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GENESEE COUNTY CLERK
FLINT, MICHIGAN

FOR OFFICIAL USE ONLY

**CANDIDATE COMMITTEE
COVER PAGE**

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: 07/21/2026 to 10/20/2026

1. Committee I.D. Number

33520

2. Committee Name

JEFF WRIGHT 2000

4. Candidate Last Name

WRIGHT

First Name

JEFFREY W.

M.I.

4a. Office Sought Including District # or Community Served (If applicable)

COUNTY DRAIN COMMISSIONER, GENESEE COUNTY

4b. County of Residence **GENESEE COUNTY**

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) 600-5114

7. Treasurer's Business Address

**1455 LAURENTIAN PASS
FLINT, MI 48532**

Area Code and Phone (810) 600-5114

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 (2026)
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

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/27/2026

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/27/2026



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.) \$ <u>0.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>0.00</u>	(18.) \$ <u>128,275.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>3.61</u>	(19.) \$ <u>101.39</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>3.61</u>	(20.) \$ <u>128,376.39</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0.00</u>	(21.) \$ <u>0.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>386.00</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>386.00</u>	(23.) \$ <u>65,442.43</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>2,567.98</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>2,567.98</u>	(24.) \$ <u>47,468.72</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>144,156.38</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>3.61</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>144,159.99</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>2,953.98</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>141,206.01</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: HUNTING BANK P O BOX 1558 GAW 37 COLUMBUS, OH 43216	Date of Receipt 10/20/2026	☐ Loan from a Lending Institution ☒ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ 3.61
Receipt #2 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____
Receipt #3 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____
Receipt #4 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____
Receipt #5 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____
Receipt #6 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____
Receipt #7 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____

Page Subtotal **3.61**

Grand Total of All Schedules 1A -1
(Complete on last page of Schedule) **3.61**

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
Expenditure #1 Name ALL SAFE STORAGE Address 1320 N BELSAY RD BURTON, MI 48509 ☐ Fund Raiser	Purpose: OFFICE EXPENSE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/24/2026 Date	\$ 365.00
Expenditure #2 Name HUNTING BANK Address P O BOX 1558 GAW 37 COLUMBUS, OH 43216 ☐ Fund Raiser	Purpose: BANK FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/20/2026 Date	\$ 21.00
Expenditure #3 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____ Click Here for Memo Itemization Type
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____ 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	_____ Date	\$ _____ Click Here for Memo Itemization Type

Subtotal this page **386.00**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **386.00**

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: GENESEE CO FAIR 2188 W MOUNT MORRIS RD MT MORRIS, MI 48458	Purpose <u>SPONSOR</u>	<u>07/24/2026</u> Date	\$ <u>1,000.00</u>
☐ Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>GO</u> ☐ Fund Raiser		
Disbursement # 2 Name & Address: BURTON KAWANIS 5272 WHITE PINES DR GRAND BLANC, MI 48439	Purpose <u>DONATION</u>	<u>07/28/2026</u> Date	\$ <u>100.00</u>
☐ Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>GO</u> ☐ Fund Raiser		
Disbursement # 3 Name & Address: CTED HASKINS FOR MAYOR 3437 BELSAY RD BURTON, MI 48519	Purpose <u>DONATION</u>	<u>08/05/2026</u> Date	\$ <u>100.00</u>
☐ Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>GO</u> ☐ Fund Raiser		
Disbursement # 4 Name & Address: GENESEE COUNTY ARG SOCIETY 2128 W MOUNT MORRIS RD MT MORRIS, MI 48458	Purpose <u>SPONSOR FAIR</u>	<u>08/10/2026</u> Date	\$ <u>1,200.00</u>
☐ Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>GO</u> ☐ Fund Raiser		
Subtotal this page			2,400.00
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: BURTON ROTARY 4050 S CENTER RD BURTON, MI 48519	Purpose SPONSOR	<u>08/11/2026</u> Date	\$ <u>100.00</u>
☐ Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>GO</u> ☐ Fund Raiser		
Disbursement # 2 Name & Address: BOVAN FLORAL GROUP 1270 BELSAY RD BURTON, MI 48509	Purpose FUNERAL FLOWERS	<u>10/14/2026</u> Date	\$ <u>67.98</u>
☐ Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>GO</u> ☐ Fund Raiser		
Disbursement # 3 Name & Address:	Purpose _____	_____ Date	\$ _____
☐ Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code _____ ☐ Fund Raiser		
Disbursement # 4 Name & Address:	Purpose _____	_____ Date	\$ _____
☐ Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code _____ ☐ Fund Raiser		
Subtotal this page			167.98
Grand Total of all Schedules 1C (Complete on last page of Schedule)			2,567.98

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