

CANDIDATE COMMITTEE COVER PAGE

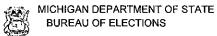
FOR OFFICIAL USE ONLY

| Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate. | 3. This Statement covers Fron | ¹¹ 01/01/14 _{to} 07/20/14 |
|--|--|--|
| 1. Committee I.D. Number | 4. Candidate Last Name | First Name M.I. |
| 013853-3 | Hackel | Mark A. |
| Q Q ================================== | 4a. Office Sought Including Di | strict # or Community Served (If applicable) |
| 2. Committee Name | County Executive 12 | |
| Mark Hackel for County Executive | 4b. County of Residence MA | СОМВ |
| 5. Committee's Mailing Address | 6. Treasurer's Name & Reside | ential Address |
| 12900 Hall Rd. | Harold J. Burns | |
| Suite 500 | 1460 Kinney Rd. | . · · · · · · · · · · · · · · · · · · · |
| Sterling Heights, MI 48313 | Memphis, MI 48041 | <u>ໍ</u> ດ≽ ັ |
| Area Code and Phone (586) 254-1040 | | |
| If the address in this box is different from the committee mailing address on the Statement of Organization, mail may | Area Code & Phone (586) 20 | |
| be sent to this address by the filing official. | 1 11 Cd C C Cd C T 11 C 11 C 1 | |
| 7. Treasurer's Business Address | Designated Record keeper Designated Record keeper) | 's Name and Mailing Address (If the committee has a |
| 12900 Hall Rd. | | AUG P. |
| Suite 500 Sterling Heights, MI 48313 | | zx z x |
| | | |
| | | |
| (586) 254-1040 | | |
| Area Code and Phone (586) 254-1040 | Area Code and Phone | 9e. Dissolution of Candidate Committee |
| 9. TYPE OF STATEMENT Oo SYL STATEMENT Required Of | NLY if candidate | |
| 9a. Pre-Election OR 9b. Post-Election is not on the current year | ballot for the | By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here |
| Pre-Election or Post-Election Statement relates to: | | by discharged and forgiven, and no longer collectible from the committee. The committee has no oustanding assets, |
| ⊠Primary July Quan | terly | owes no lates fees or has any oustanding debt. |
| ☐ General ☐ October C | Quarterly | Further With a disastration country and the state of |
| Convention | | Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. |
| Special 9c. | al Statement () | |
| School | Coverage Year | Effective date of dissolution |
| 1 ICAUCUS 199, IIII | idment to Campaign Statement | |
| 1 (COM | plete Item 9a, 9b, 9c or 9e to te which Statement is being ded.) | Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page. |
| Date of Election, Convention or Caucus | | |
| 08/05/14 | | |
| | | |
| | | |
| Verification: I\We certify that all reasonable diligence was used my\our knowledge and belief the contents are true, accurate and co | in the preparation of this statement of the preparation of this statement in the preparation of the preparat | ent and attached schedules (if any) and to the best of |
| Current Treasurer or Designated Record keeper | , Hull I h | Date 7-24-14 |
| Type or Print Name | ign dre | |
| Candidate Mark A. Hackel | MADE A. | 1000 Date 7-24-14 |
| Type or Print Name | Signature | |

1. Committee I.D. Number 013853-3

SUMMARY PAGE CANDIDATE COMMITTEE

| CANDIDATE COMMITTEE | 2. Committee Name Mark Trackor Tol | |
|---|--|--|
| RECEIPTS | Column I This Period | Column II Cumulative this election cycle |
| 3. Contributions | | Outhidiative this election cycle |
| a. Itemized (Schedule 1A - Column 6) | (3a.) \$ 73,375.00 | |
| b. Unitemized (less than \$20.01 each - no Schedule) | (3b.) \$ NOT APPLICABLE | |
| c. Subtotal of "Contributions" | (3c.) \$ \$73,375.00 | (18.) \$ \$192,989.00 |
| 4. Other Receipts (Schedule 1A -1, Column 6) | (4.) \$ \$0.42 | (19.) \$ \$192.61 |
| 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4) | (5.) \$ \$\\\\$73,375.42 | (20.) \$ \$193,181.61 |
| IN-KIND CONTRIBUTIONS & EXPENDITURES | | |
| 6. In-Kind Contributions (Schedule 1-IK, Column 7) | (6.) \$ \$650.00 | (21.) \$ \$2,124.38 |
| 7. In-Kind Expenditures (Schedule 1B-IK, Column 6) | (7.) \$ \$0.00 | (22.) \$ \$0.00 |
| EXPENDITURES | | |
| 8. Expenditures | | |
| a. Itemized (Schedule 1B, Column 6) | (8a.) \$ \$40,876.70 | |
| b. Itemized Get-Out-the-Vote (Schedule 1B-G) | (8b.) \$ \$0.00 | |
| c. Unitemized (less than \$50.01 each - no Schedule) | (8c.) \$ \$0.00 | |
| 9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c) | (9.) \$ _\$40,876.70 | (23.) \$ \$115,395.50 |
| INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only) | | |
| 10. Disbursements a. Itemized (Schedule 1C, Column 6) | (10a.) \$ \$0.00 | - |
| b. Unitemized (less than \$50.01 each - no Schedule) | (10b.)\$ \$0.00 | _ |
| 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b) | (11.) \$ \$0.00 | (24.) \$ \$0.00 |
| DEBTS AND OBLIGATIONS 12. Debts and Obligations | | |
| a. Owed by the Committee (Schedule 1E) | (12a.) \$ _\$0.00 | - |
| b. Owed to the Committee (Schedule 1E) | (12b.) \$ \$0.00 | |
| Ending Balance of last report filed | BALANCE STATEMENT (13.) \$ \$49,205.44 | |
| (Enter zero if no previous reports have been filed.) 4. Amount received during reporting period | (14.) + \$ \$73,375.42 | · |
| (Line 5, Total Contributions & Other Receipts) 5. SUBTOTAL Add lines 13 and 14 | (15.) = \$_\$122,580.86 | |
| Amount expended during reporting period (Add lines 9 and 11) | (16.) - \$ \$40,876.70 | |
| 7. ENDING BALANCE (Subtract line 16 from line 15) | (17.) \$ \$81,704.16 | * |
| togogge me to nom me to | (11) V | |



CANDIDATE COMMITTEE

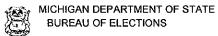
1. Committee I.D. Number

013853-3

COMMITTEE 2. Committee Name

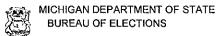
Name Mark Hackel for County Executive

| 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 <u>all</u> 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 03/27/14 Name & Address: Dominic Abbate | | |
| 2500 Royal View Dr. Oakland MI 48363 | _{\$} \$250.00 | _{\$} 625.00 |
| 5. If over \$100.00 cumulative, please provide: | Click Here fo | or Memo Itemization |
| Occupation Architect Employer Wakely Associates, Inc. | Olick Here R | or wemo termzadon |
| Business Address 30500 Van Dyke Suite M-7 Warren MI 48093 | | |
| Type of Contribution: ☐ Direct ☐ Loan from a person 		✓ Fund Raiser | | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 03/27/14 Name & Address | | |
| Gary Abernathy 33884 Kennedy Dr. Sterling Heights MI 48310 | \$ <u>\$1,000.00</u> | ş_1,000.00 |
| 5. If over \$100.00 cumulative, please provide: | Click Here fo | r Memo Itemization |
| Occupation General Manager Employer New Horizons Great Lakes | | |
| Business Address 2800 Livernois Rd. #250 Troy MI 48044 | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 03/27/14 Name & Address: | | |
| M.L. Ackermann 200 East Delaware Pl. Penthouse Chicago IL 60611 | \$ 100.00 | _{\$} 100.00 |
| 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 03/27/14 Name & Address | | |
| Gary D. Allessandro 28135 Groesbeck Hwy. Roseville MI 48066 | \$750.00 | 1,750.00 |
| 5. if over \$100.00 cumulative, please provide: | | |
| Occupation Owner Employer Lanzo Construction | Click Here for | Memo Itemization |
| Business Address 28135 Groesbeck Hwy. Roseville MI 48066 | | |
| Type of Contribution: Direct Loan from a person V Fund Raiser | | |
| Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) | \$2,100.00 Enter this total on line 3a of Summary | |
| Flores - at | Page | |



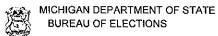
CANDIDATE COMMITTEE

| Enter contributor's name and address. If contributio middle initial. Check box to indicate if contribution is Committee (PAC) Report <u>all</u> contributions regardless | from a Political Committe | | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|--|---------------------------------|-----------------------------|-----------------------------|--|
| 3. Contribution # 1 PAC Receipt? YES | 4. Date of Receipt | 03/27/14 | | |
| Ben Aloia | | | | |
| 54439 White Spruce Ln. Shelby Township MI 48315 | | | ቀንደለ ለለ | , 250.00 |
| Shelby Township INI 46313 | | | _{\$} \$250.00 | \$ 230.00 |
| 5. If over \$100.00 cumulative, please provide: | | | Click Here fo | r Memo Itemization |
| | _{oyer} Aloia & Associa | | Olick Field IC | i Wellio Remization |
| Business Address 48 S. Main Street Ste. 3 M | t. Clemens MI 4804 | 3 | | |
| | from a person | Fund Raiser | | |
| Contribution #2 PAC Receipt? YES Name & Address | 4. Date of Receipt | 03/27/14 | | |
| Thomas Alongi | | | | |
| 1748 Lexington Dr. Troy MI 48084 | | | _{\$} \$250.00 | _{\$} 250.00 |
| 5. If over \$100.00 cumulative, please provide: | | | Click Here fo | r Memo Itemization |
| Occupation CPA Employe | , UHY LLP | | Olick Fiere to | Weno temzaton |
| Business Address 12900 Hall Rd. Ste. 500 St | | 313 | | |
| | | | | |
| | from a person | Fund Raiser | | |
| 3. Contribution # 3 PAC Receipt? YES Name & Address: | 4. Date of Receipt | 03/27/14 | | |
| Jeffrey Anderson | | | _{\$} \$1,000.00 | 1 000 00 |
| 3805 Edwards Rd. Ste. 700 Cincinnati OH 45209 | | | \$ 41,000.00 | _{\$} _1,000.00_ |
| - 10 - 1-1-1-1 | | | Click Here for | Memo Itemization |
| 5. If over \$100.00 cumulative, please provide: | Inffroy P. Andoros | on Bool Estata Ina | | |
| , | yer Jeffrey R. Anderso | on Real Estate, Inc. | | |
| Business Address 3805 Edwards Rd. Ste. 700 Ci | | | | |
| | from a person | Fund Raiser | | |
| 3. Contribution # 4 PAC Receipt? YES Name & Address | S 4. Date of Receip | 03/27/14 | | |
| Gebran Anton | | | | |
| 79 Macomb Place Mt. Clemens MI 48043 | | | _{\$} \$250.00 | _s 425.00 |
| 5. If over \$100.00 cumulative, please provide: | • | | 00.1.11 | 3 4 14 |
| Occupation Real Estate Broker/Developer Em | ployer Self Employed | <u> </u> | Click Here for | Memo Itemization |
| Business Address 79 Macomb Place Mt. Cl | emens MI 48043 | | | |
| Type of Contribution: Direct Loan | from a person | Fund Raiser | | |
| | | Page Subtotal | \$1,750.00 | |
| | Gran | d Total of All Schedules 1A | | |
| | (Complet | e on last page of Schedule) | Enter this total on | J |
| Page 2 of 36 | | | line 3a of Summary Page. | |



CANDIDATE COMMITTEE

| 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 <u>all</u> 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 03/27/14 Name & Address: | | |
| Paul Aragona | | |
| 5440 Orion Rd. Rochester MI 48306 | \$250.00 | _{\$} 750.00 |
| 5. If over \$100.00 cumulative, please provide: | Click Here fo | or Memo Itemization |
| Occupation President Employer Aragona Properties | Ollow Flere ic | or Memo Remization |
| Business Address 37020 Garfield, St. T-1 Clinton Twp. MI 48036 | | |
| Type of Contribution: ☐ Direct ☐ Loan from a person ✓ Fund Raiser | | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 03/27/14 Name & Address | | |
| Jack Aronson 243 Woodwind Dr. Bloomfield Hills MI 48304 | _{\$} \$500.00 | _{\$} 500.00 |
| | | |
| 5. If over \$100.00 cumulative, please provide: | Click Here fo | r Memo Itemization |
| Occupation Manufacturer Employer Garden Fresh | | |
| Business Address 1505 Bonner Ferndale MI 48220 | | |
| Type of Contribution: ☐ Direct ☐ Loan from a person ✓ Fund Raiser | | |
| 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 03/27/14 Name & Address: | | |
| Nicholas Auito 41100 Conger Bay Dr. Harrison Township MI 48045 | \$ \$250.00 | _{\$} _250.00 |
| f. If a rep \$400.00 arrangle five in large in marrial as | Click Here for | Memo Itemization |
| 5. If over \$100.00 cumulative, please provide: Occupation Owner Employer Nick's Towing | | |
| Occupation Owner Employer Nick's Towing Business Address 42870 N. Walnut Clinton Twp. MI 48035 | | |
| Type of Contribution: ☐ Direct ☐ Loan from a person ✓ Fund Raiser | | |
| 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 03/27/14 Name & Address | | |
| John Axe 481 Kercheval Grosse Pointe Farms MI 48236 | \$1,500.00 | _{\$_} 1,500.00 |
| 5. If over \$100.00 cumulative, please provide: | Click Here for | Memo Itemization |
| Occupation Attorney Employer Axe & Ecklund, P.C. | | |
| Business Address 21 Kercheval Ste. 355 Grosse Pointe Farms MI 48236 | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| Page Subtotal | \$2,500.00 | |
| Grand Total of All Schedules 1A (Complete on last page of Schedule) | | |
| Page 3 of 36 | Enter this total on line 3a of Summary Page. | |



CANDIDATE COMMITTEE

1. Committee I.D. Number ____013853-3

| 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 03/27/14 Name & Address: | | |
| Joel Ballor | | |
| 50383 Heatherwood Lane Shelby Township Mt 48317 | _{\$} \$250.00 | _{\$} 325.00 |
| 5. If over \$100.00 cumulative, please provide: | Click Hore fo | or Memo Itemization |
| Occupation Vice President Employer Joel Ballor Towing | Click Here II | or wemo temization |
| Business Address 57760 Main New Haven MI 48048 | | |
| Type of Contribution: Direct Loan from a person ✓ Fund Raiser | | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 03/27/14 Name & Address | _ | |
| Joseph Ballor 24050 28 Mile Rd Ray MI 48096 | \$ <u>\$250.00</u> | _{\$} 450.00 |
| 5. If over \$100.00 cumulative, please provide: | Click Here fo | or Memo Itemization |
| Occupation Owner Employer Joe Ballor Towing | | |
| Business Address 57760 Main New Haven MI 48048 | | |
| Type of Contribution: Direct Loan from a person 🗸 Fund Raiser | | |
| 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 03/27/14 Name & Address: | | |
| Victor Battani 49608 Goulette Pte Chesterfield MI 48047 | \$250.00 | _{\$} 350.00 |
| 5. If over \$100.00 cumulative, please provide: | Click Here for | Memo Itemization |
| Occupation Sales Employer Arthur J Gallagher | | |
| Business Address 30150 Telegraph Suite 408 Bingham Farms MI 48025 | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 03/27/14 Name & Address | | |
| Todd Bensley 11197 Chapman Court Bruce Township MI 48065 | _{\$} \$250.00 | _{\$_} 250.00 |
| 5. If over \$100.00 cumulative, please provide: | 0" 1 11 6 | |
| Occupation CPA Employer UHY LLP | Click Here for | Memo Itemization |
| Business Address 12900 Hall Rd. Ste. 500 Sterling Heights MI 48313 | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| Page Subtota | al \$1,000.00 | |
| Grand Total of All Schedules 1 | · [|] |
| (Complete on last page of Schedule | Enter this total on | _i |
| _{nage} 4 of 36 | line 3a of Summary | |



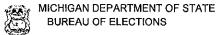
CANDIDATE COMMITTEE

1. Committee I.D. Number ______013853-3

2. Committee Name

Mark Hackel for County Executive

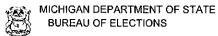
| Enter contributor's name and address. If contribution is from an individual, enter last name, first middle initial. Check box to indicate if contribution is from a Political Committee or an Independe Committee (PAC) Report <u>all</u> contributions regardless of amount. | |
|---|---------------------------------|
| 3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 03/27/14 | |
| John Bologna 19135 Saxon Rd. Beverly Hills MI 48025 | \$\$250.00 \$325.00 |
| 5. If over \$100.00 cumulative, please provide: | |
| Occupation Real Estate Management Employer Self Employed | Click Here for Memo Itemization |
| Business Address 19135 Saxon Rd. Beverly Hills MI 48025 | |
| Type of Contribution: Direct Loan from a person Fund Raiser | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 03/27/14 Name & Address | |
| Douglas Brady 7620 Stonevalley Blf. Clarkston MI 48348 | \$100.00 \$ 100.00 |
| 5. If over \$100.00 cumulative, please provide: | Click Here for Memo Itemization |
| OccupationEmployer | |
| Business Address | |
| Type of Contribution: Direct Loan from a person 🗸 Fund Raiser | |
| 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 03/27/14 Name & Address: | |
| Gary Broad 20850 Moxon Clinton Township MI 48036 | \$250.00 \$ 750.00 |
| 5. If over \$100.00 cumulative, please provide: | Click Here for Memo Itemization |
| Occupation President Employer Midwest Steel | |
| Business Address 2525 E. Grand Blvd. Detroit MI 48211 | ******* |
| Type of Contribution: Direct Loan from a person Fund Raiser | |
| 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 03/27/14 Name & Address | |
| Leonard Bugajewski 16982 Stewart Ct. Clinton Township MI 48038 | \$500.00 \$ 850.00 |
| 5. If over \$100.00 cumulative, please provide: | |
| Occupation Self Employed Employer Leonard's Syrups | Click Here for Memo Itemization |
| Business Address 4225 Nancy Ave. Detroit MI 48212 | |
| Type of Contribution: Direct Loan from a person V Fund Raiser | |
| Page Grand Total of All Scheo (Complete on last page of S | |



