthodox</u> <u>2245 E. Baldwin Rd. Church</u> <u>Grand Blanc, MI 48439</u>	Purpose <u>Sponsor</u> Disbursement Code <u>GO</u> <input type="checkbox"/> Fund Raiser	<u>6-14-03</u> Date	<u>\$ 500-</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Click for Memo Itemization Type		
Disbursement # 2 Name & Address: <u>RDG S, +downers GOLF</u> <u>outing</u> <u>PO Box 598</u> <u>Linden, MI 48451</u>	Purpose <u>Sponsor</u> Disbursement Code <u>GO</u> <input type="checkbox"/> Fund Raiser	<u>6-28-03</u> Date	<u>\$ 720-</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Click for Memo Itemization Type		
Disbursement # 3 Name & Address: <u>Genesee Co Fair</u> <u>2188 W. MT. MORRIS</u> <u>MT. MORRIS, MI 48458</u>	Purpose <u>Sponsor Tent</u> Disbursement Code <u>GO</u> <input type="checkbox"/> Fund Raiser	<u>7-14-03</u> Date	<u>\$ 1,000-</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Click for Memo Itemization Type		
Disbursement # 4 Name & Address: <u>McCre Theatre Summer Series</u> <u>4601 Clio Rd.</u> <u>Flint, MI 48504</u>	Purpose <u>Sponsor</u> Disbursement Code <u>GO</u> <input type="checkbox"/> Fund Raiser	<u>7-11-03</u> Date	<u>\$ 1,000-</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Click for Memo Itemization Type		

Subtotal this page 3220-

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>Support of John Cherry</u> <u>PO Box 520</u> <u>Cliv, MI 48420</u>	Purpose <u>Fundraiser Ticket</u>	<u>7-11-23</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: <u>Ancient Order of Hibernias</u> <u>PO Box 437</u> <u>Oreland, PA 19075</u>	Purpose <u>Sponsor</u>	<u>5-31-23</u> Date	<u>\$ 200</u>
<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	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 300-
Grand Total of all Schedules 1C
(Complete on last page of Schedule) 10,869.99

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