

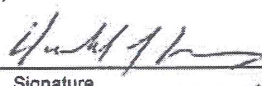
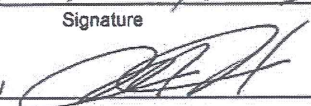


MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

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: <u>10/21/19</u> to <u>12/31/19</u>   |  |   |                   |
| 1. Committee I.D. Number<br><b>013853-3</b>   | 4. Candidate Last Name<br><b>Hackel</b>  | First Name<br><b>Mark</b>   | M.I.<br><b>A.</b> |
| 2. Committee Name<br><b>Mark Hackel for County Executive</b>  | 4a. Office Sought Including District # or Community Served (If applicable)<br><b>County Executive 12</b>   |   |                   |
| 5. Committee's Mailing Address<br><b>12900 Hall Rd.<br/>Suite 500<br/>Sterling Heights, MI 48313</b><br><br>Area Code and Phone <u>586-254-1040</u><br>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.  | 4b. County of Residence <b>MACOMB</b>  |   |                   |
| 6. Treasurer's Name & Residential Address<br><b>Harold J. Burns<br/>1460 Kinney Rd.<br/>Memphis, MI 48041</b><br><br>Area Code & Phone <u>586-206-8110</u>  | 8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)<br><br>Area Code and Phone _____  |   |                   |
| 7. Treasurer's Business Address<br><b>12900 Hall Rd.<br/>Suite 500<br/>Sterling Heights, MI 48313</b><br><br>Area Code and Phone <u>586-254-1040</u>  | 9e. Dissolution of Candidate Committee<br><br><input type="checkbox"/> 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.<br><br>Further, If the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.<br><br>Effective date of dissolution _____<br><br>Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page. |   |                   |
| 9. TYPE OF STATEMENT<br>9a. <input type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election<br><br>Pre-Election or Post-Election Statement relates to:<br><br><input type="checkbox"/> Primary<br><input type="checkbox"/> General<br><input type="checkbox"/> Convention<br><input type="checkbox"/> Special<br><input type="checkbox"/> School<br><input type="checkbox"/> Caucus<br><br>Date of Election, Convention or Caucus _____ | Required ONLY If candidate is not on the ballot for the current year:<br><br><input type="checkbox"/> July Quarterly<br><input type="checkbox"/> October Quarterly<br><br>9c. <input checked="" type="checkbox"/> Annual Statement (2019 ) Coverage Year<br><br>9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)  |   |                   |
| 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 <b>Harold J. Burns</b><br>Type or Print Name  |  | Signature  Date <u>1/22/20</u>   |                   |
| Candidate <b>Mark A. Hackel</b><br>Type or Print Name   |  | Signature  Date <u>1/29/2020</u> |                   |