CANDIDATE COMMITTEE

1. Committee I.D. Number _____013853-3

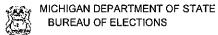
| Enter contributor's nam middle initial. Check be Committee (PAC) Repo | ox to indicate if con | tribu | ition is from a Politica | | nter last name, first name, ee or an Independent | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|-----------------------|------------------|--------------------------|--------------|--|--------------------------|--|
| Contribution # 1 Name & Address: Harold Burns | PAC Receipt? | | YES 4. Date | of Receipt | 03/27/14 | | |
| 1460 Kinney Rd. Memphis MI 48041 | | | | | | \$1,000.00 | _{\$} 1,000.00 |
| 5. If over \$100.00 cum | | | | | | Click Horo fo | or Memo Itemization |
| | | | Employer UHY LL | | | Olick Here (C | or Memo Remization |
| Business Address 129 | 000 Hall Rd. Ste | 2 . 5 | 00 Sterling Heigh | nts MI 48 | 3313 | | |
| Type of Contribution: | Direct | | Loan from a person | ✓ | Fund Raiser | | |
| 3. Contribution #2 Name & Address | PAC Receipt? | | YES 4. Date of | of Receipt | 03/27/14 | | |
| David Cheesebro 81 Chateaux Du Lac Fenton MI 48430 | | | | | | \$ <u>\$100.00</u> | _{\$} 100.00 |
| 5. If over \$100.00 cum | ulative, please pro | vid | : : | | | Click Here fo | r Memo Itemization |
| Occupation | | _ Er | nployer | | | | |
| Business Address | | | | | | | |
| Type of Contribution: | Direct | | Loan from a person | √ | Fund Raiser | | |
| 3. Contribution # 3 Name & Address: | PAC Receipt? | | YES 4. Date | of Receipt | 03/27/14 | | |
| Michael Chirco 46600 Romeo Plank F Macomb MI 48044 | Rd. Ste. 5 | | | | | \$250.00 | _{\$} 450.00 |
| 5. If over \$100.00 cum | ılative, please pro | vide | : : | | | Click Here for | Memo Itemization |
| Occupation Residenti | al Builder | _ E | mployer MJC Hor | mes | | | |
| Business Address 4660 | | | | | | | |
| Type of Contribution: | Direct | | Loan from a person | \checkmark | Fund Raiser | | |
| 3. Contribution # 4 Name & Address | PAC Receipt? | | YES 4. Date | of Receip | t 03/27/14 | | |
| Michael Chirco 46600 Romeo Plank R Macomb MI 48044 | d. Ste. 5 | | | | | \$2,000.00 | _{\$_} 2,450.00 |
| 5. If over \$100.00 cum | ılative, please pro | vide | : : | | | Clinic Llava for | Mana Haminatian |
| Occupation Residen | tial Builder | - | Employer MJC I | lomes | | Click here for | Memo Itemization |
| Business Address 466 | 600 Romeo Pla | ank | Road, Ste. 5 M | acomb | MI 48044 | | |
| Type of Contribution: | Direct | | Loan from a person | ✓ | Fund Raiser | | |
| | | | | | Page Subtotal | \$3,350.00 | |
| | | | | | d Total of All Schedules 1A e on last page of Schedule) | Enter this total on | |
| Page 6 of 36 | | | | | | fine 3a of Summary Page. | |



CANDIDATE COMMITTEE

1. Committee I.D. Number ____013853-3

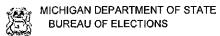
| Enter contributor's name and address. If contribution is from an individual, enter last name, first na middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. | | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|--|--|--|
| 3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 03/27/14 Name & Address: | | |
| Paul Chirco 3045 Harrow Way | | |
| Shelby Township MI 48316 | _{\$} \$250.00 | _{\$} 500.00 |
| 5. If over \$100.00 cumulative, please provide: | Click Haro fr | or Memo Itemization |
| Occupation Self Employed Employer Chirco Title | — Click Here it | or Memo Remization |
| Business Address 26800 Harper Ave. St. Clair Shores MI 48081 | _ | |
| Type of Contribution: | | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 03/27/14 Name & Address | | |
| Scott Clein 1556 Yosemite Blvd. Birmingham MI 48009 | \$500.00 | _{\$} 500.00 |
| 5. If over \$100.00 cumulative, please provide: | Click Here fo | r Memo Itemization |
| Occupation Management Employer Giffels Webster | • | |
| Business Address 28 West Adams, Suite 1200 Detroit MI 48226 | | |
| Type of Contribution: ☐ Direct ☐ Loan from a person ✓ Fund Raiser | | |
| 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 03/27/14 Name & Address: | | |
| Gregory Coursen 37741 Turnberry Ct. Farmington Hills MI 48331 | \$ \$100.00 | _{\$} 100.00 |
| 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 V Fund Raiser | | |
| 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 03/27/14 Name & Address | · | |
| Michael DeVault 7910 Walters Rd. Laingsburg MI 48848 | _{\$} \$250.00 | _{\$_} 350.00 |
| 5. If over \$100.00 cumulative, please provide: | | |
| Occupation Superintendent Employer Macomb Intermediate School Dis | Click Here for | Memo Itemization |
| Business Address 44401 Garfield Clinton Twp. Mi 48038 | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | _ | |
| Page Si | ubtotal \$1,100.00 | |
| Grand Total of All Schedul | | |
| (Complete on last page of Sch | Enter this total on line 3a of Summary | • |



CANDIDATE COMMITTEE

1. Committee I.D. Number ______013853-3

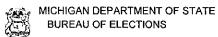
| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. | 6. Amount | Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|-----------------------------|--|
| 3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 03/27/14 Name & Address: | | |
| Frank DiPonio 51173 Simone Industrial Dr. Shelby Township MI 48316 | _{\$} \$250.00 | _{\$} 550.00 |
| 5. If over \$100.00 cumulative, please provide: | Click Horo fo | or Memo Itemization |
| Occupation President Employer DiPonio Contracting | Click Here to | or Memo Remization |
| Business Address 51173 Simone Industrial Dr. ,Shelby Twp. MI 48316 | | |
| Type of Contribution: □ Direct □ Loan from a person ✓ Fund Raiser | _ | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 03/27/14 Name & Address | | • |
| John Dolan 42850 Garfield Clinton Township MI 48038 | _{\$} \$250.00 | _{\$} 350.00 |
| 5. If over \$100.00 cumulative, please provide: Occupation Attorney Employer York, Dolan & Tomlinson P.C. | Click Here fo | or Memo Itemization |
| | | |
| Business Address 42850 Garfield, Clinton Township MI 48038 | | |
| Type of Contribution: ☐ Direct ☐ Loan from a person ✓ Fund Raiser | | |
| 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 03/27/14 Name & Address: | | |
| Peter Ecklund, Jr. 1551 Emmons Birmingham MI 48009 | \$500.00 | _{\$} 500.00 |
| F. If over \$100.00 supplicative places provide: | Click Here for | r Memo Itemization |
| 5. If over \$100.00 cumulative, please provide: Occupation Attorney Employer Axe & Ecklund, P.C. | | |
| Business Address 21 Kercheval Ste. 355, Grosse Pointe Farms, MI 48236 | | |
| Type of Contribution: Direct Loan from a person V Fund Raiser | | |
| 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 01/09/14 Name & Address | | |
| Paul A. Esposito 40680 Garfield Rd., Ste. 3 Clinton Twp. Ml 48038 | _{\$} \$500.00 | _{\$_} 500.00 |
| 5. If over \$100.00 cumulative, please provide: | Clink Have for | Alama Itamizatian |
| Occupation Partner Employer Sunset Homes, LLC | Click Here for | Memo Itemization |
| Business Address 40680 Garfield Rd., Ste. 3, Clinton Twp. MI 48038 | | |
| Type of Contribution: | | |
| Page Subtotal | \$1,500.00 | |
| Grand Total of All Schedules 1A (Complete on last page of Schedule) | Enter this total on | |
| Page 8 of 36 | line 3a of Summary Page. | |



CANDIDATE COMMITTEE

1. Committee I.D. Number _______013853-3

| | ox to indicate if cont | tribution is from a Politica | | nter last name, first name, tee or an Independent | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|------------------------|------------------------------|--------------|---|-----------------------------|--|
| 3. Contribution # 1 Name & Address: Jake Femminineo 110 S. Main St. Mt. Clemens MI 4804 | PAC Receipt? | YES 4. Date | of Receip | 03/27/14 | \$2,000.00 | _{\$} 2,000.00 |
| 5. If over \$100.00 cun | ulative, please pro | ovide: | | | | 14 11 1 11 |
| Occupation Attorney | | Employer Femmin | nineo At | torneys, PLLC | Click Here to | or Memo Itemization |
| Business Address 11 | 0 S. Main St. Mt | . Clemens MI 4804 | 3 | | | |
| Type of Contribution: | Direct | Loan from a person | · ✓ | Fund Raiser | | |
| Contribution #2 Name & Address | PAC Receipt? | YES 4. Date | of Receip | 03/27/14 | | |
| John Fenn 13288 Lillian Ln. Sterling Heights MI 4 | 8313 | | | | _{\$} \$250.00 | _{\$} 375.00 |
| 5. If over \$100.00 cum | ulative, please pro | vide: | | | Click Here fo | r Memo Itemization |
| Occupation Land Su | rvey | _ Employer_Cassino E | Building | | | |
| | | sterling Heights MI 4 | | | | |
| Type of Contribution: | Direct | Loan from a person | \checkmark | Fund Raiser | | |
| Contribution # 3 Name & Address: | PAC Receipt? | YES 4. Date | of Receip | ot 03/27/14 | | |
| Edward Forry 11041 Berwick St. Livonia MI 48150 | | | | | \$ \$1,000.00 | _{\$} 1,000.00 |
| 5. If over \$100.00 cum | ulative, please pro | vide: | | | Click Here for | Memo Itemization |
| Occupation CEO | , , , , | Employer Macomb | Health | Plan | • | |
| Business Address 18 I | Market Street Mt. C | | | | | |
| Type of Contribution: | Direct [| Loan from a person | ✓ | Fund Raiser | | |
| 3. Contribution # 4 Name & Address | PAC Receipt? | YES 4. Date | of Recei | pt 03/27/14 | | |
| Eric Foster 32127 Riverdale Harrison Twp. MI 480 | 45 | | | | §\$250.00 | _{\$_} 600.00 |
| 5. If over \$100.00 cum | ulative, please pro | vide: | | | Oliala I I ava fav | . 6.4 Itaurimatiau |
| Occupation Preside | nt | Employer Belle N | /laer Asso | ociates Limited Partnership | Click Here to | Memo Itemization |
| Business Address 41 | 700 Conger Ba | y Dr. Harrison Tw | p. MI 48 | 3045 | | |
| Type of Contribution: | Direct | Loan from a person | √ | Fund Raiser | | |
| | | | | Page Subtotal | \$3,500.00 | |
| | | | | nd Total of All Schedules 1A ete on last page of Schedule) | Enter this total on | |
| 9 of 36 | | | | | line 3a of Summary Page. | |



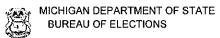
CANDIDATE COMMITTEE

1. Committee I.D. Number ______013853-3

2. Committee Name

Mark Hackel for County Executive

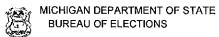
| Enter contributor's na middle initial. Check I Committee (PAC) Rep | oox to indicate if con | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) | | |
|--|------------------------|-----------|---|-----------------------------|-------------------------|
| Contribution # 1 Name & Address: Eric Foster | PAC Receipt? | | YES 4. Date of Receipt 03/27/14 | - | |
| 32127 Riverdale St. Harrison Township N | 11 48045 | | | _{\$} \$250.00 | _{\$} 850.00 |
| 5. If over \$100.00 cur | nulative, please pr | ovid | e: | | |
| Occupation Preside | nt | _ | Employer Belle Maer Associates Limited Partnership | Click Here to | or Memo Itemization |
| Business Address 41 | 700 Conger Ba | / D | . Harrison Twp. MI 48045 | | |
| Type of Contribution: | Direct | | Loan from a person | | |
| Contribution #2 Name & Address | PAC Receipt? | | YES 4. Date of Receipt 03/27/14 | | |
| F. Norman Fox 48153 Mallard Dr. Chesterfield MI 4804 | 7 | | | _{\$} \$250.00 | _{\$} 350.00 |
| 5. If over \$100.00 cun | nulative, please pro | vid | r | Click Here fo | r Memo Itemization |
| Occupation Retired | | _ Er | nployer | | |
| Business Address | | | | | |
| Type of Contribution: | Direct | | Loan from a person 🚺 Fund Raiser | | |
| Contribution # 3 Name & Address: | PAC Receipt? | | YES 4. Date of Receipt 03/27/14 | | |
| James Galloway 61624 Bunker Hill Dr Washington MI 4809 | | | | \$300.00 | _{\$} 800.00 |
| 5. If over \$100.00 cum | ulative, nlease nro | vide | e | Click Here for | Memo Itemization |
| Occupation VP of Fr | • • • | | _{implover} Jet's America, Inc. | | |
| Business Address 375 | | - | | | |
| Type of Contribution: | Direct | | Loan from a person | _ | |
| Contribution # 4 Name & Address | PAC Receipt? | | YES 4. Date of Receipt 03/27/14 | | |
| Michael Garavaglia 28470 Thirteen Mile F Farmington Hills MI 4 | | | | \$2,000.00 | _{\$} 2,500.00_ |
| 5. If over \$100.00 cum | ulative, please pro | vide | : | Clink Have for | |
| Occupation Govern | ment Relations | _ | Employer Capitol Relations, LLC | Click Here for | Memo Itemization |
| Business Address 28 | 470 W. 13 Mile F | ₹d, | Suite 220 Farmington Hills MI 48334-5400 | | |
| Type of Contribution: | Direct | | Loan from a person Fund Raiser | | |
| | _ | | Page Subtota | \$2,800.00 | \ |
| | | | Grand Total of All Schedules 1A | | |
| 40.00 | | | (Complete on last page of Schedule) | Enter this total on | J |
| Pageof | | | | line 3a of Summary Page. | |



CANDIDATE COMMITTEE

1. Committee I.D. Number ______013853-3

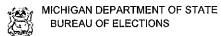
| middle initial. Check b | nter contributor's name and address. If contribution is from an individual, enter last name, first name, niddle initial. Check box to indicate if contribution is from a Political Committee or an Independent committee (PAC) Report <u>all</u> contributions regardless of amount. | | | | | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|--|------|-------------------------|------------------------------|--------------------------|--|
| Contribution # 1 Name & Address: | PAC Receipt? | | YES 4. Date of Receipt | 03/27/14 | | |
| Eugene Gargaro, Jr. | | | | | | |
| 22 Renaud Rd. Grosse Pointe Shore | s MI 48236 | | | | \$250.00 | ູ 1,500.00 |
| 5. If over \$100.00 cun | nulative, please pro | vid | e: | | * | |
| Occupation Attorney | | _ | Employer Self Employed | | Click Here to | r Memo Itemization |
| Business Address 20 | | | te. 118 Harper Woods M | 11 48225-1448 | | |
| Type of Contribution: | Direct | | Loan from a person | Fund Raiser | | |
| Contribution #2 Name & Address | PAC Receipt? | | YES 4. Date of Receipt | 03/27/14 | | |
| James George | | | | | | |
| 19634 Westchester Clinton Township MI | 48038 | | | | \$250.00 | _{\$_} 1,425.00 |
| 5. If over \$100.00 cum | ulative, please pro | vide | 9: | | Click Here fo | r Memo Itemization |
| Occupation Retired | | _ Er | nployer | | | |
| Business Address | | | | · | | |
| Type of Contribution: | Direct | | Loan from a person | Fund Raiser | | |
| Contribution # 3 Name & Address: | PAC Receipt? | | YES 4. Date of Receip | ^t 01/09/14 | | |
| Thomas A. Giachino | | | | | # 500.00 | |
| 2742 Rhodes Dr. Troy MI 48083 | | | | | \$500.00 | _{\$} 750.00 |
| | | | | | Click Here for | Memo Itemization |
| 5. If over \$100.00 cum | | | | | 0110111101010101 | Wollio Rottiladioit |
| Occupation Presiden | | - | mployer Metro Technolog | gy Services | | |
| Business Address 44 F | | me | | | | |
| Type of Contribution: | <u>* </u> | | Loan from a person | Fund Raiser | | |
| Contribution # 4 Name & Address | PAC Receipt? | | YES 4. Date of Receip | ot 03/27/14 | | |
| Luciano Gianino | | | | | | |
| 40256 Emerald Lane Clinton Township MI 4 | | | | | _{\$} \$250.00 | _s 275.00 |
| 5. If over \$100.00 cum | ulative, please pro | vide |): | | | |
| Occupation Restaur | ant Owner | _ | Employer Lucianos Res | taurant | Click Here for | Memo Itemization |
| Business Address 39 | 091 Garfield Ro | J. (| Clinton Twp. MI 48038 | | | |
| Type of Contribution: | Direct | | Loan from a person | Fund Raiser | | |
| | | | | Page Subtotal | \$1,250.00 | |
| | | | Gran | nd Total of All Schedules 1A | | |
| | | | (Comple | te on last page of Schedule) | Enter this total on | 1 |
| Page | | | | | line 3a of Summary Page. | |



CANDIDATE COMMITTEE

1. Committee I.D. Number _____013853-3

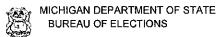
| Enter contributor's name and address. If contribution is from an individual, enter last name, first n middle initial. Check box to indicate if contribution is from a Political Committee or an Independen Committee (PAC) Report <u>all</u> contributions regardless of amount. | | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|--|--|--|
| 3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 03/27/14 Name & Address: Lester Gilbert | | |
| 27320 Milton Ave. Warren MI 48092 | _{\$} \$250.00 | _{\$} 250.00 |
| 5. If over \$100.00 cumulative, please provide: | Click Here for | r Memo Itemization |
| Occupation CEO Construction Mgmt Employer E. Gilbert & Sons, Inc. | | TWOMO ROMIZACON |
| Business Address 45887 Mound Rd. Utica MI 48317 | _ | |
| Type of Contribution: Direct Loan from a person ✓ Fund Raiser | | |
| Contribution #2 PAC Receipt? YES 4. Date of Receipt 03/27/14 Name & Address | ********** | |
| Larry Ginsburg 10 S. Riverside Plz. Ste. FL9 Chicago IL 60606 | _{\$} \$100.00 | _{\$} 100.00 |
| 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 03/27/14 Name & Address: | | |
| Paul Glantz 303 Gray Woods Ln Lake Angelus MI 48326 | _{\$} \$250.00 | _{\$} 250.00 |
| 5. If over \$100.00 cumulative, please provide: | Click Here for | Memo Itemization |
| Occupation President & CEO Employer Proctor Financial, Inc. | | |
| Business Address 5225 Crooks Troy MI 48095 | _ | |
| Type of Contribution: ☐ Direct ☐ Loan from a person ✓ Fund Raiser | | |
| 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 03/27/14 Name & Address | | |
| Steven C. Gold 13340 Balfour Huntington Woods MI 48070 | _{\$} \$250.00 | _{\$_} 500.00 |
| 5. If over \$100.00 cumulative, please provide: | Click Here for l | Memo Itemization |
| Occupation County Health Officer Employer Macomb County | | nomo nomizadon |
| Business Address One South Main, 8th Floor Mt. Clemens MI 48042 | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| Page S | Subtotal \$850.00 | |
| Grand Total of All Schedu (Complete on last page of Sci | hedule) L | |
| Page | Enter this total on line 3a of Summary Page. | |



