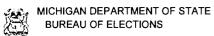


## CANDIDATE COMMITTEE COVER PAGE

#### FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.		3. This Statement covers: from 07/21/16 to 10/20/16						
1. Committee I.D. Number		4. Candidate Last Name	First Name M.I.					
013853-3		Hackel	Mark A.					
		4a. Office Sought Including District # or Community Served (If applicable)						
2. Committee Name		County Executive 12						
Mark Hackel for County Executive		4b. County of Residence MACOMB						
5. Committee's Mailing Address		6. Treasurer's Name & Residential Address						
12900 Hall Rd.		Harold J. Burns						
Suite 500		1460 Kinney Rd.						
Sterling Heights, MI 48313		1460 Kinney Rd. Memphis, MI 48041						
Area Code and Phone (586) 254-1040		EGF 5 F						
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.		Area Code & Phone (586) 206-8110						
7. Treasurer's Business Address		8. Designated Record Keeper's Name and Mailing Address (If the sammittee has a Designated Record Keeper)						
2900 Hall Rd.								
Suite 500	· ·							
terling Heights, MI 48313								
Area Code and Phone (586) 254-1040		Area Code and Phone						
9. TYPE OF STATEMENT			9e. Dissolution of Candidate Committee					
9a. Pre-Election OR 9b. Post-Election	Required ON is not on the current year:		By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven and no longer collectible from the committee. The committee has no outstanding assets,					
Pre-Election or Post-Election Statement relates to:								
Primary	July Quart	erly	owes no lates fees or has any outstanding debt.					
General	October Q	luarterly	Further, if the dissolution cannot be granted, that this be					
Convention			considered a request for the Reporting Waiver.					
Special	9c. Annua	al Statement ()	Effective date of dissolution					
School		Coverage Year	Endance date of dissolution					
Caucus	(Comp	dment to Campaign Statement plete Item 9a, 9b, 9c or 9e to te which Statement is being ded.)	Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.					
Date of Election, Convention or Caucus								
10. Verification: I\We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my\our knowledge and belief the contents are true, accurate and complete.								
Current Treasurer or Harold J. Burns Hay 11/3 1/11								
Designated Record Keeper Type or Print Name Signature  Date 10/31/6/								
Candidate Mark A. Hackel								
Type or Print Name Signature								

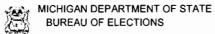


### **ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE**

1. Committee I.D. Number \_\_\_\_\_\_013853-3

2. Committee Name Mark Hackel for County Executive

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <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:  Albert Lorenzo 37581 Woodside Lane Clinton Twp. MI 48036	<sub>\$</sub> 100.00	<sub>\$</sub> 650.00
5. If over \$100.00 cumulative, please provide:	Clink House	ou Manna Itanainatian
Occupation Administrator Employer Macomb County	Click Here it	or Memo Itemization
Business Address 1 South Main Mt. Clemens MI 48043		
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		
Eugene Lovell 24300 Little Mack St. Clair Shores MI 48080	<sub>\$</sub> 200.00	<sub>\$</sub> 1,100.00
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Banker Employer First State Bank		
Business Address 24300 Little Mack Ave. St. Clair Shores MI 48081		
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:		
Henry J. Luks 18738 Rockport St. Roseville MI 48066	§ 100.00	<sub>\$</sub> 300.00
	Click Here fo	r Memo Itemization
5. If over \$100.00 cumulative, please provide:  Controllor Security Systems		
Occupation President Employer Controllor Security Systems		
Business Address 21363 Gratiot Ave. Eastpointe MI 48021  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		
Diana Magnoli 6402 Baypoint Dr. Washington MI 48094	<sub>\$</sub> 200.00	<sub>\$_</sub> 500.00
5. If over \$100.00 cumulative, please provide:	Click Horo fo	r Memo Itemization
Occupation Self-Employed Employer Michelangelo Construction	Click Here to	r wemo itemization
Business Address 59227 Van Dyke Ave. Washington MI 48094		
Type of Contribution: ☐ Direct ☐ Loan from a person ✓ Fund Raiser		
Page Subtotal	\$600.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule) Page of	Enter this total on line 3a of Summary Page.	<del>-</del> ·



# ITEMIZED CONTRIBUTIONS SCHEDULE 1A

#### **CANDIDATE COMMITTEE**

2. Committee Name Mark Hackel for County Executive

Enter contributor's name an middle initial. Check box to Committee (PAC) Report al	indicate if contri	bution is from a Political Co			6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
	PAC Receipt?	✓ YES 4. Date of F	Receip	ot 09/22/16		
Name & Address: CMS Energy Employees F One Energy Plaza Jackson MI 49201	For Better Gov'	t - State			<sub>\$</sub> 200.00	<sub>\$</sub> 350.00
5. If over \$100.00 cumulati	ve, please prov	ide:			Click Here fo	or Memo Itemization
Occupation		Employer			Olick Here it	of Werno Remization
Business Address						
Type of Contribution:	Direct	Loan from a person	✓	Fund Raiser		
Contribution #2 P  Name & Address	AC Receipt?	YES 4. Date of F	Receip	09/22/16		
The Friends of Richard Kit 1 Woodward Ave., Suite 2 Detroit MI 48226		for Sound Government			<sub>\$</sub> _100.00	<sub>\$</sub> 100.00
5. If over \$100.00 cumulati	ve, please prov	ide:			Click Here fo	r Memo Itemization
Occupation		Employer				
Business Address						
Type of Contribution: D	irect	Loan from a person	✓	Fund Raiser		
Contribution # 3 P     Name & Address:	AC Receipt?	YES 4. Date of	Recei	o9/22/16	_	
GCSI 21st Century PAC 3711 Beech Tree Lane Okemos MI 48864					<sub>\$</sub> 100.00	<sub>\$_</sub> 450.00
5. If over \$100.00 cumulati	ve, please prov	ide:			Click Here for	Memo Itemization
Occupation	···	Employer				
Business Address  Type of Contribution: C	Direct	Loan from a person	<b>√</b>	Fund Raiser		
Contribution # 4     Fame & Address	PAC Receipt?	YES 4. Date of	Rece	ipt 09/22/16	-	
Rizzo Environmental Servi 6200 Elmridge Sterling Heights MI 48313	ices PAC				<sub>\$</sub> 3,500.00	<sub>\$_</sub> 5,800.00
5. If over \$100.00 cumulati	ve, please prov	ide:			Click Here for	Memo Itemization
Occupation		Employer				
Business Address						
Type of Contribution:	Direct	Loan from a person	$\checkmark$	Fund Raiser		
23 of 24		(0		Page Subtot and Total of All Schedules 1, ete on last page of Schedul	A	