

#### MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

21FEB - 1 PH 4: 14

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MACUITE COUNTY CLERK
MICHIGAN

FOR OFFICIAL USE ONLY

## CANDIDATE COMMITTEE COVER PAGE

Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and call	signed by ndidate.	3. This Statement covers From	10/21/20	to 12/31/20	
1. Committee I.D. Number		4. Candidate Last Name		rst Name	Mik <sup>an</sup>
013853-3		Hackel	Mark		<b>A</b>
2. Committee Name		4a. Office Sought Including Dis	trict # or Commu	ity Served (If applica	ible)
		County Executive 12			
Mark Hackel for County Executive		4b. County of Residence MACOMB			
5. Committee's Mailing Address		6. Treasurer's Name & Reside	ntial Address		
12900 Hall Rd.		Harold J. Burns			186 186
Suite 500 Sterling Heights, Mt 48313		1460 Kinney Rd. Memphis, MI 48041			
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.			grava i jedanica.		
			Area Code & Phone 586-206-8110		
7. Treasurer's Business Address		8. Designated Record keeper Designated Record keeper)	's Name and Mail	ng Address (If the co	mmittee has a
12900 Hall Rd.		Designated resolutions		•	
Suite 500					
Sterling Heights, MI 48313	•			,	
		,			
FOR OF 4 4040			-		•
Area Code and Phone 586-254-1040		Area Code and Phone	l Re. Dissolution	n of Candidate Com	mittee
9. TYPE OF STATEMENT	Required O	NLY if candidate			
9a. Pre-Election OR 9b. Post-Election	is not on the ballot for the current year:		By checking this Item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is hen by discharged and forgiven, and no longer collectible from		
Pre-Election or Post-Election Statement relates to:	July Qua	riadu	the committee.	The committee has r	10 oustanding assets,
Primary	outy Quan	italy	owes no lates te	es or has any oustan	and aspr
General	October	Quarterly	Further, if the di	ssolution cannot be g	ranted, that this be
Convention	-		considered a red	uest for the Reportin	A ASIACIT
Special	9c. X Annu	al Statement (2020 )			
School	12.23.44110	Coverage Year	Effect	ive date of dissolution	n:
	9d. Ame	ndment to Campaign Statement			and the second second
	indic	nplete Item 9a, 9b, 9c or 9e to ate which Statement is being		sition of residual fund d the Summary Page	ds must be reported on
	amer	ided.)	Contocols (15 a)		
Date of Election, Convention or Caucus	.**				
· · · · · · · · · · · · · · · · · · ·		• •			•
10. Verification: IWe certify that all reasonable dilige	nca was user	t in the preparation of this statem	ent and attached	schedules (if any) ar	id to the best of
my our knowledge and belief the contents are true, a	occurate and	complete.			
Current Treasurer or Harold J. Burr	ns	IL II A	k	DIS	lan lar
Designated Record keeper Type or Print Name		Signature	Savara A. a. a. a.	Date/	20/21
					1.1
Candidate Mark A. Hackel				Date	101/2021
Type or Print Name		Signaturg	4		
Authority granted under P.A. 388 of 1976	•		Special Carl		

#### 1. Committee I.D. Number 013853-3

### SUMMARY PAGE CANDIDATE COMMITTEE

### 2. Committee Name Mark Hackel for County Executive

CANDIDATE COMMITTEE	2. Committee Name	
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		Julia di
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.) \$\$4,232.66	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0</u>	
	(8c.) \$ <u>0</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(9.) \$ \$4,232.66	(23.) \$ \$59,428.08
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	(23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
Disbursements     a. Itemized (Schedule 1C, Column 6)	(10a.)\$ 0	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.)\$ 0	,
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)		
DEBTS AND OBLIGATIONS	(11.) \$ 0	(24.) \$ 0
12. Debts and Obligations		·
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0</u>	
	BALANCE STATEMENT	
13. Ending Balance of last report filed	(13.) \$ \$265,983.64	
(Enter zero if no previous reports have been filed.)  14. Amount received during reporting period	(14.) + \$ \$0.00	
(Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14	(15.) = \$_\$265,983.64	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ \$4,232.66	
17. ENDING BALANCE	(17.) \$ \$261,750.98	*
(Subtract line 16 from line 15)	(11.1) • ·	
	•	



# 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 Comcast		11/10/20	s 282.56
Address	Purpose: Phone, internet, cable	Date	
P.O. Box 3005	Click H	ere for Memo Iten	nization Type
Southeastern PA 19398-3005	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement	•	
Expenditure #2			,
Name Constant Contact		11/12/20	65.00
Address	Purpose: Email marketing	Date	00.00
Online Application			
Стипе / фриодион	Click He	ere for Memo Iten	nization Type
	Check box if this expenditure is payment of	•	•
Fund Raiser	debt or obligation reported on previous statement		·
Expenditure #3		,	. ,
Name Verizon Wireless	·	11/16/20	\$ 462.02
Address	Purpose: Candidate Cell Phone 9/19-10/18/2020	Date	Ψ <del>102.02</del>
P.O. Box 553	Click H	ere for Memo Iten	ization Type
Warrendale, PA 15086	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement	•	
Expenditure #4			,
Name Mad Habit Creative, LLC		12/02/20	,
	- Website maintenance Sept, Oct, Nov	Date	\$ 600.00
Address	Purpose:		
46793 Twin City Trail Macomb, MI 48044	Click H	ere for Memo Iten	nization Type
<u>·</u>	Check box if this expenditure is payment of	•	•
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5			
Name Verizon Wireless		12/02/20	
Address	Candidate Cell Phone 10/19-11/18/2020 Purpose:	Date	\$ 462.02
P.O. Box 553		6 \$4 **	
Warrendale, PA 15086	Click H	ere for Memo Iter	nization Type
Fund Raiser	debt or obligation reported on previous		
<u>—</u>	<u> </u>	al this page	51,871.60
	Grand Total of all S	chedules 1B	
	(Complete on last page		,

Enter this total on line 8a 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		<del></del>	No
Name Verizon Store		12/09/21	\$ 2,013.50
Address	Purpose: New phones	Date	
45111 Park Ave.	•	Here for Memo	Itemization Type
Utica, MI 48315	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
Name Comcast		12/10/21	\$ 282.56
Address	Purpose: Phone, internet, cable	Date	
P.O. Box 3005 Southeastern PA 19398-3005	Click	Here for Memo I	temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name Constant Contact	[.	12/11/21	\$ 65.00
Address	Purpose: Email marketing	Date	+ 00.00
Online Application		Jore for Mome	temization Type
			temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4			
Name			,
Address	Purpose:	Date	\$
		Olama famili	
	<u> </u>		temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement.		
Expenditure #5			
Name	•	•	
Address	Purpose:	Date	. \$
	Click	Here for Memo	Itemization Type
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
	Subt	otal this page	\$2,361.06
	Grand Total of all	Schedules 1B	¢4 222 66

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

\$4,232.66

Enter this total on line 8a of Summary Page