# 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: 07/21/20 to 10/20/20			
1. Committee I.D. Number		4. Candidate Last Name	First Name	M.I.	
013853-3		Hackel	Mark	A.	
		4a. Office Sought Including Dis	trict # or Community Served (If a	pplicable)	
2. Committee Name		County Executive 12			
Mark Hackel for County Exe	ecutive	4b. County of Residence MA	COMB		
5. Committee's Mailing Address		6. Treasurer's Name & Residential Address			
12900 Hall Rd.		Harold J. Burns			
Suite 500		1460 Kinney Rd.			
Sterling Heights, MI 48313		Memphis, MI 48041			
Area Code and Phone If the address in this box is different from the comminaling address on the Statement of Organization, resent to this address by the filing official.		Area Code & Phone 586-206	-8110 <u>)</u>	<del>.</del>	
7. Treasurer's Business Address		8. Designated Record keeper's	s Name and Mailing Address (If	ne committee has a	
12900 Hall Rd.		Designated Record keeper)	Lis		
Suite 500			ញុំ: ដ	FIL 26	
Sterling Heights, MI 48313			ن - ا	्राष्ट्र स्था	
			HICHIG	PR D	
			FG A	유 - 유 	
Area Code and Phone 586-254-1040		Area Code and Phone		<del>* -</del>	
9. TYPE OF STATEMENT	Required ON	NLY if candidate	9e. Dissolution of Candidate	Committee	
9a. Pre-Election OR 9b. Post-Election		ballot for the	By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here		
Pre-Election or Post-Election Statement relates to:	Current year.	•	by discharged and forgiven, and the committee. The committee	d no longer collectible from	
Primary	July Quart	terly	owes no lates fees or has any o		
General	X October C	Quarterly			
Convention			Further, if the dissolution canno considered a request for the Re	t be granted, that this be porting Waiver.	
	l				
Special	9c. Annua	al Statement ()	Effective date of disse	olution	
School		Coverage Year			
Caucus		idment to Campaign Statement plete Item 9a, 9b, 9c or 9e to	Nicker The discoulties of society		
	indica amen	ite which Statement is being ded.)	Note: The disposition of residual Schedule 1B and the Summary		
Date of Election, Convention or Caucus		,			
Date of Election, Convention of Caucus					
10. Verification: I\We certify that all reasonable diligrimy\our knowledge and belief the contents are true,	ence was used accurate and c	in the preparation of this statemomplete.	I ent and attached schedules (if a	ny) and to the best of	
Current Treasurer or Harold J. Buri	ns	16.1114		10/22/2020	
Designated Record keeper Type or Print Name	· - <del></del>	i Hand J M	Date _	UIZZIZUZU	
		201/	•		
Candidate Mark A. Hackel		1 SHAT	Date	10/26/2020	
Type or Print Name		Signature			

1. Committee I.D. Number 013853-3

#### **SUMMARY PAGE CANDIDATE COMMITTEE**

2. Committee Name Mark Hackel for County Executive

CANDIDATE COMMINITIES		
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>0.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ _\$0.00	(18.) \$ 90,030.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _\$0.00	(19.) \$ 0
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ \$0.00	(20.) \$ 90,030.00
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ 0	(21.) \$ 0
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ 0	(22.) \$ 0
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$3,674.03</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ 0	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ 0	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ _\$3,674.03	(23.) \$ \$55,195.42
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.)\$ 0	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.)\$ <u>0</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)		0
DEBTS AND OBLIGATIONS 12. Debts and Obligations	(11.) \$ 0	(24.) \$ 0
a. Owed by the Committee (Schedule 1E)	(12a.) \$ 0	
b. Owed to the Committee (Schedule 1E)	(12b.)\$ <u>0</u>	
<ul> <li>13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)</li> <li>14. Amount received during reporting period (Line 5, Total Contributions &amp; Other Receipts)</li> <li>15. SUBTOTAL Add lines 13 and 14</li> <li>16. Amount expended during reporting period (Add lines 9 and 11)</li> <li>17. ENDING BALANCE (Subtract line 16 from line 15)</li> </ul>	BALANCE STATEMENT  (13.) \$ \$269,657.67  (14.) + \$ \$0.00  (15.) = \$ \$269,657.67  (16.) - \$ \$3,674.03  (17.) \$ \$265,983.64	- - - -



