

## MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

## CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in Ink ar line treasurer (or designated record keeper) and	nd signed by dandidate,	3. This Statement covers Fro	om: 8/28/2018	10 10/21/20	018	
1. Committee I.D. Number		4. Candidate Lest Name	Fit	rst Name	M.I.	
013853-3		Hackel	Mark		A.	
2. Commiltee Name		48. Office Sought Including District # or Community Served (If applicable)  County Executive 12				
Mark Hackel for County Ex	ecutive	4b. County of Residence Mi				
5. Committee's Mailing Address		6. Tregaurer's Name & Resk				
12900 Hall Rd.		Harold J. Burns				
Sulte 500		Harold J. Burns 1460 Kinney Rd. Memphis, MI 48041				
Sterling Helghts, MI 48313		Memphis, MI 48041				
Area Code and Phone 580-254-1040 If the address in this box is different from the communiting address on the Statement of Organization, be sent to this address by the filing official.	nities mail may	Area Code & Phone 586-20	0 <del>6-8</del> 110		18 NOV 2 MM 8: 0	
7. Treasurer's Business Address	Treasurer's Business Address		i g. Derignated Record Reepers Name and Maring Address (if the committee has a			
2900 Hall Rd.		Designated Record keeper)				
Sulte 500						
Sterling Heights, MI 48313						
Area Code and Phone 586-254-1040		Ares Code and Phone	/ Qa Diagolution	of Candidate Com		
9. TYPE OF STATEMENT	Required ONLY if candidate		<b>.</b>			
ea. Pre-Election OR 9b. Post-Election	la not on the current year.		By checking this item I/We certify any outstanding debt by the committee to the candidate of his or her spouse is here			
Pre-Election or Post-Election Statement relates to:			by discharged and	d forgiven, and no k	onger collectible from to ouslanding seasts.	
Primary	July Quart	erly	owee no lates fee	or has eny oustan	iqjub qept.	
⊠General	October Q	uarlerly				
Convention			Further, if the dissiponsidered a requi	olution cannot be g est for the Reportin	ranted, that this be g Waiver,	
<del></del>	_		1	·		
Special	Bo. Annual Statement ()		Effective dete of dissolution			
School	Coverage Year					
Caucue	9d. Amendment to Cempaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)		Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.			
Date of Election, Convention or Caucus						
11/6/2018						
. 170 20 10						
					·	
Verification: I/We certify that all reasonable diligenty  our knowledge and belief the contents are true, to	ence was used in	n the preparation of this statem replets.	ent and attached sc	hedules (If any) and	to the best of	
Gurrent Treasurer or Harold J. Burr	าร	UM	_	44.	lula	
Designated Record keeper Type or Print Name		Signature	>	- Date .	17/18	
Candidate Mark A. Hackel		the A. How	·	Date 11/2	0 2018	
Type or Print Name		Signature				



MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

## **ITEMIZED CONTRIBUTIONS** SCHEDULE 1A

CANDIDATE COMMITTEE 2. Committee Name Ma	ark Hackel for County Executive		
Enter contributor's name and address. If contribution is from an individual, enter lest 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 smount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)	
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 8/29/2018 Name & Address;			
Leonard Bugajewski, Jr.			
16982 Stewart Ct. Clinton Twp. Mi 48038	<sub>s</sub> 50.00	, 1,850.00	
5. If over \$100.00 cumulative, please provide:	\$		
Occupation Owner Employer Leonard's Syrups	Click Here for Memo Itemization		
Business Address 4601 Nancy St. Detroit MI 48212			
Type of Contribution: Direct Loan from a person ✓ Fund Raiser			
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 9/19/2018	···		
Name & Address			
Leonard Bugajewski, Jr. 16982 Stewart Ct. Clinton Twp. MI 48038	<u>\$ 200.00</u>	<sub>\$</sub> 2,050.00	
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization	
Occupation Owner Employer Leonard's Syrups			
Business Address 4601 Nancy St. Detroit MI 48212			
Type of Contribution: Direct Loan from a person V Fund Raiser	_		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 8/28/2018			
Tirnothy Bugay 23224 Recreation St. Clair Shores Mi 48082	<u>\$ 100.00</u>	<sub>\$</sub> 300.00	
6. If over \$100.00 cumulative, please provids:	Click Here for	Memo Itemization	
Occupation Owner, Trucking Employer Knights Transport			
Business Address 414 East Hudson Royal Oak Mi 48067			
Type of Contribution: Direct Loan from a person Fund Raiser			
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 9/19/2018 Name & Address			
Timothy Bugay 23224 Recreation			
St. Clair Shores MI 48082	<sub>100.00</sub>	<u>\$ 400.00</u>	
5. If over \$100.00 cumulative, please provids:	<b>-</b>		
Occupation Owner, Trucking Employer Knights Transport	Click Here for Memo Itemization		
Business Address 414 East Hudson Royal Oak MI 48067			
Type of Contribution: Direct Loan from a person V Fund Raiser			
Page Subtotal	450.00		
Grand Total of All Schedules 1A			
(Complete on last page of Schedule)	Enter this total on	I	
Page 6 of 33	line 3a of Summary Page.		