



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: 7/23/2018 to 8/27/2018

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

8/7/2018

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 sales 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

9/6/18

Candidate

Mark A. Hackel

Type or Print Name

Signature

Date

9-6-18



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 013853-3

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Mark Hackel for County Executive

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>300.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>300.00</u>	(16.) \$ <u>476,996.00</u>
4. Other Receipts (Schedule 1A-1, Column 6)	(4.) \$	<u>0.00</u>	(18.) \$ <u>792.06</u>
6. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>300.00</u>	(20.) \$ <u>477,788.06</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>0.00</u>	(21.) \$ <u>8,706.70</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>3,194.20</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u>0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>3,194.20</u>	(23.) \$ <u>283,564.66</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u>0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	<u>0.00</u>	(24.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u>0.00</u>	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>238,494.55</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) +	<u>300.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) =	<u>236,794.55</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) -	<u>3,194.20</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>233,600.35</u>	



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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 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 8/6/2018

Name & Address:

Sebastian Lombardo
1002 Creekside Dr.
Leonard MI 48367

\$ 300.00

\$ 1,300.00

5. If over \$100.00 cumulative, please provide:

Occupation Builder/Developer Employer Lombardo Homes

[Click Here for Memo Itemization](#)

Business Address 13001 23 Mile Rd. #200 Shelby Twp. MI 48315

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt _____

Name & Address _____

\$ _____

\$ _____

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt _____

Name & Address _____

\$ _____

\$ _____

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt _____

Name & Address _____

\$ _____

\$ _____

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal

300.00

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

\$300.00

Enter this total on
line 3a of Summary
Page.



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**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 Harland Clarke Address 15955 La Cantera Parkway San Antonio, TX 78256 <input type="checkbox"/> Fund Raiser	Purpose: Bank deposit stamp Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	7/25/2018 Date	\$ 48.47
Expenditure #2 Name Families Against Narcotics Address 33000 Garfield Road Fraser, MI 48026 <input type="checkbox"/> Fund Raiser	Purpose: Run Drugs Out of Town Event Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	8/2/2018 Date	\$ 500.00
Expenditure #3 Name Verizon Wireless Address P.O. Box 553 Warrendale, PA 15086 <input type="checkbox"/> Fund Raiser	Purpose: Candidate Cell Phone 6/19-7/18/2018 Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	8/7/2018 Date	\$ 320.44
Expenditure #4 Name Bob's Specialty Company, Inc. Address 32446 Newcastle Dr. Warren, MI 48093-6151 <input type="checkbox"/> Fund Raiser	Purpose: Giveaways - Emery boards & alligator clips Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	8/10/2018 Date	\$ 1,796.83
Expenditure #5 Name Comcast Address P.O. Box 3005 Southeastern PA 19398-3005 <input type="checkbox"/> Fund Raiser	Purpose: Phone, internet, cable Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	8/10/2018 Date	\$ 263.46
Subtotal this page			2,929.20
Grand Total of all Schedules 1B (Complete on last page of Schedule)			Enter this total on line 8a of Summary Page



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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 <u>Constant Contact</u> Address <u>Online Application</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Email marketing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/13/2018</u> Date	<u>\$ 65.00</u> Click Here for Memo Itemization Type
Expenditure #2 Name <u>Catalyst Services, LLC</u> Address <u>514 S. Connecticut</u> <u>Royal Oak, MI 48067</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>July Advertising</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/14/2018</u> Date	<u>\$ 200.00</u> Click Here for Memo Itemization Type
Expenditure #3 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____ Click Here for Memo Itemization Type
Expenditure #4 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____ Click Here for Memo Itemization Type
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____ Click Here for Memo Itemization Type
Subtotal this page			265.00
Grand Total of all Schedules 1B (Complete on last page of Schedule)			\$3,194.20

Enter this total
on line 8a of
Summary Page