

CANDIDATE COMMITTEE COVER PAGE

FILED 25 OCT 2024 AM 10:51

MACOMB COUNTY CLERK MT. CLEMENS, MICHIGAN

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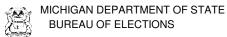
Report must be legible, typed or printed in ink and	signed by	3. This Statement covers From	1: 0= (0.1 (0.0.1	
Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and co	andidate.		07/21/2024 to 1	0/20/2024
1. Committee I.D. Number		4. Candidate Last Name	First Name	M.I.
138533		HACKEL	MARK	lf analiaahla)
2. Committee Name		4a. Office Sought Including Dis	,	іт арріісавіе)
MARK HACKEL FOR COUNTY EXE	ECUTIVE	4b. County of Residence MA		
5. Committee's Mailing Address		6. Treasurer's Name & Reside	ential Address	
12900 HALL RD SUITE 500 STERLING HEIGHTS, MI 48313		HAROLD J BURNS 1460 KINNEY ROAD MEMPHIS, MI 48041		
Area Code and Phone (586) 254-1040 If the address in this box is different from the comm mailing address on the Statement of Organization, to be sent to this address by the filing official.		Area Code & Phone (586)	206-8110	
7. Treasurer's Business Address		Designated Record keeper Designated Record keeper)	's Name and Mailing Address	(If the committee has a
1460 KINNEY ROAD MEMPHIS, MI 48041		APRIL WILSON 19510 COOPER ST CLINTON TOWNSH		
Area Code and Phone (586) 206-8110		Area Code and Phone (98	9) 390-1231	
9. TYPE OF STATEMENT			9e. Dissolution of Candida	ate Committee
9a. Pre-Election OR 9b. Post-Election		NLY if candidate ballot for the :		We certify any outstanding debt
Pre-Election or Post-Election Statement relates to: Primary	July Quar	terly		and no longer collectible from ee has no oustanding assets,
General	X October €	Quarterly	Further, if the dissolution can	,
Convention			considered a request for the	
Special	9c. Annu	al Statement (2024)	Effective date of di	ssolution
School		Coverage Year		
Caucus	(Comp	dment to Campaign Statement blete Item 9a, 9b , 9c or 9e to the which Statement is being ded.)	Note: The disposition of residuction of Schedule 1B and the Summi	dual funds must be reported on ary Page.
Date of Election, Convention or Caucus				
10. Verification: I\We certify that all reasonable diligny\our knowledge and belief the contents are true,			ent and attached schedules (if	f any) and to the best of
Current Treasurer or		,	Submitted electronically, signature on file	10/25/2024
Designated Record keeper Type or Print Name		/ Signature	Date	10/20/2024
Candidate		/	Submitted electronically, signature on file	10/25/2024
Type or Print Name		Signature	Date	

1. Committee I.D. Number 138533

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name MARK HACKEL FOR COUNTY EXECUTIVE

CANDIDATE COMMITTEE		
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 110,347.54	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ 110,347.54	(18.) \$ 265,248.54
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _0.00	(19.) \$ 6.38
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ 110,347.54	(20.) \$ 265,254.92
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ 19,434.00	(21.) \$ 19,434.00
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ 0.00	(22.) \$ 0.00
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ 20,762.52	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ 0.00	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ 0.00	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ 20,762.52	(23.) \$ 90,774.90
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$ 0.00	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ 0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS		
(Add Line 10a + Line 10b)	(11.) \$ 0.00	(24.) \$ 0.00
DEBTS AND OBLIGATIONS 12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ 0.00	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ 0.00	
	BALANCE STATEMENT	1
13. Ending Balance of last report filed	(13.) \$ 599,712.33	
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.) + \$ 110,347.54	
(Line 5, Total Contributions & Other Receipts)	(15.) = \$_710,059.87	
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period		
(Add lines 9 and 11)	(16.) - \$ 20,762.52	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ 689,297.35	



