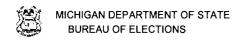


CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

| Report must be legible, typed or printed in ink and s the treasurer (or designated record keeper) and car | signed by ndidate. | 3. This Statement covers: fro | _m 07/21/16 | to 10/20/16 | |
|---|-----------------------------|---|---|---|--------------------|
| 1. Committee I.D. Number | | 4. Candidate Last Name | First N | | M.I. |
| 013853-3 | | Hackel | Mark | | A. |
| | | 4a. Office Sought Including Dis | trict # or Community S | erved (If applicable) | |
| 2. Committee Name | | County Executive 12 | | | |
| Mark Hackel for County Exe | cutive | 4b. County of Residence MA | СОМВ | | |
| 5. Committee's Mailing Address | | 6. Treasurer's Name & Reside | ntial Address | 33. | |
| 12900 Hall Rd. | | Harold J. Burns | | 7 20 | 16 |
| Suite 500 | | 1460 Kinney Rd. | | 2 03 | 0CT |
| Sterling Heights, MI 48313 | | Memphis, MI 48041 | | Mor. | FILE [25 |
| Area Code and Phone (586) 254-1040 If the address in this box is different from the committ mailing address on the Statement of Organization, m be sent to this address by the filing official. | | Area Code & Phone (586) 20 | 6-8110 | A SABAUT DUNTY CL VS. MICHIC | PM -: |
| 7. Treasurer's Business Address | | 8. Designated Record Keeper | 's Name and Mailing A | ddress (If the committ | tee han a |
| 12900 Hall Rd. | | Designated Record Keeper) | | <u>(1)</u> | |
| Suite 500 | | | | 4 17 | |
| Sterling Heights, MI 48313 | | | | | |
| | | | | | |
| Area Code and Phone (586) 254-1040 | | Area Code and Phone | | | · |
| 9. TYPE OF STATEMENT | Dii ON | II V !6 11:1-4- | 9e. Dissolution of C | Candidate Committee |) |
| 9a. Pre-Election OR 9b. Post-Election | is not on the current year: | | by the committee to the | item I/We certify any o | her spouse is here |
| Pre-Election or Post-Election Statement relates to: | July Quarte | orty | the committee. The c | rgiven and no longer c committee has no outs | tanding assets, |
| Primary | Jouly Quart | city | lowes no lates fees or | has any outstanding of | lebt. |
| General | X October Q | uarterly | Further, if the dissolut | ion cannot be granted | I that this he |
| Convention | | | considered a request | for the Reporting Wai | ver. |
| | 9c. 🗀 🛦 | | | | |
| | Annua | Statement () | Effective da | ate of dissolution | |
| School | | Coverage Year | | | |
| Caucus | (Comp | dment to Campaign Statement olete Item 9a, 9b, 9c or 9e to te which Statement is being led.) | Note: The disposition of residual funds must be reported of Schedule 1B and the Summary Page. | | at be reported on |
| Date of Election, Convention or Caucus | | | | | |
| | | | | | |
| | | | | | |
| Verification: I/We certify that all reasonable diliger my\our knowledge and belief the contents are true, ac | | | ent and attached sched | Jules (if any) and to th | e best of |
| Current Treasurer or Harold J. Burn | | H. 4111 | | 10/24 | 1/16 |
| Designated Record Keeper Type or Print Name | | Signature | | Date | |
| Candidate Mark A. Hackel | | Mar A. | Horas | Date10/24 | 1/16 |
| Type or Print Name | | Signature | | | |

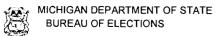


SUMMARY PAGE

1. Committee I.D. Number 013853-3

1. Committee i.b. Nu

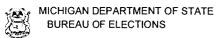
| CANDIDATE COMMITTEE | 2. Committee Name Walk Hacker for | County Executive |
|--|-----------------------------------|--|
| RECEIPTS | Column I This Period | Column II Cumulative this election cycle |
| 3. Contributions | | |
| a. Itemized (Schedule 1A - Column 6) | (3a.) \$ <u>15,350.00</u> | |
| b. Unitemized (less than \$20.01 each - no Schedule) | (3b.) \$NOT APPLICABLE | |
| c. Subtotal of "Contributions" | (3c.) \$ \$15,350.00 | (18.) \$ \$156,216.00 |
| 4. Other Receipts (Schedule 1A -1, Column 6) | (4.) \$ \$100.21 | (19.) \$ \$101.63 |
| 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4) | (5.) \$ \$15,450.21 | (20.) \$ \$156,317.63 |
| N-KIND CONTRIBUTIONS & EXPENDITURES | | |
| 6. In-Kind Contributions (Schedule 1-IK, Column 7) | (6.) \$ \$0.00 | (21.) \$ \$0.00 |
| 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.) \$ _\$23,043.38 | |
| 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.) \$ \$23,043.38 | (23.) \$ \$171,452.40 |
| 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 | (, 4 | (-", - |
| a. Owed by the Committee (Schedule 1E) | (12a.) \$\$0.00 | |
| b. Owed to the Committee (Schedule 1E) | (12b.) \$ _\$0.00 | |
| | BALANCE STATEMENT | |
| 13. Ending Balance of last report filed | (13.) \$_\$31,835.35 | |
| (Enter zero if no previous reports have been filed.) 14. Amount received during reporting period | (14.) + \$ \$15,450.21 | |
| (Line 5, Total Contributions & Other Receipts) | (15.) = \$ <u>\$47,285.56</u> | |
| 15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period | | _ |
| (Add lines 9 and 11) 17. ENDING BALANCE | (16.) - \$ \$23,043.38 | |
| (Subtract line 16 from line 15) | (17.) \$ \$24,242.18 | * |



CANDIDATE COMMITTEE

1. Committee I.D. Number ____013853-3

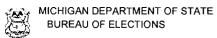
| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|--|--|
| 3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 09/22/16 Name & Address: | | |
| Dominic Abbate 3690 Bridport Ln. Oakland MI 48363 | _s 100.00 | _s 525.00 |
| 5. If over \$100.00 cumulative, please provide: | · | |
| Occupation Architect Employer Wakely Associates, Inc. | Click Here fo | or Memo Itemization |
| Business Address 30500 Van Dyke Ave. Warren MI 48093 | | |
| Type of Contribution: Direct Loan from a person 🗸 Fund Raiser | | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/22/16 Name & Address | | |
| Nicholas Aiuto 41100 Conger Bay Dr. Harrison Twp. MI 48045 | _{\$} _500.00 | _{\$} 1,500.00 |
| 5. If over \$100.00 cumulative, please provide: | Click Here fo | r Memo Itemization |
| Occupation Owner Employer Nick's Towing | | |
| Business Address 42870 North Walnut Clinton Twp. MI 48035 | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 09/22/16 Name & Address: | | |
| Gebran S. Anton One Sycamore Grosse Pointe MI 48230 | _{\$} 100.00 | _{\$} 350.00 |
| 5. If over \$100.00 cumulative, please provide: | Click Here for | Memo Itemization |
| Occupation Owner Employer Anton Management | | |
| Business Address 79 Macomb Place Mt. Clemens MI 48043-5625 | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09/22/16 Name & Address | | |
| Joel Ballor 50383 Heatherwood Ln. Shelby Twp. MI 48317 | _{\$} _100.00 | _{\$_} 400.00 |
| 5. If over \$100.00 cumulative, please provide: | Oliala I I ana fan | NA Itamination |
| Occupation Owner Employer Joe Ballor Towing | Click Here for | Memo Itemization |
| Business Address 57760 Main St. New Haven MI 48048 | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| Page Subtotal Grand Total of All Schedules 1A | \$800.00 | |
| (Complete on last page of Schedule) | Enter this total on line 3a of Summary | J |



CANDIDATE COMMITTEE

1. Committee I.D. Number ______013853-3

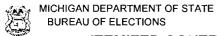
| Enter contributor's nan middle initial. Check b Committee (PAC) Rep | ox to indicate if con | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) | | | | |
|---|-----------------------|-----------|--|--------------|---|--|----------------------|
| Contribution # 1 Name & Address: | PAC Receipt? | YE | S 4. Date of F | Receip | ot 09/22/16 | • | |
| Christopher Baratta 31 Kerby Ct. Grosse Pointe Farms | MI 48236 | | | | | _{\$} 100.00 | _{\$} 100.00 |
| 5. If over \$100.00 cum | ulative, please pro | vide: | | | | Click Horo f | or Memo Itemization |
| Occupation | | _ Em | ployer | | | Click Here i | or Memo itemization |
| Business Address | | | | | | | |
| Type of Contribution: | Direct | Lo | an from a person | \checkmark | Fund Raiser | | |
| Contribution #2 Name & Address | PAC Receipt? | YE | S 4. Date of R | eceip | t <u>09/22/16</u> | | |
| Sandy Baruah 750 Middlesex Rd. Grosse Pointe Park N | 1 1 48230 | | | | | _{\$} _100.00 | _{\$} 100.00 |
| 5. If over \$100.00 cum | | | | | | Click Here fo | or Memo Itemization |
| Occupation | | - Emplo | oyer | | ************************************** | | |
| Business Address | | | | | * **** | | |
| Type of Contribution: | Direct | Loa | in from a person | V | Fund Raiser | | |
| Contribution # 3 Name & Address; | PAC Receipt? | YE | ES 4. Date of F | Receip | ot 09/22/16 | | |
| Karen Bathanti 4896 Royal Cove Dr. Shelby Twp. MI 4831 | 6-1502 | | | | | _{\$} 100.00 | _{\$} 100.00 |
| 5. If over \$100.00 cum | ulative, please pro | vide: | | | | Click Here fo | r Memo Itemization |
| Occupation | | Emp | loyer | | | | |
| Business Address Type of Contribution: | Direct | Loa | an from a person | ✓ | Fund Raiser | | |
| 3. Contribution # 4 Name & Address | PAC Receipt? | Y | ES 4. Date of I | Recei | ot 09/22/16 | - | |
| Victor Battani 49608 Goulette Pointe Chesterfield MI 48047 | | | | | | _{\$} 100.00 | _s _100.00 |
| 5. If over \$100.00 cum | ulative, please pro | vide: | | | | Click Here for | r Memo Itemization |
| Occupation | | _ E | mployer | | | | |
| Business Address | | | | | | | |
| Type of Contribution: | Direct | Loa | an from a person | \checkmark | Fund Raiser | | |
| | | | | | Page Subtotal | \$400.00 | |
| | | | (C | | nd Total of All Schedules 1A ete on last page of Schedule) | Entor this total a | |
| Page 2 of 24 | | | | | | Enter this total on line 3a of Summary Page. | |



