



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 10/21/15 to 07/20/16 | |
| 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 type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> Primary <input checked="" 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 _____ | | Required ONLY if candidate is not on the ballot for the current year: <input checked="" type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly 9c. <input type="checkbox"/> Annual Statement (_____) Coverage Year 9d. <input checked="" type="checkbox"/> Amendment to Campaign Statement (Complete item 9a, 9b, 9c or 9e to indicate which Statement is being amended.) | |
| | | 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 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 8/31/16 | |
| Candidate Mark A. Hackel Type or Print Name | | Signature Date 9/2/16 | |



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>11/10/15</u> | |
| Name & Address: Bob Adcock 16784 Lyonhurst Circle Northville MI 48168 | | \$ <u>500.00</u> | \$ <u>800.00</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>President</u> Employer <u>Angelo lafrate Construction</u> Business Address <u>26300 Sherwood Warren MI 48091</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>05/03/16</u> | |
| Name & Address: Bob Adcock 16784 Lyonhurst Circle Northville MI 48168 | | \$ <u>300.00</u> | \$ <u>1,100.00</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>President</u> Employer <u>Angelo lafrate Construction</u> Business Address <u>26300 Sherwood Warren MI 48091</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>05/03/16</u> | |
| Name & Address: Jeffrey Atkins 53970 Springwood Drive South Lyon, MI 48178 | | \$ <u>150.00</u> | \$ <u>150.00</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>CPA</u> Employer <u>Plante & Moran</u> Business Address <u>26300 Northwestern Hwy. Southfield MI 48034</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>05/03/16</u> | |
| Name & Address: G. Anthony Agosta 24721 Delwood Harrison Twp. MI 48044 | | \$ <u>150.00</u> | \$ <u>150.00</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>Salesman</u> Employer <u>Freedom Boat Club</u> Business Address <u>36290 Jefferson Ave. Harrison Twp. MI 48045</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 | |

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.