CANDIDATE COMMITTEE

1. Committee I.D. Number ______013853-3

| Enter contributor's nammiddle initial. Check be Committee (PAC) Repo | ox to indicate if cont | 6. Amount | Cumulative for Election Cycle for Each Contributor (Through date of receipt) | | | |
|--|------------------------|-------------------|--|-------------------------------|-----------------------------|------------------------|
| Contribution # 1 Name & Address: | PAC Receipt? | YES 4. Da | te of Recei | ot 03/27/14 | | |
| Nannette Gorbutt 518 W. Northfield Ave Pontiac MI 48340 |). | | | | \$2,000.00 | _{\$} 2,000.00 |
| 5. If over \$100.00 cum | ulative, please pro | | | | Cliak Hara fo | or Memo Itemization |
| Occupation Owner | | _ Employer Preci | | | Click Here it | or Memo Remization |
| Business Address 242 | Pontiac Rd. Su | uite 200 Auburn F | lilis MI 48 | 3362 | | |
| Type of Contribution: | Direct | Loan from a pers | on 🗸 | Fund Raiser | | |
| Contribution #2 Name & Address | PAC Receipt? | YES 4. Da | te of Recei | ot 03/27/14 | | |
| Thomas Guastello 34120 Woodward Birmingham MI 48009 |) | | | | \$ 1,000.00 | _{\$} 2,275.00 |
| 5. If over \$100.00 cum | | vide: Salf Em | nloved | | Click Here fo | r Memo Itemization |
| Occupation Real Est | | Employer Self Em | | | | |
| Business Address 341 | 20 Woodward E | Birmingham MI 48 | 3009 | | | |
| Type of Contribution: | Direct | Loan from a perso | on 🔽 | Fund Raiser | | |
| Contribution # 3 Name & Address: | PAC Receipt? | YES 4. Da | ite of Recei | pt 03/27/14 | | |
| Terry Hamilton 5622 Springbrook Troy MI 48098 | | | | | _{\$} \$250.00 | _{\$} 250.00 |
| | | | | | Click Here for | r Memo Itemization |
| 5. If over \$100.00 cum | | | n Macom | h Oakland Hospitals | | |
| Occupation Presiden | O. F. Tuelve Mile | | | b - Oakland Hospitals | | |
| Business Address 1180 Type of Contribution: | Direct | Loan from a pers | | Fund Raiser | | |
| 3. Contribution # 4 | PAC Receipt? | <u> </u> | | ipt 03/27/14 | | |
| Name & Address | (110)1000. | ☐ 120 ···· | ate of reco | 03/21/14 | | |
| John Hart 38120 Willowmere St. Harrison Township MI | 48045 | | | | \$25.00 | _{s_} 100.00 |
| 5. If over \$100.00 cum | ulative, please pro | vide: | | | Click Here for | · Memo Itemization |
| Occupation | | _ Employer | . | | | |
| Business Address | | | | | | |
| Type of Contribution: | Direct | Loan from a pers | on 🗸 | Fund Raiser | | |
| | | | | Page Subtotal | \$3,275.00 | |
| | | | | and Total of All Schedules 1A | | |
| | | | (Comp | ete on last page of Schedule) | Enter this total on | |
| Page 13 of 36 | | | | | line 3a of Summary Page. | |

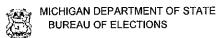


CANDIDATE COMMITTEE

1. Committee I.D. Number ____013853-3

Mark Hackel for County Executive 2. Committee Name

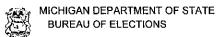
| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. | | | | | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|----------------|--------------------|-------------------------|--|--|--|
| 3. Contribution # 1 Name & Address: Robert Hindman 49522 Keycove St. Chesterfield Mi 48047 | PAC Receipt? | ot <u>03/27/14</u> | \$250.00 | _{\$} 550.00 | | |
| 5. If over \$100.00 cumulative, please provide: Occupation Business Owner Employer American Graphics | | | | | Click Here fo | r Memo Itemization |
| | | | nton Twp. MI 48035 | | | |
| Type of Contribution: | Direct | | Loan from a person | Fund Raiser | | |
| Contribution #2 Name & Address | PAC Receipt? | | YES 4. Date of Receip | 04/04/14 | | |
| Robert S. Huth, Jr. 19500 Hall Road, Ste Clinton Twp. MI 4803 | | | | | \$1,000.00 | _{\$} 1,750.00 |
| 5. If over \$100.00 cumulative, please provide: Occupation Attorney Employer Kirk, Huth, Lange & Badalamenti, PLC | | | | | Click Here fo | r Memo Itemization |
| | 00 Hall Road, | Ste | . 100 Clinton Twp. MI 4 | 8038 | | |
| Type of Contribution: | | | Loan from a person | Fund Raiser | | |
| Contribution # 3 Name & Address: | PAC Receipt? | | YES 4. Date of Recei | pt 03/27/14 | | |
| Wendy Iacobelli 53639 Christy Dr. Chesterfield MI 48051 | | | | | \$\$500.00 | _{\$} 500.00 |
| 5. If over \$100.00 cum | | vid | e: | | Click Here for | Memo Itemization |
| Occupation Homema | ker | - 1 | Employer | | | |
| Business Address | | | | 1 | | |
| Type of Contribution: | Direct | | Loan from a person | Fund Raiser | | |
| Contribution # 4 Name & Address | PAC Receipt? | | YES 4. Date of Rece | ipt 03/27/14 | | |
| James Jacobs 14500 12 Mile Rd. Warren MI 48088 | | | | | _{\$} \$250.00 | _{\$} 325.00 |
| 5. If over \$100.00 cum | | vid | | | Click Here for | Memo Itemization |
| Occupation Presider | nt | _ | Employer Macomb Cor | mmunity College | | |
| Business Address 145 | 500 12 Mile Rd | . V | Varren MI 48088 | | | |
| Type of Contribution: | Direct | | Loan from a person | Fund Raiser | | |
| | | | | Page Subtotal | \$2,000.00 | |
| | | | | and Total of All Schedules 1A ete on last page of Schedule) | | |
| Page14of | | | • | , | Enter this total on line 3a of Summary Page. | |



CANDIDATE COMMITTEE

1. Committee I.D. Number _____013853-3

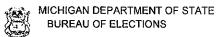
| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|-----------------------------|--|
| 3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 03/27/14 Name & Address: Mark Johnston | | |
| 32697 N. River Rd. Harrison Township MI 48045 | \$2,000.00 | _{\$} 2,000.00 |
| 5. If over \$100.00 cumulative, please provide: | Click Here fo | r Memo Itemization |
| Occupation Contractor Employer Ajax Paving | Ollok Field le | , Wellio Relinization |
| Business Address 830 Kirts Blvd. Troy MI 48084 | | |
| Type of Contribution: Direct Loan from a person ✓ Fund Raiser | | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 03/27/14 Name & Address | | |
| Thomas Kemp 8459 Tipsico Tr. Holly Mi 48442 | \$ <u>\$250.00</u> | _{\$} 400.00 |
| 5. If over \$100.00 cumulative, please provide: | Click Here fo | r Memo Itemization |
| Occupation Builder/Developer Employer Kemp Company | | |
| Business Address 275 W. Girard Madison Hgts. MI 48071 | | |
| Type of Contribution: ☐ Direct ☐ Loan from a person ✓ Fund Raiser | | |
| 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 04/04/14 Name & Address: | | |
| Robert W. Kirk 19500 Hall Road, Ste. 100 Clinton Twp. MI 48038 | \$ \$1,000.00 | _{\$} 1,350.00 |
| 5. If over \$400.00 computative places provides | Click Here for | Memo Itemization |
| 5. If over \$100.00 cumulative, please provide: Occupation Attorney Employer Kirk, Huth, Lange & Badalamenti, PLC | | |
| Business Address 19500 Hall Road, Ste. 100 Clinton Twp. MI 48038 | | |
| Type of Contribution: | | |
| 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 03/27/14 Name & Address | | |
| Santo Landa 16043 23 Mile Rd. Macomb MI 48042 | \$250.00 | _{\$} 250.00 |
| 5. If over \$100.00 cumulative, please provide: | Click Here for | Memo Itemization |
| Occupation Electrical Contractor Employer Gen-Co, LLC | | |
| Business Address 16043 23 Mile Rd. Macomb MI 48042 | | |
| Type of Contribution: Direct Loan from a person 🗸 Fund Raiser | | |
| Page Subtotal | \$3,500.00 | |
| Grand Total of All Schedules 1A (Complete on last page of Schedule) | Enter this total on | |
| 15 36 Pageof | line 3a of Summary Page. | |



CANDIDATE COMMITTEE

1. Committee I.D. Number ______013853-3

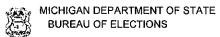
| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|---------------------------------|--|
| 3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 03/27/14 Name & Address: | | |
| Angelo Lanni 7040 Valley Grn. Washington MI 48094 | _{\$} \$750.00 | _{\$} 1,250.00 |
| 5. If over \$100.00 cumulative, please provide: | Olialis I Iana fa | hanna danninadan |
| Occupation Executive Vice President Employer Florence Cement | Click Here to | or Memo Itemization |
| Business Address 1970 Brinston Street Troy MI 48083 | | |
| Type of Contribution: ☐ Direct ☐ Loan from a person ✓ Fund Raiser | | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 03/27/14 Name & Address | | |
| Pamela Lavers 27870 Lauren St. E. Harrison Township MI 48045 | \$250.00 | _{\$} 650.00 |
| 5. If over \$100.00 cumulative, please provide: | Click Here fo | r Memo Itemization |
| Occupation Assistant County Executive Employer Macomb County | | |
| Business Address One South Main, 8th Floor Mt. Clemens MI 48043 | | |
| Type of Contribution: ☐ Direct ☐ Loan from a person ✓ Fund Raiser | | |
| 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 03/27/14 Name & Address: | | |
| Joe Lentine 5843 Juliann Ct Washington MI 48094 | \$1,000.00 | _{\$} 1,000.00 |
| 5. If over \$100.00 cumulative, please provide: | Click Here for | Memo Itemization |
| Occupation Owner Employer Lentine Group LLC | | |
| Business Address 29377 Hoover Road Warren Mi 48093 | | |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser | | |
| 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 03/27/14 Name & Address | | |
| John Levy 847 Southfield Rd. Birmingham MI 48009 | \$500.00 | _{\$} 1,000.00 |
| 5. If over \$100.00 cumulative, please provide: | 0::14 | B. B |
| Occupation Insurance Consultant Employer Base Tactical Disaster Recovery | Click Here for | Memo Itemization |
| Business Address 121 W. Long Lake Road, Third Floor, Bloomfield Hills, MI 48304 | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) | \$2,500.00 Enter this total on | - |
| _{Bage} 16 of 36 | line 3a of Summary Page. | |



CANDIDATE COMMITTEE

1. Committee I.D. Number ______013853-3

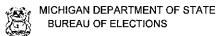
| Enter contributor's name and address. If contribution is from an individual, enter last name, first middle initial. Check box to indicate if contribution is from a Political Committee or an Independe Committee (PAC) Report <u>all</u> contributions regardless of amount. | ent I | 7. Cumulative for Election Cycle for Each Contributor (Through late of receipt) |
|---|--|--|
| 3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 03/27/14 Name & Address: | | |
| Anthony Lombardo 56075 Ken Charles Dr. Shelby Township MI 48316 | _{\$} \$250.00 | _§ 375.00 |
| 5. If over \$100.00 cumulative, please provide: | Cliek Horn for h | Acon Itamiantico |
| Occupation Builder / Developer Employer Lombardo Homes | ——— Click Here for i | Memo Itemization |
| Business Address 51237 Danview Technology Ct. Shelby Twp. MI 48315 | | |
| Type of Contribution: ☐ Direct ☐ Loan from a person ✓ Fund Raiser | | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 03/27/14 Name & Address | | |
| Albert Lorenzo 37281 Woodside Lane Clinton Township MI 48036 | \$ <u>\$250.00</u> | _{\$} 425.00 |
| 5. If over \$100.00 cumulative, please provide: | Click Here for M | lemo Itemization |
| Occupation Assistant County Executive Employer Macomb County | _ | |
| Business Address One South Main, 8th Floor Mt. Clemens MI 48043 | | |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser | | |
| 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 03/27/14 Name & Address: | | |
| Gene Lovell 67799 South Forest Richmond MI 48062 | _{\$} \$750.00 | _{\$} 750.00 |
| 5. If over \$100.00 cumulative, please provide: | Click Here for M | emo Itemization |
| Occupation Banker Employer First State Bank | | |
| Business Address 24300 Little Mack St Clair Shores MI 48080 | | |
| Type of Contribution: Direct Loan from a person V Fund Raiser | | |
| 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 03/27/14 Name & Address | | |
| Mohamad Makki 43561 N.Groesbeck Hwy. Clinton Township MI 48036 | _{\$} \$250.00 | _{\$} _275.00 |
| 5. If over \$100.00 cumulative, please provide: | Click Here for Me | emo Itemization |
| Occupation Self Employed Employer Maxx Fuels, Inc. | | Sino remization |
| Business Address 43561 Groesbeck Clinton Twp. MI 48036 | | |
| Type of Contribution: ☐ Direct ☐ Loan from a person ✓ Fund Raiser | | |
| Page | Subtotal \$1,500.00 | |
| Grand Total of All Sched (Complete on last page of Sc | chedule) | |
| Page 17 of 36 | Enter this total on line 3a of Summary Page. | |



CANDIDATE COMMITTEE

013853-3 1. Committee I.D. Number _

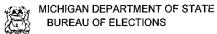
| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. | | | | | | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|---------------------|------|-----------------------------|------------|---|--|--|
| Contribution # 1 Name & Address: Steve Mancini | PAC Receipt? | | YES 4. Date o | of Receipt | 03/27/14 | | |
| 6850 Nineteen Mile F Sterling Heights MI 4 | | | | | | _{\$} \$250.00 | _{\$} 525.00 |
| 5. If over \$100.00 cun | | | | | | Click Hore fo | or Memo Itemization |
| Occupation Manage | | _ | _{Employer} Ric Man | | uction | Click mere to | n wemo nemization |
| Business Address 68 | 50 19 Mile Rd. S | Ster | ling Heights MI 4 | 8314 | | | |
| Type of Contribution: | Direct | | Loan from a person | ✓ | Fund Raiser | - | |
| Contribution #2 Name & Address | PAC Receipt? | | YES 4. Date o | f Receipt | 03/27/14 | | |
| Dominic Maratta 13850 Lakeside Circl Sterling Heights MI 4 | | | | | | _{\$} \$100.00 | _{\$} 100.00 |
| 5. If over \$100.00 cum | ulative, please pro | | | | | Click Here fo | r Memo Itemization |
| Occupation | | _ En | nployer | | | | |
| Business Address | | | | | | | |
| Type of Contribution: | Direct | | Loan from a person | √ | Fund Raiser | | |
| Contribution # 3 Name & Address: | PAC Receipt? | | YES 4. Date of | of Receip | 03/27/14 | | : |
| Daniel Markey 4840 N. Adams Rd. # Rochester MI 48306 | 502 | | | | | \$250.00 | _{\$} 250.00 |
| 5. If over \$100.00 cum | ulative, please pro | vide | : | | | Click Here for | Memo Itemization |
| Occupation CPA | | Е | mployer_UHY LLP | · | | | |
| Business Address 129 | 00 Hall Rd. Ste. 5 | | | | | | |
| Type of Contribution: | Direct | | Loan from a person | ✓ | Fund Raiser | | |
| Contribution # 4 Name & Address | PAC Receipt? | | YES 4. Date | of Receip | t 03/27/14 | | |
| Steven McCarty 2654 Invitational Dr. Oakland Township M | 48363 | | | | | \$250.00 | _{\$} 250.00 |
| 5. If over \$100.00 cum | ulative, please pro | vide | | | | Click Here for | Memo Itemization |
| Occupation CPA | | _ | Employer UHY L | LP | | | |
| Business Address 12 | 900 Hall Rd. St | е. | 500 Sterling Hei | ghts M | 48313 | | |
| Type of Contribution: | Direct | | Loan from a person | V | Fund Raiser | | |
| | | | | | Page Subtotal | \$850.00 | · · · · · · · · · · · · · · · · · · · |
| | | | | | d Total of All Schedules 1A te on last page of Schedule) | | |
| Page18 | | | | Comple | on lest page of softedule) | Enter this total on line 3a of Summary Page. | |



CANDIDATE COMMITTEE

1. Committee I.D. Number ______013853-3

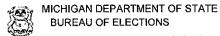
| | ox to indicate if cont | contribution is from an indiviribution is from a Political (regardless of amount. | | | 6. Amount | Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|------------------------|---|--------------|---|--|--|
| Contribution # 1 Name & Address: | PAC Receipt? | YES 4. Date of | Receip | t 03/27/14 | | |
| Tim McConaghy 1981 Crosswick Rd. Bloomfield Hills MI 48 | 301 | | | | \$250.00 | _{\$} 800.00 |
| 5. If over \$100.00 cum | ulative, please pro | vide: | | | Cliek Here fo | or Mana Stansination |
| Occupation Attorney | | Employer McConag | | | Click Here to | or Memo Itemization |
| Business Address 370 | E. Maple Ste. | 200 Birmingham MI 4 | 18009 | | | |
| Type of Contribution: | Direct | Loan from a person | √ | Fund Raiser | | |
| Contribution #2 Name & Address | PAC Receipt? | YES 4. Date of | Receip | 1 03/27/14 | | |
| Timothy McGuire 1717 Nottingham Lansing Ml 48906 | | | | | \$250.00 | _{\$} 250.00 |
| 5. If over \$100.00 cum | ulative, please pro | vide: | | | Click Here fo | r Memo Itemization |
| Occupation Executive | 9 | Employer Michigan A | ssocia | ation of Counties | | |
| Business Address 935 | | Lansing MI 48906 | | | | |
| Type of Contribution: | Direct | Loan from a person | ✓ | Fund Raiser | | |
| Contribution # 3 Name & Address: | PAC Receipt? | YES 4. Date of | f Receip | ot 03/27/14 | | |
| Kim Meltzer 20585 Leelanau Trail Clinton Township MI | ¥8038 | | | | \$250.00 | _{\$} 250.00 |
| 5. If over \$100.00 cum | ulativa nlazca neo | vida: | | | Click Here for | Memo Itemization |
| Occupation Clinton T | | Employer Charter To | ownsh | ip of Clinton | | |
| | | Road Clinton Twp. MI 48 | | | | |
| Type of Contribution: | Direct | Loan from a person | \checkmark | Fund Raiser | | |
| Contribution # 4 Name & Address | PAC Receipt? | YES 4. Date o | f Recei | pt 03/27/14 | | |
| Stephen Messina 54990 Sherwood Ln. Shelby Township MI 4 | 8315 | | | | \$100.00 | _{\$_} 100.00 |
| 5. If over \$100.00 cum | ulative, please pro | vide: | | | Click Here for | Memo Itemization |
| Occupation | <u> </u> | _ Employer | | | Click Here for | Memo Remization |
| Business Address | | | | | | |
| Type of Contribution: | Direct | Loan from a person | \checkmark | Fund Raiser | | |
| | | | | Page Subtotal | \$850.00 | ' |
| | | , | | nd Total of All Schedules 1A ete on last page of Schedule) | | |
| Page 19 of 36 | | , | Joinpie | AC ON ILOS PAGO OF CONTOURIE) | Enter this total on line 3a of Summary Page. | |



