

## MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

## ORIGINAL OR AMENDED

## STATEMENT OF ORGANIZATION FORM FOR LOCAL CANDIDATE COMMITTEES FILED WITH A COUNTY CLERK

		Information on this form is made publi	С.
1. Committee ID#: 138533	*2. Type of Filing:	al: dment to items: <b>6c, 8, 9</b>	Eff. Date: 06/21/2024
*3. Full Name of Committee (must include Mark Hackel for County Executi	ve	•	
*4a. Candidate Full Name: Last Name Hackel		First Name Mark	M.I. A.
*4b. Political Party (if applicable): Democratic Party		*4c. County of Residence: MACOMB	
*4d. Office Sought: County Executive		*4e. District or Jurisdiction:	Macomb
*5. Date Committee was Formed: 12/22			
*6a. Committee Phone: (586) 254-1040		6b. Committee Fax #: (586) 254-1805	
*6c. Committee Email Address: hl	ourns@uhy-us.com	6d. Committee Website Address:	
*7a. Complete Committee Mailing Address (May be PO Box): 12900 Hall Road, Suite 500, Sterling Heights, MI 48313-1153			
*7b. Complete Committee Street Address (May not be PO Box): 12900 Hall Road, Suite 500, Sterling Heights, MI 48313-1153			
*8. Treasurer Name and Complete Residential Address:  Harold J. Burns 1460 Kinney Road, Memphis, MI 48041			
Phone #: (586) 206-8110	Email Addre	ess: hburns@uhy-us.com	
9. Designated Record Keeper Name and Complete Address:			
April Wilson 19510 Cooper St., Clinton Twp., MI 48038			
Phone #: (989) 390-1231	Email Addre	ess: awilson@uhy-us.com	
election. I/We understand that if the commit campaign statements. I/We further understa required campaign statements must be filed.  NO, I/We DO NOT WANT TO APP election. I/We understand that the committee an election. I further understand that the filing fees. Further information regarding Re	ttee does not spend or receive not that the Reporting Waiver does not A Reporting Waiver does not LY FOR THE REPORTING WAI ee owes detailed campaign star Reporting Waiver cannot be porting Waivers can be found	d in excess of \$1,000.00 in an election will be automatically lost if the committee from filing Later than the committee from filing Later than the committee expects to reterents even if the committee does requested retroactively to avoid fin Appendix C of the Committee Main Appendix C	nittee exceeds the \$1,000.00 threshold and all the Contribution Reports.  eceive or expend in excess of \$1,000.00 in an not spend or receive in excess of \$1,000.00 in filling requirements and to avoid paying late hual.
*11. Name and Address of Depositories or this item must be completed, an account do *Official Depository (name and address):  Secondary Depository (name and address)	es not have to be opened unti Huntington Bank, 293	Il the first contribution is received.	Union or Savings & Loan Association) While
12. Verification: I/We certify that all reasons complete to the best of my/our knowledge of the signatures that verify the accuracy and of diligence will be used in the preparation of eaccurate and complete to the best of my/our	or belief. If filing campaign stat ompleteness of each statemer ach statement electronically fi	ements electronically, we further ag nt filed electronically by the committ led by this committee and that the c me and Date)	ree that the signatures below shall serve as tee. I/We certify that all reasonable ontents of each statement will be true,
*Candidate:	Date: 7/23/2024	*Current Treasurer / /	Date: 7/23/2024
*Designated Record Keeper (If Applicable)	april & Wilso	77	Date: 7/23/2024