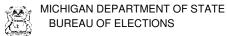
1. Committee I.D. Number

138533

CANDIDATE COMMITTEE

2. Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/21/2024 Name & Address: THOMAS KEMP 8459 TIPSICO TRAIL HOLLY, MI 48442	_{\$} 1,500.00	_{\$} 1,500.00
5. If over \$100.00 cumulative, please provide: Occupation PRESIDENT Employer KEMP BUILDING & DEVELOPMENT Business Address 275 W GIRARD AVE, MADISON HEIGHTS, MI 48071 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/22/2024 Name & Address RICHARD BECKER 10330 STEWART RD MONROE, MI 48162	_{\$} 1,500.00	_{\$} 1,500.00
5. If over \$100.00 cumulative, please provide: Occupation PRESIDENT Employer MICHIGAN PAVING MATERIAL CRH		
Business Address 2575 S HAGGERTY RD, STE. 100, CANTON, MI 48188		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/22/2024 JANET HAZLETT 47467 GLOEDE RD MACOMB, MI 48044	_{\$} 1,500.00	_{\$} 1,500.00
5. If over \$100.00 cumulative, please provide: Occupation CONTRACTOR Employer MILLWORKS INC.		
Business Address 50556 CENTRAL INDUSTRIAL DR, SHELBY TWP., MI 48315		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/22/2024 Name & Address CHRISTOPHER IANNUZZI 3600 AYNSLEY DR ROCHESTER HILLS, MI 48306	_{\$} 1,500.00	_{\$_} 1,500.00
5. If over \$100.00 cumulative, please provide:		
Occupation CPA Employer IANNUZZI MANETTA CPA		
Business Address 1175 W LONG LAKE RD, STE. 201, TROY, MI 48098		
Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal	0.000.00	T
Grand Total of All Schedules 1A (Complete on last page of Schedule)	6,000.00 Enter this total on	-
Page 1 of 24	line 3a of Summary Page.	



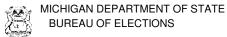
1. Committee I.D. Number 138

138533

CANDIDATE COMMITTEE

2. Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/22/2024 Name & Address: KARL SCHWEITZER		
2345 HICKMAN RD		
ANN ARBOR, MI 48105	_{\$} 2,500.00	_{\$} 2,500.00
5. If over \$100.00 cumulative, please provide:		
Occupation CONTRACTOR Employer GM & SONS		
Business Address 46900 WEST RD, NOVI, MI 48377		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/22/2024 Name & Address		
JOSEPH VICARI		
37523 HIDDEN VALLEY CT	, 2.500.00	_{\$} 4,500.00
CLINTON TWP, MI 48036	\$_,0000	§ 1,000.00
5. If over \$100.00 cumulative, please provide:		
Occupation OWNER Employer ANDIAMO RESTAURANT GROUP		
Business Address 7096 E 14 MILE RD, WARREN, MI 48092		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/23/2024		
TONY GALLO		
6303 26 MILE RD	\$ 1,500.00	_{\$} 2,500.00
STE. 200		Ψ
WASHINGTON, MI 48094 5. If over \$100.00 cumulative, please provide:		
Occupation PRESIDENT Employer GALLO COMPANIES		
Business Address 6303 26 MILE RD, STE. 200, WASHINGTON, MI 48094		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/23/2024 Name & Address		
SCOTT LOCKWOOD		
950 SOUTHDOWN RD	_s 1,500.00	\$ 2,000.00
BLOOMFIELD HILLS, MI 48304	\$ 1,000.00	\$_2,000.00
5. If over \$100.00 cumulative, please provide:		
Occupation ENGINEER Employer ANDERSON, ECKSTEIN & WESTRICK, INC		
Business Address 51301 SCHOENHERR RD, SHELBY TWP., MI 48315		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	8,000.00	
	5,000.00	•
Grand Total of All Schedules 1A (Complete on last page of Schedule)]
	Enter this total on line 3a of Summary	
Page 2 of 24	Page.	