CANDIDATE COMMITTEE

1. Committee I.D. Number _____013853-3

| middle initial. Check box to in | inter contributor's name and address. If contribution is from an individual, enter last name, first name, niddle initial. Check box to indicate if contribution is from a Political Committee or an Independent committee (PAC) Report <u>all</u> contributions regardless of amount. | | | | | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|--|---|---------------|-------------------------------|------------|--|--|--|
| Name & Address: Mike Mihalich | AC Receipt? | | YES 4. Date of I | Receipt . | 03/27/14 | | |
| 704 SE 2nd St. Del Ray Beach FL 33483 | | | | | | \$500.00 | _{\$} 700.00 |
| 5. If over \$100.00 cumulative | | | | | | Click Here fo | or Memo Itemization |
| Occupation Theatre Owne | | | mployer MJR Thea | | <u>.</u> | Olicit Fiere ic | i wemo nemization |
| Business Address 41000 V | Voodward A | ve | . Ste. B5 East Blo | omfield | d Hills MI 48304 | | |
| Type of Contribution: Dir | rect | | Loan from a person | √ F | und Raiser | | |
| Contribution #2 PA Name & Address | C Receipt? |] \ | /ES 4. Date of F | Receipt (| 03/27/14 | | |
| Patrick Moran 26201 Harbour Pointe Dr. Harrison Township MI 4804 | 1 5 | | | | | \$250.00 | _{\$_} 250.00 |
| 5. If over \$100.00 cumulative Occupation Auto Dealersh | | | | rolet/ | | Click Here fo | r Memo Itemization |
| Occupation Auto Bealers | Protict Avenue | Em | Clinton Turn MI 4 | 002E | | | |
| Business Address 35500 G | | \neg | | 0033 | | | |
| Type of Contribution: Dire | | [| oan from a person | <u> </u> | Fund Raiser | | |
| Contribution #3 PA Name & Address: | C Receipt? | | YES 4. Date of | Receipt | 03/27/14 | | |
| Dennis Morier 601 Abbott St. Suite 200 Detroit MI 48226 | | | | | | \$1,000.00 | _{\$} 1,000.00 |
| E Mayor \$400 BB aumulativa | n nicoso necu | lda | | | | Click Here for | Memo Itemization |
| 5. If over \$100.00 cumulative | • | | _{mployer} Results Ma | arketino | ı Inc. | | |
| Occupation President/CEC Business Address 301 Abbot | | | | | | | |
| | ect | _ | Loan from a person | V | Fund Raiser | | |
| Contribution # 4 PA Name & Address | AC Receipt? | | YES 4. Date of | Receipt | 03/27/14 | | |
| Wayne Oehmke 17610 21 Mile Rd. Macomb MI 48044 | | | | | | \$\$250.00 | _{\$} 325.00 |
| 5. If over \$100.00 cumulative | e, please prov | ide: | : | | | | |
| Occupation Chamber Pre | esident | | Employer Sterling H | leights (| Chamber of Commerce | Click Here for | Memo Itemization |
| Business Address 12900 H | Hall Rd. Ste | ∍. 1 | 00 Sterling Heigh | hts MI | 48313 | | |
| | irect [| $\overline{}$ | Loan from a person | | Fund Raiser | | |
| | - | | | | Page Subtotal | \$2,000.00 | |
| | | | | | Total of All Schedules 1A | | |
| Page 20 of 36 | | | (0 | Complete | e on last page of Schedule) ^L | Enter this total on line 3a of Summary Page. | .1 |



CANDIDATE COMMITTEE

013853-3 1. Committee I.D. Number

2. Committee Name

Mark Hackel for County Executive

| 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 03/27/14 Name & Address: | | |
| Joe Oram 4585 Arline Dr. West Bloomfield MI 48323 | \$250.00 | _s 650.00 |
| 5. If over \$100.00 cumulative, please provide: | D | Ψ |
| Occupation Advertising Employer VIP Company | Click Here fo | or Memo Itemization |
| Business Address 29551 Greenfield Rd., Ste. 219 Southfield MI 48076 | | |
| Type of Contribution: | | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 03/27/14 Name & Address | , | |
| Linda Peirce 4763 Sandpiper Lane West Bloomfield MI 48323 Office Manager | \$500.00 | _{\$} 500.00 |
| 5. If over \$100.00 cumulative, please provide: Occupation Office Manager Employer Luna Entertainment | Click Here fo | r Memo Itemization |
| Business Address 42875 Grand River Ave. Novi MI 48375 | | |
| | | |
| Type of Contribution: ☐ Direct ☐ Loan from a person ✔ Fund Raiser | | |
| 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 03/27/14 Name & Address: | | |
| Mark Pellecchia 43233 Hillcrest Dr. Sterling Heights MI 48313 | \$ \$100.00 | _{\$} _100.00 |
| 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 | | |
| 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 03/27/14 Name & Address | | |
| Charlotte Peyerk 3904 Pickford Shelby Township MI 48316 | \$\$250.00 | _{\$_} 250.00 |
| 5. If over \$100.00 cumulative, please provide: | Clink blaza for | · Memo Itemization |
| Occupation Homemaker Employer | Click Here loa | wemo itemization |
| Business Address | | |
| Type of Contribution: ☐ Direct ☐ Loan from a person ✓ Fund Raiser | | |
| Page Subtotal | \$1,100.00 | |
| Grand Total of All Schedules 1A | | |
| (Complete on last page of Schedule) | Enter this total on line 3a of Summary | |

Page ZI of 30

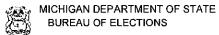


CANDIDATE COMMITTEE

1. Committee I.D. Number ____013853-3

| 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 01/09/14 Name & Address: Adorno Piccinini | | |
| 41626 Steinbeck Glen Novi MI 48377 | \$500.00 | _{\$} 500.00 |
| 5. If over \$100.00 cumulative, please provide: | Click Here fo | or Memo Itemization |
| Occupation Executive Director Employer Walbridge Aldinger Co. | Click Here it | or Memo Remization |
| Business Address 777 Woodward Avenue, Suite 300 Detroit MI 48226 | | |
| Type of Contribution: ✓ Direct Loan from a person Fund Raiser | | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 03/27/14 Name & Address | | |
| Michael Pittiglio 61522 Wagon Wheel Ct. Washington MI 48094 | \$ <u>\$250.00</u> | ş 250.00 |
| 5. If over \$100.00 cumulative, please provide: Occupation Vice Presidetnt Employer Florence Cement | Click Here fo | r Memo Itemization |
| overpanon | | |
| Business Address 1970 Brinston Street Troy MI 48083 | | |
| Type of Contribution: ☐ Direct ☐ Loan from a person ✓ Fund Raiser | | |
| 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 03/27/14 Name & Address: | | |
| Judith Pritchett 62823 Tournament Dr. Washington MI 48094 | _{\$} \$250.00 | _{\$} 275.00 |
| 5. If over \$100.00 cumulative, please provide: | Click Here for | Memo Itemization |
| Occupation Chief Academic Officer Employer Macomb Intermediate School District | | |
| Business Address 44001 Garfield Road Clinton Twp. MI 48038 | | |
| Type of Contribution: Direct Loan from a person V Fund Raiser | | |
| 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 03/27/14 Name & Address | | |
| Stephen Rabaut 42700 Schoenherr, Suite 3 Sterling Heights MI 48313 | _{\$} \$250.00 | _{\$} 350.00 |
| 5. If over \$100.00 cumulative, please provide: | Click Here for | · Memo Itemization |
| Occupation Attorney Employer Self Employed | | |
| Business Address 42700 Schoenherr, Suite 3, Sterling Heights MI 48313 Type of Contribution: Direct Loan from a person Fund Raiser | | |
| Type of Contribution: | P4 050 00 | |
| Grand Total of All Schedules 1A (Complete on last page of Schedule) | \$1,250.00 Enter this total on | - |
| 20 00 | line 3a of Summary | |

Page 22 of 36

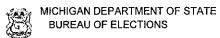


CANDIDATE COMMITTEE

1. Committee I.D. Number ______013853-3

2. Committee Name Mark Hackel for County Executive

| 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 03/27/14 Name & Address: John Redash | | |
| 6705 Rickett Washington MI 48094 | \$500.00 | _{\$} 500.00 |
| 5. If over \$100.00 cumulative, please provide: | Click Here fo | or Memo Itemization |
| Occupation Surveyor Employer Giffels Webster | Olick Fiche ic | or wich to the zadon |
| Business Address 28 West Adams, Suite 1200 Detroit MI 48226 | | |
| Type of Contribution: □ Direct □ Loan from a person ✓ Fund Raiser | | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 03/27/14 Name & Address | | |
| Roy Rose 55620 Woodridge Dr. Shelby Township MI 48316 | \$250.00 | _{\$} 475.00 |
| 5. If over \$100.00 cumulative, please provide: | Click Here fo | r Memo Itemization |
| Occupation Civil Engineer Employer Anderson, Eckstein & Westrick | | |
| Business Address 51301 Schoenherr Shelby Twp. MI 48315 | | |
| Type of Contribution: ☐ Direct ☐ Loan from a person ✓ Fund Raiser | | |
| 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 03/27/14 Name & Address: | | |
| Barbara Rossman 54311 Queensborough Dr. Shelby Township MI 48315 | \$250.00 | _{\$} 750.00 |
| 5. If over \$100.00 cumulative, please provide: | Click Here for | Memo Itemization |
| Occupation President and CEO Employer Henry Ford Macomb Hospital | | |
| Business Address 15855 19 Mile Rd. Clinton Township MI 48038 | | |
| Type of Contribution: Direct Loan from a person 🗸 Fund Raiser | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 03/27/14 Name & Address | | |
| Philip Ruggeri 55764 St. Regis Shelby Township MI 48315 | \$250.00 | _{\$_} 325.00 |
| 5. If over \$100.00 cumulative, please provide: | Click Here for | Memo Itemization |
| Occupation Attorney Employer Philip P. Rugggeri & Associates, PC | | |
| Business Address 55764 St. Regis Shelby Twp. MI 48315 | | |
| | | |
| Type of Contribution: ☐ Direct ☐ Loan from a person ✓ Fund Raiser | | |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser Page Subtotal | \$1,250.00 | |
| | \$1,250.00 | - |



CANDIDATE COMMITTEE

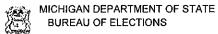
1. Committee I.D. Number ____013853-3

Page.

Mark Hackel for County Executive

| Enter contributor's name and address. If contribution is from middle initial. Check box to indicate if contribution is from a Committee (PAC) Report all contributions regardless of amount of the contributions regardless of amount of the contributions regardless. | e, 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) | |
|--|--------------------------------|--|-----------------------|
| Contribution # 1 PAC Receipt? YES 4 Name & Address: | . Date of Receipt 03/27/14 | - | |
| Stephen Saph, Jr. 68 Clinton St. Mt. Clemens MI 48043 | | _s \$500.00 | _s 1,025.00 |
| 5. If over \$100.00 cumulative, please provide: | | · | Mama Itamization |
| Occupation Insurance Sales Employer N | ckel and Saph, Inc. | — Click Here to | or Memo Itemization |
| Business Address 44 Macomb Pl. Mt. Clemens MI | 48046 | | |
| Type of Contribution: Direct Loan from a | person V Fund Raiser | | |
| Contribution #2 PAC Receipt? YES 4 Name & Address | . Date of Receipt 03/27/14 | | |
| David Schostak 384 Lake Park Road Birmingham MI 48009 | | \$ \$670.00 | _{\$} 670.00 |
| 5. If over \$100.00 cumulative, please provide: | ostak Brothers & Co. | Click Here fo | r Memo Itemization |
| | | | |
| Business Address 17800 N. Laurel Park Dr. #200C | Livonia IVII 48152 | | |
| Type of Contribution: Direct Loan from a | person ✓ Fund Raiser | ····· | |
| 3. Contribution # 3 PAC Receipt? YES 4 Name & Address: | 1. Date of Receipt 03/27/14 | | |
| Mark Schostak 26051 Hendrie Huntington Woods MI 48070 | | _{\$} \$670.00 | _{\$} 670.00 |
| 5. If over \$100.00 cumulative, please provide: | | Click Here for | Memo Itemization |
| | nostak Brothers & Co. | | |
| Business Address 17800 N. Laurel Park Dr. #200C Livo | nia MI 48152 | | ; |
| Type of Contribution: Direct Loan from a | person / Fund Raiser | | |
| Name & Address | 4. Date of Receipt 03/27/14 | | |
| Jeffrey Schostak 405 Lewis Ct. Birmingham MI 48009 | | _{\$} \$660.00 | _{\$} 660.00 |
| 5. If over \$100.00 cumulative, please provide: | | Click Hora for | Memo Itemization |
| Occupation Real Estate Employer | Schostak Brothers & Co. | — Click nere to | Memo Remizadon |
| Business Address 17800 N. Laurel Park Dr. #200 | C Livonia MI 48152 | | |
| Type of Contribution: Direct Loan from a | person 🗸 Fund Raiser | | |
| | Page Sub | \$2,500.00 | - |
| | Grand Total of All Schedule | | |
| 24 26 | (Complete on last page of Sche | Enter this total on line 3a of Summary | - |

Page 24 of 36

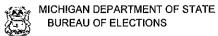


CANDIDATE COMMITTEE

1. Committee I.D. Number _____013853-3

2. Committee Name Mark Hackel for County Executive

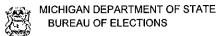
| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount. | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|--|--|--|
| Contribution # 1 PAC Receipt? YES 4. Date of Receipt 03/27/14 Name & Address: | | |
| John Sheker 32727 Greenwood Chesterfield MI 48047 | _{\$} \$500.00 | _{\$} 500.00 |
| 5. If over \$100.00 cumulative, please provide: | Click Horo fo | or Memo Itemization |
| Occupation Owner Employer Ultimate Lawn Services | Click Here it | or Memo Remization |
| Business Address 32727 Greenwood Chesterfield MI 48047 | | |
| Type of Contribution: ☐ Direct ☐ Loan from a person ✓ Fund Raiser | | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 03/27/14 Name & Address | | |
| Chris Sieradzki 41455 Production Drive Harrison Township MI 48045 | \$250.00 | ş_400.00 |
| 5. If over \$100.00 cumulative, please provide: Management Employer Traffic Light | Click Here fo | r Memo Itemization |
| Occupation | | |
| Business Address 41455 Production Harrison Twp. MI 48045 | | |
| Type of Contribution: | | |
| 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 03/27/14 Name & Address: | | |
| Steve Siklich 53486 Azalea Dr. Macomb MI 48044 | \$500.00 | _{\$} _500.00 |
| 5. If over \$100.00 cumulative, please provide: | Click Here for | Memo Itemization |
| Occupation Project Manager Employer Giffels Webster | | |
| Business Address 6303 26 Mile Rd. Ste. 100 Washington MI 48094 | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 03/27/14 Name & Address | | |
| Patrick Simasko 319 N. Gratiot Mt. Clemens MI 48043 | \$2,000.00 | _{\$_} 2,100.00 |
| 5. If over \$100.00 cumulative, please provide: | Click Horo for | Memo Itemization |
| Occupation Attorney Employer Simasko Law | Circk Here for | Memo Remization |
| Business Address 319 N. Gratiot Mt. Clemens MI 48043 | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | ,, |
| Page Subtotal | \$3,250.00 | |
| Grand Total of All Schedules 1A (Complete on last page of Schedule) | | |
| 25 36 | Enter this total on line 3a of Summary | |



1. Committee I.D. Number ____013853-3

CANDIDATE COMMITTEE

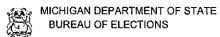
| middle initial. Check l | oox to indicate if cont | contribution is from an tribution is from a Polit regardless of amount. | tical Committ | nter last name, first name, ee or an Independent | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|-------------------------|---|---------------|--|--|--|
| 3. Contribution # 1 Name & Address: Brian Smilnak 22828 Pleasant | PAC Receipt? | YES 4. Da | te of Receipt | 03/27/14 | | |
| Eastpointe MI 48021 | | | | | _{\$} \$250.00 | _{\$} 325.00 |
| 5. If over \$100.00 cur | | | de Assada | stan Ind | Click Here fo | or Memo Itemization |
| Occupation Architec | | Employer Wake | | ites, inc. | | |
| Business Address 30 | 500 Van Dyke S | Suite M-7 Warren | MI 48093 | | | |
| Type of Contribution: | Direct | Loan from a pers | | Fund Raiser | | |
| Contribution #2 Name & Address | PAC Receipt? | YES 4. Da | te of Receipt | 03/27/14 | | |
| Mark Smolinski 12 Riverbank Dr. Beverly Hills MI 4802 | 25 | | | | \$500.00 | _{\$} 500.00 |
| 5. If over \$100.00 cun | | ovide: Employer_G2 Cor | sultina Gr | oup II C | Click Here fo | r Memo Itemization |
| Occupation Principa | 00141 51 01 | - | location Gr | oup, 220 | | |
| Business Address 18 | bb Woodslee St. | . Troy MI 48083 | | . | | |
| Type of Contribution: | Direct | Loan from a perso | on 🗸 | Fund Raiser | | |
| Contribution # 3 Name & Address: | PAC Receipt? | YES 4. Da | ate of Receip | t <u>03/27/14</u> | | |
| Louis Stramaglia 3000 Auburn Rd. Shelby Township MI | 48317 | | | | \$ \$250.00 | _{\$} 450.00 |
| 5. If over \$100.00 cun | ulative, please pro | ovide: | | | Click Here for | Memo Itemization |
| Occupation Retired | | Employer | | | | |
| Business Address Type of Contribution: | Direct | Loan from a pers | on 🗸 | Fund Raiser | | |
| Contribution # 4 Name & Address | PAC Receipt? | YES 4. D | ate of Receip | ot 03/27/14 | | |
| Stephen Swetech 43868 Scoter Lane Clinton Township MI | 48038 | | | | \$250.00 | _{\$_} 425.00 |
| 5. If over \$100.00 cun | | ovide: | | | Click Here for | · Memo Itemization |
| Occupation Physici | an | Employer Sel | f Employe | d | OHOR FIGIO IOI | World Remization |
| Business Address 43 | 600 Garfield Ro | d. Clinton Twp. N | /II 48038 | | | |
| Type of Contribution: | Direct | Loan from a pers | | Fund Raiser | | |
| | | | | Page Subtotal | \$1,250.00 | |
| | | | | nd Total of All Schedules 1A te on last page of Schedule) | Enter this total as | |
| Page 26 of 36 | - | | | | Enter this total on line 3a of Summary Page. | |



CANDIDATE COMMITTEE

1. Committee I.D. Number _____013853-3

| Enter contributor's name and address. If contribution is f middle initial. Check box to indicate if contribution is fron Committee (PAC) Report <u>all</u> contributions regardless of a | | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) | |
|--|----------------------------------|-------------------------------|--|----------------------|
| Contribution # 1 PAC Receipt? YES Name & Address: | 4. Date of Receip | t 03/27/14 | | |
| Ronald Syme, Jr. 38690 Long Harrison | | | | |
| Township MI 48048 | | | \$250.00 | _{\$} 350.00 |
| 5. If over \$100.00 cumulative, please provide: | 14/-L-L. Annai | ata a tana | Click Here fo | or Memo Itemization |
| • | Wakely Associ | | | |
| Business Address 30500 Van Dyke Suite M-7 W | arren MI 48093 | | | |
| Type of Contribution: Direct Loan from | n a person | Fund Raiser | | |
| 3. Contribution #2 PAC Receipt? YES Name & Address | 4. Date of Receip | t <u>03/27/14</u> | | |
| Brian Szliter 1802 Sycamore Ave. Royal Oak MI 48073 | | | \$625.00 | _{\$} 625.00 |
| 5. If over \$100.00 cumulative, please provide: | | | Click Here fo | r Memo Itemization |
| | rteva Homes | | | |
| Business Address 1668 S. Telegraph Road, Ste. | L-150, Bloomfie | old Hills, MI 48302 | | * |
| Type of Contribution: Direct Loan from | a person | Fund Raiser | | |
| Contribution # 3 PAC Receipt? YES Name & Address: | 4. Date of Receip | ot <u>01/09/14</u> | | |
| Andrew P. Tereck 2729 Iowa Troy MI 48083 | | | _{\$} \$500.00 | _{\$} 500.00 |
| • | | | Click Here for | Memo Itemization |
| 5. If over \$100.00 cumulative, please provide: | Metro Technolo | av Services | | |
| | Metro Technolo | gy Services | | |
| Business Address 44 First Street Mt. Clemens MI 480 Type of Contribution: Direct Loan from | n a person | Fund Raiser | | |
| 3. Contribution #4 PAC Receipt? YES | 4. Date of Recei | | | |
| Name & Address | 4. Date of Neoci | 00/21/14 | | |
| Monica Terracciano 19573 Tanglewood Circle Clinton Township MI 48038 | | | \$625.00 | 625.00 |
| 5. If over \$100.00 cumulative, please provide: | | | <u>v</u> | \$ |
| •• | _{er} <u>Arteva Home</u> | s | Click Here for | Memo Itemization |
| Business Address 1668 Telegraph Bloomfield | Hills MI | | | |
| | n a person | Fund Raiser | | |
| | <u></u> | Page Subtotal | \$2,000.00 | |
| | Gra | nd Total of All Schedules 1A | | _ |
| | (Comple | ete on last page of Schedule) | Enter this total on | |
| Page 27 of 36 | | | line 3a of Summary Page. | |



