



**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: 08/23/22 to 10/23/22

1. Committee I.D. Number

013853-3

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**

2. Committee Name

Mark Hackel for County Executive

5. Committee's Mailing Address

12900 Hall Rd.
Suite 500
Sterling Heights, MI 48313

6. Treasurer's Name & Residential Address

Harold J. Burns
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.

Area Code & Phone 586-206-8110

7. Treasurer's Business Address

12900 Hall Rd.
Suite 500
Sterling Heights, MI 48313

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. ☒ Pre-Election OR 9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

☐ Primary

☒ General

☐ Convention

☐ Special

☐ School

☐ Caucus

Date of Election, Convention or Caucus

11/08/22

Required ONLY if candidate is not on the ballot for the current year:

☐ July Quarterly

☐ October Quarterly

9c. ☐ Annual Statement (_____) Coverage Year

9d. ☐ 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 late 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

Harold J. Burns
Signature

Date

10/28/2022

Candidate

Mark A. Hackel

Type or Print Name

Mark A. Hackel
Signature

Date

10/28/2022



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.) \$	<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>\$427,305.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u>\$30.00</u>	(19.) \$ <u>\$30.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>\$30.00</u>	(20.) \$ <u>\$427,335.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>\$0.00</u>	(21.) \$ <u>\$14,968.65</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u>\$0.00</u>	(22.) \$ <u>0</u>
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>\$25,324.34</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u>\$0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u>\$10.80</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>\$25,335.14</u>	(23.) \$ <u>\$132,353.06</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u>\$0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u>\$0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	<u>\$0.00</u>	(24.) \$ <u>\$0.00</u>
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>\$0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u>\$0.00</u>	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>\$551,436.14</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>\$30.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>\$551,466.14</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>\$25,335.14</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>\$526,131.00</u>	*



**ITEMIZED OTHER RECEIPTS
SCHEDULE 1A-1
CANDIDATE COMMITTEE**

1. Committee I.D. Number _____

2. Committee Name _____

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name & Address: Huntington Bank PO Box 1558 EA1W37 Columbus, OH 43216-1558	Date of Receipt 08/23/2022	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Refund \Rebate Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____	\$ 30.00
Receipt #2 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #3 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #4 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #5 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #6 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #7 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____	\$ _____
Page Subtotal			\$30.00
Grand Total of All Schedules 1A -1 (Complete on last page of Schedule)			\$30.00

Enter this total on
line 4 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 Name Verizon Wireless Address P.O. Box 553 Warrendale, PA 15086 <input type="checkbox"/> Fund Raiser	Purpose: <u>Candidate Cell Phone 7/19-8/18/2022</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/13/22</u> Date	\$ <u>319.50</u> Click Here for Memo Itemization Type
Expenditure #2 Name Constant Contact Address Online Application <input type="checkbox"/> Fund Raiser	Purpose: <u>Email marketing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/16/22</u> Date	\$ <u>45.00</u> Click Here for Memo Itemization Type
Expenditure #3 Name Baro Mini Storage Address 34464 Kelly Rd. Clinton Twp., MI 48035 <input type="checkbox"/> Fund Raiser	Purpose: <u>Storage Unit for all of 2022</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/20/22</u> Date	\$ <u>840.00</u> Click Here for Memo Itemization Type
Expenditure #4 Name Anton Art Center Address 125 Macomb Pl. Mt. Clemens, MI 48043 <input type="checkbox"/> Fund Raiser	Purpose: <u>31st Annual Art Party - 1 ticket</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/22/22</u> Date	\$ <u>80.00</u> Click Here for Memo Itemization Type
Expenditure #5 Name Mad Habit Creative, LLC Address 46793 Twin City Trail Macomb, MI 48044 <input type="checkbox"/> Fund Raiser	Purpose: <u>Website maintenance August 2022</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/22/22</u> Date	\$ <u>200.00</u> Click Here for Memo Itemization Type

Subtotal this page **\$1,484.50**
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 Name 5 Star Outdoor, LLC Address P.O. Box 252755 West Bloomfield, MI 48325-2755 <input type="checkbox"/> Fund Raiser	Purpose: <u>Billboard Advertising</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/30/22</u> Date	\$ <u>10,000.00</u> Click Here for Memo Itemization Type
Expenditure #2 Name Verizon Wireless Address P.O. Box 553 Warrendale, PA 15086 <input type="checkbox"/> Fund Raiser	Purpose: <u>Candidate Cell Phone 8/19-9/18/2022</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/03/22</u> Date	\$ <u>324.44</u> Click Here for Memo Itemization Type
Expenditure #3 Name Gabrielle Barney Address 21920 Drexel Clinton Twp., MI 48036 <input type="checkbox"/> Fund Raiser	Purpose: <u>Cookies for senior fun fest</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/12/22</u> Date	\$ <u>2,500.00</u> Click Here for Memo Itemization Type
Expenditure #4 Name C&G Newspapers Address 13650 E. 11 Mile Rd. Warren, MI 48089 <input type="checkbox"/> Fund Raiser	Purpose: <u>Various newspaper ads</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/13/22</u> Date	\$ <u>10,720.40</u> Click Here for Memo Itemization Type
Expenditure #5 Name Constant Contact Address Online Application <input type="checkbox"/> Fund Raiser	Purpose: <u>Email marketing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/17/22</u> Date	\$ <u>45.00</u> Click Here for Memo Itemization Type

Subtotal this page **\$23,589.84**

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 Name <u>Shelby Township Lions</u> Address P.O. Box 182075 Shelby Twp., MI 48318 <input type="checkbox"/> Fund Raiser	Purpose: <u>2 Tickets to fundraiser supporting Leader Dogs</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/18/22</u> Date	\$ <u>250.00</u>
Expenditure #2 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #3 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page	\$250.00
Grand Total of all Schedules 1B (Complete on last page of Schedule)	\$25,324.34
Enter this total on line 8a of Summary Page	