



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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 11-26-24 to 7-20-2025

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

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

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

Type or Print Name

Signature

Date

July 22, 2025

Candidate Jeff Wright

Type or Print Name

Signature

Date

7-22-2025



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**SUMMARY PAGE
CANDIDATE COMMITTEE**

1. Committee I.D. Number

33520

2. Committee Name

Jeff Wright 2000

RECEIPTS

Column I
This Period

Column II
Cumulative this election cycle

3. Contributions

a. Itemized (Schedule 1A - Column 6)

(3a.) \$

1125-

b. Unitemized (less than \$20.01 each - no Schedule)

(3b.) \$

NOT APPLICABLE

c. Subtotal of "Contributions"

(3c.) \$

1125-

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

(4.) \$

7.85

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

(5.) \$

1132.85

(18.) \$

1125-

(19.) \$

7.85

(20.) \$

1132.85

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.) \$

1243.13

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.) \$

1243.13

(23.) \$

1243.13

INCIDENTAL EXPENSE DISBURSEMENTS
(Officeholders Only)

10. Disbursements

a. Itemized (Schedule 1C, Column 6)

(10a.) \$

18,654.43

b. Unitemized (less than \$50.01 each - no Schedule)

(10b.) \$

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

(11.) \$

18,654.43

(24.) \$

18,654.43

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.) \$

125,740.74

14. Amount received during reporting period
(Line 5, Total Contributions & Other Receipts)

(14.) + \$

1,132.85

15. SUBTOTAL Add lines 13 and 14

(15.) = \$

126,873.59

16. Amount expended during reporting period
(Add lines 9 and 11)

(16.) - \$

19,897.56

17. ENDING BALANCE

(Subtract line 16 from line 15)

(17.) \$

106,976.03 *



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

2-1-2025

Name & Address:

Thomas McGraw
7275 Parkhurst
Bloomfield Hills, MI 48301

\$ 1125

\$ 1125

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

Occupation owner

Employer

McGraw-Morris

Click Here for Memo Itemization

Business Address 1075 W Big Beaver Suite 750 Troy, MI 48084

Type of Contribution: ☐ Direct

☐ Loan from a person

☒ Fund Raiser

(Oct 2024)

3. Contribution #2

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

3. Contribution #3

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

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

1125

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

1125

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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>7.85</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

7.85

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

7.85

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
<p>Expenditure #1</p> <p>Name <u>Hunts Man Hunt Club</u></p> <p>Address <u>3166 Havens Rd.</u> <u>Dryden, MI 48428</u></p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>office Exp.</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>12-11-24</u></p> <p>Date</p>	<p>\$ <u>246⁹⁵</u></p> <p>Click Here for Memo Itemization Type <input type="button" value="v"/></p>
<p>Expenditure #2</p> <p>Name <u>All safe storage</u></p> <p>Address <u>1320 N. Belsay Rd.</u> <u>Burton, MI 48509</u></p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>office Exp.</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>3-12-25</u></p> <p>Date</p>	<p>\$ <u>360⁻</u></p> <p>Click Here for Memo Itemization Type <input type="button" value="v"/></p>
<p>Expenditure #3</p> <p>Name <u>Hunts Man Hunt Club</u></p> <p>Address <u>3166 Havens Rd.</u> <u>Dryden, MI 48428</u></p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>office Exp.</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>5-14-25</u></p> <p>Date</p>	<p>\$ <u>243⁶¹</u></p> <p>Click Here for Memo Itemization Type <input type="button" value="v"/></p>
<p>Expenditure #4</p> <p>Name <u>Huntington Bank</u></p> <p>Address <u>PO Box 1558 GAW 37</u> <u>Columbus, OH 43216</u></p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>Elect. Exp</u> <u>(Bank Service fee)</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>Monthly</u></p> <p>Date</p>	<p>\$ <u>56⁻</u></p> <p>Click Here for Memo Itemization Type <input type="button" value="v"/></p>
<p>Expenditure #5</p> <p>Name <u>Hartland Clock/clock works</u></p> <p>Address <u>PO Box 12245</u> <u>Birmingham, AL 35202</u></p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>office exp</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>7-7-25</u></p> <p>Date</p>	<p>\$ <u>336.57</u></p> <p>Click Here for Memo Itemization Type <input type="button" value="v"/></p>