## **ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE**

013853-3

1. Committee I. D. Number

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 Verizon Wireless		07/23/20	\$ 457.28
Address	Purpose: Candidate Cell Phone 5/19-6/18/2020	Date	***************************************
P.O. Box 553			
Warrendale, PA 15086	Click H	lere for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2	Statement		
•		00140100	
Name Comcast	•	08/10/20	\$ 282.43
Address	Purpose: Phone, internet, cable	Date	
P.O. Box 3005	Click H	ore for Memo I	temization Type
Southeastern PA 19398-3005	Click Here for Memo Itemization Type		
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name Verizon Wireless		08/11/20	\$ 463.48
Address	Purpose: Candidate Cell Phone 6/19-7/18/2020	Date	100110
P.O. Box 553	i dipose.		
Warrendale, PA 15086	Click H	ere for Memo I	temization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		į.
Expenditure #4	statement		
N1			
Name Constant Contact		08/11/20	\$ 65.00
Address	Purpose: Email marketing	Date	
Online Application			
	Click H	ere for Memo I	temization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5			
Name Mad Habit Creative, LLC		08/11/20	¢ 200 00
Address	Website maintenance Dec 2019 (re-issued check)	Date	\$ <u>200.00</u>
46793 Twin City Trail			
Macomb, MI 48044	Click Here for Memo Itemization Type		
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
	Subtot	al this page	\$1,468.19
	Grand Total of all S	Schedules 1B	
	(Complete on last page	of Schedule)	

Enter this total on line 8a of **Summary Page** 



#### **ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE**

013853-3

1. Committee I. D. Number

3 Committee Name Mark Hackel for County Executive

2.0	ommittee Name		
Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name Mad Habit Creative, LLC		08/11/20	\$ 200.00
Address	Purpose: Website maintenance July 2020	Date	
46793 Twin City Trail	Click H	ere for Memo I	Itemization Type
Macomb, MI 48044			•
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name Mad Habit Creative, LLC		08/24/20	\$ 200.00
Address	Purpose: Website maintenance June 2020	Date	-
46793 Twin City Trail Macomb, MI 48044	Click Here for Memo Itemization Type		
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name Mad Habit Creative, LLC		09/03/20	\$ 200.00
Address	Purpose: Website maintenance August 2020	Date	
46793 Twin City Trail		6 84 1	
Macomb, MI 48044	l 🗂	ere for Memo I	temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4			
Name Comcast		09/10/20	\$ 282.47
Address	Purpose: Phone, internet, cable	Date	Ψ <u>202.47</u>
P.O. Box 3005 Southeastern PA 19398-3005	Click He	ere for Memo I	temization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5			
Name Constant Contact		09/11/20	¢ 6E 00
Address	Purpose: Email marketing	Date	\$ <u>65.00</u>
Online Application	OR-LUI	oro for Marca	tomization Tree-
_	Click Ho Check box if this expenditure is payment of debt or obligation reported on previous	ere ior iviemo I	temization Type
Fund Raiser	statement		
	Subtot	al this page	\$947.47
	Grand Total of all S (Complete on last page		

Enter this total on line 8a of Summary Page



### **ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE**

013853-3

1. Committee I. D. Number

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 Verizon Wireless		09/18/20	\$ 456.92
Address	Candidate Cell Phone 7/19-8/18/2020	Date	
P.O. Box 553			
Warrendale, PA 15086	Click H	ere for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name Comcast		10/13/20	\$ 274.53
Address	Purpose: Phone, internet, cable	Date	
P.O. Box 3005 Southeastern PA 19398-3005	Click Here for Memo Itemization Type		
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name Constant Contact		10/13/20	\$ 65.00
Address	Purpose: Email marketing	Date	<del>+ 00.00</del>
Online Application	. шрозс.		
1,1	Click He	ere for Memo I	temization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4	Statement		
Name			
Name Verizon Wireless		10/16/20	\$ 461.92
Address	Candidate Cell Phone 8/19-9/18/2020	Date	4 401.02
P.O. Box 553	Purpose:		
Warrendale, PA 15086	Click Ho	ere for Memo I	temization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5			
Name			
Address	Purpose:	Date	\$
	الانعاد ال	ara for Mama I	temization Type
	Click Here for Memo Itemization Type  Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
	Subtot	al this page	\$1,258.37
	Grand Total of all S (Complete on last page	1	\$3,674.03

Enter this total on line 8a of Summary Page