



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.

1. Committee I.D. Number 013853-3		3. This Statement covers From: 07/21/14 to 08/25/14	
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 <small>If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.</small>		6. Treasurer's Name & Residential Address Harold J. Burns 1460 Kinney Rd. Memphis, MI 48041 Area Code & Phone (586) 206-8110	
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. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus Date of Election, Convention or Caucus 08/05/14		9e. Dissolution of Candidate Committee <input type="checkbox"/> By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no 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	
Candidate		Mark A. Hackel Type or Print Name	
		Signature	



**ITEMIZED EXPENDITURES
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 <u>Frank Taylor Group, Inc.</u> Address <u>55618 Stewart Dr.</u> <u>Macomb MI 48042</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Expense Reimbursement</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/01/14</u> Date	\$ <u>164.80</u>
Expenditure #2 Name <u>Office Max</u> Address <u>18493 Hall Road</u> <u>Macomb MI 48044</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Office Supplies</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/01/14</u> Date	\$ <u>-164.80</u>
Expenditure #3 Name <u>American Graphics Printing</u> Address <u>34895 Groesbeck</u> <u>Clinton Twp., MI 48035</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Support Letter</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/01/14</u> Date	\$ <u>45.90</u>
Expenditure #4 Name <u>The Macomb Township Historical Commission</u> Address <u>54111 Broughton Rd.</u> <u>Macomb Twp., MI 48042</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>General Donation</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/04/14</u> Date	\$ <u>225.00</u>
Expenditure #5 Name <u>Thayer and Associates</u> Address <u>4725 Pickering Road</u> <u>Bloomfield Hills, MI 48301</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Public Relations Consulting</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/06/14</u> Date	\$ <u>4,500.00</u>

Subtotal this page **\$4,935.70**

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

Enter this total
on line 8a of
Summary Page