CANDIDATE COMMITTEE

1. Committee I.D. Number _____013853-3

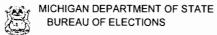
| Enter contributor's nar middle initial. Check t Committee (PAC) Rep | ox to indicate if cont | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) | | | | |
|---|---|--------------------|--|---|--|-------------------------|--|
| Contribution # 1 Name & Address: Karen Beasley | PAC Receipt? | YES 4. Date | of Receip | t <u>09/22/16</u> | | | |
| 1157 Sandy Ridge Rochester Hills MI 48 | 3306 | | | | _{\$} 100.00 | _{\$} 100.00 | |
| 5. If over \$100.00 cun | nulative, please pro | Click Horo f | or Memo Itemization | | | | |
| Occupation | | Employer | | | Click Hele I | or memo nemization | |
| Business Address | | | | | | | |
| Type of Contribution: | Direct | Loan from a persor | ¬ ✓ | Fund Raiser | | | |
| Contribution #2 Name & Address | PAC Receipt? | YES 4. Date | of Receip | 09/22/16 | - | | |
| Joseph V. Bellanca 54496 Flamingo Driv Shelby Twp. MI 4831 | | | | | _{\$} 100.00 | _{\$} 100.00 | |
| 5. If over \$100.00 cum | ulative, please pro | | | | Click Here fo | or Memo Itemization | |
| Occupation | *** 110.01 (8) \$100.00 \$20.00 \$20.00 | _ Employer | | | | | |
| Business Address | | | | ··· | | i | |
| Type of Contribution: | Direct | Loan from a person | | Fund Raiser | | | |
| Contribution # 3 Name & Address: | PAC Receipt? | YES 4. Date | of Receip | ot 09/22/16 | | | |
| Gary Broad 20850 Moxon Dr. Clinton Twp. MI 4803 | 6 | | | | _{\$} _200.00 | _{\$} 700.00 | |
| 5. If over \$100.00 cum | nulative, please pro | ovide: | | | Click Here for Memo Itemization | | |
| Occupation CEO/Pre | esident | _ Employer_Midwest | t Steel | | | | |
| Business Address 252 | | | | | | | |
| Type of Contribution: | Direct | Loan from a person | | Fund Raiser | | | |
| 3. Contribution # 4 Name & Address | PAC Receipt? | YES 4. Date | e of Recei _l | pt <u>09/22/16</u> | - | | |
| Michael A. Chirco 6166 Woodbridge Washington MI 48094 | ļ | | | | _{\$} 100.00 | _{\$_} 2,875.00 | |
| 5. If over \$100.00 cum | | vide: | | | Click Here for | r Memo Itemization | |
| Occupation Develop | | Employer MJC | | | . Ollow Field IO | Monto Romization | |
| Business Address 46 | 600 Romeo Pla | ank Rd. Suite 5 M | acomb | MI 48044 | | | |
| Type of Contribution: | Direct | Loan from a person | ı ✓ | Fund Raiser | | | |
| | | | | Page Subtot | ^{al} \$500.00 | | |
| | | | | nd Total of All Schedules 1. ete on last page of Schedul | e) | _ | |
| Page 3 of 24 | | | | | Enter this total on line 3a of Summary Page. | | |



CANDIDATE COMMITTEE

1. Committee I.D. Number ____013853-3

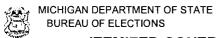
| Enter contributor's nar middle initial. Check t Committee (PAC) Rep | ox to indicate if cont | ter last name, first name, ee or an Independent | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) | | | |
|---|------------------------|--|----------------------------|--|--|--|-----------------------|
| Contribution # 1 Name & Address: | PAC Receipt? | | YES 4. Date of | f Receipt | 09/22/16 | | |
| Joseph Ciolino 15410 Uthers Clinton Twp. MI 4803 | 8 | | | | | _s 100.00 | _s 100.00 |
| 5. If over \$100.00 cun | nulative, please pro | vid | e: | | | ~ | |
| Occupation | | | Employer | | | Click Here fo | 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 | 09/22/16 | | |
| Angelo Dalessandro 13046 Ruby Dr. Shelby Twp. MI 4831 | 5 | | | | | _{\$} _100.00 | <u>\$ 100.00</u> |
| 5. If over \$100.00 cum | nulative, please pro | vide | :: | | | Click Here fo | r Memo Itemization |
| Occupation | | Er | nployer | | | | |
| Business Address | | | | | | | |
| Type of Contribution: | Direct | | Loan from a person | \checkmark | Fund Raiser | | |
| 3. Contribution # 3 Name & Address: | PAC Receipt? | | YES 4. Date o | f Receipt | 09/22/16 | | |
| Raymond DeBates, 27500 Harper, Suite St. Clair Shores MI 4 | 200 | | | | | § 200.00 | _{\$} 200.00 |
| 5. If over \$100.00 cum | nulative, please pro | vide |); | | | Click Here for | Memo Itemization |
| Occupation Attorney | | | _{mployer} Raymond | DeBat | es Esq. | | |
| Business Address 275 | | - | | | 100000000000000000000000000000000000000 | | |
| Type of Contribution: | Direct | | Loan from a person | \checkmark | Fund Raiser | | |
| Contribution # 4 Name & Address | PAC Receipt? | | YES 4. Date of | of Receip | 09/22/16 | | • |
| Michael DeVault 7910 Walters Rd. Laingsburg MI 48848 | | | | | | _{\$} 100.00 | _{\$_} 500.00 |
| 5. If over \$100.00 cun | nulative, please pro | vide | : : | | | Click Here for | · Memo Itemization |
| Occupation Supering | tendent | - | Employer Macom | b Intern | nediate School District | Click Here to | Memo Remization |
| Business Address 44 | 001 Garfield Ro | d. (| Clinton Twp. MI 4 | 8038-1 | 100 | | |
| Type of Contribution: | Direct | | Loan from a person | \checkmark | Fund Raiser | | |
| | | | | | Page Subtotal | \$500.00 | |
| | | | | | d Total of All Schedules 1A e on last page of Schedule) | | |
| Page 4 of 24 | _ | | | • | , | Enter this total on line 3a of Summary Page. | |



CANDIDATE COMMITTEE

1. Committee I.D. Number ____013853-3

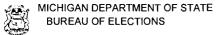
| Enter contribution is name and address. If contribution is from an individual, enter last name, first name, indide initial. Check bot to indicate fromtribution is from a Political Committee or an Independent PAG Receipt YES 4. Date of Receipt 09/22/16 | | | | | | | | |
|---|-------------------------|---|------|--------------------|---|--------------------------------|-----------------------|-----------------------|
| Name & Address: | middle initial. Check l | oox to indicate if contoort all contributions | | 6. Amount | Election Cycle for Each Contributor (Through | | | |
| \$ 100.00 | | PAC Receipt? | | YES 4. Date of | of Receipt | 09/22/16 | | |
| Source Hills MI 48304 \$100.00 \$200.00 | | | | | | | | |
| Cocupation Retired Employer Click Here for Memo Itemization Business Address Type of Contribution: Direct Loan from a person V Fund Raiser 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/22/16 Name & Address Frank Diponio 51173 Simone Industrial Dr. Shelby Twp. MI 48316 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Cocupation Employer Sunder Receipt? PES 4. Date of Receipt 09/22/16 Name & Address Type of Contribution: Direct Loan from a person V Fund Raiser 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 09/22/16 Name & Address: Janet Dunn 22615 Pigeon River Dr. Sunderom bill 48042 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Cocupation Employer Sunderom PAC Receipt? PLS 4. Date of Receipt 09/22/16 Sunderom bill 48042 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Cocupation Employer Sunderom PAC Receipt? PLS 4. Date of Receipt 09/22/16 Name & Address Walid Fakhoury Sunderom Attorney Employer Fakhoury Law Firm, PC Business Address 225 S. Main St. 3rd Floor Royal Oak MI 48067 Type of Contribution: Direct Loan from a person V Fund Raiser Click Here for Memo Itemization | • | 3304 | | | | | _s 100.00 | _{\$} 200.00 |
| Occupation Nettred Employer Loan from a person V Fund Raiser 3. Contribution: Direct Loan from a person V Fund Raiser 3. Contribution: S | 5. If over \$100.00 cur | nulative, please pro | vid | e: | | | Olista Hans 6 | |
| Type of Contribution: Direct Loan from a person | Occupation Retired | | _ | Employer | | | Click Here to | or Memo Itemization |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/22/16 Name & Address Frank Diponio 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Cccupation | Business Address | | | | | | | |
| Name & Address Frank Diponio 51173 Simone Industrial Dr. Shelby Twp. MI 48316 5. If over \$100.00 cumulative, please provide: Ciick Here for Memo Itemization Cocupation | Type of Contribution: | Direct | | Loan from a person | ✓ | Fund Raiser | | |
| \$ 100.00 s 200.00 Shelby Twp. MI 48316 6. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Cocupation | | PAC Receipt? | | YES 4. Date of | of Receipt | 09/22/16 | • | |
| Business Address Type of Contribution: Direct Loan from a person Fakhoury Law Firm, PC Business Address: Type of Contribution: Direct Loan from a person Fakhoury Law Firm, PC Business Address 225 S. Main St. 3rd Floor Royal Oak MI 48067 Type of Contribution: Direct Loan from a person Fakhoury Law Firm, PC Business Address 225 S. Main St. 3rd Floor Royal Oak MI 48067 Type of Contribution: Direct Loan from a person Fakhoury Law Firm, PC Business Address 225 S. Main St. 3rd Floor Royal Oak MI 48067 Type of Contribution: Direct Loan from a person Fakhoury Law Firm, PC Business Address 2500.00 Click Here for Memo Itemization Click Here for Memo Itemization Click Here for Memo Itemization | 51173 Simone Indus | | | | | | _{\$} _100.00 | _{\$} 200.00 |
| Business Address Type of Contribution: Direct Loan from a person V Fund Raiser 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 09/22/16 Name & Address: Janet Dunn 22615 Pigeon River Dr. Macomb MI 48042 5. If over \$100.00 cumulative, please provide: Coccupation Employer Business Address Type of Contribution: Direct Loan from a person V Fund Raiser 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09/22/16 Name & Address Walld Fakhoury 54234 Meadowood Ct. Shelby Twp. MI 48316 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization | 5. If over \$100.00 cun | nulative, please pro | vid | : : | | | Click Here fo | or Memo Itemization |
| Type of Contribution: Direct Loan from a person | Occupation | | Er | nployer | | | | |
| 3. Contribution # 3 Name & Address: Janet Dunn 22615 Pigeon River Dr. Macomb MI 48042 5. If over \$100.00 cumulative, please provide: Cocupation | Business Address | | | | | ···· | | |
| Name & Address: Janet Dunn 22615 Pigeon River Dr. Macomb MI 48042 5. If over \$100.00 cumulative, please provide: Cccupation Employer Business Address Type of Contribution: Direct Loan from a person ✓ Fund Raiser 3. Contribution # 4 Name & Address Walid Fakhoury 54234 Meadowood Ct. Shelby Twp. MI 48316 5. If over \$100.00 cumulative, please provide: Cccupation Attorney Employer Fakhoury Law Firm, PC Business Address 225 S. Main St. 3rd Floor Royal Oak MI 48067 Type of Contribution: Direct Loan from a person ✓ Fund Raiser Page Subtotal (Complete on last page of Schedule) Enter this total on Enter this total on | Type of Contribution: | Direct | | Loan from a person | ✓ | Fund Raiser | | |
| 22615 Pigeon River Dr. Macomb MI 48042 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Society Standards Type of Contribution: Direct Loan from a person YES 4. Date of Receipt 09/22/16 Society Standards Society Standards Society Standards Society Standards Click Here for Memo Itemization Click Here for Memo Itemizati | | PAC Receipt? | | YES 4. Date | of Receipt | 09/22/16 | | |
| S. If over \$100.00 cumulative, please provide: Occupation Employer | 22615 Pigeon River I | Or. | | | | | _{\$} 100.00 | _{\$} 100.00 |
| Business Address Type of Contribution: Direct Loan from a person V Fund Raiser 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09/22/16 Name & Address Walid Fakhoury 54234 Meadowood Ct. Shelby Twp. MI 48316 5. If over \$100.00 cumulative, please provide: Occupation Attorney Employer Fakhoury Law Firm, PC Business Address 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) Enter this total on | 5. If over \$100.00 cun | nulative, please pro | vid | : : | | | Click Here for | Memo Itemization |
| Type of Contribution: Direct Loan from a person | Occupation | | . [| mployer | | | | |
| 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09/22/16 Name & Address Walid Fakhoury 54234 Meadowood Ct. Shelby Twp. MI 48316 5. If over \$100.00 cumulative, please provide: Occupation Attorney Employer Fakhoury Law Firm, PC Business Address 225 S. Main St. 3rd Floor Royal Oak MI 48067 Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal (Complete on last page of Schedule) Enter this total on | | 78: | _ | | [7] | | | |
| Name & Address Walid Fakhoury 54234 Meadowood Ct. Shelby Twp. MI 48316 5. If over \$100.00 cumulative, please provide: Occupation Attorney Employer Fakhoury Law Firm, PC Business Address 225 S. Main St. 3rd Floor Royal Oak MI 48067 Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal \$500.00 Grand Total of All Schedules 1A (Complete on last page of Schedule) Enter this total on | | | _ | <u> </u> | <u></u> | | | |
| 54234 Meadowood Ct. Shelby Twp. MI 48316 5. If over \$100.00 cumulative, please provide: Occupation Attorney Employer Fakhoury Law Firm, PC Business Address 225 S. Main St. 3rd Floor Royal Oak MI 48067 Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal (Complete on last page of Schedule) Enter this total on | | PAC Receipt? | L | YES 4. Date | of Receip | 09/22/16 | | |
| Occupation Attorney Employer Fakhoury Law Firm, PC Business Address 225 S. Main St. 3rd Floor Royal Oak MI 48067 Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal \$500.00 Grand Total of All Schedules 1A (Complete on last page of Schedule) Enter this total on | 54234 Meadowood C | | | | | | _{\$} 200.00 | _{\$_} 200.00 |
| Occupation Attorney Employer Fakhoury Law Firm, PC Business Address 225 S. Main St. 3rd Floor Royal Oak MI 48067 Type of Contribution: □ Direct □ Loan from a person ▼ Fund Raiser Page Subtotal \$500.00 Grand Total of All Schedules 1A (Complete on last page of Schedule) Enter this total on | 5. If over \$100.00 cum | nulative, please pro | vid |); | | | Click Horo for | Momo Itomization |
| Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal \$500.00 Grand Total of All Schedules 1A (Complete on last page of Schedule) Enter this total on | Occupation Attorne | у | _ | Employer Fakho | ury Law | Firm, PC | Click Here to | wemo temization |
| Page Subtotal \$500.00 Grand Total of All Schedules 1A (Complete on last page of Schedule) Enter this total on | Business Address 22 | 5 S. Main St. 3 | rd l | Floor Royal Oak | MI 480 | 067 | | |
| Grand Total of All Schedules 1A (Complete on last page of Schedule) Enter this total on | | | | 1 | ✓ | | | |
| (Complete on last page of Schedule) Enter this total on | | | | | | Page Subtotal | \$500.00 | |
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| P208 OT P208 | Page 5 of 24 | | | | Complet | ie on last page of Schedule) (| | |



