MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

RECEIVED
By eyope at 1:03 pm, Jul 27, 2026

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 1-1-2026 to 7-20-2026

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

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 iates 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 7-22-2026

Candidate: Jeff Wright (Type or Print Name) / Jeff Wright (Signature) Date 7-23-2026

Authority granted under P.A. 388 of 1976

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 33520

SUMMARY PAGE
CANDIDATE COMMITTEE

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.) $	-0-	
b. Unitemized (less than $20.01 each - no Schedule)	(3b.) $	NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) $	-0-	(18.) $ 128 275 -
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) $	82.56	(19.) $ 97.78
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) $		(20.) $ 128 357.56
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.) $	438 -	
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.) $	438 -	(23.) $ 65056.43
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) $	10760 -	
b. Unitemized (less than $50.01 each - no Schedule)	(10b.) $	-0-	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) $	10,760	(24.) $ 44900.74
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.) $	155 271.82
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + $	82.56
15. SUBTOTAL Add lines 13 and 14	(15.) = $	155 354.38
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - $	11198 -
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) $	144 156.38

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: Huntington Bank PO Box 1558 6AW37 Columbus, OH 43216	Date of Receipt Monthly	☐ Loan from a Lending Institution ☒ Interest ☐ Refund \Rebate ☐ Other (Specify) _____ ☐ Fund Raiser	$ 7.56 Click for Memo Itemization Type
Receipt #2 Name & Address: Genesee Co Democratic Party 606 Townsend ST Lansing, MI 48933	Date of Receipt 8-20-2025	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☒ Other (Specify) Check never Cashed ☐ Fund Raiser	$ 75.00 Click for Memo Itemization Type
Receipt #3 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____ ☐ Fund Raiser	$ _____ Click for Memo Itemization Type
Receipt #4 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____ ☐ Fund Raiser	$ _____ Click for Memo Itemization Type
Receipt #5 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____ ☐ Fund Raiser	$ _____ Click for Memo Itemization Type
Receipt #6 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____ ☐ Fund Raiser	$ _____ Click for Memo Itemization Type
Receipt #7 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____ ☐ Fund Raiser	$ _____ Click for Memo Itemization Type

Page Subtotal 82.56

Grand Total of All Schedules 1A -1
(Complete on last page of Schedule) 82.56 ✓

Enter this total on line 4 of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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 MI Democratic Party Address 606 Townsend ST Lansing, MI 48933 ☐ Fund Raiser	Purpose: Membership Fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type	3-4-26	$ 24-
Expenditure #2 Name All Safe Storage Address 1320 N. Belsay Rd. Burton, MI 48509 ☐ Fund Raiser	Purpose: Office Elect. Exp. ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type	4-1	$ 365-
Expenditure #3 Name Huntington Bank Address PO Box 1558 GAW 37 Columbus, OH 43216 ☐ Fund Raiser	Purpose: Monthly Bank Fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type	Monthly	$ 49-
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type		$
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type		$

Subtotal this page 438-

Grand Total of all Schedules 1B (Complete on last page of Schedule) 438-

Enter this total on line 8a of Summary Page

MICHIGAN DEPARTMENT OF STATE
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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: Montrose Orchards 12473 N. Seymour Rd. Montrose, MI 48457	Purpose: Donation Food Bank Click for Memo Itemization Type ☐ Check box if this disbursement is payment of debt or obligation reported on previous statement Disbursement Code: GO ☐ Fund Raiser	1-13-26	$ 1500-
Disbursement # 2 Name & Address: Burton Kawanis 5272 White Pines Grand Blanc, MI 48439	Purpose: Donation Click for Memo Itemization Type ☐ Check box if this disbursement is payment of debt or obligation reported on previous statement Disbursement Code: GO ☐ Fund Raiser	1-23-26	$ 100-
Disbursement # 3 Name & Address: St Patricks Day Parade 7359 N. Oak Rd. Davison, MI 48423	Purpose: Sponsor Click for Memo Itemization Type ☐ Check box if this disbursement is payment of debt or obligation reported on previous statement Disbursement Code: GO ☐ Fund Raiser	1-28-26	$ 300-
Disbursement # 4 Name & Address: Good Shepard Lutheran 5496 Lippincott Blvd Burton, MI 48519	Purpose: Donation (Memorial for Ralph Kearin) Click for Memo Itemization Type ☐ Check box if this disbursement is payment of debt or obligation reported on previous statement Disbursement Code: GO ☐ Fund Raiser	2-23-26	$ 100-
		Subtotal this page	2000-
		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
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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: David Leyton Comm. PO Box 320349 Flint, MI 48532	Purpose: Donation/Ticket	2-25-26	$ 100-
☐ Check box if this disbursement is payment of debt or obligation reported on previous statement	Click for Memo Itemization Type Disbursement Code: IO ☐ Fund Raiser		
Disbursement # 2 Name & Address: Greater Flint Area Softball Assoc. Care of/ Comm. Drew Johnson 11013 Wilson Rd. Otisville, MI 48463	Purpose: Donation/Sponsor	3-26-26	$ 1000-
☐ Check box if this disbursement is payment of debt or obligation reported on previous statement	Click for Memo Itemization Type Disbursement Code: GO ☐ Fund Raiser		
Disbursement # 3 Name & Address: UAW Region 1-C 4549 Vanslyke Rd. Flint, MI 48507	Purpose: Sponsor	4-9-26	$ 1000-
☐ Check box if this disbursement is payment of debt or obligation reported on previous statement	Click for Memo Itemization Type Disbursement Code: GO ☐ Fund Raiser		
Disbursement # 4 Name & Address: Norton Male Chorus 7400 Miller Rd. Swartz Creek, MI 48473	Purpose: Sponsor	4-17-26	$ 250-
☐ Check box if this disbursement is payment of debt or obligation reported on previous statement	Click for Memo Itemization Type Disbursement Code: GO ☐ Fund Raiser		