CANDIDATE COMMITTEE

1. Committee I.D. Number _

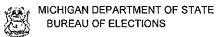
013853-3

2. Committee Name

Mark Hackel for County Executive

| 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 <u>all</u> 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 03/27/14 Name & Address: Dave Teske | | |
| 50525 North Ave. Macomb MI 48042 | _{\$} \$250.00 | _{\$} 250.00 |
| 5. If over \$100.00 cumulative, please provide: | Click Here fo | or Memo Itemization |
| Occupation Chief of Police Employer Richmond Police Department | Chek Hele it | or Memo Remization |
| Business Address 36725 Division Road, Richmond MI 48062 | | |
| Type of Contribution: ☐ Direct ☐ Loan from a person ✓ Fund Raiser | 1 | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 03/27/14 Name & Address | | |
| Don Torline 5129 S. Genesee Rd. Grand Blanc MI 48439 | \$ \$100.00 | _{\$} 375.00 |
| 5. If over \$100.00 cumulative, please provide: | Click Here fo | r Memo Itemization |
| Occupation President Employer Baker College | | |
| Business Address 34950 Little Mack Clinton Township MI 48035 | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 03/27/14 Name & Address: | | |
| Frank Torre 1450 Quarton Rd. Bloomfield MI 48304 | \$500.00 | _{\$} 1,000.00 |
| 5. If over \$100.00 cumulative, please provide: | Click Here for | Memo Itemization |
| Occupation Partner Employer Torre Family Partners II LTD | | |
| Business Address 1450 Quarton Rd. Bloomfield MI 48304 | | |
| Type of Contribution: Direct Loan from a person V Fund Raiser | | |
| 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 03/27/14 Name & Address | | |
| Tom Valentine 1142 Forest Bay Dr. Waterford MI 48328 | _{\$} \$250.00 | _{\$_} 400.00 |
| 5. If over \$100.00 cumulative, please provide: | | . |
| Occupation President Employer Creative Solutions Group | Click Here for | Memo Itemization |
| Business Address 1250 N Crooks Clawson MI 48017 | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| Page Subtotal | \$1,100.00 | |
| Grand Total of All Schedules 1A | |] |
| (Complete on last page of Schedule) | Enter this total on line 3a of Summary | - |

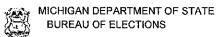
Page _____ of ____



CANDIDATE COMMITTEE

013853-3 1. Committee I.D. Number

| Enter contributor's nar middle initial. Check t Committee (PAC) Rep | oox to indicate if con | tribution is fro | m a Political | | nter last name, first name, dee or an Independent | 6. Amount | 7. Curnulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|------------------------|------------------|---------------|-----------|--|-----------------------|---|
| 3. Contribution # 1 | PAC Receipt? | YES | 4. Date o | of Receip | 03/27/14 | | |
| Name & Address: Darlene Vasi | | | | | | | · |
| 1942 Hopedale Dr. | | | | | | | 4 000 00 |
| Troy MI 48085 | | | | | | \$1,000.00 | _{\$} 1,200.00 |
| 5. If over \$100.00 cur | nulative, please pro | vide: | | | | Cliak Have fo | u Mana Itanizatian |
| Occupation CPA | | | | | | Click Here it | or Memo Itemization |
| Business Address 18 | Market Street, S | Suite C Mo | unt Cleme | ens MI | 48043 | | |
| Type of Contribution: | Direct | | m a person | √ | Fund Raiser | | |
| 3. Contribution #2 | PAC Receipt? | YES | 4. Date o | f Receipt | 03/27/14 | | |
| Name & Address | | | | | | | |
| Karen L. Vaughn 1051 Country Club D | or. | | | | | _s \$250.00 | _s 500.00 |
| St. Clair Shores MI 4 | 8082 | | | | | \$ | \$ 000.00 |
| 5. If over \$100.00 cum | ulativo nlease nro | vide: | | | | Click Here fo | r Memo Itemization |
| Occupation Owner | rando, produce pro | | merican | Ink Prin | iting & Graphics | CHOK TICKE TO | TWEITO RETILECTION |
| Business Address 56 | 01 Enterprise Ct | _ | | | | | |
| 1 | _ | vvanen iv | 11 40032 | | ······· | | |
| Type of Contribution: | Direct | Loan fron | n a person | <u> </u> | Fund Raiser | | |
| Contribution # 3 Name & Address: | PAC Receipt? | YES | 4. Date o | of Receip | t 03/27/14 | | |
| Joseph Vicari | | | | | | <u></u> | |
| 37523 Hidden Valley Clinton Township MI | | | | | | \$ \$250.00 | _{\$} 2,450.00 |
| ounter rounding wi | 10000 | | | | | Clinic Llava for | Memo Itemization |
| 5. If over \$100.00 cum | , , | | | | | Click nere for | Memo Remization |
| Occupation Restaura | ant Owner | _ Employer_ | Andiamo | Restau | ırants | | |
| Business Address 709 | 6 E. 14 Mile Road | Warren MI 4 | 18092 | | | | |
| Type of Contribution: | Direct | Loan fror | n a person | ✓ | Fund Raiser | | |
| Contribution # 4 Name & Address | PAC Receipt? | YES | 4. Date | of Receip | ot 03/27/14 | | |
| Guiseppe Vitale | | | | | | | |
| 19883 Emerald Lane | 40000 | | | | | \$250.00 | 250.00 |
| Clinton Township MI | 48038 | | | | | \$ 4200.00 | \$ |
| 5. If over \$100.00 cum | | vide: | | | | Click Here for | Memo Itemization |
| Occupation Busines | ss Owner | _ Employ | er Vince | and Joe | e's | Olick Hele for | Wello Remization |
| Business Address 41 | 790 Garfield C | linton Twp | . MI 480 | 38 | | | |
| Type of Contribution: | Direct | | n a person | √ | Fund Raiser | | |
| | | | | | Page Subtotal | \$1,750.00 | |
| | | | | Gran | nd Total of All Schedules 1A | · | 1 |
| | | | | | te on last page of Schedule) | Enter this total on | J |
| Page 29 of 36 | | | | | | line 3a of Summary | |
| Pageof | | | | | | Page. | |



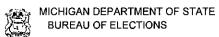
CANDIDATE COMMITTEE

1. Committee I.D. Number _______

2. Committee Name

Mark Hackel for County Executive

| Enter contributor's nan middle initial. Check b Committee (PAC) Rep | ox to indicate if con | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) | | | |
|---|-----------------------|--------------------|--|--|--|-------------------------|
| Contribution # 1 Name & Address: | PAC Receipt? | YES 4. Date | e of Receip | t 03/27/14 | | |
| Joe Viviano 4469 Reflections Driv Sterling Heights MI 4 | = | | | | \$250.00 | _{\$} 750.00 |
| 5. If over \$100.00 cum | ulative, please pro | ovide: | | | Oliala I I ann 6 | |
| Occupation Attorney | - | Employer_Vivian | o Law | | Click Here to | or Memo Itemization |
| Business Address 48 | S. Main Street | Ste. 2 Mt. Clemens | MI 4804 | 43 | | |
| Type of Contribution: | Direct | Loan from a perso | n 🗸 | Fund Raiser | | |
| Contribution #2 Name & Address | PAC Receipt? | YES 4. Date | of Receip | 03/27/14 | | |
| Lois Warden 250 Washington Rd. Grosse Pointe MI 482 | 130 | | | | \$ <u>\$250.00</u> | _{\$} _250.00 |
| 5. If over \$100.00 cum | | ovide: | | | Click Here fo | r Memo Itemization |
| Occupation Homema | iker | _ Employer | | | | |
| Business Address | | | | | | |
| Type of Contribution: | Direct | Loan from a persor | · 🗸 | Fund Raiser | | |
| Contribution # 3 Name & Address: | PAC Receipt? | YES 4. Date | e of Receip | ot 03/27/14 | | |
| Robert Watson 59539 Romeo Plank I Ray MI 48096 | Road | | | | \$500.00 | \$ 800.00 |
| 5. If over \$100.00 cum | ulative, please pro | ovide: | | | Click Here for | Memo Itemization |
| Occupation Self Emp | loyed | _ Employer_Big R F | arms | | | |
| Business Address 5953 | _ | | | | | |
| Type of Contribution: | Direct | Loan from a persor | 1 ✓ | Fund Raiser | | |
| Contribution # 4 Name & Address | PAC Receipt? | YES 4. Dat | e of Receip | ot 03/27/14 | | |
| Wayne Webber 49536 Goulette Point New Baltimore MI 480 | | | | | \$2,000.00 | _{\$_} 3,500.00 |
| 5. If over \$100.00 cum | ulative, please pro | | | | Click Here for | Memo Itemization |
| Occupation Owner | | _ Employer Webl | ber Deve | elopment | | |
| Business Address 447 | 710 Morley Driv | ve Clinton Twp. M | 1 48036 | | | |
| Type of Contribution: | Direct | Loan from a persor | | Fund Raiser | | |
| | | | | Page Subtotal | \$3,000.00 | |
| | | | | nd Total of All Schedules 1A te on last page of Schedule) | | |
| Page 30 of 36 | | | | , | Enter this total on line 3a of Summary Page. | |



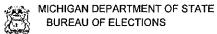
CANDIDATE COMMITTEE

1. Committee I.D. Number _____013853-3

2. Committee Name Mark Hackel for County Executive

| 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 <u>all</u> 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 03/27/14 Name & Address: John Wernis 7242 Frampton Dr. W. Washington MI 48095 | \$ 500.00 | 500.00 |
| Washington MI 48095 | \$500.00 | _{\$} _500.00 |
| 5. If over \$100.00 cumulative, please provide: | Click Here fo | or Memo Itemization |
| Occupation Business Owner Employer United Lawnscape | | • • • |
| Business Address | | |
| Type of Contribution: Direct Loan from a person ✓ Fund Raiser | | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 03/27/14 Name & Address | | |
| James Willhite 11023 Sunburst Warren MI 48089 | _{\$} _\$125.00 | _{\$} _200.00 |
| 5. If over \$100.00 cumulative, please provide: | Člick Here fo | r Memo Itemization |
| Occupation Retired Employer | | |
| Business Address | | |
| Type of Contribution: ☐ Direct ☐ Loan from a person ✓ Fund Raiser | | |
| 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 01/09/14 Name & Address: | | |
| Kenneth Wosik, Jr. 48055 Kingston Dr. Macomb MI 48044 | \$ \$500.00 | _{\$} 575.00 |
| 5. If over \$100.00 cumulative, please provide: | Click Here for | Memo Itemization |
| Occupation Project Manager Employer Metro Technology Services | | |
| Business Address 44 First Street Mt. Clemens MI 48043 | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 03/27/14 Name & Address | , | |
| Bricklayers Local No. 1 Michigan PAC 21031 Ryan Rd. Warren MI 48091 | _{\$} \$250.00 | _{\$_} 700.00 |
| 5. If over \$100.00 cumulative, please provide: | Click Here for | · Memo Itemization |
| Occupation Employer | 2321111010101 | |
| Business Address | | |
| Type of Contribution: ☐ Direct ☐ Loan from a person ✓ Fund Raiser | | |
| Page Subtotal | \$1,375.00 | |
| Grand Total of All Schedules 1A | | |
| (Complete on last page of Schedule) | Enter this total on line 3a of Summary | _1 |
| 4 1 4h | mic oa oi ouimilaly | |

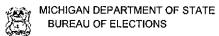
Page 31 of 36



CANDIDATE COMMITTEE

1. Committee I.D. Number ____013853-3

| Enter contributor's nar middle initial. Check b Committee (PAC) Rep | ox to indicate if con | ter last name, first name, ee or an Independent | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) | | |
|---|-----------------------|--|---|--|--|------------------------|
| 3. Contribution # 1 Name & Address: Butzel Long, P.C. PA 150 W. Jefferson, Ste | | ✓ | YES 4. Date of Receipt | 03/27/14 | | |
| Detroit MI 48226 313 | | | | | _{\$} \$250.00 | _{\$} 250.00 |
| 5. If over \$100.00 cum | nulative, please pro | ovid | e: | | Click Horo fo | r Memo Itemization |
| Occupation | | _ | Employer | | Click nere ic | r Memo Remization |
| Business Address | | | | | | |
| Type of Contribution: | Direct | | Loan from a person | Fund Raiser | | |
| Contribution #2 Name & Address | PAC Receipt? | | YES 4. Date of Receipt | 03/27/14 | | |
| Chris D. Peyerk 12955 23 Mile Shelby Twp. MI 4831 | 5 | | | | \$2,000.00 | _{\$} 2,500.00 |
| 5. If over \$100.00 cum | | | e: _{mployer} Dan's Excavating | | Click Here fo | r Memo Itemization |
| Occupation Partner | | | | | | |
| - | 955 23 Wille Roa | ia s | Shelby Twp. MI 48315 | | | |
| Type of Contribution: | Direct | | Loan from a person | Fund Raiser | | |
| Contribution # 3 Name & Address: | PAC Receipt? | ✓ | YES 4. Date of Receipt | 03/27/14 | | |
| Detriot Regional Char One Woodward Ave. Detroit MI 48232 | | | | | \$\$500.00 | _{\$} 500.00 |
| 5. If over \$100.00 cum | ulative, please pro | vid | ə: | | Click Here for | Memo Itemization |
| Occupation | | [| Employer | | | |
| Business Address | | | | | | |
| Type of Contribution: | Direct | <u> </u> | Loan from a person | Fund Raiser | | |
| Contribution # 4 Name & Address | PAC Receipt? | ✓ | YES 4. Date of Receip | 1 03/27/14 | | |
| DPOA PAC 1938 E Jefferson Ave Detroit MI 48207 | | | | | \$500.00 | _{\$_} 500.00 |
| 5. If over \$100.00 cum | ulative, please pro | vid | ə: | | Click Here for | Memo Itemization |
| Occupation | | | Employer | | | |
| Business Address | | | | | | |
| Type of Contribution: | Direct | | Loan from a person | Fund Raiser | | |
| | | | | Page Subtotal | \$3,250.00 | |
| | | | | d Total of All Schedules 1A | | |
| 32 of 36 | | | (Complet | e on last page of Schedule) | Enter this total on line 3a of Summary Page. | • |



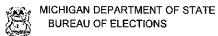
CANDIDATE COMMITTEE

1. Committee I.D. Number ___013853-3

2. Committee Name Mark Hackel for County Executive

| | to indicate if con | tribution is from a Politica | | enter last name, first name, ittee or an Independent | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|--|--------------------|------------------------------|-----------|---|---|--|
| 3. Contribution # 1 Name & Address: DTE Energy PAC One Energy Plaza | PAC Receipt? | YES 4. Date | of Recei | pt 03/27/14 | #050.00 | 750.00 |
| Detroit MI 48226 | | | | | _{\$} \$250.00 | _{\$} 750.00 |
| 5. If over \$100.00 cumu | lative, please pr | ovide: | | | Click Here fo | or Memo Itemization |
| Occupation | | Employer | | | | or wome Remization |
| Business Address | | | | 1 | | |
| Type of Contribution: | Direct | Loan from a person | ✓ | Fund Raiser | | |
| Contribution #2 Name & Address | PAC Receipt? | YES 4. Date of | of Receip | ot 03/27/14 | | |
| IBEW Local 58 Registr 1358 Abbott St. Detroit MI 48226 | ars PAC | | | | \$2,000.00 | _{\$} 2,000.00 |
| 5. If over \$100.00 cumu | | | | | Click Here fo | or Memo Itemization |
| Occupation | | _ Employer | | | | |
| Business Address | | | | | | |
| Type of Contribution: | Direct | Loan from a person | ✓ | Fund Raiser | | |
| Contribution # 3 Name & Address: | PAC Receipt? | YES 4. Date | of Recei | pt 03/27/14 | | |
| Iron Workers Local 25 3115 Joyce St. Burton MI 48529 | PAC Fund | • | | | \$ \$250.00 | _{\$} 850.00 |
| 5. If over \$100.00 cumu | ative, please pro | vide: | | | Click Here for | r Memo Itemization |
| Occupation | | Employer | | | | |
| Business Address Type of Contribution: | Direct | Loan from a person | √ | Fund Raiser | | |
| Contribution # 4 Name & Address | PAC Receipt? | YES 4. Date | of Rece | ipt 03/27/14 | <u> </u> | |
| Michigan Regional Cou 400 Tower, Renaissand 1010 Detroit MI 48243 | | rs PAC | | | \$2,000.00 | _{\$_} 2,250.00_ |
| 5. If over \$100.00 cumul | ative, please pro | vide: | | | Click Here for | · Memo Itemization |
| Occupation | | Employer | | | | |
| Business Address | <u>.</u> | | | | | |
| Type of Contribution: | Direct | Loan from a person | ✓ | Fund Raiser | | |
| | | | | Page Subtotal | \$4,500.00 | |
| | | | | nd Total of All Schedules 1A ete on last page of Schedule) | |] |
| 33 36 | | | | | Enter this total on line 3a of Summary | |

Page _____ 05 ___ 00



CANDIDATE COMMITTEE

1. Committee I.D. Number _

013853-3

| Enter contributor's nar middle initial. Check b Committee (PAC) Rep | ox to indicate if cor | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) | | |
|---|-----------------------|----------------|--|--|------------------------|
| Contribution # 1 Name & Address: | PAC Receipt? | ✓ | YES 4. Date of Receipt 03/27/14 | | |
| Michigan Roofers Lo | cal 149 PAC | | | | |
| Detroit MI 48216 | | | | _s 250.00 | _{\$} 300.00 |
| 5. If over \$100.00 cun | nulative, please pr | ovid | e: | Oliveto I de conse | |
| Occupation | | _ | Employer | Click Here to | or Memo Itemization |
| Business Address | | | | | |
| Type of Contribution: | Direct | | Loan from a person 🗸 Fund Raiser | | |
| Contribution #2 Name & Address | PAC Receipt? | ✓ | YES 4. Date of Receipt 03/27/14 | | |
| Pipefitters Local 636 30100 Northwestern Farmington Hills MI 4 | Hwy. | | | \$500.00 | ş_900.00 |
| 5. If over \$100.00 cum | ulative, please pro | vid | : : | Click Here fo | r Memo Itemization |
| Occupation | · | - Ei | nployer | | |
| Business Address | | | | | |
| Type of Contribution: | Direct | | Loan from a person 📝 Fund Raiser | | |
| Contribution # 3 Name & Address: | PAC Receipt? | ✓ | YES 4. Date of Receipt 03/27/14 | | |
| Plumbers Local 98 PA 555 Horace Brown Di Madison Heights MI 4 | | | | _{\$} 500.00 | _{\$} 1,100.00 |
| 5. If over \$100.00 cum | ulative, please pro | vide | × | Click Here for | Memo Itemization |
| Occupation | | . [| Employer | | |
| Business Address | | | | | |
| Type of Contribution: | Direct | 닏 | Loan from a person ✓ Fund Raiser | NP-V-CUIL-1- | |
| Contribution # 4 Name & Address | PAC Receipt? | ✓ | YES 4. Date of Receipt <u>03/27/14</u> | | |
| Sheet Metal Workers 17255 W. 10 Mile Rd. Southfield MI 48075 | Local 80 PAC | | | _{\$} 250.00 | _{\$} 350.00 |
| 5. If over \$100.00 cum | ulative, please pro | vide | : | Click Here for | Memo Itemization |
| Occupation | | _ | Employer | | in and the management |
| Business Address | | | | | |
| Type of Contribution; | Direct | | Loan from a person | | |
| | | | Page Subtotal | \$1,500.00 | |
| | | | Grand Total of All Schedules 1A | | |
| Page 34 of 36 | | | (Complete on last page of Schedule) | Enter this total on line 3a of Summary Page. | • |