Subtotal this page 1243.13

Grand Total of all Schedules 1B
(Complete on last page of Schedule) 1243.13

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>James Besolve-Corey Family</u> <u>1307 N. Belsay Rd.</u> <u>Burton, MI 48509</u>	Purpose <u>Donation</u>	<u>11-26-24</u> Date	<u>\$ 100-</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement			
<input type="checkbox"/> Fund Raiser			
Disbursement Code <u>60</u>			
Click for Memo Itemization Type			
Disbursement # 2 Name & Address: <u>Genesee Co. Agr. Society</u> <u>6130 E. MT. MORRIS Rd.</u> <u>MT. MORRIS, MI 48458</u>	Purpose <u>Sponsor</u>	<u>11-26-24</u> Date	<u>\$ 200-</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement			
<input type="checkbox"/> Fund Raiser			
Disbursement Code <u>60</u>			
Click for Memo Itemization Type			
Disbursement # 3 Name & Address: <u>Genesee Field House</u> <u>7383 GRAND PKWY.</u> <u>GRAND BLANC, MI 48439</u>	Purpose <u>Team Sponsor</u>	<u>11-28-24</u> Date	<u>\$ 2000-</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement			
<input type="checkbox"/> Fund Raiser			
Disbursement Code <u>60</u>			
Click for Memo Itemization Type			
Disbursement # 4 Name & Address: <u>Old News boys</u> <u>655 Taylor Dr.</u> <u>Flint, MI 48507</u>	Purpose <u>Donation</u>	<u>12-7-24</u> Date	<u>\$ 300-</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement			
<input type="checkbox"/> Fund Raiser			
Disbursement Code <u>60</u>			
Click for Memo Itemization Type			
Subtotal this page			<u>2600-</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>Spring Meadows Country Club</u> <u>1129 Ripley Rd.</u> <u>Linden, MI 48451</u>	Purpose <u>Staff Appre. Dinner</u>	<u>12-23-24</u> Date	\$ <u>6739.43</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>GO</u>	Click for Memo Itemization Type	
<input type="checkbox"/> Fund Raiser			
Disbursement # 2 Name & Address: <u>Montrose Orchards</u> <u>12433 Seymour Rd.</u> <u>Montrose, MI 48450</u>	Purpose <u>Food N. End Soup Kitchen</u>	<u>1-17-25</u> Date	\$ <u>1400-</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>GO</u>	Click for Memo Itemization Type	
<input type="checkbox"/> Fund Raiser			
Disbursement # 3 Name & Address: <u>St. Patrick's Day</u> <u>7359 N. Oak Rd.</u> <u>Davison, MI 48423</u>	Purpose <u>Sponsor</u>	<u>1-14-25</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>	Click for Memo Itemization Type	
<input type="checkbox"/> Fund Raiser			
Disbursement # 4 Name & Address: <u>Barton Knapvis</u> <u>5272 White Pines</u> <u>Grand, Blanc, MI</u> <u>48439</u>	Purpose <u>Sponsor</u>	<u>1-17-25</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>	Click for Memo Itemization Type	
<input type="checkbox"/> Fund Raiser			

Subtotal this page 8539.43

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 Baseball/Softball Assoc.</u> <u>1483 Linden Rd.</u> <u>Flint, MI 48532</u>	Purpose <u>Sponsor</u>	<u>1-30-25</u> Date	\$ <u>1000-</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>GO</u>	Click for Memo Itemization Type	
<input type="checkbox"/> Fund Raiser			
Disbursement # 2 Name & Address: <u>Northern HS Class 1976</u> <u>6625 Parkbelt Dr.</u> <u>Flint, MI 48505</u>	Purpose <u>Donation</u>	<u>2-19-25</u> Date	\$ <u>50-</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>GO</u>	Click for Memo Itemization Type	
<input type="checkbox"/> Fund Raiser			
Disbursement # 3 Name & Address: <u>Genesee Co Fair</u> <u>6130 E. MT. MORRIS</u> <u>MT. MORRIS, MI 48458</u>	Purpose <u>Sponsor</u>	<u>3-12-25</u> Date	\$ <u>1000-</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>GO</u>	Click for Memo Itemization Type	
<input type="checkbox"/> Fund Raiser			
Disbursement # 4 Name & Address: <u>Retirees Development Group (NAN)</u> <u>PO Box 832</u> <u>MT. MORRIS, MI 48458</u>	Purpose <u>Sponsor</u>	<u>4-2-25</u> Date	\$ <u>800-</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>GO</u>	Click for Memo Itemization Type	
<input type="checkbox"/> Fund Raiser			

