



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 7-22-24 to 8-26-2024

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)

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
8-5-2024

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 lates 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
Warren Vyvyan Signature Date 8-27-2024

Candidate Jeff Wright Type or Print Name
Jeff Wright Signature Date 8-27-2024



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.) \$ <u>18,600⁻</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>18600⁻</u>	(18.) \$ <u>299,406⁻</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>.92</u>	(19.) \$ <u>6428.73</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>18600.92</u>	(20.) \$ <u>305834.73</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>4947.04</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>4947.04</u>	(23.) \$ <u>172,279.61</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>300⁻</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>300⁻</u>	(24.) \$ <u>59,328.74</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>105,644.46 ✓</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>18,600.92 ✓</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>124,245.38 ✓</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>5,247.04 ✓</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>118,998.34 ✓</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>	Date of Receipt <u>Monthly</u>	<input type="checkbox"/> Loan from a Lending Institution <input checked="" type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ <u>.92</u>
Receipt #2 Name & Address: _____	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #3 Name & Address: _____	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <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 <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 <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 <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 <input type="checkbox"/> Other (Specify) _____	\$ _____

Page Subtotal

.92

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

.92

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 Name & Address: <u>Winfield Cooper III</u> <u>PO Box 300500</u> <u>Flint, MI 48532</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>8-7-24</u>	
5. If over \$100.00 cumulative, please provide: Occupation <u>owner</u> Employer <u>Cooper Commercial</u> Business Address <u>3487 S. Linden Rd. Flint, MI 48532</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ <u>600-</u>	\$ <u>4200-</u>
		Click Here for Memo Itemization	
3. Contribution #2 Name & Address: <u>Daniel Zito</u> <u>8033 Fenton Rd.</u> <u>Grand Blanc, MI 48439</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>8-7-24</u>	
5. If over \$100.00 cumulative, please provide: Occupation <u>owner</u> Employer <u>Zito Const.</u> Business Address <u>SAME</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ <u>1200-</u>	\$ <u>4800-</u>
		Click Here for Memo Itemization	
3. Contribution #3 Name & Address: <u>John Zito</u> <u>8033 Fenton Rd.</u> <u>Grand Blanc, MI 48439</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>8-7-24</u>	
5. If over \$100.00 cumulative, please provide: Occupation <u>owner</u> Employer <u>Zito Const</u> Business Address <u>SAME</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ <u>1200-</u>	\$ <u>4800-</u>
		Click Here for Memo Itemization	
3. Contribution #4 Name & Address: <u>Bryan Bridentine</u> <u>215 Ray Rd.</u> <u>Fenton, MI 48430</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>8-7-24</u>	
5. If over \$100.00 cumulative, please provide: Occupation <u>engineer</u> Employer <u>Laurance Engineering</u> Business Address <u>4344 Silver Lake Rd, Fenton, MI 48451</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ <u>1200-</u>	\$ <u>1200-</u>
		Click Here for Memo Itemization	

Page Subtotal

4200- ✓

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? YES 4. Date of Receipt 8-21-24

Name & Address:
STEVAN Mancini
37532 Hidden Valley Ct.
Clinton Twp, MI 48036

\$ 2400- \$ 4800-

5. If over \$100.00 cumulative, please provide:

Occupation owner Employer Rickman Const.
Business Address 41500 Mound Rd. Sterling Hgts, MI 48314

Click Here for Memo Itemization

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 8-21-24

Name & Address:
Julie Mitchell
4225 Sebring Dr.
White Lake, MI 48383

\$ 2000- \$ 2000-

5. If over \$100.00 cumulative, please provide:

Occupation engineer Employer HRC
Business Address 555 Hulet Dr. Bloomfield Hills, MI 48302

Click Here for Memo Itemization

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 8-21-24

Name & Address:
Tom Maxwell
2354 Blackton Rd.
Rochester Hills, MI 48306

\$ 2000- \$ 6000-

5. If over \$100.00 cumulative, please provide:

Occupation engineer Employer HRC
Business Address 555 Hulet Dr. Bloomfield Hills, MI 48302