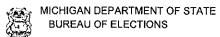
ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 013853-3

2. Committee Name Mark Hackel for County Executive

| 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 <u>all</u> 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 03/27/14 Name & Address: UAW Michigan V-PAC | | |
| 8000 E. Jefferson Detroit MI 48214 | _{\$} _1,000.00 | _{\$_} 1,000.00 |
| 5. If over \$100.00 cumulative, please provide: | Click Horo fo | or Memo Itemization |
| Occupation Employer | Click Here it | or Memo Remization |
| Business Address | | |
| Type of Contribution: □ Direct □ Loan from a person ✓ Fund Raiser | | |
| Contribution #2 PAC Receipt? YES 4. Date of Receipt Name & Address | | |
| United Food and Commercial Workers 1775 K. Street N.W. WA 20006 | \$ 500.00 | _{\$} 500.00 |
| 5. If over \$100.00 cumulative, please provide: | Click Here fo | r Memo Itemization |
| Occupation PAC 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: | | |
| WMI PAC of Michigan 08-91 48797 Alpha Dr., Ste. 100 Wixom MI 48393 | _{\$} 1,025.00 | _{\$} 4,075.00 |
| 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 | Marking in the second s | |
| 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 03/26/14 Name & Address | | |
| MITA-PAC P.O. Box 1640 Okemos MI 48805-1640 | _{\$} 2,000.00 | _{\$} _2,000.00 |
| 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 | \$4,525.00 | |
| Grand Total of All Schedules 1A | | |
| (Complete on last page of Schedule) Lagrange and Schedule) Lagrange and Schedule (Complete on last page of Schedule) Lagrange and Schedule (Complete on last page of Schedule) Lagrange and Schedule (Complete on last page of Schedule) Lagrange and Schedule (Complete on last page of Schedule) Lagrange and Schedule (Complete on last page of Schedule) Lagrange and Schedule (Complete on last page of Schedule) Lagrange and Schedule (Complete on last page of Schedule) Lagrange and Schedule (Complete on last page of Schedule) Lagrange and Schedule (Complete on last page of Schedule) Lagrange and Schedule (Complete on last page of Schedule) Lagrange and Schedule (Complete on last page of Schedule) Lagrange and Schedule (Complete on last page of Schedule) Lagrange and Schedule (Complete on last page of Schedule) Lagrange and Schedule (Complete on last page of Schedule (Complete on last pag | Enter this total on line 3a of Summary Page. | J |



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number ___013853-3

2. Committee Name

Mark Hackel for County Executive

| middle initial. Check b Committee (PAC) Rep | ox to indicate if con | tribution is from a Politica | dividual, al Comm | enter last name, first name ittee or an Independent | , 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|-----------------------|------------------------------|----------------------|--|--|---|
| Contribution # 1 Name & Address: | PAC Receipt? | YES 4. Date | of Rece | pt 05/21/14 | | |
| M.J. Moroun 12225 Stephens Rd. Warren MI 48089-20 | 10 | | | | _s 500.00 | _{\$} 1,000.00 |
| 5. If over \$100.00 cum | ıulative, please pro | ovide: | | | | |
| Occupation CEO | | _{Employer} CenTra | a, Inc. | | Click Here f | for Memo Itemization |
| Business Address 12: | 225 Stephens F | Road Warren MI 480 | 089 | | | |
| Type of Contribution: | ✓ Direct | Loan from a persor | ì | Fund Raiser | | |
| Contribution #2 Name & Address | PAC Receipt? | YES 4. Date | of Recei | pt | | |
| | | | | | \$ | . \$ |
| 5. If over \$100.00 cum | ulative, please pro | vide: | | | Click Here fo | or Memo Itemization |
| Occupation | | _ Employer | | | | |
| Business Address | | | | | | |
| Type of Contribution: | Direct | Loan from a person | | Fund Raiser | | |
| 3. Contribution # 3 Name & Address: | PAC Receipt? | YE\$ 4. Date | of Recei | pt | | |
| | | | | · | \$ | . \$ |
| 5. If over \$100.00 cum | ulative, please pro | vide: | | | Click Here fo | r Memo Itemization |
| Occupation | | Employer | | | | |
| Business Address | | | | | | |
| Type of Contribution: | Direct | Loan from a person | | Fund Raiser | | |
| 3. Contribution # 4 Name & Address | PAC Receipt? | YES 4. Date | of Rece | ipt | - | |
| | | | | | \$ | \$ |
| 5. If over \$100.00 cum | ulative, please pro | vide: | | | Click Horo fo | r Memo Itemization |
| Occupation | | _ Employer | | | - Click Here to | i Wellio Reilization |
| Business Address | | | | | | |
| Type of Contribution: | Direct | Loan from a person | | Fund Raiser | | |
| | | , | | Page Subto | tal \$500.00 | ' |
| | | | | and Total of All Schedules | | _ |
| Page 36 of 36 | | | (Compl | ete on last page of Schedu | Enter this total on line 3a of Summary Page. | |



ITEMIZED OTHER RECEIPTS **SCHEDULE 1A-1**

CANDIDATE COMMITTEE

1. Committee I.D. Number 013853-3

2. Committee Name Mark Hackel for County Executive 3. Name & Address From Whom Received 4. Date of Receipt 6. Amount 5. Type of Receipt Receipt #1 Date of Receipt 06/30/14 Loan from a Lending Institution Name & Address: \$ 0.42 ✓ Interest **Huntington National Bank** PO Box 1558 EA1W37 Refund \Rebate Click for Memo Itemization Type Columbus, OH 43216-1558 Other (Specify) _ Fund Raiser Receipt #2 Date of Receipt Loan from a Lending Institution Name & Address: Interest Click for Memo Itemization Type Refund \Rebate Other (Specify) Fund Raiser Date of Receipt Receipt #3 Loan from a Lending Institution Name & Address: Click for Memo Itemization Type Refund \Rebate Other (Specify) Fund Raiser Receipt #4 Date of Receipt Name & Address: Loan from a Lending Institution Interest Refund \Rebate Click for Memo Itemization Type Other (Specify) Fund Raiser Date of Receipt Receipt #5 Loan from a Lending Institution Name & Address: Interest Refund \Rebate Click for Memo Itemization Type Other (Specify) Fund Raiser Receipt #6 Name & Address: Date of Receipt Loan from a Lending Institution Interest Click for Memo Itemization Type Refund \Rebate Other (Specify) Fund Raiser Receipt #7 Date of Receipt Name & Address: Loan from a Lending Institution Interest Click for Memo Itemization Type Refund \Rebate Other (Specify) Fund Raiser Page Subtotal \$0.42 Grand Total of All Schedules 1A -1 \$0.42 (Complete on last page of Schedule)

> Enter this total on line 4 of Summary Page

Page 1 of 1



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

2 Committee Name Mark Hackel for County Executive

| CANDIDATE COMN | TTEE 2. Committee Name | | |
|--|--|--------------------------------------|--|
| Name and Address from whom received if contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions. | 4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased | 7. Amount or Fair Market Value | 8. Cumulative for Election Cycle (Through date in Item 5) |
| Contribution # 1 PAC Receipt? Yes Name & Address: Mark Hackel 24019 Pointe Dr. Macomb, MI 48042 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address: Macomb County 1 South Main | Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others- LOAN Description 3 Tickets to Annual Chairmans Dinner Date Of Receipt: 07/07/14 6. Vendor Name & Address: | 650.00 | \$ 2,124.38 |
| Mt. Clemens, MI 48043 Fund Raiser Contribution | Detroit Economic Club 211 West Fort Street, Suite 710 Detroit, MI 48226-3286 | | |
| Contribution # 2 PAC Receipt? Yes Name & Address | 4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others- LOAN | | \$ |
| If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: | Description 5. Date Of Receipt: 6. Vendor Name & Address: | ck Here for Memo It | temization |
| Fund Raiser Contribution | | | |
| Contribution #3 PAC Receipt? Yes Name & Address: | 4. | \$ | |
| If over \$100.00 cumulative, please provide: | <u> </u> | | |
| Occupation: Employer Name & Address: | Description 5. Date Of Receipt: | | |
| Fund Raiser Contribution | 6. Vendor Name & Address: Cli | ck Here for Memo It | emization |
| | S | 1005000 | |
| | Page Subtotal | Ψ000.00 | \$2,124.38 |
| | Grand Total of all Schedules 1-lk (Complete on last page of Schedule) | | i i |
| | | Enter this total | |

on line 6 of Summary Page

Page 1 of 1



1. Committee I. D. Number 013853-3

2. Committee Name Mark Hackel for County Executive

| 3. Name and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
|--|---|------------------|------------------|
| Expenditure #1 | | | |
| Name ICRJ-MLK Celebration | | 01/17/14 | \$ 50.00 |
| | 2014 MLK Jr Holiday Celebration Full Page Ad | Date | ¥ <u>00.00</u> |
| Address 84 Beyne St. | | | |
| Mt. Clemens MI 48043 | Click F | lere for Memo | Itemization Type |
| | Check box if this expenditure is payment of | | |
| Fund Raiser | debt or obligation reported on previous statement | | |
| Expenditure #2 | | | |
| Name ICRJ-MLK Celebration | | 01/09/14 | - 200 00 |
| TOTAL MERCOGOSTATION | Table of 40 at Hallahar Oalahartan | Date | \$ 300.00 |
| Address | Purpose: Table of 10 at Holiday Celebration | | |
| 84 Beyne St. | Click H | lere for Mema | Itemization Type |
| Mt. Clemens MI 48043 | | | |
| | Check box if this expenditure is payment of debt or obligation reported on previous | | |
| Fund Raiser | statement | | |
| Expenditure #3 | | | |
| Name Macomb County Clerk | | 04/07/14 | 400.00 |
| • | Flection Filing Fee | Date | \$ <u>100.00</u> |
| Address | Purpose: Election Filing Fee | 54,0 | |
| 40 North Main, 1st Floor Mt. Clemens, Mi 48043 | Click H | ere for Memo I | temization Type |
| With Old Morris, Mill 100 TO | Check box if this expenditure is payment of | | |
| Fund Raiser | debt or obligation reported on previous | | |
| Expenditure #4 | statement | | |
| N. | | | |
| Penelope Calcaterra | | 04/21/14 | \$ 20.00 |
| Address | Purpose: Bonding group dues | Date | |
| 374 Deer Path Trail | , u.podo. | | |
| Waterford, MI 48327 | Click H | ere for Memo I | temization Type |
| | Check box if this expenditure is payment of | | |
| Fund Raiser | debt or obligation reported on previous statement | | |
| Expenditure #5 | Statement | | |
| | | | |
| Name Michigan Democratic Party | | 04/22/14 | \$ 1,750.00 |
| Address | Purpose: | Date | 1,700.00 |
| 606 Townsend | Click H | ere for Memo I | temization Type |
| Lansing, MI 48933 | Check box if this expenditure is payment of | Olo loi Micino I | tomzatom rypo |
| Fund Raiser | debt or obligation reported on previous | | |
| L I und (Alloc) | statement | | |
| | Subtot | al this page | \$2,220.00 |
| | Grand Total of all S | | |
| | (Complete on last page | of Schedule) | |
| | | | Enter this total |

on line 8a of Summary Page



013853-3 1. Committee I. D. Number

2. Committee Name Mark Hackel for County Executive

| 3. Name and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
|--|---|------------------|------------------|
| Expenditure #1 | | | : |
| Name American Cancer Society | | 04/28/14 | s 100.00 |
| Address | Relay for Life of New Baltimore Donation | Date | |
| 44710 Morley Drive | | | |
| Clinton Twp., MI 48036 | Click H | lere for Memo | Itemization Type |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| Expenditure #2 | | | |
| Name Cynthia Schroeder | | 04/28/14 | \$ 510.00 |
| Address | Purpose: Administrative Work for Executive Breakfast | Date | |
| 26665 Christy Dr. Chesterfield, MI 48051 | Click H | ere for Memo | Itemization Type |
| ✓ Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| Expenditure #3 | | | |
| Name Northwest Territorial Mint, LLC | | 02/06/14 | \$ 1,002.61 |
| Address | Purpose: 100 Antique Nickel Medallions for Macomb County | Date | 1,002.01 |
| 80 E. Airpark Vista Blvd. | OV. 1.1. | | – |
| Dayton, NV 89403 | Click He | ere for Memo I | Itemization Type |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| Expenditure #4 | otatement | | |
| Name Bob's Specialty Company | | 02/06/14 | |
| Address | Purpose: Promotional items (foam footballs) | Date | \$ 1,833.00 |
| 32446 Newcastle Dr. | Purpose: | | |
| Warren, MI 48093-6151 | Click He | ere for Memo I | temization Type |
| | Check box if this expenditure is payment of | | |
| Fund Raiser | debt or obligation reported on previous statement | | |
| Expenditure #5 | | | |
| Name Back Nine Gra-FX, LLC | (| 02/06/14 | |
| Address | Purpose: Graphics for summer poster | Date | \$ <u>168.00</u> |
| 50491 Knightsbridge | | | |
| Macomb, MI 48044 | | ere for Memo I | temization Type |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| | Subtota | al this page | \$3,613.61 |
| | Grand Total of all So (Complete on last page of | | , |
| | (Somplete on last page (| 2. 30.130dilo) [| Enter this total |

on line 8a of Summary Page



1. Committee I. D. Number

013853-3

2. Committee Name Mark Hackel for County Executive

| 3. Name and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | C A |
|--|---|-----------------|------------------|
| | 4.1 dipose (required information) | 5. Date | 6. Amount |
| Expenditure #1 | | | |
| Name American Graphics Printing | | 02/06/14 | \$ 792.00 |
| Address | Purpose: Promotional items (shirts) | Date | 702.00 |
| 34895 Groesbeck | Fulpose. | | |
| Clinton Twp., MI 48035 | Click | Here for Memo | Itemization Type |
| | Check box if this expenditure is payment of | | |
| Fund Raiser | debt or obligation reported on previous statement | | |
| Expenditure #2 | statement | | |
| Name American Graphics Printing | | 00/00/44 | |
| American Graphics Filming | | 02/06/14 | \$ 1,138.28 |
| Address | Purpose: Invites for DAC 2013 party | Date | |
| 34895 Groesbeck | | | |
| Clinton Twp., MI 48035 | Click F | Here for Memo | Itemization Type |
| | Check box if this expenditure is payment of | | |
| ✓ Fund Raiser | debt or obligation reported on previous statement | | |
| Expenditure #3 | | | |
| Name Cynthia Schroeder | | | |
| Cyrinia Schloedei | | 02/06/14 | \$ 150.00 |
| Address | Purpose: Administrative work | Date | |
| 26665 Christy Dr. | 0%-1-1 | laua 6au 86 | Manada da a 🔻 |
| Chesterfield, MI 48051 | | iere for iviemo | Itemization Type |
| — | Check box if this expenditure is payment of debt or obligation reported on previous | | |
| Fund Raiser | statement | | |
| Expenditure #4 | | | |
| Name Sterling PAC | | 02/11/14 | |
| | | Date | \$ <u>600.00</u> |
| Address | Purpose: Excess 2013 contribution refund | | |
| 35710 Mound Rd. Sterling Heights, MI 48310 | Cliak U | ara far Mama | Homization Trees |
| Sterning Heights, Wil 46510 | l — | ere for ivierno | Itemization Type |
| | Check box if this expenditure is payment of debt or obligation reported on previous | | |
| Fund Raiser | statement | | |
| Expenditure #5 | | | |
| Name Official Democratic Black Caucus of Macomb County | | 02/20/4/4 | |
| Address | Ticket for Black History Month celebration & dinner | 02/20/14 | \$ 35.00 |
| 24510 Dale Ave. | Purpose: | Date | |
| Eastpointe, MI 48021 | Click H | ere for Memo | Itemization Type |
| , | Check box if this expenditure is payment of | | |
| Fund Raiser | debt or obligation reported on previous statement | | |
| | | al this page | £0.745.00 |
| | Subtot | u uus paye | \$2,715.28 |
| | Grand Total of all S | | |
| | (Complete on last page | or somedule) | Enter this total |
| | | | Litter una total |

Enter this total on line 8a of Summary Page

3 15 Page _____ of ___



1. Committee I. D. Number 013853-3

2. Committee Name Mark Hackel for County Executive

| CO Name and address of the contract of the con | The second secon | | |
|--|--|---------------------------------------|-------------------|
| Name and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
| Expenditure #1 | | | |
| Name Verizon Wireless | | 02/27/14 | \$ 139.81 |
| Address | Purpose: Mark's cell phone 1/19-2/18/14 | Date | |
| P.O. Box 553 Warrendale, PA 15086 | Click | Here for Memo | Itemization Type |
| Walteridale, FA 15000 | [-] a | _ | •• |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| Expenditure #2 | | • | |
| Name American Graphics Printing | | 05/05/14 | \$ 3,258.03 |
| Address | Purpose: | Date | |
| 34895 Groesbeck Clinton Twp., MI 48035 | Click | Here for Memo | Itemization Type |
| ✓ Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| Expenditure #3 | | | |
| Name Families Against Narcotics | | 05/19/14 | \$ 250.00 |
| Address | "Crystal" sponsorship for "Run Drugs Out of Yown" | Date | |
| 33000 Garfield Road | | | |
| Fraser, MI 48026 | Click I | Here for Memo | Itemization Type |
| | Check box if this expenditure is payment of | | |
| Fund Raiser | debt or obligation reported on previous statement | | |
| Expenditure #4 | | | |
| Name Clinton Township Area Optimists | | 05/21/14 | \$ 360.00 |
| Address | Purpose: Membership dues | Date | \$ 300.00 |
| 17177 Kingsbrooke Drive | | | |
| Clinton Twp., MI 48038 | Click I | Here for Memo | Itemization Type |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| Expenditure #5 | | · · · · · · · · · · · · · · · · · · · | |
| Name Penna's of Sterling | | 05/05/14 | |
| Address | Purpose: Hall Rental - 3/27/14 Breakfast | Date | \$ 6,678.00 |
| 38400 Van Dyke Ave. | Olivina | fana fan Mana | Manataratara Tama |
| Sterling Heights, MI 48312 | Check box if this expenditure is payment of | here for iviento | Itemization Type |
| ✓ Fund Raiser | debt or obligation reported on previous statement | | |
| | Subto | tal this page | \$10,685.84 |
| | Grand Total of all S | Schedules 1B | |
| | (Complete on last page | of Schedule) | |