CANDIDATE COMMITTEE

1. Committee I.D. Number _____013853-3

| Enter contributor's nan middle initial. Check b Committee (PAC) Rep | ox to indicate if cont | nter last name, first name, tee 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 R | leceip | t _09/22/16 | | |
| Noralisa Ferlito 37335 Casa Bella Ct. Clinton Twp. MI 4803 | | | | | | _{\$} 200.00 | _{\$} 2,000.00 |
| 5. If over \$100.00 cum | ulative, please pro | vide | : | | | Oliak Hara f | on Maura Itaurimatian |
| Occupation Homema | aker | _ | mployer | | | Click Here to | or Memo Itemization |
| Business Address | | <u></u> | | | * · · · · · · · · · · · · · · · · · · · | | |
| Type of Contribution: | Direct | | Loan from a person | √ | Fund Raiser | | |
| Contribution #2 Name & Address | PAC Receipt? | | YES 4. Date of R | eceipt | 09/22/16 | | |
| Tony J. Gallo 6303 26 Mile Rd., Su Washington MI 48094 | | | | | | _{\$} 200.00 | _{\$} 400.00 |
| 5. If over \$100.00 cum | ulative, please pro | | | | | Click Here fo | or Memo Itemization |
| Occupation Owner | | _ Em | _{ployer} Gallo Compa | nies | | | |
| Business Address 630 | 03 26 Mile Rd. S | Suite | 200 Washington N | ∕II 48 | 094 | | |
| Type of Contribution: | Direct | | oan from a person | \checkmark | Fund Raiser | _ | |
| Contribution # 3 Name & Address: | PAC Receipt? | | YES 4. Date of F | Receip | ^t 09/22/16 | | |
| James W. Galloway 61624 Bunker Hill Dr. Washington MI 48094 | . | | | | | _{\$} 100.00 | _{\$} 200.00 |
| 5. If over \$100.00 cum | ulativo ploase pro | vida | | | | Click Here for | r Memo Itemization |
| Occupation Owner | ulative, please pro | | m _{ployer} Jet's Pizza | | | | |
| Business Address 375 | 01 Mound Rd. Ste | - | | | *************************************** | | |
| Type of Contribution: | Direct | _ | Loan from a person | V | Fund Raiser | | |
| Contribution # 4 Name & Address | PAC Receipt? | | YES 4. Date of F | Receip | ot 09/22/16 | | |
| Karen Gelios 16822 White Plains Macomb MI 48044 | | | | | | _{\$} 100.00 | _{\$_} 100.00 |
| 5. If over \$100.00 cum | ulative, please pro | vide | : | | | Click Horo for | r Memo Itemization |
| Occupation | | _ | Employer | | ·- | Click Here lo | Memo Remization |
| Business Address | | | | | | | |
| Type of Contribution: | Direct | | Loan from a person | \checkmark | Fund Raiser | | |
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| Page 6 of 24 | | | (0) | ompie | no on last page of confedure) | Enter this total on line 3a of Summary Page. | |
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CANDIDATE COMMITTEE

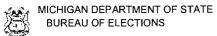
013853-3 1. Committee I.D. Number

Mark Hackel for County Executive

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, 6. Amount 7. Cumulative for middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Election Cycle for Each Contributor (Through Committee (PAC) Report all contributions regardless of amount. date of receipt) 3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 09/22/16 Name & Address: Gary Gendernalik 52624 Laurel Oak Ln. 200.00 Chesterfield MI 48047 <u>,</u> 100.00 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Employer Musili Brennan Associates, PLLC Occupation Attorney Business Address 24001 Greater Mack Ave. St. Clair Shores MI 48080 Type of Contribution: Direct Fund Raiser Loan from a person 3. Contribution #2 YES 4. Date of Receipt 09/22/16 PAC Receipt? Name & Address James George _{\$} 100.00 **1,125.00** 19634 Westchester Clinton Twp. MI 48038 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation Retired Employer_ **Business Address** Type of Contribution: Direct Fund Raiser Loan from a person 4. Date of Receipt 09/22/16 3. Contribution #3 PAC Receipt? YES Name & Address: Luciano Gianino ູ 100.00 375.00 40256 Emerald Ln W. Clinton Twp. MI 48038 Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide: Employer Luciano's Restaurant Occupation Restaurant Owner Business Address 39091 Garfield Rd. Clinton Twp. MI 48038 Type of Contribution: Direct Loan from a person Fund Raiser PAC Receipt? 3. Contribution # 4 4. Date of Receipt 09/22/16 Name & Address Dana Gire 37567 Radde St. 100.00 100.00 Clinton Twp. MI 48036 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation_ Employer _ Business Address _ Fund Raiser Type of Contribution: Loan from a person Direct Page Subtotal \$400.00 Grand Total of All Schedules 1A (Complete on last page of Schedule)

Page 7 of 24

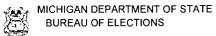
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CANDIDATE COMMITTEE

1. Committee I.D. Number _____013853-3

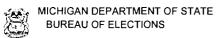
| Enter contributor's name ar middle initial. Check box to Committee (PAC) Report a | indicate if contrib | | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) | | |
|---|---------------------|--------------------|--------------------|--|--|-----------------------|
| 3. Contribution # 1 Name & Address: | PAC Receipt? | YES 4. Date of | of Receipt | 09/22/16 | | |
| Paul Glantz 303 Gray Woods Lane Lake Angelus MI 48326 | | | | | _{\$} 200.00 | _{\$} 400.00 |
| 5. If over \$100.00 cumulat | ive, please provi | | | | Click Horo f | or Mama Itamization |
| Occupation CEO | | Employer Proctor | Financia | al, Inc. | Click Here it | or Memo Itemization |
| Business Address 5225 (| Crooks Rd. Tro | y MI 48098 | | | | |
| | Direct | Loan from a person | ✓ | Fund Raiser | | |
| Contribution #2 Fame & Address | PAC Receipt? | YES 4. Date of | of Receipt | 09/22/16 | | |
| Steven Gold 13340 Balfour Ave. Huntington Woods MI 480 | 070 | | | | _{\$} _100.00 | _{\$} 500.00 |
| 5. If over \$100.00 cumulati | | | County | | Click Here fo | or Memo Itemization |
| Occupation Administrato | | | | | | |
| Business Address 1 Sout | h Main 8th Flo | or Mt. Clemens M | 1 48043 | | | |
| Type of Contribution: | Direct | Loan from a person | ✓ | Fund Raiser | | |
| Contribution # 3 Fame & Address: | PAC Receipt? | YES 4. Date | of Receipt | 09/22/16 | | |
| Mark Grabow 20125 25 Mile Rd. Macomb MI 48042 | | | | | _{\$} 100.00 | _{\$} _100.00 |
| 5. If over \$100.00 cumulat | ive, please provid | de: | | | Click Here fo | 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 Receip | t 09/22/16 | | |
| Thomas Guastello 34120 Woodward Ave. Birmingham MI 48009 | | | | | _{\$} 200.00 | _{\$_} 600.00 |
| 5. If over \$100.00 cumulat | ive, please provi | de: | | | | |
| Occupation President/C | | Employer Cente | r Manag | jement | Click Here for | r Memo Itemization |
| Business Address 34120 |) Woodward A | ve. Birmingham | MI 4800 | 09 | | |
| Type of Contribution: | Direct | Loan from a person | V | Fund Raiser | | |
| | | | | Page Subtotal | \$600.00 | |
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| 8 cf 24 | | | , = = p .o. | , -g(0) | Enter this total on line 3a of Summary Page. | |



CANDIDATE COMMITTEE

1. Committee I.D. Number _____013853-3

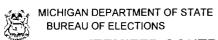
| Enter contributor's nam middle initial. Check be Committee (PAC) Repo | ox to indicate if cont | ter last name, first name, ee or an Independent | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) | | | |
|---|------------------------|--|------------------------------|--|--|--|-----------------------|
| Contribution # 1 Name & Address: | PAC Receipt? | | YES 4. Date of | of Receipt | 09/22/16 | | |
| Thomas Guastello 34120 Woodward Ave Birmingham MI 48009 | | | | | | _{\$} 100.00 | _{\$} 700.00 |
| 5. If over \$100.00 cum | ulative, please pro | | | | | Click Hara fo | or Memo Itemization |
| Occupation Presiden | t/CEO | _ | Employer Center N | Managei | ment | Click Here it | or Memo Remization |
| Business Address 341 | 20 Woodward | Ave | e. Birmingham MI | 48009 | | | |
| Type of Contribution: | Direct | | Loan from a person | ✓ | Fund Raiser | | |
| 3. Contribution #2 Name & Address | PAC Receipt? | | YES 4. Date o | of Receipt | 09/22/16 | | |
| Anthony Gusmano 55332 MacIntosh Ct. Shelby Twp. MI 48310 | 3 | | | | | _{\$} _100.00 | _{\$} 250.00 |
| 5. If over \$100.00 cum | ulative, please pro | vid | : Tonibas C | ·ranhian | Ino | Click Here fo | r Memo Itemization |
| Occupation Owner | | _ | _{nployer} Tenibac G | | , 1110. | | |
| Business Address 351 | 55 Automation | Dr. | Clinton Twp. MI | 48035 | | | |
| Type of Contribution: | Direct | | Loan from a person | ✓ | Fund Raiser | | |
| Contribution # 3 Name & Address: | PAC Receipt? | | YES 4. Date | of Receipt | 09/22/16 | | |
| Robert Huth 19500 Hall Rd., Suite Clinton Twp. MI 4803 | | | | | | _{\$} 100.00 | _s _100.00 |
| 5. If over \$100.00 cum | ulative, please pro | vid | e: | | | Click Here for | Memo Itemization |
| Occupation | | _ 1 | Employer | | | | |
| Business Address | T Discot | | | [7] | F D-1 | | |
| Type of Contribution: | Direct Dancint? | ᄂ | Loan from a person | of Decei | Fund Raiser | | |
| 3. Contribution # 4 Name & Address | PAC Receipt? | L | YES 4. Date | or Receip | ot <u>09/22/16</u> | | |
| Gregory Iacobelli 53639 Christy Dr. Chesterfield MI 48051 | | | | | | _{\$} 200.00 | _{\$_} 950.00 |
| 5. If over \$100.00 cum | ulative, please pro | vid | | | | Click Here for | r Memo Itemization |
| Occupation Owner | | | Employer Acadia | a Home | Builders, LLC | | |
| Business Address 55 | 110 Wolverine | Dr | . Macomb MI 48 | 044 | | | |
| Type of Contribution: | Direct | | Loan from a person | ✓ | Fund Raiser | | |
| | | | | | Page Subtotal | \$500.00 | |
| 9 24 | | | | - | nd Total of All Schedules 1A te on last page of Schedule) | Enter this total on line 3a of Summary Page. | |