138533 1. Committee I.D. Number

CANDIDATE COMMITTEE

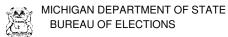
2. Committee Name

MARK HACKEL FOR COUNTY EXECUTIVE

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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/23/2024 Name & Address: STEVEN MANCINI 37532 HIDDEN VALLEY CT CLINTON TWP, MI 48036	\$ 2,500.00	_{\$} 4,500.00
5. If over \$100.00 cumulative, please provide: Occupation CEO Employer RIC-MAN CONSTRUCTION	¥	
Business Address 38600 VAN DYKE AVE, STE. 100, STERLING HEIGHTS, MI 48312		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/23/2024 Name & Address GORDON WILSON		
49572 COMPASS POINT DR NEW BALTIMORE, MI 48047	\$ 1,500.00	<u>\$</u> 2,000.00
5. If over \$100.00 cumulative, please provide: Occupation VICE PRESIDENT Employer ANDERSON, ECKSTEIN & WESTRICK, INC		
Business Address 51301 SCHOENHERR RD, SHELBY TWP, MI 48315		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/24/2024 Name & Address:		
RINALDO ACCIAVATTI	2 500 00	4 500 00
6321 GRATIOT AVE	_{\$} 2,300.00	_{\$} 4,500.00
ST CLAIR, MI 48079		
5. If over \$100.00 cumulative, please provide:		
Occupation CONSTRUCTION Employer PAMAR ENTERPRISES INC		
Business Address 31604 PAMAR CT, NEW HAVEN, MI 48048 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/24/2024		
Name & Address		
PAUL ARAGONA 5440 ORION RD		
ROCHESTER, MI 48306	_{\$} 1,500.00	_{\$} 3,500.00
5. If over \$100.00 cumulative, please provide:		
Occupation REAL ESTATE INVESTOR Employer HOLIDAY ENTERPRISES		
Business Address 37020 GARFIELD RD, T-1, CLINTON TWP, MI 48036		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	8,000.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on line 3a of Summary	- 1

Page 3 of 24

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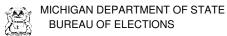
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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/24/2024 Name & Address: DARRELL KALTZ 942 E DAVISON LAKE RD METAMORA, MI 48455	_{\$} 1,500.00	_{\$} 1,500.00
5. If over \$100.00 cumulative, please provide: Occupation VICE PRESIDENT Employer KALTZ EXCAVATING CO INC. Business Address 1030 FEATHERSTONE ST, PONTIAC, MI 48342		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/24/2024 Name & Address		
DOUGLAS KALTZ 6140 GREEN DR HARSENS ISLAND, MI 48028	_{\$} 1,500.00	_{\$} 1,500.00
5. If over \$100.00 cumulative, please provide: KALTZ EXCAVATING CO INC		
Occupation VICE PRESIDENT Employer KALTZ EXCAVATING CO INC. Business Address 1030 FEATHERSTONE ST, PONTIAC, MI 48342		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/24/2024 STEPHEN PANGORI 8106 ROSEBUD LN	_{\$} 1,500.00	_{\$} 2,000.00
CLARKSTON VLG, MI 48348		
5. If over \$100.00 cumulative, please provide: Occupation PRESIDENT Employer ANDERSON, ECKSTEIN & WESTRICK, INC		
Business Address 51301 SCHOENHERR RD, SHELBY TWP, MI 48315		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/25/2024 Name & Address PHILIP SAKALIAN 6462 W OAKS DR WEST BLOOMFIELD, MI 48324	_{\$} 2,500.00	_{\$_} 2,500.00
5. If over \$100.00 cumulative, please provide:		
Occupation OWNER Employer GREAT LAKES CONTRACTING SOLUTIONS		
Business Address 2300 EDINBURGH ST, WATERFORD, MI 48328		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	7,000.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary]
Page 4 of 24	Page.	



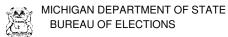
1. Committee I.D. Number 1385

138533

CANDIDATE COMMITTEE

2. Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/29/2024 Name & Address: GREGORY REEFER 3783 DOROTHY LN		
WATERFORD, MI 48329	_{\$} 2,500.00	_{\$} 2,500.00
5. If over \$100.00 cumulative, please provide:		
Occupation PRESIDENT Employer REFER PETERBILT		
Business Address 2645 AUBURN RD, AUBURN HILLS, MI 48326		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/30/2024 Name & Address		
MICHAEL JACOBS		
56194 NICKELBY S	_{\$} 1,000.00	_s 1,000.00
SHELBY TWP., MI 48316	·	*
5. If over \$100.00 cumulative, please provide:		
Occupation OWNER Employer DEPENDABLE WHOLESALE		
Business Address 12300 STEPHENS RD, WARREN, MI 48089		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/30/2024		_
MELAD JOSEPH		
22556 GRATIOT AVE	_{\$} 2,500.00	_{\$} 2,500.00
EASTPOINTE, MI 48021		
5. If over \$100.00 cumulative, please provide:		
Occupation OWNER Employer KEM-TEC SURVEYORS		
Business Address 22556 GRATIOT AVE, EASTPOINTE, MI 48021		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/30/2024 Name & Address		
DAVE TURNER		
4730 AVONDALE TERRACE	_{\$} 2,500.00	_{\$} 2,500.00
BLOOMFIELD HILLS, MI 48304		Ψ
5. If over \$100.00 cumulative, please provide: Occupation CONTRACTOR Employer C.A. HULL CO, INC.		
Business Address 8177 GOLDIE ST, COMMERCE TWP., MI 48390		
Type of Contribution: Direct Loan from a person Fund Raiser		,
Page Subtotal	8,500.00	-
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
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1. Committee I.D. Number

