



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 11/25/14 to 07/20/15

1. Committee I.D. Number

013853-3

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**

2. Committee Name

Mark Hackel for County Executive

5. Committee's Mailing Address

12900 Hall Rd.
Suite 500
Sterling Heights, MI 48313

6. Treasurer's Name & Residential Address

Harold J. Burns
1460 Kinney Rd.
Memphis, MI 48041

Area Code and Phone (586) 254-1040

This 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.

Area Code & Phone (586) 206-8110

7. Treasurer's Business Address

12900 Hall Rd.
Suite 500
Sterling Heights, MI 48313

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

Area Code and Phone (586) 254-1040

Area Code and Phone

9. TYPE OF STATEMENT

9a. ☐ Pre-Election OR 9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

- ☐ Primary
☐ General
☐ Convention
☐ Special
☐ School
☐ Caucus

Date of Election, Convention or Caucus

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

☒ July Quarterly☐ October Quarterly9c. ☐ Annual Statement () Coverage Year9d. ☒ Amendment to Campaign Statement (Complete item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)

9e. Dissolution of Candidate Committee

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

8/12/2015

Candidate Mark A. Hackel

Type or Print Name

Signature

Date

8/12/2015



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? <input type="checkbox"/> YES 4. Date of Receipt <u>04/28/15</u> Name & Address: Joe Ballor 24050 28 Mile Rd. Ray Twp. MI 48096		\$ 150.00	\$ 150.00
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Ballor's Towing</u> Business Address <u>57760 Main New Haven MI 48048</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/15/15</u> Name & Address: Thomas Berkery 627 Fisher Rd. Grosse Pointe MI 48230		\$ 150.00	\$ 150.00
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>The Kitch Law Firm</u> Business Address <u>1 Woodward Ave. 24th Floor Detroit MI 48230</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/15/15</u> Name & Address: John Bierbusse 77147 North Mary Grace Court Romeo MI 48065		\$ 150.00	\$ 150.00
5. If over \$100.00 cumulative, please provide: Occupation <u>Dev. Administrator</u> Employer <u>Macomb St. Clair Workforce</u> Business Address <u>21855 Dunham Clinton Twp. MI 48035</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/12/15</u> Name & Address: Nicole Brecht 53247 Pineridge Dr. Chesterfield MI 48051		\$ 150.00	\$ 150.00
5. If over \$100.00 cumulative, please provide: Occupation <u>Homemaker</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$600.00

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

Enter this total on
line 3a of Summary
Page.