CANDIDATE COMMITTEE

1. Committee I.D. Number ____013853-3

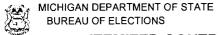
| middle initial. Check I | oox to indicate if cont port <u>all</u> contributions | contribution is from an i tribution is from a Politi regardless of amount. | | | | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|--|--|--|-------------|---|----------|--|--|
| Contribution # 1 Name & Address: | PAC Receipt? | YES 4. Dat | e of Recei | ot 09/22/16 | | | |
| Catherine Imbronone 50828 North Ave. Macomb MI 48042 | • | | | | | _{\$_} 100.00 | _{\$} 100.00 |
| 5. If over \$100.00 cur | nulative, please pro | ovide: | | | | Oliale I Iana 6 | ou Mauro Hausimatian |
| Occupation | | Employer | | | | Click Here to | or Memo Itemization |
| Business Address | | | | | | | |
| Type of Contribution: | Direct | Loan from a perso | on 🗸 | Fund Raiser | | • | |
| 3. Contribution #2 Name & Address | PAC Receipt? | YES 4. Date | e of Receip | 09/22/16 | | | |
| Andrea Jacklyn 969 Huntington Mt. Clemens MI 4804 | 13 | | | | | _{\$} 100.00 | _{\$} _100.00 |
| 5. If over \$100.00 cun | nulative, please pro | vide: | | | | Click Here fo | or Memo Itemization |
| Occupation | | _ Employer | | | | | |
| Business Address | | | | | _ | | |
| Type of Contribution: | Direct | Loan from a person | n ✓ | Fund Raiser | | | |
| Contribution # 3 Name & Address: | PAC Receipt? | YES 4. Dat | e of Recei | ot <u>09/22/16</u> | | | |
| William Jarvis 41800 Executive Dr. Harrison Twp. MI 48 | 045 | | | | | \$ 200.00 | _{\$} 200.00 |
| 5. If over \$100.00 cun | nulative, please pro | vide: | | | | Click Here for | r Memo Itemization |
| Occupation Owner | | _{Employer} Jarvis f | Property | Resoration | | | |
| Business Address 418 | 00 Executive Dr. H | | | | | | |
| Type of Contribution: | Direct | Loan from a perso | n 🗸 | Fund Raiser | | | |
| Contribution # 4 Name & Address | PAC Receipt? | YES 4. Da | te of Rece | pt 09/22/16 | | | |
| Mark Jurcak 37650 Lakeshore Dr. Harrison Twp. MI 480 | 45 | | | | | _{\$} 200.00 | _{\$_} 350.00 |
| 5. If over \$100.00 cun | nulative, please pro | vide: | | | | Click Hara for | · Memo Itemization |
| Occupation Owner | | _ Employer Futu | ramic To | ol & Engineering | Co. | Click Here lor | Memo itemization |
| Business Address 24 | 680 Gibson Dr. | Warren MI 4808 | 9 | | | | |
| Type of Contribution: | Direct | Loan from a perso | n 🗸 | Fund Raiser | | | |
| | | | | Page | Subtotal | \$600.00 | |
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| Page 10 of 24 | _ | | | | | Enter this total on line 3a of Summary Page. | |



CANDIDATE COMMITTEE

1. Committee I.D. Number ______013853-3

| Enter contributor's nam middle initial. Check bo Committee (PAC) Repo | x to indicate if contr | iter last name, first name, see or an Independent | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) | | | |
|--|--|--|---------------------|--|--|--|----------------------|
| 3. Contribution # 1 | PAC Receipt? | Y | ES 4. Date of R | eceipt | 09/22/16 | | |
| Name & Address: John Kapousis 4893 Crystal Creek La Washington MI 48094 | ne | | | | | _{\$_} 100.00 | _{\$} 200.00 |
| 5. If over \$100.00 cum | ulative, please pro | vide: | | | | Click Horo fo | or Memo Itemization |
| Occupation Retired | and the state of t | _ Em | nployer | | | Click Here it | or Memo itemization |
| Business Address | | | | | | | |
| Type of Contribution: | Direct | Le | oan from a person | √ | Fund Raiser | | |
| 3. Contribution #2 Name & Address | PAC Receipt? | YE | ES 4. Date of Re | eceipt | 09/22/16 | | |
| Robert Kirk 19500 Hall Rd., Suite Clinton Twp. MI 48038 | | | | | | _{\$} _100.00 | _{\$} 700.00 |
| 5. If over \$100.00 cum | ılative, please pro | | loyer Centre Court | Pror | nerties IIC | Click Here fo | or Memo Itemization |
| Occupation Attorney | | | | | | | |
| Business Address 195 | 00 Hall Rd. Su | te 10 | 00 Clinton Twp. M | 1 480 | 38 | | |
| Type of Contribution: | Direct | Lo | an from a person | \checkmark | Fund Raiser | | |
| Contribution # 3 Name & Address: | PAC Receipt? | Y | 'ES 4. Date of R | Receip | 09/22/16 | | |
| Laura Kopack 9905 Auburndale St. Livonia MI 48150 | | | | | | _{\$} 100.00 | _{\$} 250.00 |
| 5. If over \$100.00 cum | ulative please prov | vide: | | | | Click Here fo | r Memo Itemization |
| Occupation Director of | | | nlover Mechanical C | ontra | ctors Assoc. of Detroit | | |
| Business Address 1480 | | | | | | | |
| Type of Contribution: | Direct | | oan from a person | V | Fund Raiser | | |
| Contribution # 4 Name & Address | PAC Receipt? | | YES 4. Date of F | Receip | ot 09/22/16 | | |
| Paul Lau 264 W. 23rd Place Chicago IL 60616 | | | | | | _{\$} 100.00 | _{\$} 100.00 |
| 5. If over \$100.00 cum | ulative, please pro | vide: | | | | Click Here for | r Memo Itemization |
| Occupation | | - | Employer | | | | |
| Business Address | | | | | | | |
| Type of Contribution: | Direct | L | oan from a person | \checkmark | Fund Raiser | | |
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| Page11of24 | | | | | | Enter this total on line 3a of Summary Page. | |



013853-3 1. Committee I.D. Number

Mark Hackel for County Executive **CANDIDATE COMMITTEE** Enter contributor's name and address. If contribution is from an individual, enter last name, first name, 6. Amount 7. Cumulative for Election Cycle for Each middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Contributor (Through Committee (PAC) Report all contributions regardless of amount. date of receipt) 3. Contribution # 1 PAC Receipt? 4. Date of Receipt 09/22/16 YES Name & Address: Albert Lorenzo 37581 Woodside Lane 100.00 ູ 650.00 Clinton Twp. MI 48036 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Employer Macomb County Occupation Administrator 1 South Main Mt. Clemens MI 48043 **Business Address** Type of Contribution: Fund Raiser Direct Loan from a person 4. Date of Receipt 09/22/16 YES 3. Contribution #2 PAC Receipt? Name & Address Eugene Lovell , 200.00 , 1,100.00 24300 Little Mack St. Clair Shores MI 48080 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Employer First State Bank Occupation Banker Business Address 24300 Little Mack Ave. St. Clair Shores MI 48081 Fund Raiser Type of Contribution: Direct Loan from a person 3. Contribution #3 PAC Receipt? 4. Date of Receipt 09/22/16 Name & Address: Henry J. Luks _s 100.00 300.00 18738 Rockport St. Roseville MI 48066 Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide: Occupation Employer_. **Business Address** Type of Contribution: Direct Loan from a person **Fund Raiser** 3. Contribution # 4 PAC Receipt? 4. Date of Receipt 09/22/16 Name & Address Diana Magnoli 6402 Baypoint Dr. 200.00 500.00 Washington MI 48094 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation Self-Employed Employer Michelangelo Construction Business Address 59227 Van Dyke Ave. Washington MI 48094 Type of Contribution: **Fund Raiser** Direct Loan from a person

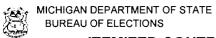
> Grand Total of All Schedules 1A (Complete on last page of Schedule)

Page Subtotal

Enter this total on line 3a of Summary Page.

\$600.00

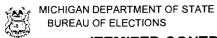
Page 12 of 24



CANDIDATE COMMITTEE

1. Committee I.D. Number _____013853-3

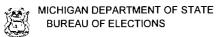
| Enter contributor's nar middle initial. Check b Committee (PAC) Rep | ox to indicate if con | ter last name, first name, e or an Independent | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) | | | |
|---|-----------------------|---|---------------------------------|--|--|--|------------------------|
| Contribution # 1 Name & Address: | PAC Receipt? | | YES 4. Date of R | eceipt | 09/22/16 | | |
| Charles Missig 16884 Kenneth Dr. Macomb MI 48044 | | | | | | _s 100.00 | <u>,</u> 100.00 |
| | | | | | | \$ | \$ |
| 5. If over \$100.00 cun | nulative, please pro | vid | e: | | | Click Here fo | or Memo Itemization |
| Occupation | | _ | Employer | | | | |
| Business Address | | | | | | | |
| Type of Contribution: | Direct | | Loan from a person | \checkmark | Fund Raiser | | |
| Contribution #2 Name & Address | PAC Receipt? | | YES 4. Date of Re | eceipt | 09/22/16 | | |
| Richard Mitchell 32829 Crooks Chesterfield MI 4804 | 7 | | | | | _{\$} _100.00 | _{\$} 200.00 |
| 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 | \checkmark | Fund Raiser | | |
| 3. Contribution # 3 Name & Address: | PAC Receipt? | | YES 4. Date of R | Receipt | 09/22/16 | | |
| John A. Nitz 57477 Willow Way Co Washington MI 48094 | | | | | | § 50.00 | _{\$} 3,375.00 |
| 5. If over \$100.00 cum | ulative, please pro | vide | : : | | | Click Here for | Memo Itemization |
| Occupation Attorney | | _ 6 | _{mployer} O'Reilly Rar | ncilio, | PC | | |
| | | 350 | Sterling Heights MI 48 | 3313 | | | |
| Type of Contribution: | Direct | | Loan from a person | \checkmark | Fund Raiser | | |
| Contribution # 4 Name & Address | PAC Receipt? | | YES 4. Date of F | R e ceipt | 09/22/16 | | |
| Martha Nitz 57477 Willow Way Co Washington MI 48094 | | | | | | _{\$} 50.00 | _{\$_} 50.00 |
| 5. If over \$100.00 cum | ulative, please pro | vid | : | | | Click Here for | Memo Itemization |
| Occupation | | _ | Employer | | | | |
| Business Address | | | | | | | |
| Type of Contribution: | Direct | | Loan from a person | \checkmark | Fund Raiser | | |
| | | | | | Page Subtotal | \$300.00 | ' |
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| Page 13 of 24 | | | | | | Enter this total on line 3a of Summary Page. | |



