



**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 10-21-25 to 12-31-25

<p>1. Committee I.D. Number 33520</p> <p>2. Committee Name Jeff Wright 2000</p>	<p>4. Candidate Last Name Wright First Name Jeff M.I.</p> <p>4a. Office Sought Including District # or Community Served (If applicable) Drain Commissioner</p> <p>4b. County of Residence GENESEE</p>
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<p>5. Committee's Mailing Address 2174 Sycamore St. Burton, MI 48509</p> <p>Area Code and Phone <u>(810) 742-0246</u> 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>6. Treasurer's Name & Residential Address Warren Vyvyan 1455 Laurentian Pass Flint, MI 48532</p> <p>Area Code & Phone (810) <u>919-9618</u></p>
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<p>7. Treasurer's Business Address same as #6</p> <p>Area Code and Phone _____</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>
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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 (2025) 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.

<p>Current Treasurer or Designated Record Keeper Warren Vyvyan Type or Print Name</p> <p>Candidate Jeff Wright Type or Print Name</p>	<p><i>Warren Vyvyan</i> Signature Date <u>1-21-2026</u></p> <p><i>Jeff Wright</i> Signature Date <u>1-21-2026</u></p>
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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>4200-</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>4200-</u>	(18.) \$ <u>128275-</u>
4. Other Receipts (Schedule 1A - 1, Column 6)	(4.) \$ <u>4.35</u>	(19.) \$ <u>15.22</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>4204.35</u>	(20.) \$ <u>128290.22</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>1063.71</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>1063.71</u>	(23.) \$ <u>64618.43</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>12261.28</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>12261.28</u>	(24.) \$ <u>34440.71</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>164092.46</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>4204.35</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>168296.81</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>13324.99</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>154971.82</u> *	



**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>Holy Rosary</u> <u>5191 Richfield Rd.</u> <u>Flint, MI 48506</u>	Purpose <u>Food Pantry</u> Disbursement Code <u>GO</u>	<u>11-10-25</u> Date	<u>\$ 600</u> Click for Memo Itemization Type
<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>FOP Lodge 126</u> <u>PO Box 7738</u> <u>Flint, MI 48507</u>	Purpose <u>Sponsor</u> Disbursement Code <u>GO</u> <u>12-3-25</u> Date <u>\$ 225</u> Click for Memo Itemization Type
<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>WALL ST. JOURNAL</u> <u>PO Box 7000</u> <u>Chicopee, MA 01021</u>	Purpose <u>Election office</u> Disbursement Code <u>GO</u> <u>12-23-25</u> Date <u>\$ 719⁸⁸</u> Click for Memo Itemization Type
<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>OLD News boys</u> <u>6255 Taylor DL,</u> <u>Flint, MI 48507</u>	Purpose <u>Sponsor</u> Disbursement Code <u>GO</u> <u>12-4-25</u> Date <u>\$ 480</u> Click for Memo Itemization Type

Subtotal this page 2324.88

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>Spring Meadows Country Club</u> <u>1129 Ripley Rd</u> <u>Lindon, MI 48451</u>	Purpose <u>STAFF Apprx. Dinner</u>	<u>12-23-25</u> Date	<u>\$ 7436⁴⁰</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>WARREN VYVYAN</u> <u>1455 LAURENTIN PASS</u> <u>Flint, MI 48530</u>	Purpose <u>Generalized Exp.</u>	<u>12-22-25</u> Date	<u>\$ 500-</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>Don Potter</u> <u>5235 Forest Gate</u> <u>Grand Blanc, MI 48439</u>	Purpose <u>Generalized Exp.</u>	<u>12-22-25</u> Date	<u>\$ 500-</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>John O'Brien</u> <u>6087 SIERRA PASS</u> <u>Flint, MI 48530</u>	Purpose <u>Generalized Exp.</u>	<u>12-22-25</u> Date	<u>\$ 500-</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 8936.40