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CANDIDATE COMMITTEE

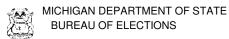
2. Committee Name

MARK HACKEL FOR COUNTY EXECUTIVE

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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/31/2024 Name & Address: DONALD O. ROBERTS, JR. 2214 BOWLES ST LAKE FENTON, MI 48430	_{\$} 2,500.00	_{\$} 2,500.00
5. If over \$100.00 cumulative, please provide: Occupation OWNER Employer D & R EARTHMOVING Business Address 10732 PLAZA DR, WHITMORE LAKE, MI 48189 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/01/2024 Name & Address JOSEPH F. BALLOR 24050 28 MILE RD RAY, MI 48096	_{\$} 1,500.00	_{\$_} 1,700.00
5. If over \$100.00 cumulative, please provide: Occupation PRESIDENT Employer JOE BALLOR TOWING INC. Business Address 57760 MAIN ST, NEW HAVEN, MI 48048 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 08/01/2024 Name & Address: MICHAEL DECLARK 71804 LASSIER RD ROMEO, MI 48065	_{\$} 1,500.00	_{\$} 1,500.00
5. If over \$100.00 cumulative, please provide: Occupation PRESIDENT Employer DECLARK'S LANDSCAPING INC. Business Address 13800 33 MILE RD, ROMEO, MI 48065 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 08/01/2024 Name & Address ANTHONY LOMBARDO 56075 KEN CHARLES DR SHELBY TWP, MI 48316	_{\$} 2,500.00	_{\$} 4,500.00
5. If over \$100.00 cumulative, please provide: Occupation BUILDER/DEVELOPER Employer LOMBARDO HOMES Business Address 13001 23 MILE RD, STE. 200, SHELBY TWP, MI 48315 Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	8,000.00 Enter this total on	

Page 6 of 24

line 3a of Summary Page.



1. Committee I.D. Number 1385

138533

CANDIDATE COMMITTEE

2. Committee Name

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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 08/01/2024 Name & Address: CHRISTOPHER SHEA 27781 MARINA POINTE DR BONITA SPRINGS, FL 34134	_{\$} 2,500.00	_{\$} 2,500.00
5. If over \$100.00 cumulative, please provide:		
Occupation CONTRACTOR Employer PK CONTRACTING INC.		
Business Address 1965 BARRETT ST, TROY, MI 48084		
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/02/2024 Name & Address		
MICHAEL MALLOURE		
500 W CADY ST	_{\$} 2,500.00	_{\$} 2,500.00
NORTHVILLE, MI 48167	·	Ψ
5. If over \$100.00 cumulative, please provide:		
Occupation PRESIDENT Employer C.A. HULL CO, INC.		
Business Address 8177 GOLDIE ST, COMMERCE TWP., MI 48390		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 08/02/2024 Name & Address: ADEN SHEA 936 PINE NEEDLE TRAIL ROCHESTER, MI 48306	_{\$} 2,500.00	_{\$} 2,500.00
5. If over \$100.00 cumulative, please provide:		
Occupation CONTRACTOR Employer PK CONTRACTING, INC.		
Business Address 1965 BARRETT ST, TROY, MI 48084		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 08/05/2024		
Name & Address TERRY ERICKSON 24800 NOVI RD NOVI, MI 48375	_{\$} 1,500.00	_{\$_} 1,500.00
5. If over \$100.00 cumulative, please provide:		
Occupation VICE PRESIDENT SALES Employer MICHIGAN CAT		
Business Address 24800 NOVI RD, NOVI, MI 48375		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	9,000.00	
Grand Total of All Schedules 1A	-,	•
(Complete on last page of Schedule)	Enter this total on	.l
Page 7 of 24	line 3a of Summary Page.	