CANDIDATE COMMITTEE

1. Committee I.D. Number _____013853-3

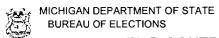
| Enter contributor's nan middle initial. Check b Committee (PAC) Rep | ox to indicate if cont | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) | | | |
|---|---|--------------------|--|---|----------------------------|----------------------|
| 3. Contribution # 1 Name & Address: | PAC Receipt? | YES 4. Da | ite of Rece | pt 09/22/16 | - | |
| Michael Notte 48728 Jamie Circle Shelby Twp. MI 4831 | 7 | | | | _{\$} 100.00 | _{\$} 250.00 |
| 5. If over \$100.00 cum | | | | | Click Here f | for Memo Itemization |
| Occupation Inventor | y Control | _ Employer FCA | - Mopar | Division | Click Here i | or Memo Remization |
| Business Address 26 | 311 Lawrence C | Center Line MI 480 | 015 | | | |
| Type of Contribution: | Direct | Loan from a pers | son 🗸 | Fund Raiser | | |
| Contribution #2 Name & Address | PAC Receipt? | YES 4. Da | te of Recei | pt 09/22/16 | | |
| Michael O'Lear 55204 Timerland Ln. Macomb MI 48042 | | | | | _{\$} 100.00 | _{\$} 100.00 |
| 5. If over \$100.00 cum | • | vide: | | | Click Here for | or Memo Itemization |
| Occupation | | _ Employer | | | | |
| Business Address | | | | 1 | | |
| Type of Contribution: | Direct | Loan from a pers | on √ | Fund Raiser | | |
| 3. Contribution # 3 Name & Address: | PAC Receipt? | YES 4. D | ate of Rece | ^{ipt} 09/22/16 | - | |
| Terry Oplinger 44199 Manitou Dr. Clinton Twp. MI 4803 | 8 | | | | _{\$} 100.00 | _{\$} 100.00 |
| 5. If over \$100.00 cum | nulative, please pro | vide: | | | Click Here fo | or Memo Itemization |
| Occupation | | _ Employer | | | | |
| Business Address | Direct 1 | | | 7 5 4 8 4 8 4 | | |
| Type of Contribution: | Direct | Loan from a pers | | Fund Raiser | | |
| 3. Contribution # 4 Name & Address | PAC Receipt? | YES 4. D | ale of Rec | eipt <u>09/22/16</u> | | |
| Anthony Penna 37351 Willow Lane Clinton Twp. MI 4803 | 6 | | | | _{\$} 100.00 | _s _100.00 |
| 5. If over \$100.00 cum | nulative, please pro | ovide: | | | Click Here fo | or Memo Itemization |
| Occupation | | Employer | | | | |
| Business Address | | | | | | |
| Type of Contribution: | Direct | Loan from a pers | son 🗸 | Fund Raiser | | |
| | | | | Page Subtota | \$400.00 | |
| | | | | and Total of All Schedules 1A plete on last page of Schedule | | |
| Page | _ | | | | line 3a of Summar Page. | y |



CANDIDATE COMMITTEE

1. Committee I.D. Number _____013853-3

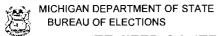
| | ox to indicate if cont | ribu | ibution is from an individua tion is from a Political Com irdless of amount. | | | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|--|------------------------|------|--|--------------|--|-----------------------------|--|
| 3. Contribution # 1 | PAC Receipt? | | YES 4. Date of Red | ceipt | 09/22/16 | | |
| Name & Address: David Pytlowany 18900 26 Mile Rd. Macomb MI 48042 | | | | | | _{\$} 100.00 | _{\$} 100.00 |
| 5. If over \$100.00 cun | nulative, please pro | vid | : | | | Click Horo fr | or Memo Itemization |
| Occupation | | | Employer | | | Click Here it | or Memo Remization |
| Business Address | | | | | in the second | | |
| Type of Contribution: | Direct | | Loan from a person | \checkmark | Fund Raiser | | |
| 3. Contribution #2 Name & Address | PAC Receipt? | | YES 4. Date of Rec | eipt | 09/22/16 | | |
| Leonard Rancillio 5036 Starcreek Ln. Washington Twp. MI | 48094 | | | | | _{\$} _100.00 | <u>\$ 100.00</u> |
| 5. If over \$100.00 cum | ulative, please pro | vide | : : | | | Click Here fo | r Memo Itemization |
| Occupation | | - Er | nployer | | | | |
| Business Address | | | | | | | |
| Type of Contribution: | Direct | | Loan from a person | <u>√</u> | Fund Raiser | | |
| Contribution # 3 Name & Address: | PAC Receipt? | | YES 4. Date of Re | ceip | 09/22/16 | | |
| Jeffrey Randazzo 23322 Clairwood Dr. St. Clair Shores MI 4 | 8080 | | | | | _{\$} 100.00 | _{\$} 100.00 |
| 5. If over \$100.00 cum | nulative, please pro | vid |): | | | Click Here for | Memo Itemization |
| Occupation | | _ 6 | Employer | | | | |
| Business Address Type of Contribution: | Direct | | Loan from a person | | Fund Raiser | | |
| Contribution # 4 Name & Address | PAC Receipt? | | YES 4. Date of Re | eceip | ot 09/22/16 | | |
| John Paul Rea 57594 Suffield Dr. Washington Twp. MI | 48094 | | | | | _{\$} 100.00 | _{\$} 350.00 |
| 5. If over \$100.00 cun | nulative, please pro | vid | ə : | | | Click Here for | · Memo Itemization |
| Occupation Directo | <u> </u> | _ | Employer Macomb Count | ty Pla | nning & Economic Development | Chek Horo to | World Romization |
| Business Address Or | ne South Main, | 8th | Floor Mt. Clemens | МІ | 48043 | | |
| Type of Contribution: | Direct | | Loan from a person | √ | Fund Raiser | | |
| | | | | | Page Subtotal | \$400.00 | |
| | | | | | nd Total of All Schedules 1A te on last page of Schedule) | Enter this total on | _ |
| Page 15 of 24 | _ | | | | | line 3a of Summary Page. | |



CANDIDATE COMMITTEE

1. Committee I.D. Number 013853-3

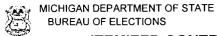
| Enter contributor's nan | | | | | nter last name, first name, see or an Independent | 6. Amount | 7. Cumulative for Election Cycle for Each |
|---|---------------------|------|--------------------|---------------------|--|-----------------------------|--|
| Committee (PAC) Rep | | | | | | | Contributor (Through date of receipt) |
| 3. Contribution # 1 Name & Address: | PAC Receipt? | | YES 4. Date of | Receip | 09/22/16 | | |
| Hank Riberas | | | | | | | |
| 6471 Metropolitan Pa Sterling Heights MI 4 | • | | | | | _{\$} 200.00 | _{\$} 600.00 |
| 5. If over \$100.00 cun | | | Click Here fo | or Memo Itemization | | | |
| | | | Employer Roncelli, | | | Oliok Floro | or morno nomeanon |
| Business Address 64 | 71 Metropolitan | Pa | rkway Sterling Hei | ights N | /II 48312 | | |
| Type of Contribution: | Direct | | Loan from a person | ✓ | Fund Raiser | | |
| Contribution #2 Name & Address | PAC Receipt? | | YES 4. Date of | Receipt | 09/22/16 | | |
| Michael Ringler 49137 Vixen Trail | | | | | | _s 100.00 | _{\$} 100.00 |
| Macomb Twp. MI 480 |)44 | | | | | \$ | \$ |
| 5. If over \$100.00 cum | ulative, please pro | vid | : : | | | Click Here fo | or Memo Itemization |
| Occupation | | _ Er | nployer | | | | |
| Business Address | | | | | | | |
| Type of Contribution: | Direct | | Loan from a person | ✓ | Fund Raiser | | |
| Contribution # 3 Name & Address: | PAC Receipt? | | YES 4. Date of | f Receip | ot <u>09/22/16</u> | | |
| Roy Rose 55620 Woodridge Dr | | | | | | _s 100.00 | ¢ 400.00 |
| Shelby Twp. MI 4831 | | | | | | | 5 |
| 5. If over \$100.00 cum | ulative, please pro | vid |): | | | Click Here fo | Memo Itemization |
| Occupation Civil Eng | | - | | | tein & Westrick, Inc. | | |
| Business Address 513 | 01 Schoenherr Ro | l. S | nelby Twp. MI 4831 | 16 | -04-0400 | | |
| Type of Contribution: | Direct | | Loan from a person | ✓ | Fund Raiser | | |
| Contribution # 4 Name & Address | PAC Receipt? | | YES 4. Date of | of Recei | ot 09/22/16 | | |
| Barbara Rossmann | ih Drivo | | | | | | |
| 54311 Queensboroug Shelby Twp. MI 4831 | | | | | | _{\$} 100.00 | _{\$600.00} |
| 5. If over \$100.00 cum | ulative, please pro | vid |) : | | | Click Here for | · Memo Itemization |
| Occupation Preside | nt & CEO | _ | Employer Henry F | Ford M | lacomb Hospitals | Olicit Hore to | Wellio Rellization |
| Business Address 15 | 855 19 Mile Ro | l. C | linton Twp. MI 48 | 3038 | | | |
| Type of Contribution: | Direct | | Loan from a person | √ | Fund Raiser | | |
| | | | | | Page Subtotal | \$500.00 | |
| | | | | | nd Total of All Schedules 1A | |] |
| | | | • | (Comple | ete on last page of Schedule) | Enter this total on | _ |
| Page 16 of 24 | | | | | | line 3a of Summary Page. | |



CANDIDATE COMMITTEE

1. Committee I.D. Number _____013853-3

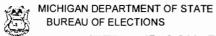
| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount. | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|--|--|--|
| 3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 09/22/16 | | |
| Name & Address: Daniel Rubino 19857 Emerald Lane N. Clinton Twp. MI 48038 | _{\$} _200.00 | _{\$} 400.00 |
| 5. If over \$100.00 cumulative, please provide: | Click Hora fo | or Memo Itemization |
| Occupation Management Employer Pilot Property Group | Click Here to | n wemo kemizakon |
| Business Address 8344 Hall Rd., Suite 209 Utica MI 48317 | | |
| Type of Contribution: ☐ Direct Loan from a person ✓ Fund Raiser | | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/22/16 Name & Address | | |
| James Sawyer 53468 Andrew Circle New Baltimore Mt 48047 | <u>\$ 100.00</u> | _{\$} 450.00 |
| 5. If over \$100.00 cumulative, please provide: | Click Here fo | r Memo Itemization |
| Occupation Administrator Employer Macomb Commmunity College | | |
| Business Address 14500 12 Mile Rd. Warren MI 48088 | | |
| Type of Contribution: ☐ Direct ☐ Loan from a person ✓ Fund Raiser | | |
| 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 09/22/16 Name & Address: | | |
| Kurt Schuster 54463 White Spruce Lane Shelby Twp. MI 48315 | _{\$} _200.00 | _{\$} 200.00 |
| 5. If over \$100.00 cumulative, please provide: | Click Here for | Memo Itemization |
| Occupation Financial Advisor Employer Qolity Financial | | |
| Business Address 7669 Auburn Rd. Utica MI 48317 | | |
| Type of Contribution: ☐ Direct ☐ Loan from a person ✓ Fund Raiser | | |
| 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09/22/16 Name & Address | | |
| Manoj Sethi 6154 Graebear Trl. East Lansing MI 48823 | _{\$} 200.00 | _{\$_} 500.00 |
| 5. If over \$100.00 cumulative, please provide: | Click Hora for | Memo Itemization |
| Occupation Engineer Employer DLZ Michigan, Inc. | Click Here tol | wemo nemization |
| Business Address 1425 Keystone Ave. Lansing MI 48911 | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| Page Subtotal Grand Total of All Schedules 1A | \$700.00 | |
| (Complete on last page of Schedule) | Enter this total on line 3a of Summary Page. | <u>.</u> |



