



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE  
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers:

from 07/21/16 to 10/20/16

1. Committee I.D. Number

**013853-3**

2. Committee Name

**Mark Hackel for County Executive**

5. Committee's Mailing Address

**12900 Hall Rd.  
Suite 500  
Sterling Heights, MI 48313**

Area Code and Phone (586) 254-1040

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.

4. Candidate Last Name

**Hackel**

First Name

**Mark**

M.I.

**A.**

4a. Office Sought Including District # or Community Served (If applicable)

**County Executive 12**

4b. County of Residence **MACOMB**

6. Treasurer's Name & Residential Address

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

Area Code & Phone (586) 206-8110

7. Treasurer's Business Address

**12900 Hall Rd.  
Suite 500  
Sterling Heights, MI 48313**

Area Code and Phone (586) 254-1040

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

Area Code and Phone \_\_\_\_\_

**9. TYPE OF STATEMENT**

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

Pre-Election or Post-Election Statement relates to:

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

Date of Election, Convention or Caucus  
\_\_\_\_\_

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

- ☐ July Quarterly  
☒ October Quarterly

9c. ☐ Annual Statement (\_\_\_\_\_) Coverage Year

9d. ☒ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)

**9e. Dissolution of Candidate Committee**

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

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution  
\_\_\_\_\_

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record Keeper **Harold J. Burns**

Type or Print Name

Signature

Date

10/31/16

Candidate

**Mark A. Hackel**

Type or Print Name

Signature

Date

11/10/16



**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)
<b>3. Contribution # 1</b> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/22/16</u> Name & Address: Albert Lorenzo 37581 Woodside Lane Clinton Twp. MI 48036		\$ <u>100.00</u>	\$ <u>650.00</u>
<b>5. If over \$100.00 cumulative, please provide:</b> Occupation <u>Administrator</u> Employer <u>Macomb County</u> Business Address <u>1 South Main Mt. Clemens MI 48043</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
<b>3. Contribution #2</b> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/22/16</u> Name & Address: Eugene Lovell 24300 Little Mack St. Clair Shores MI 48080		\$ <u>200.00</u>	\$ <u>1,100.00</u>
<b>5. If over \$100.00 cumulative, please provide:</b> Occupation <u>Banker</u> Employer <u>First State Bank</u> Business Address <u>24300 Little Mack Ave. St. Clair Shores MI 48081</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
<b>3. Contribution # 3</b> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/22/16</u> Name & Address: Henry J. Luks 18738 Rockport St. Roseville MI 48066		\$ <u>100.00</u>	\$ <u>300.00</u>
<b>5. If over \$100.00 cumulative, please provide:</b> Occupation <u>President</u> Employer <u>Controllor Security Systems</u> Business Address <u>21363 Gratiot Ave. Eastpointe MI 48021</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
<b>3. Contribution # 4</b> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/22/16</u> Name & Address: Diana Magnoli 6402 Baypoint Dr. Washington MI 48094		\$ <u>200.00</u>	\$ <u>500.00</u>
<b>5. If over \$100.00 cumulative, please provide:</b> Occupation <u>Self-Employed</u> Employer <u>Michelangelo Construction</u> Business Address <u>59227 Van Dyke Ave. Washington MI 48094</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal \$600.00

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

Enter this total on  
line 3a of Summary  
Page.



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**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)
<b>3. Contribution # 1</b> PAC Receipt? <input checked="" type="checkbox"/> YES <b>4. Date of Receipt</b> <u>09/22/16</u> Name & Address: CMS Energy Employees For Better Gov't - State One Energy Plaza Jackson MI 49201		\$ <u>200.00</u>	\$ <u>350.00</u>
<b>5. If over \$100.00 cumulative, please provide:</b> Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
<b>3. Contribution #2</b> PAC Receipt? <input checked="" type="checkbox"/> YES <b>4. Date of Receipt</b> <u>09/22/16</u> Name & Address: The Friends of Richard Kitch Committee for Sound Government 1 Woodward Ave., Suite 2400 Detroit MI 48226		\$ <u>100.00</u>	\$ <u>100.00</u>
<b>5. If over \$100.00 cumulative, please provide:</b> Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
<b>3. Contribution # 3</b> PAC Receipt? <input checked="" type="checkbox"/> YES <b>4. Date of Receipt</b> <u>09/22/16</u> Name & Address: GCSI 21st Century PAC 3711 Beech Tree Lane Okemos MI 48864		\$ <u>100.00</u>	\$ <u>450.00</u>
<b>5. If over \$100.00 cumulative, please provide:</b> Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
<b>3. Contribution # 4</b> PAC Receipt? <input checked="" type="checkbox"/> YES <b>4. Date of Receipt</b> <u>09/22/16</u> Name & Address: Rizzo Environmental Services PAC 6200 Elmridge Sterling Heights MI 48313		\$ <u>3,500.00</u>	\$ <u>5,800.00</u>
<b>5. If over \$100.00 cumulative, please provide:</b> Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal \$3,900.00

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

Enter this total on  
line 3a of Summary  
Page.