FILED  
20 JAN 29 PM 1:04  
MACOMB COUNTY CLERK  
MT. CLEMENS MICHIGAN



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<br>This Period | Column II<br>Cumulative this election cycle |
|---|------------|-------------------------|---|
| <b>3. Contributions</b>   |            |                         |   |
| a. Itemized (Schedule 1A - Column 6)  | (3a.) \$   | <u>0.00</u>             |   |
| b. Unitemized (less than \$20.01 each - no Schedule)  | (3b.) \$   | <u>NOT APPLICABLE</u>   |   |
| c. Subtotal of "Contributions"  | (3c.) \$   | <u>\$0.00</u>           | (18.) \$ <u>90,030.00</u>                   |
| 4. Other Receipts (Schedule 1A -1, Column 6)  | (4.) \$    | <u>\$0.00</u>           | (19.) \$ <u>0</u>                           |
| <b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b><br>(Add Line 3c + Line 4)                      | (5.) \$    | <u>\$0.00</u>           | (20.) \$ <u>90,030.00</u>                   |
| <b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>   |            |                         |   |
| 6. In-Kind Contributions (Schedule 1-IK, Column 7)  | (6.) \$    | <u>0</u>                | (21.) \$ <u>0</u>                           |
| 7. In-Kind Expenditures (Schedule 1B-IK, Column 6)  | (7.) \$    | <u>0</u>                | (22.) \$ <u>0</u>                           |
| <b>EXPENDITURES</b>   |            |                         |   |
| <b>8. Expenditures</b>  |            |                         |   |
| a. Itemized (Schedule 1B, Column 6)   | (8a.) \$   | <u>\$5,965.04</u>       |   |
| b. Itemized Get-Out-the-Vote (Schedule 1B-G)  | (8b.) \$   | <u>0</u>                |   |
| c. Unitemized (less than \$50.01 each - no Schedule)  | (8c.) \$   | <u>0</u>                |   |
| <b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)                                  | (9.) \$    | <u>\$5,965.04</u>       | (23.) \$ <u>\$41,725.93</u>                 |
| <b>INCIDENTAL EXPENSE DISBURSEMENTS</b><br>(Officeholders Only)                                 |            |                         |   |
| <b>10. Disbursements</b>  |            |                         |   |
| a. Itemized (Schedule 1C, Column 6)   | (10a.) \$  | <u>0</u>                |   |
| b. Unitemized (less than \$50.01 each - no Schedule)  | (10b.) \$  | <u>0</u>                |   |
| <b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b><br>(Add Line 10a + Line 10b)                  | (11.) \$   | <u>0</u>                | (24.) \$ <u>0</u>                           |
| <b>DEBTS AND OBLIGATIONS</b>  |            |                         |   |
| <b>12. Debts and Obligations</b>  |            |                         |   |
| a. Owed by the Committee (Schedule 1E)  | (12a.) \$  | <u>0</u>                |   |
| b. Owed to the Committee (Schedule 1E)  | (12b.) \$  | <u>0</u>                |   |
| <b>BALANCE STATEMENT</b>  |            |                         |   |
| 13. Ending Balance of last report filed<br>(Enter zero if no previous reports have been filed.) | (13.) \$   | <u>\$285,418.17</u>     |   |
| 14. Amount received during reporting period<br>(Line 5, Total Contributions & Other Receipts)   | (14.) + \$ | <u>\$0.00</u>           |   |
| 15. SUBTOTAL Add lines 13 and 14  | (15.) = \$ | <u>\$285,418.17</u>     |   |
| 16. Amount expended during reporting period<br>(Add lines 9 and 11)                             | (16.) - \$ | <u>\$5,965.04</u>       |   |
| <b>17. ENDING BALANCE</b><br>(Subtract line 16 from line 15)                                    | (17.) \$   | <u>\$279,453.13</u>     | *   |



**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          |
|--|--|---|--------------------|
| <b>Expenditure #1</b><br>Name <u>Michigan Thanksgiving Parade Foundation</u><br><br>Address<br><u>9500 Mt. Elliott, Studio A</u><br><u>Detroit, MI 48211</u><br><br><input type="checkbox"/> Fund Raiser | Purpose: <u>Hob Nobble Gobble Sponsorship</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement        | <u>10/24/19</u><br>Date<br><a href="#">Click Here for Memo Itemization Type</a> | <u>\$ 2,000.00</u> |
| <b>Expenditure #2</b><br>Name <u>Verizon Wireless</u><br><br>Address<br><u>P.O. Box 553</u><br><u>Warrendale, PA 15086</u><br><br><input type="checkbox"/> Fund Raiser                                   | Purpose: <u>Candidate Cell Phone 9/19-10/18/2019</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>11/11/19</u><br>Date<br><a href="#">Click Here for Memo Itemization Type</a> | <u>\$ 421.13</u>   |
| <b>Expenditure #3</b><br>Name <u>Mad Habit Creative, LLC</u><br><br>Address<br><u>46793 Twin City Trail</u><br><u>Macomb, MI 48044</u><br><br><input type="checkbox"/> Fund Raiser                       | Purpose: <u>Website maintenance Oct. '19</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement         | <u>11/11/19</u><br>Date<br><a href="#">Click Here for Memo Itemization Type</a> | <u>\$ 200.00</u>   |
| <b>Expenditure #4</b><br>Name <u>Comcast</u><br><br>Address<br><u>P.O. Box 3005</u><br><u>Southeastern PA 19398-3005</u><br><br><input type="checkbox"/> Fund Raiser                                     | Purpose: <u>Phone, internet, cable</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement               | <u>11/12/19</u><br>Date<br><a href="#">Click Here for Memo Itemization Type</a> | <u>\$ 270.72</u>   |
| <b>Expenditure #5</b><br>Name <u>Constant Contact</u><br><br>Address<br><u>Online Application</u><br><br><input type="checkbox"/> Fund Raiser  | Purpose: <u>Email marketing</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                      | <u>11/12/19</u><br>Date<br><a href="#">Click Here for Memo Itemization Type</a> | <u>\$ 65.00</u>    |