CANDIDATE COMMITTEE

1. Committee I.D. Number _____013853-3

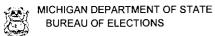
| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount. | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|--|-----------------------------|--|
| 3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 09/22/16 Name & Address: | | |
| Brian Smilnak 22828 Pleasant Ave. Eastpointe MI 48021 | _s 100.00 | _{\$} 500.00 |
| 5. If over \$100.00 cumulative, please provide: | Click Here fo | or Memo Itemization |
| Occupation Architect Employer Wakely Associates | . Onok ricio k | or World Romazation |
| Business Address 30500 Van Dyke Rd. 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 09/22/16 Name & Address | _ | |
| Sherry Sorrentino 14633 Breza Dr. Shelby Twp. MI 48315 | _{\$} _100.00 | _{\$} _225.00 |
| 5. If over \$100.00 cumulative, please provide: | Click Here fo | r Memo Itemization |
| Occupation Owner Employer ICON Development | | |
| Business Address 35520 Forton Ct. Clinton Twp. MI 48035 | | |
| Type of Contribution: ☐ Direct ☐ Loan from a person ✓ Fund Raiser | | |
| 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 09/22/16 Name & Address: | | |
| Joseph Sowerby 19682 Westchester Dr. Clinton Twp. MI 48038 | _{\$} 100.00 | _{\$} 200.00 |
| | Click Here fo | r Memo Itemization |
| 5. If over \$100.00 cumulative, please provide: Occupation Real Estate Broker Employer Anton, Sowerby & Associates | | |
| Business Address 79 Macomb Place Mt. Clemens MI 48043 | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09/22/16 Name & Address | | |
| J. William Sumner 15822 Lakeview Ct. Grosse Pointe Park MI 48230 | _{\$} 100.00 | _{\$_} 100.00 |
| 5. If over \$100.00 cumulative, please provide: | Click Here fo | r Memo Itemization |
| Occupation Employer | _ | |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| Page Subto | otal \$400.00 | |
| Grand Total of All Schedules (Complete on last page of Schedu | | |
| Page of | line 3a of Summary Page. | |



CANDIDATE COMMITTEE

1. Committee I.D. Number _____013853-3

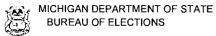
| | x to indicate if cont | tribution is from a Politica | | enter last name, first name, ttee or an Independent | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|--|-----------------------|------------------------------|--------------|--|--|---|
| Contribution # 1 Name & Address: Ronald A. Syme, Jr. | PAC Receipt? | YES 4. Date of | of Recei | ot 09/22/16 | | |
| 38690 Long Harrison Twp. MI 480 | 45 | | | | _{\$} _100.00 | _{\$} 525.00 |
| 5. If over \$100.00 cum | | | | | Click Here fo | or Memo Itemization |
| Occupation Architect | | Employer Wakely | | | Olick Here it | or wello terrization |
| Business Address 305 | 00 Van Dyke A | ve. Suite M-7 Warr | en MI | 48093 | | |
| Type of Contribution: | Direct | Loan from a person | ✓ | Fund Raiser | | |
| Contribution #2 Name & Address | PAC Receipt? | YES 4. Date of | of Receip | ot 09/22/16 | | |
| Donald Tarnowski 37129 Nottingham Sterling Heights MI 48 | 312-2369 | | | | _{\$} _100.00 | _{\$} 100.00 |
| 5. If over \$100.00 cum | ılative, 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? | YES 4. Date | of Recei | ^{pt} 09/22/16 | | |
| Michael Torrice 32059 Utica Rd. Fraser MI 48026 | | | | | <u>\$</u> 200.00 | _{\$} 200.00 |
| 5. If over \$100.00 cum | ılative, please pro | | | | Click Here for | r Memo Itemization |
| Occupation Owner | | - ' | orrice Pr | ivate Investigator, PLLC | | |
| Business Address 3205 | | er MI 48026 | | | | |
| Type of Contribution: | Direct | Loan from a person | ✓ | Fund Raiser | | |
| Contribution # 4 Name & Address | PAC Receipt? | YES 4. Date | of Rece | ipt 09/22/16 | | |
| Jonathan Ugval 30 Harbor Hill Rd. Grosse Pointe Farms I | MI 48236 | | | | _{\$} 200.00 | _s _500.00 |
| 5. If over \$100.00 cum | ılative, please pro | | | | Click Here for | Memo Itemization |
| Occupation Owner | | Employer House | Arres | t Services, Inc. | | |
| Business Address 160 | 39 E. 9 Mile R | d. Eastpointe MI 4 | 8021 | | | |
| Type of Contribution: | Direct | Loan from a person | \checkmark | Fund Raiser | | |
| | | | | Page Subtotal | \$600.00 | |
| | | | | and Total of All Schedules 1A ete on last page of Schedule) | | |
| Pageof24 | | | Comp | oto on last page of ouriedule) | Enter this total on line 3a of Summary Page. | |



CANDIDATE COMMITTEE

1. Committee I.D. Number ______013853-3

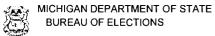
| | ox to indicate if cont | tribution is from a Politic | nter last name, first name, ee or an Independent | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) | |
|--|------------------------|-----------------------------|---|---|--|-----------------------|
| Contribution # 1 Name & Address: | PAC Receipt? | YES 4. Date | e of Receip | 09/22/16 | | |
| Darlene Vasi | | | | | | |
| 1942 Hopedale Drive Troy MI 48085 | | | | | _{\$} 200.00 | _{\$} 950.00 |
| 5. If over \$100.00 cum | | | | | Click Here f | or Memo Itemization |
| Occupation CEO-CF | | Employer My Ca | | Center | | |
| Business Address 69 | 00 E. 10 Mile Ro | d. Center Line MI 4 | 8015 | | | |
| Type of Contribution: | Direct | Loan from a perso | n 🗸 | Fund Raiser | | |
| 3. Contribution #2 Name & Address | PAC Receipt? | YES 4. Date | of Receipt | 09/22/16 | | |
| Armand Velardo 12382 Forest Glen Lr Shelby Twp. MI 4831 | | | | | _{\$} _100.00 | _{\$_} 100.00 |
| 5. If over \$100.00 cum | ulative, please pro | ovide: | | | Click Here fo | or Memo Itemization |
| Occupation | | _ Employer | | | | |
| Business Address | | | | | | |
| Type of Contribution: | Direct | Loan from a persor | 1 🗸 | Fund Raiser | | |
| 3. Contribution # 3 Name & Address: | PAC Receipt? | YES 4. Dat | e of Receip | ot 09/22/16 | | |
| Thomas Viggiano 50651 Middle River D Macomb MI 48044 | r. | | | | \$ 100.00 | _{\$} 100.00 |
| 5. If over \$100.00 cum | ulative, please pro | ovide: | | | Click Here fo | r Memo Itemization |
| Occupation | | _ Employer | | | | |
| Business Address | | | | | | |
| Type of Contribution: | Direct | Loan from a perso | n ✓ | Fund Raiser | _ | |
| Contribution # 4 Name & Address | PAC Receipt? | YES 4. Da | te of Recei | pt 09/22/16 | | |
| Anthony Viviano 4751 Lockwood Washington Twp. MI | 1 8094 | | | | _{\$} 100.00 | _{\$_} 375.00 |
| 5. If over \$100.00 cum | ulative, please pro | ovide: | | | Click Here fo | r Memo Itemization |
| Occupation Auto De | ealer | _ Employer Sterl | ing Heigl | nts Dodge | 51151C 11010 10 | |
| Business Address 40 | 111 Van Dyke | Ave. Sterling Heig | ghts MI 4 | 18313 | | |
| Type of Contribution: | Direct | Loan from a perso | | Fund Raiser | | |
| | | | | Page Subtotal | \$500.00 | |
| | | | | nd Total of All Schedules 1A ete on last page of Schedule) | | |
| Page 20 of 24 | _ | | • | · - | Enter this total on line 3a of Summary Page. | 1 |



CANDIDATE COMMITTEE

1. Committee I.D. Number _____013853-3

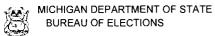
| | ox to indicate if cont | ribution is from a Politica | | nter last name, first name, dee or an Independent | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|--|------------------------|-----------------------------|--------------|--|--|--|
| 3. Contribution # 1 Name & Address: Richard Walkowiak 40480 Emerald Ln W. | PAC Receipt? | YES 4. Date | of Receip | 09/22/16 | | |
| Clinton Twp. MI 48038 | | | | | _{\$} 200.00 | _{\$} 200.00 |
| 5. If over \$100.00 cum | | | | | Click Here f | or Memo Itemization |
| | | _ Employer_R&SA | Aspen, L | LC | Ollok Field I | or werno remization |
| Business Address 203 | 333 Hall Rd. Ma | comb MI 48044 | | | | |
| Type of Contribution: | Direct | Loan from a person | ✓ | Fund Raiser | | |
| Contribution #2 Name & Address | PAC Receipt? | YES 4. Date of | of Receipt | 09/22/16 | | |
| William Westrick 5250 West Rd. Washington MI 48094 | 1 | | | | _{\$} 100.00 | _{\$} 100.00 |
| 5. If over \$100.00 cum | ılative, 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? | YES 4. Date | of Receip | t 09/22/16 | | |
| James Willhite 11023 Sunburst Warren MI 48089 | | | | | _{\$} 100.00 | _{\$} 350.00 |
| 5. If over \$100.00 cum | ılative, please pro | vide: | | | Click Here fo | r Memo Itemization |
| Occupation Retired | | Employer | | | | |
| Business Address Type of Contribution: | Direct | Loan from a person | √ | Fund Raiser | | |
| Contribution # 4 Name & Address | PAC Receipt? | YES 4. Date | of Receip | ot 09/22/16 | | |
| Gordon Wilson 49572 Compass Point Chesterfield MI 48047 | Dr. | | | | _{\$} 100.00 | _{\$_} 500.00 |
| 5. If over \$100.00 cum | ılative, please pro | vide: | | | Click Here for | r Memo Itemization |
| Occupation Civil Eng | gineer | _ Employer Ander | son, Ecl | kestein & Westrick, Inc. | Official for | Womo Romization |
| Business Address 513 | 301 Schoenher | r Rd. Shelby Twp. | MI 483 | 16 | | |
| Type of Contribution: | Direct | Loan from a person | \checkmark | Fund Raiser | | |
| | | | | Page Subtotal | \$500.00 | |
| | | | | nd Total of All Schedules 1A te on last page of Schedule) | Enter this total or | |
| Page 21 of 24 | | | | | Enter this total on line 3a of Summary Page. | |



CANDIDATE COMMITTEE

1. Committee I.D. Number ______013853-3

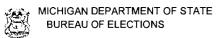
| Enter contributor's nammiddle initial. Check b Committee (PAC) Repo | ox to indicate if cont | nter last name, first name, ee or an Independent | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) | | | |
|--|---------------------------------------|---|-----------------------------|--|--------------------------------|--|-----------------------|
| 3. Contribution # 1 Name & Address: | PAC Receipt? | YE | S 4. Date of F | Receip | 09/22/16 | | |
| Bradley Wolfbauer 17625 E. 10 Mile Rd. | | | | | | | |
| Roseville MI 48066 | | | | | | _{\$} 200.00 | _{\$} _200.00 |
| 5. If over \$100.00 cumulative, please provide: | | | | | | Click Here fo | or Memo Itemization |
| Occupation Contract | or | Emp | _{loyer} Universal | Cons | olidated Enterprises | Choix 1 loro IX | or morno nomization |
| Business Address 176 | 625 E. 10 Mile R | d. Ro | seville MI 48066 | 3 | | | |
| Type of Contribution: | Direct | Loa | ın from a person | ✓ | Fund Raiser | | |
| Contribution #2 Name & Address | PAC Receipt? | YES | 4. Date of R | Receipt | 09/22/16 | | |
| Alan Young 7310 Woodward, Suit Detroit MI 48202 | re 740 | | | | | _{\$} _50.00 | _{\$} 150.00 |
| 5. If over \$100.00 cum | | | | | | Click Here fo | or Memo Itemization |
| Occupation CPA | | Emplo | _{yer_} Alan C. You | ng & | Associates, PC | | |
| Business Address 73 | 10 Woodward, S | uite 7 | 10 Detroit MI 48 | 202 | | | |
| Type of Contribution: | Direct | Loa | n from a person | \checkmark | Fund Raiser | | _ |
| 3. Contribution # 3 Name & Address: | PAC Receipt? | YE | S 4. Date of I | Receip | ^t 09/22/16 | | |
| Paul Zyburski 18620 Millstone Dr. Macomb MI 48044 | | | | | | _{\$} _200.00 | _{\$} 200.00 |
| 5. If over \$100.00 cum | ulative, please pro | /ide: | | | | Click Here for | r Memo Itemization |
| Occupation Attorney | , , , , , , , , , , , , , , , , , , , | | _{oyer_} Paul Zybur | ski & | Associates | | |
| Business Address 321 | N. Gratiot Ave. Mt | . Clem | ens MI 48043 | | | | |
| Type of Contribution: | Direct | | n from a person | √ | Fund Raiser | | |
| 3. Contribution # 4 Name & Address | PAC Receipt? | √ YI | S 4. Date of | Recei | ot 09/22/16 | | |
| Bricklayers Local No. 21031 Ryan Rd. Warren MI 48091-274 | ū | | | | | _{\$} 100.00 | _{\$} _600.00 |
| 5. If over \$100.00 cum | ulative, please pro | vide: | | | | Click Here for | r Memo Itemization |
| Occupation | | . E | mployer | | | Chair Fore for | Wellie Relinization |
| Business Address | | | | | | | |
| Type of Contribution: | Direct | Loa | n from a person | \checkmark | Fund Raiser | | |
| | | | | | Page Subtotal | \$550.00 | |
| | | | ıc | | nd Total of All Schedules 1A | | |
| Page 22 of 24 | | | (0 | Jonipie | AS STERROL PRISO OF CONTENTION | Enter this total on line 3a of Summary Page. | |