1. Committee I. D. Number 013853-3

2. Committee Name Mark Hackel for County Executive

| 3. Name and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
|--|---|---|------------------------|
| Expenditure #1 | | ·\$ | |
| Name American Graphics Printing | | 05/21/14 | \$ 111.70 |
| Address | Purpose: Breakfast Thank You's | Date | • — — — |
| 34895 Groesbeck | | lara far Mama | Itamization Tuna |
| Clinton Twp., MI 48035 | | ere for Memo | Itemization Type |
| √ Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| Expenditure #2 | | | |
| Name Back Nine Gra-FX, LLC | | 05/21/14 | s 300.00 |
| Address | Purpose: Graphics for table cards at Breakfast | Date | |
| 50491 Knightsbridge Macomb, MI 48044 | Click H | ere for Memo | Itemization Type |
| √ Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| Expenditure #3 | | | |
| Name Central Macomb Optimist Club | | 06/12/14 | \$ 120.00 |
| Address | Purpose: Annual Membership Dues | Date | |
| 16515 Festian | Click LI | ara far Mana I | tomination Tyma |
| Clinton Twp., MI 48035 | Check box if this expenditure is payment of debt or obligation reported on previous | sie ioi Menio i | Itemization Type |
| Expenditure #4 | statement | | |
| Name The Community Caring Program | (| 06/18/14 | \$ 1,000.00 |
| Address | Director's Scholarship Golf Outing - Foursome Purpose: | Date | \$ 1,000.00 |
| 27800 George Merrelli Dr. Warren, MI 48092 | | ere for Memo I | temization Type |
| Wallell, Wil 40032 | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | torring and the second |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| Expenditure #5 | | | |
| Name JAKS Creations | | 06/18/14 | |
| Address | Purpose: Promotional Hems - Have you hugged your kid today | Date | \$ <u>352.00</u> |
| 43624 Fortner Drive | Click He | ere for Memo i | temization Type |
| Sterling Heights, MI 48313 | Check box if this expenditure is payment of | | tomization typo |
| Fund Raiser | debt or obligation reported on previous statement | | |
| | Subtota | al this page | \$1,883.70 |
| | Grand Total of all So (Complete on last page | | |
| | (Simple of last page) | | Enter this total |

on line 8a of Summary Page

Page _____of ___15



1. Committee I. D. Number 013853-3

2. Committee Name Mark Hackel for County Executive

| 3. Name and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
|--|---|---------------------------------------|-------------------|
| Expenditure #1 | | <u> </u> | |
| Name FOP Lodge 112 | | 06/18/14 | \$ 400.00 |
| Address | 2014 Annual Golf Outing - Foursome | Date | |
| 33845 24 Mile Road | | | |
| Chesterfield Twp., MI 48047 | Click | lere for Memo | Itemization Type |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| Expenditure #2 | | · · · · · · · · · · · · · · · · · · · | |
| Name Kimberly Elward | | 06/20/14 | \$ 1,270.58 |
| Address | Purpose: Expense Reimbursement | Date | \$ 1,270.56 |
| 46658 Sawyer Ln. | | | _ |
| Macomb, MI 48044 | Memo | Itemization Be | low |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| Expenditure #3 | | | |
| Name Best Buy | | 10/25/13 | |
| | External Hard Drive | Date | \$ <u>-95.39</u> |
| Address | Purpose: External Hard Drive | Date | |
| Roseville, MI 48066 | (Memo | Itemization) | |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| Expenditure #4 | statement | | |
| Name Mt. Clemens Post Office | | 05/21/14 | 4.00 |
| Address | Purpose: Postage Stamps | Date | \$ <u>-4.90</u> |
| 155 S. Main St. | | | |
| Mt. Clemens, MI 48046 | (Memo | Itemization) | |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| Expenditure #5 | | | |
| Name Mt. Clemens Post Office | | 02/25/14 | |
| Address | Renewal of PO Box, Postage Stamps | Date | \$ <u>-172.00</u> |
| 155 S. Main St. | ruipose. | | |
| Mt. Clemens, MI 48046 | | Itemization) | |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| | Subtota | al this page | \$1,670.58 |
| | | , , | Ψ1,070.00 |
| | Grand Total of all S (Complete on last page | | |
| | · | L | Enter this total |



1. Committee I. D. Number 013853-3

2. Committee Name Mark Hackel for County Executive

| 3. Name and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
|--|---|--------------|-------------------|
| Expenditure #1 | | <u> </u> | |
| ^{Name} Meijer | | 06/20/14 | s -200.00 |
| Address | 8 Gift Cards for Gibralter Senior Expo Raffle Purpose: | Date | |
| 40445 S. Groesbeck Hwy | • | | |
| Clinton Twp., MI 48036 | (Memo | Itemization) | |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| Expenditure #2 | | | |
| ^{Name} Meijer | | 02/27/14 | s -7.41 |
| Address | Purpose: Ball for Chippewa Valley Foundation | Date | |
| 40445 S. Groesbeck Hwy Clinton Twp., MI 48036 | (Memo | Itemization) | |
| Olinoit (Wp., Wil -10000 | Check box if this expenditure is payment of | | |
| Fund Raiser | debt or obligation reported on previous statement | | |
| Expenditure #3 | | | |
| Name Sams Club | | 03/24/14 | \$ -118.22 |
| Address | Purpose: Supplies | Date | 110.22 |
| Utica, MI | (Memo | Itemization) | |
| | Check box if this expenditure is payment of debt or obligation reported on previous | | |
| Fund Raiser | statement | | |
| Expenditure #4 | | | |
| Name Twisted Rooster | | 01/24/14 | |
| | - | Date | \$ <u>-278.42</u> |
| Address | Purpose: Thank you lunch for State of the County support staff | | |
| 45225 Marketplace Blvd. Chesterfield, MI 48051 | (Memo | Itemization) | |
| Onoto mora, im 1000 i | Check box if this expenditure is payment of | • | |
| Π | debt or obligation reported on previous | | |
| Fund Raiser | statement | | |
| Expenditure #5 | | | |
| Name Sams Club | | 05/22/14 | |
| Address | Purpose: Candy for SCS Memorial Day Parade | Date | \$ <u>-379.24</u> |
| Utica, MI | Mana | Itemization) | |
| | Check box if this expenditure is payment of | nemzanom) | : |
| Find Roles | debt or obligation reported on previous | | |
| Fund Raiser | statement | i | |
| | | al this page | \$0.00 |
| | Grand Total of all S (Complete on last page | | |
| | | | Enter this total |

Enter this total on line 8a of Summary Page

7 of 15



1. Committee I. D. Number

2. Committee Name Mark Hackel for County Executive

| 2,0 | ommittee name | | · · · |
|---|--|---------------------|-------------------|
| Name and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
| Expenditure #1 | | | |
| Name Mt. Clemens | | 06/20/14 | s <i>-</i> 15.00 |
| Address | Purpose: Mt. Clemens Parking | Date | |
| | (Mem | o Itemization) | |
| Mt. Clemens, MI | l 🗖 | 5 Herritzation) | |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| Expenditure #2 | - Station of the state of the s | | |
| | | 06/18/14 | |
| Name Mad Habit Media | | | \$ 1,800.00 |
| Address | Purpose: Monthly Web Maintenance (10/2013-4/2014) | Date | <u> </u> |
| 46793 Twin City Trail | Click I | Here for Memo | Itemization Type |
| Macomb Twp., MI 48044 | | 10.0 10. 10.01110 | nonnacion Typo |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| Expenditure #3 | Statement | | |
| | | | |
| Name Mad Habit Media | | 06/18/14 | \$ 200.00 |
| Address | Purpose: Graphic Design & Layout - Executive Breakfast | Date | |
| 46793 Twin City Trail | Clials | Joro for Momo | Itemization Type |
| Macomb Twp., MI 48044 | | icie iui ivieiliu i | nemzadon Type |
| | LICheck box if this expenditure is payment of debt or obligation reported on previous | | |
| ✓ Fund Raiser | statement | | |
| Expenditure #4 | | | |
| Name Warren/Centerline Senior Connection | | 06/23/14 | \$ 200.00 |
| Address | Purpose: Annual Picnic Donation | Date | 200.00 |
| 31698 Mound Road | | | |
| Warren, Mi 48092 | Click H | lere for Memo I | temization Type |
| | Check box if this expenditure is payment of | | |
| Fund Raiser | debt or obligation reported on previous statement | | |
| Expenditure #5 | | | |
| Name Romeo Peach Festival Parade | | | |
| Nonieo reach restival railage | | 06/26/14 | \$ 300.00 |
| Address | Purpose: Peach Festival Parade Entry Fee | Date | . 000.00 |
| 361 Morton St. | Click I | dere for Memo | Itemization Type |
| Romeo, MI 48065 | Check box if this expenditure is payment of | ioro ioi monio | 101111244011 1990 |
| Constant | debt or obligation reported on previous | | |
| Fund Raiser | statement | 1 | |
| | Subto | tal this page | \$2,500.00 |
| | Grand Total of all S | Schedules 1B | |
| | (Complete on last page | of Schedule) | |

Enter this total on line 8a of Summary Page

8 15



1. Committee I. D. Number ______

2. Committee Name Mark Hackel for County Executive

| 3. Name and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
|--|---|-----------------|------------------|
| Expenditure #1 | | | |
| Name Thayer and Associates, LLC | | 06/26/14 | \$ 4,500.00 |
| Address | Purpose: Public Relations Consulting | Date | · <u>·</u> |
| 4725 Pickering Road | | 11 f Nt | Managardian Tona |
| Bloomfield Hills, Mi 48301 | Click | Here for Memo | Itemization Type |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| Expenditure #2 | | | |
| Name Mark Hackel | | 07/07/14 | \$ 650.00 |
| Address | Purpose: Expense Reimbursement | Date | |
| 24019 Pointe Dr. Macomb, MI 48042 | Memo | temization Be | low |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| Expenditure #3 | | | |
| Name Detroit Economic Club | | 07/07/14 | s -650.00 |
| Address | Purpose: 3 Tickets to Annual Chairmans Dinner | Date | |
| 211 West Fort Street, Suite 710 | | - !ii\ | |
| Detroit, MI 48226-3286 Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous | o Itemization) | |
| Expenditure #4 | statement | | |
| Name The Old Crowd | | 07/08/14 | 400.00 |
| Address | Purpose: Annual Membership Dues | Date | \$ <u>120.00</u> |
| 5287 Brookside Lane Washington, MI 48094-2678 | | Here for Memo I | temization Type |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| Expenditure #5 | | | |
| Name Baro Mini Storage | | 06/17/14 | |
| Address | Purpose: Storage unit #00111 | Date | \$ 420.00 |
| 34464 Kelly Road Clinton Twp., Mi 48035 | Click I | Here for Memo I | temization Type |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| | Subto | otal this page | \$5,690.00 |
| | Grand Total of all (Complete on last page | | |
| | ` · · · · · | ٠, | Cotor this total |



SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number 013853-3

2. Committee Name Mark Hackel for County Executive

| 3. Name and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
|--|---|-----------------|------------------|
| Expenditure #1 | | | |
| Name NGP VAN | | 07/09/14 | \$ 750.00 |
| Address | Purpose: Online contribution software | Date | \$ <u>730.00</u> |
| 1101 15th St. NW, Ste. 500 | rurpose: | | |
| Washington DC 20005 | Click I | Here for Memo | Itemization Type |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| Expenditure #2 | | | |
| Name American Graphics Printing | | 07/11/14 | * 0 204 00 |
| • | Purpose: Tickets, envelopes, postage | Date | \$ 2,321.82 |
| Address | Purpose: Tickets, envelopes, postage | | |
| 34895 Groesbeck Clinton Twp., MI 48035 | Click H | lere for Memo | Itemization Type |
| Cirrion (wp., Mi 40033 | Charle have if this grounditions is necessary of | | |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous | | v |
| Expenditure #3 | statement | | |
| , i | | | |
| Name Macomb Academy | | 07/10/14 | \$ 100.00 |
| Address | Purpose: Hole Sponsor - Macomb Academy Golf Fundraiser | Date | 100.00 |
| 39092 Garfield | | | |
| Clinton Twp., MI 48038 | Click H | ere for Memo | Itemization Type |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| Expenditure #4 | | | |
| Name Comcast | | 07/14/14 | |
| _ = | | Date | \$ 195.91 |
| Address | Purpose: Comcast Cable/phone/internet | Date | |
| P.O. Box 3005 | Oliak II | ana fan Manna I | 4iti T |
| Southeastern PA 19398-3005 | r | ere lor wemo i | temization Type |
| | Check box if this expenditure is payment of debt or obligation reported on previous | | |
| Fund Raiser | statement | | |
| Expenditure #5 | | | |
| Name American Heart Association | | 04/04/14 | |
| Address | Purpose: General Donation | Date | \$ <u>250.00</u> |
| 7272 Greenville Ave. | | | |
| Dallas, TX 75231 | | ere for Memo I | temization Type |
| | Check box if this expenditure is payment of debt or obligation reported on previous | | |
| Fund Raiser | statement | | |
| | Subtot | al this page | \$3,617.73 |
| | Grand Total of all S | chedules 1B | |
| | (Complete on last page | of Schedule) | |



ITEMIZED EXPENDITURES SCHEDULE 1B

1. Committee I. D. Number 013853-3

| CANDIDATE COMMITTEE 2. | Committee Name Mark Hackel for Cour | nty Executi | ve |
|--|---|---------------|------------------|
| 3. Name and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
| Expenditure #1 | | <u> </u> | |
| Name C & G Newspapers | | 07/01/14 | \$ 1,535.00 |
| Address 13650 11 Mile Road | Purpose: Ads in C & G Newspaper | Date | |
| Warren, MI 48089 | Click | Here for Memo | Itemization Type |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| Expenditure #2 | | | |
| Name Verizon Wireless | | 01/21/14 | \$ 144.64 |
| Address | Purpose: Candidate cell phone 11/19-12/18/13 | Date | |
| P.O. Box 553 Warrendale, PA 15086 | Click | Here for Memo | Itemization Type |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| Expenditure #3 | | | |
| Name Verizon Wireless | | 02/06/14 | \$ 144.83 |
| Address | Purpose: Candidate cell phone 12/19/13-1/18/14 | Date | |
| P.O. Box 553 Warrendale, PA 15086 | Click F | Here for Memo | Itemization Type |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous | | |
| Expenditure #4 | statement | | |
| Name Verizon Wireless | | 04/16/14 | \$ 139.93 |
| Address | Purpose: Candidate cell phone 2/19 - 3/18/14 | Date | 103.30 |
| P.O. Box 553 Warrendale, PA 15086 | | Here for Memo | Itemization Type |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| Expenditure #5 | | | - |
| Name Verizon Wireless | | 05/22/14 | ¢ 400 00 |
| Address | Purpose: | Date | \$ <u>482.89</u> |
| P.O. Box 553 Warrendale, PA 15086 | Click I | lere for Memo | temization Type |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| | <u> </u> | tal this page | \$2,447.29 |
| | Grand Total of all S | Schedules 1B | Ψ-, 3 11.4.0 |

Enter this total on line 8a of Summary Page

(Complete on last page of Schedule)