Subtotal this page **\$2,956.85**

Grand Total of all Schedules 1B  
(Complete on last page of Schedule)

Enter this total  
on line 8a of  
Summary Page



**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<br>Name <u>Verizon Wireless</u><br><br>Address<br><u>P.O. Box 553</u><br><u>Warrendale, PA 15086</u><br><br><input type="checkbox"/> Fund Raiser                      | Purpose: <u>Phone upgrade fees</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                    | <u>11/15/19</u><br>Date | <u>\$ 463.91</u><br><br><a href="#">Click Here for Memo Itemization Type</a> |
| Expenditure #2<br>Name <u>UHY Advisors MI, Inc.</u><br><br>Address<br><u>12900 Hall Road, Ste. 510</u><br><u>Sterling Hgts, MI 48313</u><br><br><input type="checkbox"/> Fund Raiser | Purpose: <u>Accounting Services through Oct. 2019</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>11/22/19</u><br>Date | <u>\$ 812.50</u><br><br><a href="#">Click Here for Memo Itemization Type</a> |
| Expenditure #3<br>Name <u>Verizon Wireless</u><br><br>Address<br><u>P.O. Box 553</u><br><u>Warrendale, PA 15086</u><br><br><input type="checkbox"/> Fund Raiser                      | Purpose: <u>Candidate Cell Phone 10/19-11/18/2019</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>11/27/19</u><br>Date | <u>\$ 469.55</u><br><br><a href="#">Click Here for Memo Itemization Type</a> |
| Expenditure #4<br>Name <u>Apple.com</u><br><br>Address<br><u>One Apple Park Way</u><br><u>Cupertino, CA 95014</u><br><br><input type="checkbox"/> Fund Raiser                        | Purpose: <u>Apple Care for Candidate cell phone</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement   | <u>11/27/19</u><br>Date | <u>\$ 199.00</u><br><br><a href="#">Click Here for Memo Itemization Type</a> |
| Expenditure #5<br>Name <u>Comcast</u><br><br>Address<br><u>P.O. Box 3005</u><br><u>Southeastern PA 19398-3005</u><br><br><input type="checkbox"/> Fund Raiser                        | Purpose: <u>Phone, internet, cable</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                | <u>12/10/19</u><br>Date | <u>\$ 270.72</u><br><br><a href="#">Click Here for Memo Itemization Type</a> |

Subtotal this page **\$2,215.68**

Grand Total of all Schedules 1B  
(Complete on last page of Schedule)

Enter this total  
on line 8a of  
Summary Page



**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<br>Name <u>Constant Contact</u><br>Address<br><u>Online Application</u><br><br><input type="checkbox"/> Fund Raiser                          | Purpose: <u>Email marketing</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement    | <u>12/11/19</u><br>Date | <u>\$ 65.00</u>  |
| Expenditure #2<br>Name <u>Verizon Wireless</u><br>Address<br><u>P.O. Box 553</u><br><u>Warrendale, PA 15086</u><br><br><input type="checkbox"/> Fund Raiser | Purpose: <u>Phone Upgrade fees</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>12/12/19</u><br>Date | <u>\$ 727.51</u> |
| Expenditure #3<br>Name<br>Address<br><br><input type="checkbox"/> Fund Raiser   | Purpose: _____<br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                     | _____<br>Date           | \$ _____         |
| Expenditure #4<br>Name<br>Address<br><br><input type="checkbox"/> Fund Raiser   | Purpose: _____<br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                     | _____<br>Date           | \$ _____         |
| Expenditure #5<br>Name<br>Address<br><br><input type="checkbox"/> Fund Raiser   | Purpose: _____<br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                     | _____<br>Date           | \$ _____         |

|  |                   |
|--|-------------------|
| Subtotal this page   | <b>\$792.51</b>   |
| Grand Total of all Schedules 1B<br>(Complete on last page of Schedule) | <b>\$5,965.04</b> |

Enter this total  
on line 8a of  
Summary Page