CANDIDATE COMMITTEE

1. Committee I.D. Number _____013853-3

| Enter contributor's nar middle initial. Check b Committee (PAC) Rep | ox to indicate if cont | nter last name, first name, iee or an Independent | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) | | | |
|---|------------------------|--|--------------------|--|--|-----------------------------|-------------------------|
| Contribution # 1 Name & Address: | PAC Receipt? | | | eceip | t 09/22/16 | | |
| CMS Energy Employ One Energy Plaza Jackson MI 49201 | ees For Better Gov | r't – : | State | | | _s 200.00 | ° 350.00 |
| 5. If over \$100.00 cun | nulativa nlaasa nro | vide | • | | | \$ | 5 |
| | idiative, picase pro | | Employer | | | Click Here for | 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 Re | eceip | 09/22/16 | | |
| Committee for Sound 1 Woodward Ave., So Detroit MI 48226 | | | | | | _{\$} 100.00 | _{\$} 100.00 |
| 5. If over \$100.00 cum | | vide | : | | | Click Here fo | r Memo Itemization |
| Occupation | | . En | iployer | | | | |
| Business Address | | | | | | | |
| Type of Contribution: | Direct | | Loan from a person | V | Fund Raiser | | |
| 3. Contribution # 3 Name & Address: | PAC Receipt? | ✓ | YES 4. Date of R | Receip | ot <u>09/22/16</u> | | |
| GCSI 21st Century P 3711 Beech Tree Lar Okemos MI 48864 | | | | | | _{\$} 100.00 | _{\$} 450.00 |
| 5. If over \$100.00 cum | nulative, please pro | vide | : | | | Click Here for | r Memo Itemization |
| Occupation | | . Е | mployer | | | | |
| Business Address | Direct | _ | Lagrange a page a | | First Daires | | |
| Type of Contribution: | Direct | 4 | Loan from a person | V | Fund Raiser | | |
| Contribution # 4 Name & Address | PAC Receipt? | ✓ | YES 4. Date of F | Recei | pt <u>09/22/16</u> | | |
| Rizzo Environmental 6200 Elmridge Sterling Heights MI 4 | | | | | | _{\$} 3,500.00 | _{\$_} 5,800.00 |
| 5. If over \$100.00 cum | nulative, please pro | vide | : | | | Click Here for | r Memo Itemization |
| Occupation | | - | Employer | | | | |
| Business Address | | | | | | | |
| Type of Contribution: | Direct | | Loan from a person | \checkmark | Fund Raiser | | |
| | | | | 0 | Page Subtotal | \$3,900.00 | |
| | | | (Co | | nd Total of All Schedules 1A ete on last page of Schedule) | Enter this total on | J |
| Page | _ | | | | | line 3a of Summary Page. | |



CANDIDATE COMMITTEE

1. Committee I.D. Number _____013853-3

| Enter contributor's nam middle initial. Check bo Committee (PAC) Repo | x to indicate if cont | enter last name, first name, ttee 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 Recei | ot <u>09/22/16</u> | | |
| Sheet Metal Workers 17100 W. 12 Mile Rd. Southfield MI 48076 | | | | | _{\$} 200.00 | _{\$} 850.00 |
| 5. If over \$100.00 cum | ulative, please pro | vide: | | | Click Hore f | or Memo Itemization |
| Occupation | | _ Employer | | | Click Here i | or Memo Itemization |
| Business Address | | | · | | | |
| Type of Contribution: | Direct | Loan from a persor | ո 🗸 | Fund Raiser | ., | |
| Contribution #2 Name & Address | PAC Receipt? | YES 4. Date | of Receip | ot | | |
| | | | | | \$ | \$ |
| 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 | | |
| Contribution # 3 Name & Address: | PAC Receipt? | YES 4. Date | e of Recei | pt | | |
| | | | | | \$ | . \$ |
| 5. If over \$100.00 cum | ulative, please pro | vide: | | | Click Here fo | r Memo Itemization |
| Occupation | | Employer | | | | |
| Business Address | | | ••• | 10 10 10 10. | | |
| Type of Contribution: | Direct | Loan from a person | <u> </u> | Fund Raiser | | |
| 3. Contribution # 4 Name & Address | PAC Receipt? | YES 4. Date | e of Rece | ipt | | |
| | | | | | \$ | \$ |
| 5. If over \$100.00 cum | ulative, please pro | vide: | | | Click Here fo | r Memo Itemization |
| Occupation | | _ Employer | | | <u> </u> | |
| Business Address | | | | | | |
| Type of Contribution: | Direct | Loan from a persor | n [| Fund Raiser | | |
| | | | • | Page Subtotal | \$200.00 | ' |
| | | | | and Total of All Schedules 1A lete on last page of Schedule) | \$15,350.00 Enter this total on | |
| Page 24 of 24 | | | | | 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 | | Committee | 5. Type of Receipt | | 6. Amount |
|---|--------------------------|-----------|--|----------------|---------------------|
| Receipt #1 | Date of Receipt 10/20/16 | | Loan from a Lending Inst | itution | |
| Name & Address: Huntington National Bank | | | Interest | | 0.21 |
| PO Box 1558 EA1W37 | | | Refund \Rebate | Click for Memo | Itemization Type |
| Columbus, OH 43216-1558 | | | | | |
| | Fund Raiser | Ш | Other (Specify) | | |
| Receipt #2 Name & Address: | Date of Receipt 09/30/16 | | Loan from a Lending Inst | itution | |
| Dave Flynn For County | | | Interest | \$ | 100.00 |
| Commissioner 2957 Parkway Circle Sterling Heights, MI 48310 | | √ | Refund \Rebate | Click for Memo | o Itemization Type |
| Ctoming Holgitto, Mil 40010 | Fund Raiser | | Other (Specify) | | |
| Receipt #3 Name & Address: | Date of Receipt | | Loan from a Lending Insti | tution | |
| | | | Interest | \$ | |
| | | | Refund \Rebate | Click for Memo | o Itemization Type |
| | Fund Raiser | | Other (Specify) | <u>-</u> | |
| Receipt #4 | Date of Receipt | | | | |
| Name & Address: | | | Loan from a Lending Insti | tution | S |
| | | | Interest | | |
| | | | Refund \Rebate | Click for Memo | Itemization Type |
| | Fund Raiser | | Other (Specify) | <u></u> | |
| Receipt #5 Name & Address: | Date of Receipt | | Loan from a Lending Instit | ution | |
| Marie & Address. | | \sqcap | Interest | | \$ |
| | | \Box | Refund \Rebate | Click for Memo | Itemization Type |
| | Fund Raiser | | Other (Specify) | | |
| Receipt #6 Da | ate of Receipt | | Loan from a Lending Insti | tution | |
| Name & Address: | <u></u> | | - | tution | \$ |
| | | | Interest | | |
| | | | Refund \Rebate | Click for Memo | Itemization Type |
| | Fund Raiser | | Other (Specify) | | |
| Receipt #7 Da Name & Address: | ate of Receipt | | Loan from a Lending Inst | itution | \$ |
| | | | Interest | | |
| | | | Refund \Rebate | Click for Memo | Itemization Type |
| | Fund Raiser | \square | Other (Specify) | | |
| | | | | Page Subtotal | \$100.21 |
| | | | Grand Total of All S (Complete on last pa | | \$100.21 |
| | | | • | • . | Enter this total on |

line 4 of Summary Page

Page 1 of 1



ITEMIZED EXPENDITURES **SCHEDULE 1B CANDIDATE COMMITTEE**

013853-3

1. Committee I. D. Number

| 2. C | ommittee Name | Mark Hackel for County | | y Executive | | | |
|------|---|------------------------|--|-------------|---|------|--|
| | • | | | | | | |
| | 4 Durage /D | aguired Information) | | 5 Date | 6 | Amoi | |

| Name and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
|---|---|--------------------|---|
| Expenditure #1 | | | |
| Name Verizon Wireless | | 08/09/16 | \$ 536.15 |
| Address | Purpose: Candidate cell phone 6/19-7/18/2016 | Date | |
| P.O. Box 553 | Click H | ere for Memo l | temization Type |
| Warrendale, PA 15086 | | .5.5 .5 | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | Check box if this expenditure is payment of debt or obligation reported on previous | | |
| Fund Raiser | statement | | |
| Expenditure #2 | | 00/04/40 | |
| Name Catalyst Services, LLC | | 08/01/16 | \$ 700.00 |
| Address | Purpose: August Advertising | Date | |
| 253 McMillan | | ere for Memo | temization Type |
| Grosse Pointe Farms, MI 48236 | | SIS ISI IVICIIIU I | Sime and Type |
| | Check box if this expenditure is payment of debt or obligation reported on previous | | |
| Fund Raiser | statement | | |
| Expenditure #3 | | | |
| Name Constant Contact | | 08/11/16 | \$ 60.00 |
| Address | Purpose: Email marketing | Date | - 30.00 |
| Online Application | | ara fa itt | tomication Toron |
| • • | | ere for Memo I | temization Type |
| П | Check box if this expenditure is payment of debt or obligation reported on previous | | |
| Fund Raiser | statement | | |
| Expenditure #4 | | | |
| Name Comcast | | 08/12/16 | \$ 218.17 |
| Address | Purpose: Phone, internet, cable | Date | |
| P.O. Box 3005 | Turpose. | | |
| Southeastern PA 19398-3005 | Click He | ere for Memo I | temization Type |
| | Check box if this expenditure is payment of debt or obligation reported on previous | | |
| Fund Raiser | statement | | |
| Expenditure #5 | | | |
| Name Fraternal Order of Police Lodge #112 | | 08/15/16 | . 400.00 |
| Address | Purpose: 2016 Annual Golf Outing Foursome | Date | \$ 400.00 |
| 33845 24 Mile Rd. | | ore for Man- | temization Tuna |
| Chesterfield, MI 48047 | Click H | ele ior iviemo l | temization Type |
| Fund Raiser | debt or obligation reported on previous | | |
| Fund Raiser | statement | al this page | M4 04 4 00 |
| | | tal this page | \$1,914.32 |
| | Grand Total of all S | | |
| | (Complete on last page | of Schedule) I | |

on line 8a of Summary Page



SCHEDULE 1B CANDIDATE COMMITTEE

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 Frank Taylor Group | | 08/16/16 | \$ 2,000.00 |
| Address | Purpose: Managing Campaign Office (August) | Date | |
| 55618 Stewart Dr. | OF It I | | Hamilandian Tona |
| Macomb MI 48042 | Click F | 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 Mad Habit Creative | | 08/16/16 | \$ 200.00 |
| Address | Purpose: Website Maintenance (July) | Date | |
| 46793 Twin City Trail Macomb Twp., MI 48044 | 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 #3 | | , , , , , , , , , , , , , , , , , , , | |
| Name Wigs 4 Kids | | 08/29/16 | \$ 400.00 |
| Address | Purpose: 4 Annual Gala Tickets | Date | 100.00 |
| 30126 Harper Ave. | 1 dipose. | | |
| St. Clair Shores, MI 48082 | 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 #4 | | | |
| Name Ironworkers Food Bank | | 09/09/16 | \$ 250.00 |
| Address | Purpose: Donation | Date | \$ <u>250.00</u> |
| 25150 Trans X Drive Novi, MI 48376 | | ere for Memo I | temization Type |
| 1101, 111 13010 | Check box if this expenditure is payment of | | |
| Fund Raiser | debt or obligation reported on previous statement | | |
| Expenditure #5 | | | |
| Name Catalyst Services, LLC | | 08/30/16 | e 700 00 |
| Address | Purpose: September Advertising | Date | \$ <u>700.00</u> |
| 253 McMillan | Click H | lere for Memo I | temization Type |
| Grosse Pointe Farms, MI 48236 | Check box if this expenditure is payment of | IOIO IOI WICHIO I | zadon iypo |
| Fund Raiser | debt or obligation reported on previous statement | | |
| | Subtot | tal this page | \$3,550.00 |
| | Grand Total of all S (Complete on last page | | |
| | , . , | ΄ ι | |