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 8-21-24

Name & Address:
Jessie Vindacreek
15822 Lakeview Ct.
Gross Pointe, MI 48230

\$ 800- \$ 1800-

5. If over \$100.00 cumulative, please provide:

Occupation engineer Employer HRC
Business Address 555 Hulet Dr. Bloomfield Hills, MI 48302

Click Here for Memo Itemization

Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal

7200 ✓

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 Name & Address: <u>Miller Crawford</u> <u>150 W Jefferson St 2500</u> <u>Detroit, MI 48226</u>	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>8-21-24</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		\$ <u>2400-</u>	\$ <u>9600-</u>
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 Name & Address: <u>Michael Royalty</u> <u>200 E. Rolston Rd.</u> <u>Livonia, MI</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>8-21-24</u>	
5. If over \$100.00 cumulative, please provide: Occupation <u>engineer</u> Employer <u>Rowe Eng.</u> Business Address <u>540 S. Sag. St. Flint, MI 48502</u>		\$ <u>2400-</u>	\$ <u>3425-</u>
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3 Name & Address: <u>Jonathan Rick</u> <u>10395 Wilson Rd.</u> <u>Montrose, MI 48457</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>8-21-24</u>	
5. If over \$100.00 cumulative, please provide: Occupation <u>engineer</u> Employer <u>Rowe Eng.</u> Business Address <u>540 S. Saginaw St Flint, MI 48502</u>		\$ <u>2400-</u>	\$ <u>2400-</u>
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4 Name & Address:	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt _____	
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		Click Here for Memo Itemization	

Page Subtotal

7200 ✓

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

18,600- ✓

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>Huntington Bank.</u> Address <u>PO Box 1558 FAW37</u> <u>Columbus, OH 43216</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Monthly Service Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-15-24</u> Date	\$ <u>7⁻</u>
Expenditure #2 Name <u>The Crim Foundation</u> Address <u>4152 S. Saginaw ST</u> <u>Flint, MI 48502</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Sponsor</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-7-24</u> Date	\$ <u>1000⁻</u>
Expenditure #3 Name <u>M^cCree Theatre</u> Address <u>4601 Clio Rd.</u> <u>Flint, MI 48509</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Sponsor</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-7-24</u> Date	\$ <u>1000⁻</u>
Expenditure #4 Name <u>Kristie Reed Evans</u> Address <u>6123 N. Seymour Rd.</u> <u>Flushing, MI 48433</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Memorial</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-7-24</u> Date	\$ <u>1000⁻</u>
Expenditure #5 Name <u>Allied Union Services</u> Address <u>240 N. Fenway Dr.</u> <u>Fenton, MI 48430</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>8-21-24</u> Date	\$ <u>85.71</u>

Subtotal this page

3092.91 ✓

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>SWICKI & SONS</u> Address <u>1521 W. Lafayette</u> <u>Detroit, MI 48216</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>8-21-24</u> Date	\$ <u>1781³³</u>
Expenditure #2 Name <u>USPS</u> Address <u>2500 S. Linden Rd.</u> <u>Flint, MI 48532</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>7-31-24</u> Date	\$ <u>73⁻</u>
Expenditure #3 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 #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 1859.33 ✓
 Grand Total of all Schedules 1B
 (Complete on last page of Schedule) 4947.04 ✓
 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>C.T.E.D. Haskins Mayor</u> <u>3437 S. Belsay Rd.</u> <u>Burton, MI 48519</u>	Purpose <u>Ticket</u>	<u>7-31-24</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 checked="" type="checkbox"/> Fund Raiser	Click for Memo Itemization Type	
Disbursement # 2 Name & Address: <u>The David Heyton Comm.</u> <u>PO Box 320349</u> <u>Flint, MI 48532</u>	Purpose <u>Ticket</u>	<u>7-31-24</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 checked="" 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: <u>Comm to Elect Bob Cole</u> <u>15223 Bied Rd.</u> <u>Byron, MI 48418</u>	Purpose <u>Ticket</u>	<u>7-29-24</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 checked="" 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) 300⁻

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