Subtotal this page	2350-
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

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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: Genesee Co Bar Assoc 315 E Court ST Flint, MI 48502	Purpose: Sponsor Click for Memo Itemization Type Disbursement Code: GO ☐ Fund Raiser ☐ Check box if this disbursement is payment of debt or obligation reported on previous statement	4-21-26	$ 350-
Disbursement # 2 Name & Address: UAW RD6 Sitdowners PO Box 832 MT. Morris, MI 48458	Purpose: Sponsor Click for Memo Itemization Type Disbursement Code: GO ☐ Fund Raiser ☐ Check box if this disbursement is payment of debt or obligation reported on previous statement	4-9-26	$ 820-
Disbursement # 3 Name & Address: City of Burton / Parade 4303 S. Center Rd. Burton, MI 48519	Purpose: Sponsor Memorial Day Click for Memo Itemization Type Disbursement Code: GO ☐ Fund Raiser ☐ Check box if this disbursement is payment of debt or obligation reported on previous statement	5-7-26	$ 250-
Disbursement # 4 Name & Address: FOP Lodge 126 PO Box 7738 Flint, MI 48507	Purpose: Sponsor Click for Memo Itemization Type Disbursement Code: GO ☐ Fund Raiser ☐ Check box if this disbursement is payment of debt or obligation reported on previous statement	5-6-26	$ 225-

Subtotal this page: 1645-

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
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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: Police Trooper Support PAC, PO Box 250951, Milwaukee, WI 53225

Purpose: Sponsor

Date: 5-6-26

$ 65⁻

Click for Memo Itemization Type

☐ Check box if this disbursement is payment of debt or obligation reported on previous statement

Disbursement Code: GO

☐ Fund Raiser

Disbursement # 2

Name & Address: AOH, 665 Maple ST, MT. Morris, MI 48458

Purpose: Sponsor

Date: 5-6-26

$ 650⁻

Click for Memo Itemization Type

☐ Check box if this disbursement is payment of debt or obligation reported on previous statement

Disbursement Code: GO

☐ Fund Raiser

Disbursement # 3

Name & Address: Flint Juneteenth, 2712 N. Saginaw ST, Flint, MI 48505

Purpose: Sponsor

Date: 5-13-26

$ 150⁻

Click for Memo Itemization Type

☐ Check box if this disbursement is payment of debt or obligation reported on previous statement

Disbursement Code: GO

☐ Fund Raiser

Disbursement # 4

Name & Address: City of Burton, 4303 S. Center Rd., Burton, MI 48509

Purpose: Sponsor, Burton Youth League

Date: 5-13-26

$ 900⁻

Click for Memo Itemization Type

☐ Check box if this disbursement is payment of debt or obligation reported on previous statement

Disbursement Code: GO

☐ Fund Raiser

Subtotal this page: 1765⁻

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

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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: Assumption Greek Orthodox 2245 E. Baldwin Rd. Church Grand Blanc, MI 48439	Purpose: Sponsor Click for Memo Itemization Type Disbursement Code: GO ☐ Fund Raiser ☐ Check box if this disbursement is payment of debt or obligation reported on previous statement	5-20-26	$ 1000-
Disbursement # 2 Name & Address: Clio Mustangs Youth 2485 E. Farrand Rd Clio, MI 48420	Purpose: Sponsor Click for Memo Itemization Type Disbursement Code: GO ☐ Fund Raiser ☐ Check box if this disbursement is payment of debt or obligation reported on previous statement	6-18-26	$ 500-
Disbursement # 3 Name & Address: McCree Theatre - Soiree 4601 Clio, Rd. Flint, MI 48504	Purpose: Sponsor Click for Memo Itemization Type Disbursement Code: GO ☐ Fund Raiser ☐ Check box if this disbursement is payment of debt or obligation reported on previous statement	7-8-26	$ 1000-
Disbursement # 4 Name & Address: Greater Flint AFL-CIO PO Box 245 Flint, MI 48501	Purpose: Sponsor Click for Memo Itemization Type Disbursement Code: GO ☐ Fund Raiser ☐ Check box if this disbursement is payment of debt or obligation reported on previous statement	6-9-26	$ 500-

Subtotal this page 3000-

Grand Total of all Schedules 1C (Complete on last page of Schedule) 10,760- ✓

Enter this total on line 10a of Summary Page

*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

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