1. Committee I.D. Number

138533

CANDIDATE COMMITTEE

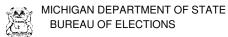
2. Committee Name

MARK HACKEL FOR COUNTY EXECUTIVE

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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 08/05/2024 Name & Address: DAVID PYTLOWANY 18900 26 MILE RD	1 500 00	_{\$} 1,500.00
MACOMB, MI 48042	\$ 1,000.00	\$ 1,000.00
5. If over \$100.00 cumulative, please provide: Occupation GENERAL MANAGER Employer AIS CONSTRUCTION EQUIPMENT		
Business Address 65809 GRATIOT AVE, NEW HAVEN, MI 48050		
Type of Contribution: Direct Loan from a person Fund Raiser	_	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/06/2024 Name & Address		
JEFFREY HURLEY	4 500 00	1 500 00
56383 HAYES RD SHELBY TWP., MI 48315	_{\$} 1,500.00	_{\$} 1,500.00
5. If over \$100.00 cumulative, please provide:		
Occupation PRESIDENT Employer WILSON ROAD GROUP INC		
Business Address 56383 HAYES RD, SHELBY TWP., MI 48315		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 08/06/2024		
Name & Address:		
7787 GLACIER CLUB DR	_{\$} 1,500.00	_{\$} 1,500.00
WASHINGTON, MI 48094		
5. If over \$100.00 cumulative, please provide:		
Occupation EQUIPMENT MANAGER Employer MICHIGAN CAT		
Business Address 12550 23 MILE RD, SHELBY TWP, MI 48315 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 08/06/2024		
Name & Address		
DOMINIC MATTINA 6652 CHIANTI CT	4 500 00	4 500 00
SHELBY TWP., MI 48316	_{\$} 1,500.00	_{\$_} 1,500.00
5. If over \$100.00 cumulative, please provide:		
Occupation OWNER Employer DM HOMES, INC.		
Business Address 66691 VAN DYKE AVE, WASHINGTON, MI 48095		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	6,000.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
Q Q4	Enter this total on line 3a of Summary	

Page 8 of 24

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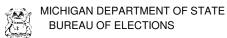
1. Committee I.D. Number

138533

CANDIDATE COMMITTEE

2. Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 08/06/2024 Name & Address: MITA PAC PO BOX 1640 OKEMOS, MI 48805	_{\$} 2,500.00	_{\$} 4,500.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/07/2024 Name & Address GIUSEPPE FERRO 59878 BEECHWOOD DR WASHINGTON, MI 48094	_{\$} 1,500.00	_{\$} 1,500.00
5. If over \$100.00 cumulative, please provide:		
Occupation OWNER Employer F & M EXCAVATING		
Business Address 2201 HAMLIN RD, SHELBY TWP, MI 48317		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 08/07/2024 Name & Address: PAUL HURLEY 22921 ROSEDALE ESTERO, FL 34135	_{\$} 1,500.00	_{\$} 1,500.00
5. If over \$100.00 cumulative, please provide:		
Occupation CO-FOUNDER Employer GUY HURLEY INSURANCE AND SURETY SERVICES		
Business Address 989 E SOUTH BLVD, STE. E, ROCHESTER HILLS, MI 48307		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 08/07/2024 Name & Address FRANK IACOBELLI 54837 BLACK HILLS LN SHELBY TWP, MI 48316	_{\$} 2,500.00	_{\$_} 2,500.00
5. If over \$100.00 cumulative, please provide:		
Occupation OWNER Employer ACADIA HOME BUILDERS LLC		
Business Address 51435 INDUSTRIAL DR, MACOMB, MI 48042 Type of Contribution: Direct Loan from a person Fund Raiser		
	8,000.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule) Page of 24	Enter this total on line 3a of Summary Page.	