Enter this total on line 8a of Summary Page



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 | | L | |
| Name Families Against Narcotics | | 08/30/16 | \$ 200.00 |
| Address | Purpose: Donation | Date | |
| 33000 Garfield Road | | | Hamilton Francis |
| Fraser, MI 48026 | 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 Comcast | | 09/09/16 | \$ 218.20 |
| Address | Purpose: Phone, internet, cable | Date | \$ 210.20 |
| P.O. Box 3005 Southeastern PA 19398-3005 | 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 Verizon Wireless | | 09/12/16 | 101.00 |
| Address | Purpose: Candidate cell phone 7/19-8/18/2016 | Date | \$ 491.09 |
| P.O. Box 553 | Click H | ora for Mama | Itemization Type |
| Warrendale, PA 15086 | | ere for Memo | nemization Type |
| Fund Raiser | LCheck box if this expenditure is payment of debt or obligation reported on previous statement | | |
| Expenditure #4 | | | |
| Name Constant Contact | - | 09/12/16 | \$ 60.00 |
| Address | Purpose: Email marketing | Date | |
| Online Application | | | |
| | Click He | ere for Memo | temization Type |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| Expenditure #5 | | | |
| Name Play Place for Autistic Children | | 09/21/16 | |
| Address | Purpose: 2 Tickets to 2nd Annual Gala | Date | \$ 80.00 |
| 41105 Technology Park Dr. | Click LI | ere for Memo | Itemization Type |
| Sterling Heights, MI 48314 | Check box if this expenditure is payment of debt or obligation reported on previous | STO TOT WIGHT | nemization Type |
| Fund Raiser | statement | | |
| | Subtota | al this page | \$1,049.29 |
| | Grand Total of all So (Complete on last page | 1 | |
| | / | , | |

Enter this total on line 8a of Summary Page



ITEMIZED EXPENDITURES **SCHEDULE 1B CANDIDATE COMMITTEE**

1. Committee I. D. Number 013853-3 2. Committee Name Mark Hackel for County Executive

| 2, 01 | Jiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii | | |
|--|---|-------------------------|-------------------|
| Name and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
| Expenditure #1 | | | |
| Name Frank Taylor Group | | 10/02/16 | \$ 2,000.00 |
| Address | Purpose: Managing Campaign Office (September) | Date | |
| 55618 Stewart Dr. | Click H | lere for Memo I | temization Type |
| Macomb MI 48042 | | | ,,, |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| Expenditure #2 | | | |
| Name Frank Taylor Group | | 10/02/16 | \$ 643.33 |
| Address | Purpose: Expense Reimbursement | Date | |
| 55618 Stewart Dr. Macomb MI 48042 | Memo | Itemization Bel | ow |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| Expenditure #3 | | - 11.1.1.1.1 | |
| · | | | |
| Name Bresser's Cross Index Directory Co. | | 08/29/16 | \$ <u>-484.00</u> |
| Address | Purpose: Macomb County Online Directory | Date | |
| 670 W. Baltimore | (Memo | Itemization) | |
| Detroit, MI 48202 | · | nonineadori) | |
| | Check box if this expenditure is payment of debt or obligation reported on previous | | |
| Fund Raiser | statement | | |
| Expenditure #4 | | | |
| Name Office Depot | | 08/29/16 | |
| | | Date | \$ <u>-12.38</u> |
| Address | Purpose: Markers, Name Badges | | |
| 44835 Schoenherr Rd. Sterling Heights, MI 48313 | (Memo | Itemization) | |
| oterming Heights, in 400 to | Check box if this expenditure is payment of | | |
| | debt or obligation reported on previous | | |
| Fund Raiser | statement | , , | |
| Expenditure #5 | | | |
| Name Target | | 09/04/16 | ° 00 05 |
| Address | Purpose: Office Supplies | Date | \$ <u>-99.95</u> |
| 8200 26 Mile Road | (Memo | Itemization) | |
| Shelby Twp., MI 48316 | Check box if this expenditure is payment of | 2 | |
| | debt or obligation reported on previous | | |
| Fund Raiser | statement | | |
| | Subtot | al this page | \$2,643.33 |
| | Grand Total of all S (Complete on last page | | |
| | (55 | , [| Enter this total |

on line 8a of Summary Page



SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number ______

2. Committee Name Mark Hackel for County Executive

| 2.0 | Ultilititiee Natife | | |
|---|---|--------------------------|------------------|
| Name and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
| Expenditure #1 | | | |
| Name U.S. Post Office | | 09/14/16 | s -47.00 |
| Address | Purpose: Stamps | Date | |
| 42383 Garfield Rd. | | | |
| Clinton Twp., MI 48038 | (Mem | o Itemization) | |
| Cilinair Tripij IIII 1888 | Check box if this expenditure is payment of | | |
| Fund Raiser | debt or obligation reported on previous statement | | |
| Expenditure #2 | | | |
| Name Catalyst Services, LLC | | 10/03/16 | |
| Catalyst Services, LLC | | | \$ 700.00 |
| Address | Purpose: October Advertising | Date | |
| | - Taipooc. | | |
| 253 McMillan | Click I | Here for Memo | temization Type |
| Grosse Pointe Farms, MI 48236 | | | |
| | Check box if this expenditure is payment of | | |
| Fund Raiser | debt or obligation reported on previous statement | | |
| Expenditure #3 | - Controller | | |
| · | | | |
| Name Central Macomb Optimist Club | | 10/13/16 | \$ 108.00 |
| | Annual Dues | Date | \$ 100.00 |
| Address | Purpose: Annual Dues | | |
| 16515 Festian | Click I | Here for Memo I | temization Type |
| Clinton Twp., MI 48035 | | | |
| | LICheck box if this expenditure is payment of debt or obligation reported on previous | | |
| Fund Raiser | statement | | |
| Expenditure #4 | , | Production of the second | |
| Name American Graphics Printing | | 10/10/16 | |
| American Graphics Finding | | 10/19/16 | \$ 3,023.11 |
| Address | Purpose: Fundraiser cards, postage, envelopes | Date | |
| | Purpose: | | |
| 34895 Groesbeck Clinton Twp., MI 48035 | Click H | lere for Memo I | temization Type |
| Clinton Twp., Wi 40035 | | | |
| | Check box if this expenditure is payment of | | |
| ✓ Fund Raiser | debt or obligation reported on previous statement | | |
| Expenditure #5 | | | |
| · | | | |
| Name Henry Ford Health System | | 10/20/16 | ¢ 40 00 |
| Address | Purpose: A Night to Knock Your Socks Off | Date | \$ 40.00 |
| 1 Ford Place, 5A | 1 416000. | | |
| Detroit, MI 48202 | Click t | lere for Memo I | temization Type |
| Bodon, Mil Tozoz | Check box if this expenditure is payment of | | |
| Cond Baises | debt or obligation reported on previous | | |
| Fund Raiser | statement | - 1 | |
| | Subto | tal this page | \$3,871.11 |
| | Grand Total of all | Schedules 12 | |
| | (Complete on last page | | |
| | (| /L | Fatan Hala tatal |

Enter this total on line 8a of Summary Page



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 Rizzo Environmental Services PAC | | 10/20/16 | \$ 7,300.00 |
| Address | Purpose: Refund of Donations Received | Date | |
| 6200 Elmridge Dr. | Click H | lere for Memo | Itemization Type |
| Sterling Heights, MI 48313 | | | |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| Expenditure #2 | | | |
| Name Ernie's Kings Mill | | 09/23/16 | \$ 2,404.08 |
| 3 | Purpose: 100 People - Ernie's Event | Date | 2,404.00 |
| Address | Purpose: | | |
| 16655 19 Mile Road | Click H | lere for Memo | Itemization Type |
| Clinton Twp., MI 48038 | Check box if this expenditure is payment of | | |
| ✓ Fund Raiser | र्वेटिंग or obligation reported on previous statement | | |
| Expenditure #3 | | | |
| Name Comcast | | 10/11/16 | |
| Comodot | Dhono internet schie | Date | \$ 251.25 |
| Address | Purpose: Phone, internet, cable | Date | |
| P.O. Box 3005 | Click H | iere for Memo I | temization Type |
| Southeastern PA 19398-3005 | Check box if this expenditure is payment of | | |
| Fund Raiser | debt or obligation reported on previous | | |
| Expenditure #4 | statement | | |
| Name Constant Contact | | 10/11/16 | |
| Constant Contact | | 10/11/16 Date | \$ 60.00 |
| Address | Purpose: Email marketing | Date | |
| Online Application | | lana fan Maria - 1 | temization Type |
| | | iere for Memo I | temization Type |
| | Check box if this expenditure is payment of debt or obligation reported on previous | | |
| Fund Raiser | statement | | |
| Expenditure #5 | | | |
| Name | | | |
| Address | Purpose: | Date | \$ |
| Mulcoo | Purpose: | | |
| | | lere for Memo | Itemization Type |
| | Check box if this expenditure is payment of debt or obligation reported on previous | | |
| Fund Raiser | statement | | |
| | Subto | tal this page | \$10,015.33 \$23,043.38 |
| | Grand Total of all S | | \$23.043.38 |
| | (Complete on last page | e of Schedule) | +==,=.0.00 |

Enter this total on line 8a of Summary Page

Page 6 of 6



FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

2 Committee Name

Name Mark Hackel for County Executive

| | 2. 0011 | minutee Name | or County Executive |
|---|--|----------------------------------|---|
| | - USE A SEPARATE SH | EET FOR EACH EVENT | - |
| 3. Date Event Was Held | Number of Individuals Attending or Participating (whichever is greater) | 5. Type of Fund Raising Activity | Address and Name (If any) of the place where the activity was held. |
| 09/22/16 | 100 | Appetizers | Ernie's Kings Mill 16655 19 Mile Road Clinton Twp., MI 48038 Private Residence |
| 7. Total Contributions | \$15,350.00 | | |
| 8. Other Receipts | | | |
| 9. Gross Receipts (Add lines 7 a | and 8) \$15,350.00 | | |
| 10. Total Cost of Event (Total Cost includes In-Kind Cor | \$5,427.19 and All Expenditures | s Made For the Event) | |
| 11. Check if event was a joi | nt fund raiser and complete the | e following: | |
| Co-Sponsor(s) | Contribution S (%) | Split | Expenditure Split (%) |
| | | | |
| - | | | |
| | | | And the section of |
| - | | | |
| | | | |
| | | | |
| | | | |
| | ed to file a separate Fund Raise | er Schedule for each fund raisi | ing event held during the |
| | ampaign Statement. res listed on a Fund Raiser Sch In-Kind Contributions Schedul | | |

Page _1 ___ of _1___