Subtotal this page 2850-

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>UAW Region 1 D Gulf</u> <u>4549 Van Slyke Rd.</u> <u>Flint, MI 48507</u>	Purpose <u>Sponsor</u>	<u>4-2-25</u> Date	\$ <u>500</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>GO</u>	Click for Memo Itemization Type	
Disbursement # 2 Name & Address: <u>Genesee Co BAR Assoc</u> <u>315 E. Court ST.</u> <u>Flint, MI 48502</u>	Purpose <u>Sponsor</u>	<u>4-2-25</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>	Click for Memo Itemization Type	
Disbursement # 3 Name & Address: <u>City of Burton</u> <u>4303 S. Center Rd.</u> <u>Burton, MI 48519</u>	Purpose <u>Sponsor</u>	<u>4-2-25</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>	Click for Memo Itemization Type	
Disbursement # 4 Name & Address: <u>Norton Male Chorus</u> <u>4301 Genesee Rd.</u> <u>Lapeer, MI 48446</u>	Purpose <u>Sponsor</u>	<u>4-16-25</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>	Click for Memo Itemization Type	
Subtotal this page			<u>1350</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>Assumption Greek Orthodox Church</u> <u>2245 E. Baldwin</u> <u>Grand Blanc, MI 48439</u>	Purpose <u>Sponsor</u> Disbursement Code <u>GO</u>	<u>5-7-25</u> Date	<u>\$ 1000-</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement			
Disbursement # 2 Name & Address: <u>FOP MI</u> <u>PO Box 12299</u> <u>Lansing, MI 48901</u>	Purpose <u>Sponsor</u> Disbursement Code <u>GO</u>	<u>5-14-25</u> Date	<u>\$ 25-</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement			
Disbursement # 3 Name & Address: <u>FOP Local 126</u> <u>PO Box 7738</u> <u>Flint, MI 48507</u>	Purpose <u>Sponsor</u> Disbursement Code <u>GO</u>	<u>5-14-25</u> Date	<u>\$ 150-</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement			
Disbursement # 4 Name & Address: <u>A.O.H. (Hibernians)</u> <u>665 Maple St.</u> <u>MT. MORRIS, MI</u>	Purpose <u>Sponsor</u> Disbursement Code <u>GO</u>	<u>6-4-25</u> Date	<u>\$ 200-</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement			
Subtotal this page			<u>1375-</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>Juweteenth</u> <u>2712 N. Saginaw St.</u> <u>Flint, MI 48505</u>	Purpose <u>Sponsor</u> Disbursement Code <u>60</u>	<u>6-4-25</u> Date	<u>\$ 150-</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement			
<input type="checkbox"/> Fund Raiser			
Disbursement # 2 Name & Address: <u>Genesee Co. Dem. Party</u> <u>P O Box 7787</u> <u>Flint, MI 48507</u>	Purpose <u>Co-Sponsor</u> Disbursement Code <u>60</u>	<u>6-4-25</u> Date	<u>\$ 250-</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement			
<input type="checkbox"/> Fund Raiser			
Disbursement # 3 Name & Address: <u>Vic Luckvitz</u> <u>1000 Silver Lake Rd.</u> <u>Fenton, MI 48430</u>	Purpose <u>Donation/Memoriam</u> Disbursement Code <u>60</u>	<u>6-8-25</u> Date	<u>\$ 100-</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement			
<input type="checkbox"/> Fund Raiser			
Disbursement # 4 Name & Address: <u>Greater Flint AFL-CIO</u> <u>P O Box 245</u> <u>Flint, MI 48501</u>	Purpose <u>Sponsor</u> Disbursement Code <u>60</u>	<u>5-29-25</u> Date	<u>\$ 340-</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement			
<input type="checkbox"/> Fund Raiser			
Subtotal this page			<u>840-</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>Chris Swanson for Governor</u> <u>PO Box 320053</u> <u>Flint, MI 48532</u>	Purpose <u>Ticket</u>	<u>6-30-25</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>	Click for Memo Itemization Type	
<input type="checkbox"/> Fund Raiser			
Disbursement # 2 Name & Address: <u>McCree Theatre</u> <u>4601 Clio Rd.</u> <u>Flint, MI 48504</u>	Purpose <u>SPONSOR</u>	<u>7-9-25</u> Date	\$ <u>1,000-</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>GO</u>	Click for Memo Itemization Type	
<input type="checkbox"/> Fund Raiser			
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	Click for Memo Itemization Type	
<input type="checkbox"/> Fund Raiser			
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	Click for Memo Itemization Type	
<input type="checkbox"/> Fund Raiser			

Subtotal this page

1100-

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

18,654.43

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