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>Kevin Sylvester</u> <u>1487 Pelican Ln.</u> <u>DAVISON, MI 48423</u>	Purpose <u>Generalized Exp.</u> Disbursement Code <u>DO</u>	<u>12-22-25</u> Date	<u>\$ 500-</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement			
Disbursement # 2 Name & Address: <u>Matt Raysin</u> <u>4323 Woodrow Ave</u> <u>BURTON, MI 48509</u>	Purpose <u>Generalized Exp</u> Disbursement Code <u>DO</u>	<u>12-22-25</u> Date	<u>\$ 500-</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement			
Disbursement # 3 Name & Address:	Purpose _____ Disbursement Code _____	_____ Date	\$ _____
<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 _____	_____ Date	\$ _____
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement			
Subtotal this page			<u>1000-</u>
Grand Total of all Schedules 1C (Complete on last page of Schedule)			<u>12261.28</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



**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.

3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 10-22-25

Name & Address:
THOMAS MCGRAW
7275 PARKHURST
Bloomfield Hills MI 48301

6. Amount \$ 2800- 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 3925-

5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization

Occupation owner Employer MCGRAW/MORRIS

Business Address 2075 W Big Beaver Rd Suite 750 Troy, MI 48084

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 12-23-25

Name & Address:
HDR, Inc, Employees Owner PAC
1917 S. 67th ST
OMAHA, NE 68106

6. Amount \$ 1400- 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 1400-

5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt _____

Name & Address: _____

6. Amount \$ _____ 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ _____

5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt _____

Name & Address: _____

6. Amount \$ _____ 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ _____

5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal 4200-
Grand Total of All Schedules 1A (Complete on last page of Schedule) 4200-
Enter this total on line 3a of Summary Page.



**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 GAW37</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 <small>Click for Memo Itemization Type</small> <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Fund Raiser	\$ <u>4.35</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 <small>Click for Memo Itemization Type</small> <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Fund Raiser	\$ _____
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) _____ <input type="checkbox"/> Fund Raiser	\$ _____
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) _____ <input type="checkbox"/> Fund Raiser	\$ _____
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) _____ <input type="checkbox"/> Fund Raiser	\$ _____
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) _____ <input type="checkbox"/> Fund Raiser	\$ _____
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) _____ <input type="checkbox"/> Fund Raiser	\$ _____

Page Subtotal 4.35

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

Enter this total on
line 4 of Summary
Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

33520

1. Committee I. D. Number

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>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>14⁻</u> Click Here for Memo Itemization Type <input type="button" value="v"/>
Expenditure #2 Name <u>Huntsman Hunt club</u> Address <u>3186 Havens Rd.</u> <u>Dryden, MI 48428</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Fundraiser Exp.</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11-12-25</u> Date	\$ <u>350⁷⁴</u> Click Here for Memo Itemization Type <input type="button" value="v"/>
Expenditure #3 Name <u>DLT Trading</u> Address <u>2900 Cleveland Ave.</u> <u>MARINETTE, WI</u> <u>54143</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Fundraiser Exp.</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12-23-25</u> Date	\$ <u>698⁹⁷</u> Click Here for Memo Itemization Type <input type="button" value="v"/>
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	\$ _____ Click Here for Memo Itemization Type <input type="button" value="v"/>
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	\$ _____ Click Here for Memo Itemization Type <input type="button" value="v"/>

Subtotal this page 1063.71

Grand Total of all Schedules 1B
(Complete on last page of Schedule) 1063.71

Enter this total
on line 8a of
Summary Page



**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>10-3-2025</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>102</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 AD.</u> <u>DRYDEN, MI 48428</u> <input type="checkbox"/> Private Residence
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7. Total Contributions 127,150-
8. Other Receipts _____
9. Gross Receipts (Add lines 7 and 8) 127,150-
10. Total Cost of Event 62,980.36
(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.