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CARMELLA SABAUGH
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 01/01/14 to 07/20/14

1. Committee I.D. Number
013853-3

2. Committee Name
Mark Hackel for County Executive

4. Candidate Last Name: Hackel First Name: Mark M.I.: A.

4a. Office Sought Including District # or Community Served (If applicable)
County Executive 12

4b. County of Residence **MACOMB**

5. Committee's Mailing Address
12900 Hall Rd.
Suite 500
Sterling Heights, MI 48313

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 be sent to this address by the filing official.

6. Treasurer's Name & Residential Address
Harold J. Burns
1460 Kinney Rd.
Memphis, MI 48041

Area Code & Phone (586) 208-8110

7. Treasurer's Business Address
12900 Hall Rd.
Suite 500
Sterling Heights, MI 48313

Area Code and Phone (586) 254-1040

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

Area Code and Phone

9. TYPE OF STATEMENT

9a. [X] Pre-Election OR 9b. [ ] Post-Election

Pre-Election or Post-Election Statement relates to:

- [X] Primary
- [ ] General
- [ ] Convention
- [ ] Special
- [ ] School
- [ ] Caucus

Date of Election, Convention or Caucus
08/05/14

Required ONLY if candidate is not on the ballot for the current year:

- [ ] July Quarterly
- [ ] October Quarterly

9c. [ ] Annual Statement (_____) Coverage Year

9d. [X] Amendment to Campaign Statement (Complete item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)

9e. Dissolution of Candidate Committee

[ ] By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is hereby discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper: Harold J. Burns (Type or Print Name) _____ (Signature) Date: 8-7-14

Candidate: Mark A. Hackel (Type or Print Name) _____ (Signature) Date: 8-7-14

Authority granted under P.A. 388 of 1976

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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 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:
UAW Michigan V-PAC
8000 E. Jefferson
Detroit MI 48214

$1,000.00 | $1,000.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

Click Here for Memo Itemization

3. Contribution #2 PAC Receipt? ☑ YES 4. Date of Receipt 03/27/14

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:

Occupation PAC Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

Click Here for Memo Itemization

3. Contribution # 3 PAC Receipt? ☑ YES 4. Date of Receipt 01/09/14

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:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Click Here for Memo Itemization

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:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

Click Here for Memo Itemization

Page Subtotal $4,525.00

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

Enter this total on line 3a of Summary Page.