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: 1/1/2018 to 7/22/2018

1. Committee I.D. Number
013853-3

2. Committee Name
Mark Hackel for County Executive

4. Candidate Last Name: Hackel First Name: Mark M.I.: A.

4a. Office Sought Including District # or Community Served (if applicable)
County Executive 12

4b. County of Residence **MACOMB**

5. Committee's Mailing Address
12900 Hall Rd.
Suite 500
Sterling Heights, MI 48313

Area Code and Phone 586-254-1040
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.

6. Treasurer's Name & Residential Address
Harold J. Burns
1460 Kinney Rd.
Memphis, MI 48041

Area Code & Phone 586-206-8110

MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN
FILED
18 AUG 23 PM 2:55

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. [X] Pre-Election OR 9b. [ ] Post-Election

Pre-Election or Post-Election Statement relates to:

- [X] 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. [X] 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 here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no fines fees or has any outstanding debt.

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

Effective date of dissolution

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

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

Current Treasurer or Designated Record keeper: Harold J. Burns (Type or Print Name) _____ (Signature) Date 8/14/18

Candidate: Mark A. Hackel (Type or Print Name) _____ (Signature) Date 8/22/18

Authority granted under P.A. 388 of 1976

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.) $	218,730.00	
b. Unitemized (less than $20.01 each - no Schedule)	(3b.) $	NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) $	218,730.00	(18.) $ 476,696.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) $	0.00	(19.) $ 792.06
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) $	218,730.00	(20.) $ 477,488.06
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) $	8,706.70	(21.) $ 8,706.70
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.) $	29,100.02	
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.) $	29,100.02	(23.) $ 280,370.46
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			
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 (Enter zero if no previous reports have been filed.)	(13.) $	46,864.57
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + $	218,730.00
15. SUBTOTAL Add lines 13 and 14	(15.) = $	265,594.57
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - $	29,100.02
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) $	236,494.55

MICHIGAN DEPARTMENT OF STATE
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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 5/11/2018 Name & Address: William Stapleton 614 S. Troy St. Unit 201 Royal Oak MI 48067 5. If over $100.00 cumulative, please provide: Occupation President Employer Lombardo Homes Business Address 13001 23 Mile Rd. Ste. 200 Shelby Twp. MI 48315 Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser	$ 500.00 Click Here for Memo Itemization	$ 1,500.00
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 4/27/2018 Name & Address Bryan Stolck 6145 Upper Straits Blvd. Orchard Lake MI 48324 5. If over $100.00 cumulative, please provide: Occupation President Employer Alpine Valley Ski Area Business Address 6776 Highland Dr. White Lake MI 48383 Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser	$ 1,000.00 Click Here for Memo Itemization	$ 1,000.00
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 4/12/2018 Name & Address: Louis Stramaglia 3202 Auburn Rd. Shelby Twp. MI 48317 5. If over $100.00 cumulative, please provide: Occupation Retired Employer Business Address Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser	$ 200.00 Click Here for Memo Itemization	$ 800.00
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 4/20/2018 Name & Address Vito Strolle 19874 Westchester Dr. Clinton Twp. MI 48038 5. If over $100.00 cumulative, please provide: Occupation Owner Employer Ruehle's Towing Business Address 205 N Gratiot Mt. Clemens MI 48043 Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser	$ 200.00 Click Here for Memo Itemization	$ 700.00

Page Subtotal	1,900.00
Grand Total of All Schedules 1A (Complete on last page of Schedule)	

Enter this total on line 3a of Summary Page.