

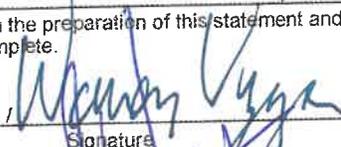


Corrected Copy

**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.

| | | | |
|--|--|--|--|
| 1. Committee I.D. Number 33520 | | 3. This Statement covers: from 10-01-25 to 12-31-2025 | |
| 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 <u>(810) 742-0246</u> <small>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.</small> | | 6. Treasurer's Name & Residential Address Warren Vyvyan 1455 Laurentian Pass Flint, MI 48532 Area Code & Phone <u>(810)</u> | |
| 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. <input type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus Date of Election, Convention or Caucus _____ | | Required ONLY if candidate is not on the ballot for the current year: <input type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly 9c. <input checked="" type="checkbox"/> Annual Statement 2025 Coverage Year 9d. <input checked="" type="checkbox"/> Amendment to Campaign Statement (Complete item 9a, 9b, 9c or 9e to indicate which Statement is being amended.) | |
| | | 9e. Dissolution of Candidate Committee <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. 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 | |
| Candidate Jeff Wright Type or Print Name | |  Signature | |
| | | Date 2-3-2026 Date 2.6.2026 | |



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>15.00</u> |
| 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4) | (5.) \$ <u>4204.35</u> | (20.) \$ <u>128290.00</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>11961.28</u> | |
| b. Unitemized (less than \$50.01 each - no Schedule) | (10b.) \$ _____ | |
| 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b) | (11.) \$ <u>11961.28</u> | (24.) \$ <u>34140⁷¹</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>13024.99</u> | |
| 17. ENDING BALANCE (Subtract line 16 from line 15) | (17.) \$ <u>154,671.82</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> | <u>11-10-25</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 | |
| Disbursement # 2 Name & Address: <u>FOP Lodge 126</u> <u>PO Box 7738</u> <u>Flint, MI 48507</u> | Purpose <u>Sponsor</u> | <u>12-3-25</u> Date | <u>\$ 225</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>WALL ST. JOURNAL</u> <u>PO Box 7000</u> <u>Chicopee, MA 01021</u> | Purpose <u>Election office</u> | <u>12-23-25</u> Date | <u>\$ 719⁸⁸</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>OLD News Boys</u> <u>6255 Taylor DL.</u> <u>Flint, MI 48507</u> | Purpose <u>Sponsor</u> | <u>12-4-25</u> Date | <u>\$ 480</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 | | | <u>2024.88</u> |
| Grand Total of all Schedules 1C (Complete on last page of Schedule) | | | |

Corrected

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>Windsor, MI 48451</u> | Purpose <u>STAFF Apprec. Dinner</u> Disbursement Code <u>60</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 | | | |
| Disbursement # 2 Name & Address: <u>WARREN VYVYAN</u> <u>1455 LAURENTIAN PASS</u> <u>Flint, MI 48530</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: <u>Dan Potter</u> <u>5235 Forest Gate</u> <u>Grand Blanc, MI 48439</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 # 4 Name & Address: <u>John O'Brien</u> <u>6087 SIERRA PASS</u> <u>Flint, MI 48530</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 | | | |
| Subtotal this page | | | <u>8936.40</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>Kevin Sylvester</u> <u>1487 Pelican Ln.</u> <u>DAVISON, MI 48423</u> <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement | Purpose <u>Generalized Exp.</u> Disbursement Code <u>D.O</u> <input type="checkbox"/> Fund Raiser | <u>12-22-25</u> Date Click for Memo Itemization Type | <u>\$ 500</u> |
| Disbursement # 2 Name & Address: <u>Matt Raysin</u> <u>4323 Woodrow Ave</u> <u>BURTON, MI 48509</u> <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement | Purpose <u>Generalized Exp.</u> Disbursement Code <u>D.O</u> <input type="checkbox"/> Fund Raiser | <u>12-22-25</u> Date Click for Memo Itemization Type | <u>\$ 500</u> |
| Disbursement # 3 Name & Address: <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement | Purpose _____ Disbursement Code _____ <input type="checkbox"/> Fund Raiser | _____ Date Click for Memo Itemization Type | \$ _____ |
| Disbursement # 4 Name & Address: <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement | Purpose _____ Disbursement Code _____ <input type="checkbox"/> Fund Raiser | _____ Date Click for Memo Itemization Type | \$ _____ |

Subtotal this page 1000
Grand Total of all Schedules 1C (Complete on last page of Schedule) 11,961.28
Enter this total.

CORRECTED \$

*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