1. Committee I. D. Number

013853-3

2. Committee Name Mark Hackel for County Executive

| P.O. Box 46841 Mount Clemens, MI 48046 Fund Raiser Expenditure #4 Name Office Max Address 37600 Van Dyke Sterling Heights, MI 48312 Fund Raiser Expenditure #5 Name Kinkos Address 37160 Van Dyke Ave. | 3. Name and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
|--|--|---|----------------|---------------------|
| Name Verizon Wireless Address P.O. Box 553 Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement Fund Raiser Check box if this expenditure is payment of debt or obligation reported on previous statement Check box if this expenditure is payment of debt or obligation reported on previous statement Check box if this expenditure is payment of debt or obligation reported on previous statement Check box if this expenditure is payment of debt or obligation reported on previous statement Check box if this expenditure is payment of debt or obligation reported on previous statement Check box if this expenditure is payment of debt or obligation reported on previous statement Check box if this expenditure is payment of debt or obligation reported on previous statement Check box if this expenditure is payment of debt or obligation reported on previous statement Check box if this expenditure is payment of debt or obligation reported on previous statement Check box if this expenditure is payment of debt or obligation reported on previous statement Check box if this expenditure is payment of debt or obligation reported on previous statement Check box if this expenditure is payment of debt or obligation reported on previous statement Check box if this expenditure is payment of debt or obligation reported on previous statement Check box if this expenditure is payment of debt or obligation reported on previous statement September | Expenditure #1 | | <u> </u> | <u> </u> |
| Address P.O. Box 553 Warrendale, PA 15086 Fund Raiser Expenditure #2 Name Deluxe for Business Address P.O. Box 742572 Cincinnati, OH 45274-2572 Purpose: Check Reorder Cick Here for Memo itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement Purpose: Check Reorder Date | | | 05/28/14 | 444.05 |
| P.O. Box 553 Warrendale, PA 15086 Fund Raiser Expenditure #2 Name Deluxe for Business Address Purpose: Check Reorder Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type | | Candidate call phone 4/19/14_5/18/14 | | \$ <u>144.85</u> |
| Warrendale, PA 15086 Fund Raiser Expenditure #2 Name Deluxe for Business Address P.O. Box 742572 Cincinnati, OH 45274-2572 Fund Raiser Expenditure #3 Name Macornb Health and Fitness Foundation Address P.O. Box 48841 Mount Clemens, MI 48046 Fund Raiser Expenditure #4 Name Office Max Address Purpose: "Let's Move" 5K for Mark and Vince debt or obligation reported on previous statement Expenditure #4 Name Macornb Health and Fitness Foundation Address Purpose: "Let's Move" 5K for Mark and Vince debt or obligation reported on previous statement Expenditure #4 Name Office Max Address Purpose: "Let's Move" 5K for Mark and Vince debt or obligation reported on previous statement Expenditure #4 Name Office Max Address Purpose: Phones for office Cick Here for Memo Itemization Type Cick Hore or obligation reported on previous statement Expenditure #5 Name Kinkos Address Starling Heights, MI 48312 Fund Raiser Fund Raiser Expenditure #5 Name Kinkos Card for copies Cick Here for Memo Itemization Type Cick Here for | | Purpose: | 24.0 | |
| □ Fund Raiser Expenditure #2 Name Deluxe for Business Address P.O. Box 742572 Cincinnati, OH 45274-2572 □ Fund Raiser Expenditure #3 Name Macomb Health and Fitness Foundation Address P.O. Box 48841 Mount Clemens, MI 48046 □ Fund Raiser Expenditure #4 Name Office Max Address Purpose: "Let's Move" 5K for Mark and Vince □ Check box if this expenditure is payment of debt or obligation reported on previous statement □ Check box if this expenditure is payment of debt or obligation reported on previous Statement □ Check box if this expenditure is payment of debt or obligation reported on previous Statement □ Check box if this expenditure is payment of debt or obligation reported on previous Statement □ Check box if this expenditure is payment of debt or obligation reported on previous Statement □ Check box if this expenditure is payment of debt or obligation reported on previous Statement □ Check box if this expenditure is payment of debt or obligation reported on previous Statement □ Check box if this expenditure is payment of debt or obligation reported on previous Statement □ Check box if this expenditure is payment of debt or obligation reported on previous Statement □ Check box if this expenditure is payment of debt or obligation reported on previous Statement □ Check box if this expenditure is payment of debt or obligation reported on previous Statement □ Check box if this expenditure is payment of debt or obligation reported on previous Statement □ Check box if this expenditure is payment of debt or obligation reported on previous Statement □ Check box if this expenditure is payment of debt or obligation reported on previous Statement □ Check box if this expenditure is payment of debt or obligation reported on previous Statement □ Check box if this expenditure is payment of debt or obligation reported on previous Statement □ Check box if this expenditure is payment of debt or obligation reported on previous Statement | | Click t | tere for Memo | Itemization Type |
| Fund Raiser Statement St | | Check box if this expenditure is payment of | | |
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| Address P.O. Box 742572 Cincinnati, OH 45274-2572 Fund Raiser Expenditure #3 Name Macomb Health and Fitness Foundation Address P.O. Box 46841 Mount Clemens, MI 48046 Fund Raiser Expenditure #4 Name Office Max Address 37600 Van Dyke Sterling Heights, MI 48312 Fund Raiser Expenditure #5 Name Kinkos Address Purpose: Check Box if this expenditure is payment of debt or obligation reported on previous Statement Sublotal this page \$568.08 \$568.08 \$568.08 | Expenditure #2 | | | |
| Address P.O. Box 742572 Cincinnati, OH 45274-2572 Fund Raiser Expenditure #3 Name Macomb Health and Fitness Foundation Address P.O. Box 46841 Mount Clemens, MI 48046 Fund Raiser Expenditure #4 Name Office Max Address 37600 Van Dyke Sterling Heights, MI 48312 Fund Raiser Expenditure #5 Name Kinkos Address Purpose: Check Box if this expenditure is payment of debt or obligation reported on previous Statement Sublotal this page \$568.08 \$568.08 \$568.08 | Name Deluxe for Business | | 02/04/14 | . 477.04 |
| P.O. Box 742572 Clincinnati, OH 45274-2572 Fund Raiser Expenditure #3 Name Macomb Health and Fitness Foundation Address P.O. Box 46841 Mount Clemens, MI 48046 Fund Raiser Expenditure #4 Name Office Max Address Purpose: Phones for office Purpose: Phones for office Purpose: Phones for office Purpose: Phones for office Purpose: Phones for office Purpose: Phones for office Purpose: Phones for office Purpose: Purpose: Phones for office Purpose: P | | Chaok Boarder | | \$ <u>1/7.24</u> |
| Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement | Address | Purpose: Clieck Reoldel | | |
| Check box if this expenditure is payment of debt or obligation reported on previous statement | | Click F | lere for Memo | Itemization Type |
| Fund Raiser Expenditure #3 Name Macomb Health and Fitness Foundation Address P.O. Box 46841 Mount Clemens, MI 48046 Fund Raiser Expenditure #4 Name Office Max Address Purpose: Tev's Move' 5K for Mark and Vince Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement Purpose: Phones for office | Cincinnati, OH 452/4-25/2 | l <u> </u> | | ,, |
| Statement Stat | Fund Baines | | | |
| Name Macomb Health and Fitness Foundation Address Purpose: Tel's Move* 5K for Mark and Vince Date Purpose: Tel's Move* 5K for Mark and Vince Date Click Here for Memo Iternization Type Check box if this expenditure is payment of debt or obligation reported on previous statement Expenditure #4 Name Office Max Address 37600 Van Dyke Sterling Heights, MI 48312 Fund Raiser Click Here for Memo Iternization Type Expenditure #5 Name Kinkos Address Address Address Sterling Heights, MI 48312 Click Here for Memo Iternization Type Sterling Heights, MI 48312 Click Here for Memo Iternization Type Address | | | | |
| Address P.O. Box 46841 Mount Clemens, MI 48046 Fund Raiser Expenditure #4 Name Office Max Address 37600 Van Dyke Sterling Heights, MI 48312 Expenditure #5 Name Kinkos Address 37160 Van Dyke Address Sterling Heights, MI 48312 Expenditure #5 Name Kinkos Address Address Address Address Address Sterling Heights, MI 48312 Expenditure #5 Name Kinkos Address | | | | |
| Address P.O. Box 46841 Mount Clemens, MI 48046 Fund Raiser Expenditure #4 Name Office Max Address 37600 Van Dyke Sterling Heights, MI 48312 Fund Raiser Expenditure #5 Name Kinkos Address 37160 Van Dyke Ave. Sterling Heights, MI 48312 Fund Raiser Expenditure #5 Name Kinkos Address | Name Macomb Health and Fitness Foundation | | 04/14/14 | e 60 00 |
| P.O. Box 46841 Mount Clemens, MI 48046 Fund Raiser Expenditure #4 Name Office Max Address 37600 Van Dyke Sterling Heights, MI 48312 Fund Raiser Expenditure #5 Name Kinkos Address 37160 Van Dyke Ave. Expenditure #5 Name Kinkos Address Address Address Address Address Subtotal this page Grand Total of all Schedules 1B Click Here for Memo Itemization Type Click Here for Memo Itemization Type #80.00 #80.00 \$568.08 | Address | Purpose. "Let's Move" 5K for Mark and Vince | Date | \$ 00.00 |
| Fund Raiser Expenditure #4 Name Office Max Address 37600 Van Dyke Sterling Heights, MI 48312 Fund Raiser Expenditure #5 Name Kinkos Address 37160 Van Dyke Ave. Sterling Heights, MI 48312 Expenditure #5 Name Kinkos Address 37160 Van Dyke Ave. Sterling Heights, MI 48312 Click Here for Memo Itemization Type Kinkos Card for copies Click Here for Memo Itemization Type Expenditure #5 Name Kinkos Address 37160 Van Dyke Ave. Sterling Heights, MI 48312 Click Hore for Memo Itemization Type Click Here for Memo Itemization Type Sterling Heights, MI 48312 Click Here for Memo Itemization Type Click Here for Memo Itemization Type Sterling Heights, MI 48312 Click Here for Memo Itemization Type Sterling Heights, MI 48312 Click Hore for Memo Itemization Type Sterling Heights, MI 48312 Click Hore for Memo Itemization Type Sterling Heights, MI 48312 Subtotal this page \$568.08 | P.O. Box 46841 | | | |
| Expenditure #4 Name Office Max Address 37600 Van Dyke Sterling Heights, MI 48312 Fund Raiser Expenditure #5 Name Kinkos Address 37160 Van Dyke Ave. Sterling Heights, MI 48312 Address Purpose: Phones for office Purpose: Phones for office Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement Expenditure #5 Name Kinkos Address 37160 Van Dyke Ave. Sterling Heights, MI 48312 Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement Subtotal this page \$568.08 Grand Total of all Schedules 1B | Mount Clemens, MI 48046 | Click H | ere for Memo | Itemization Type |
| Expenditure #4 Name Office Max Address 37600 Van Dyke Sterling Heights, MI 48312 Fund Raiser Expenditure #5 Name Kinkos Address 37160 Van Dyke Ave. Sterling Heights, MI 48312 Expenditure #5 Name Kinkos Address Address Fund Raiser Expenditure #5 Name Kinkos Address Address Fund Raiser Expenditure #5 Name Kinkos Address | | | | |
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| Address 37600 Van Dyke Sterling Heights, MI 48312 Fund Raiser Expenditure #5 Name Kinkos Address 37160 Van Dyke Ave. Sterling Heights, MI 48312 Fund Raiser Expenditure #5 Name Kinkos Address 37160 Van Dyke Ave. Sterling Heights, MI 48312 Fund Raiser Click Here for Memo Itemization Type Kinkos Card for copies Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous Sterling Heights, MI 48312 Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous Subtotal this page \$568.08 | Expenditure #4 | | | |
| Address 37600 Van Dyke Sterling Heights, MI 48312 Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement Expenditure #5 Name Kinkos Address 37160 Van Dyke Ave. Sterling Heights, MI 48312 Fund Raiser Fund Raiser Fund Raiser Subtotal this page \$568.08 Grand Total of all Schedules 1B | Name Office Max | | 07/17/14 | |
| Purpose: Findles for Office Sterling Heights, MI 48312 | | | | \$ <u>105.99</u> |
| Sterling Heights, MI 48312 Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement Expenditure #5 Name Kinkos Address 37160 Van Dyke Ave. Sterling Heights, MI 48312 Fund Raiser Click Here for Memo Itemization Type Kinkos Card for copies Click Here for Memo Itemization Type Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement Subtotal this page \$568.08 | | Purpose: Phones for office | | |
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| Fund Raiser Expenditure #5 Name Kinkos Address 37160 Van Dyke Ave. Sterling Heights, MI 48312 Fund Raiser Fund Raiser Respenditure #5 Name Kinkos Address Address Grand Total of all Schedules 1B | 5.57mig 7.55g/16, 7.5572 | | | |
| Expenditure #5 Name Kinkos Address 37160 Van Dyke Ave. Sterling Heights, MI 48312 Fund Raiser Subtotal this page \$568.08 | Cond Bains | debt or obligation reported on previous | | |
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| Address 37160 Van Dyke Ave. Sterling Heights, MI 48312 Fund Raiser Subtotal this page \$568.08 | | | | |
| Address 37160 Van Dyke Ave. Sterling Heights, MI 48312 Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement Subtotal this page \$568.08 Grand Total of all Schedules 1B | Name Kinkos | | 07/17/14 | |
| Sterling Heights, MI 48312 Sterling Heights, MI 48312 Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement Subtotal this page \$568.08 Grand Total of all Schedules 1B | Address | Purpose: Kinkos Card for copies | Date | \$ 80.00 |
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| Subtotal this page \$568.08 Grand Total of all Schedules 1B | Fund Ocioca | debt or obligation reported on previous | | |
| Grand Total of all Schedules 1B | rund Kaiser | statement | | |
| | | Subtot | al this page | \$568.08 |
| (Complete on last page of Schedule) | | | | |
| Enter this total | | (Complete on last page | of Schedule) | |



1. Committee I. D. Number

013853-3

2. Committee Name Mark Hackel for County Executive

| 3. Name and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
|--|---|----------------|------------------|
| Expenditure #1 | | | |
| Name Mt. Clemens Post Office | | 07/17/14 | \$ 49.00 |
| Address | Purpose: Postage stamps | Date | |
| 155 S. Main St. | · — | | |
| Mt. Clemens, MI 48046 | Click H | ere for Memo | Itemization Type |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | : |
| Expenditure #2 | | | |
| Name Verizon Wireless | | 07/17/14 | s 137.61 |
| Address | Purpose: Candidate cell phone 5/19/14-6/18/14 | Date | |
| P.O. Box 553 Warrendale, PA 15086 | Click H | ere for Memo | Itemization Type |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| Expenditure #3 | | | |
| Name Catalyst Services, LLC | | 07/16/14 | \$ 500.00 |
| Address | Purpose: Digital Promotion & Facebook Advertising | Date | |
| 253 McMillan | | | |
| Grosse Pointe Farms, MI 48236 | Click He | ere for Memo I | temization Type |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| Expenditure #4 | statement | | |
| Name Sawicki and Son | <u>(</u> | 06/23/14 | \$ 609.50 |
| Address | 2500 "Have you hugged your kid today" stickers | Date | |
| 1521 W. Lafayette Detroit, MI 48216 | Click He | ere for Memo I | temization Type |
| 50.000, III 102.10 | Check box if this expenditure is payment of | | |
| Fund Raiser | debt or obligation reported on previous statement | | |
| Expenditure #5 | | | |
| Name Nick Posavetz | | 01/09/14 | \$ 500 00 |
| Address | Purpose: Expense Reimbursement | Date | \$ <u>500.00</u> |
| 253 McMillan | | tamination Del | |
| Grosse Pointe Farms, MI 48236 | Check box if this expenditure is payment of | temization Bel | ow |
| Fund Raiser | debt or obligation reported on previous statement | | |
| | Subtota | al this page | \$1,796.11 |
| | Grand Total of all Si (Complete on last page | | |
| | • | | |

Enter this total on line 8a of Summary Page

13 15 Page _____ of ___



1. Committee I. D. Number

013853-3

2. Committee Name Mark Hackel for County Executive

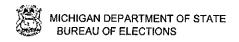
| 3. Name and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
|--|--|----------------|---------------------------------------|
| Expenditure #1 | | <u> </u> | |
| Name Facebook | | 01/09/14 | s -500.00 |
| Address | Purpose: Facebook Advertisement | Date | · · · · · · · · · · · · · · · · · · · |
| Online Application | (Memo | Itemization) | |
| | <u>- </u> | , | |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| Expenditure #2 | | | |
| Name Nick Posavetz | | 01/28/14 | \$ 500.00 |
| Address | Purpose: Expense Reimbursement | Date | |
| 253 McMillan Grosse Pointe Farms, MI 48236 | Memo | Itemization Be | low |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| Expenditure #3 | | | |
| Name Facebook | | 01/28/14 | s ~500.00 |
| Address | Purpose: Facebook Advertisement | Date | * |
| Online Application | | | |
| | (IMemo | Itemization) | |
| Fund Raiser | L_ICheck box if this expenditure is payment of debt or obligation reported on previous statement | | |
| Expenditure #4 | Statement. | | |
| Name Nick Posavetz | : (| 02/27/14 | A 069 49 |
| Address | Purpose: Expense Reimbursement | Date | \$ 968.48 |
| 253 McMillan | Mana | | |
| Grosse Pointe Farms, MI 48236 | | temization Bel | ow |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| Expenditure #5 | | | |
| Name Amazon Marketplace | • | 02/21/14 | |
| Address | Purpose: Business Card Reader | Date | \$ <u>-97.49</u> |
| Amazon Online | | Itemization) | |
| | Check box if this expenditure is payment of debt or obligation reported on previous | nomization) | |
| Fund Raiser | statement | | |
| | Subtota | il this page | \$1,468.48 |
| | Grand Total of all So (Complete on last page of | | |



013853-3 1. Committee I. D. Number

2. Committee Name Mark Hackel for County Executive

| 3. Name and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
|--|---|---------------|---------------------------------------|
| Expenditure #1 | | 1 | |
| Name Best Buy | | 02/01/14 | \$ -370.99 |
| Address | Purpose: Asus Tablet PC | Date | |
| Ann Arbor, MI 48103 | Click | Here for Memo | Itemization Type |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous | | ,,, |
| Expenditure #2 | statement | | |
| | | | |
| ^{Name} Facebook | | 02/27/14 | s -500.00 |
| Address | Purpose: Facebook Advertisement | Date | |
| Online Application | Click F | lere for Memo | Itemization Type |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| Expenditure #3 | | | |
| Name | | | |
| Address | Purpose: | Date | \$ |
| | | | |
| | ! 1 | ere for Memo | Itemization Type |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| Expenditure #4 | | | |
| Name | | | |
| | | | \$ |
| Address | Purpose: | Date | |
| | | | |
| | Click H | ere for Memo | Itemization Type |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| Expenditure #5 | | | · · · · · · · · · · · · · · · · · · · |
| Name | | | |
| Address | Purpose: | Date | \$ |
| | | | |
| | Click H | ere for Memo | Itemization Type |
| Fund Raiser | debt or obligation reported on previous statement | | |
| | Subtot | al this page | \$0.00 |
| | Grand Total of all S (Complete on last page | | \$40,876.70 |



DEBTS AND OBLIGATIONS SCHEDULE 1E

1. Committee I.D. Number

013853-3

| CANDIDATE | COMMITTEE |
|-----------|-----------|
| -, | O |

Mark Hackel for County Executive

| CANDIDATE COMMITTEE | Committee Name | | | |
|---|--|---|---|--|
| This Schedule itemizes: | | | | |
| a ✓ Debts and obligations owed by or forgiven the co (Ch | mmittee OR b. Debi neck either a or b. Use only for the po | is and obligations owed <u>to</u> urpose checked.) | or forgiven <u>by</u> the co | mmittee. |
| Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any. | 4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt | 7. Date and amount of each payment | 8. Cumulative payment to date on debt | 9. Outstanding Balance at close of this period (Item 6 minus Item 8) |
| Debt #1 Corp? Yes Owed to or by: | 4. Type: Loan | 07/07/14 \$ 650.00 | | |
| Mark A. Hackel 24019 Pointe Dr. Macomb, MI 48042 | 5. <u>Date Debt Was Incurred</u> : 07/07/14 6. <u>Original Amount of Debt</u> : \$_650.00 | \$ \$ \$ | \$ 650.00 | \$_0.00 |
| If bank loan, name of endorser or guarantor: | | | nount Endorsed: \$ | |
| Debt #2 Corp? Yes Owed to or by: | 4. Type: | \$ | <u> </u> | |
| | 5. Date Debt Was Incurred: | \$ | | |
| | 6. Original Amount of Debt: | \$ | \$ | \$FORGIVEN |
| If bank loan, name of endorser or guarantor: | | \$ | mount Endorand: ¢ | |
| Debt #3 Corp? Yes | | A | mount Endorsed: \$ | |
| Owed to or by: | 4. Type: | \$ | | |
| | 5. Date Debt Was Incurred: | \$ | | |
| | | \$ | | |
| | 6. Original Amount of Debt: | \$ | \$ | \$ |
| | \$ | | | FORGIVEN |
| | | \$ | | |
| If bank loan, name of endorser or guarantor: | | A | mount Endorsed: \$_ | |
| | | Page Subtota | l (Outstanding debt) | |
| 0) | Complete on last page of Schedule s | Grand Total howing amounts owed by | of all Schedules 1E or to the committee) | |
| A dale as a bland as a sure of the state of | | | · · | Enter this total on line 12a "owed by"" or line 12b |

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

"owed to" of the Summary Page

Page 1 of 1



FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

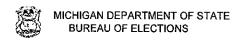
1. Committee I.D. Number 013853-3

2. Committee Name Mark Hackel for County Executive

| | 2.00 | mmittee Name | |
|--|---|--|---|
| | - USE A SEPARATE SI | HEET FOR EACH EVENT | • |
| 3. Date Event Was Held | Number of Individuals Attending or Participating (whichever is greater) | 5. Type of Fund Raising Activity | 6. Address and Name (If any) of the place where the activity was held. |
| 03/27/14 | 300 | Breakfast | Penna's of Sterling 38400 Van Dyke Ave. Sterling Heights, MI 48312 Private Residence |
| 7. Total Contributions | \$67,350.00 | | |
| 8. Other Receipts | | | |
| 9. Gross Receipts (Add lines 7 | and 8) | | |
| 10. Total Cost of Event (Total Cost includes In-Kind Co | \$11,057.73 and All Expenditure | es Made For the Event) | |
| 11. Check if event was a jo | int fund raiser and complete th | ne following: | |
| Co-Sponsor(s) | Contribution (%) | Split | Expenditure Split (%) |
| | · - | | |
| | | | |
| | | | |
| | , <u>,, , , , , , , , , , , , , , , , , ,</u> | ······································ | |
| | | | |
| | · · · · · · · · · · · · · · · · · · · | | |
| • | | | - |
| The committee is require. | red to file a separate Fund Rai | ser Schedule for each fund rais | ing event held during the |

- 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.

| Page _' of | Page | 1_ | of | 2 | |
|------------|------|----|----|---|--|
|------------|------|----|----|---|--|



FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

1. Committee I.D. Number 013853-3

2. Committee Name Mark Hackel for County Executive

| | LISE A SEDADATE SU | EET FOR EACH EVENT | |
|---|---|--|--|
| | | EET FOR EACH EVENT | |
| 3. Date Event Was Held | Number of Individuals Attending or Participating (whichever is greater) | 5. Type of Fund Raising Activity | 6. Address and Name (If any) of the place where the activity was held. |
| 11/07/13 | 56 | Dinner at DAC | Detroit Athletic Club 241 Madison St. Detroit, MI 48226 Private Residence |
| | Reported on | 2013 | The state of the s |
| 7. Total Contributions | Campaign Rep | ort | |
| 8. Other Receipts | | | |
| 9. Gross Receipts (Add lines 7 | and 8) | | |
| 10. Total Cost of Event (Total Cost includes In-Kind C | \$1,138.28 Am ontributions and All Expenditures | ount paid in 2014 Made For the Event) | |
| 11. Check if event was a j | oint fund raiser and complete the | e following: | |
| Co-Sponsor(s) | Contribution S (%) | 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.

| Page | 2 | of 2 |
|------|---|------|
| | | |