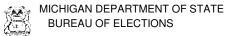
1. Committee I.D. Number 1385

138533

CANDIDATE COMMITTEE

2. Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 08/07/2024 Name & Address: WENDY IACOBELLI 53639 CHRISTY DR NEW BALTIMORE, MI 48051 5. If over \$100.00 cumulative, please provide: Occupation HOMEMAKER Employer	_{\$} 2,500.00	_{\$} 2,500.00
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/07/2024 Name & Address PAUL JANKOWSKI 6939 19 MILE RD STERLING HEIGHTS, MI 48314	_{\$} 1,500.00	_{\$} 1,500.00
5. If over \$100.00 cumulative, please provide: Occupation VICE PRESIDENT Employer RIC-MAN INTERNATIONAL		
Business Address 6939 19 MILE RD, STERLING HEIGHTS, MI 48314 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 08/07/2024 MARK JOHNSTON 1020 GREENTREE RD BLOOMFIELD HILLS, MI 48304 5. If over \$100.00 cumulative, please provide:	_{\$} 1,500.00	_{\$} 3,500.00
Occupation PRESIDENT Employer AJAX PAVING Business Address 1957 CROOKS RD, STE. A, TROY, MI 48084		
Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 08/07/2024 Name & Address RUSSELL KEMP 4196 FORSYTH DR TROY, MI 48085	_{\$} 2,500.00	_{\$_} 2,500.00
5. If over \$100.00 cumulative, please provide:		
Occupation VICE PRESIDENT Employer KEMP BUILDING & DEVELOPMENT		
Business Address 275 W GIRARD AVE, MADISON HEIGHTS, MI 48071 Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 10 of 24	8,000.00 Enter this total on line 3a of Summary Page.	



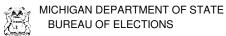
1. Committee I.D. Number

138533

CANDIDATE COMMITTEE

2. Committee Name

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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 08/07/2024 Name & Address: MICHAEL KLIEMAN 13400 30 MILE RD WASHINGTON, MI 48095	_{\$} 1,500.00	_{\$} 1,500.00
5. If over \$100.00 cumulative, please provide: Occupation DEALER PRINCIPAL Employer WIEGAND MACK Business Address 37580 MOUND RD, STERLING HEIGHTS, MI 48310 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/07/2024 Name & Address CHRISTOPHER KUZAK 5275 LONGMEADOW RD BLOOMFIELD HILLS, MI 48304	_{\$} 2,500.00	_{\$} 2,500.00
5. If over \$100.00 cumulative, please provide: Occupation CEO Employer BLAZE CONTRACTING INC. Business Address 5640 ST JEAN, DETROIT, MI 48213 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 08/07/2024 Name & Address: DAVID LEGWAND 37700 LAKESHORE DR HARRISON TWP., MI 48045	_{\$} 2,500.00	_{\$} 2,500.00
5. If over \$100.00 cumulative, please provide: Occupation PRESIDENT, HOCKEY OPERATIONS Employer SARNIA STING Business Address 37700 LAKESHORE DR, HARRISON TWP., MI 48045 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 08/07/2024 Name & Address FRED MERAM 11125 PEARSON SHELBY TOWNSHIP, MI 48316	_{\$} 1,500.00	_{\$_} 1,500.00
5. If over \$100.00 cumulative, please provide: Occupation CONTRACTOR Employer F.D.M. CONTRACTING, INC. Business Address 49156 VAN DYKE AVE, SHELBY TWP., MI 48317 Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 11 of 24	8,000.00 Enter this total on line 3a of Summary Page.	

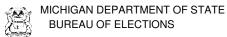


ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

138533 1. Committee I.D. Number

2. Committee Name

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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 08/07/2024 Name & Address: JON NOVAK		
22611 O'CONNOR ST	0.500.00	2 500 00
ST CLAIR SHORES, MI 48080	_{\$} 2,500.00	_{\$} 2,500.00
5. If over \$100.00 cumulative, please provide:		
Occupation CONTRACTOR Employer CONCORDIA CONTRACTING LLC		
Business Address 6336 MILLETT AVE, STERLING HEIGHTS, MI 48312		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/07/2024		
Name & Address CONNOR PYTLOWANY		
18900 26 MILE RD	1 500 00	_{\$} 1,500.00
MACOMB, MI 48042	\$_1,000.00	\$ 1,000.00
5. If over \$100.00 cumulative, please provide:		
Occupation ACCOUNT MANAGER Employer AIS CONSTRUCTION EQUIPMENT		
Business Address 65809 GRATIOT AVE, NEW HAVEN, MI 48050		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 08/07/2024		
Name & Address:		
LAWRENCE SCOTT 12900 HALL RD	. 1.500.00	_{\$} 1,500.00
STE. 350	\$ 1,000.00	\$ 1,500.00
STERLING HEIGHTS, MI 48313		
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer O'REILLY RANCILIO, P.C.		
Business Address 12900 HALL RD, STE. 350, STERLING HEIGHTS, MI 48313		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 08/07/2024 Name & Address		
BRANDON SMITH		
4784 GLOVER RD	² ,500.00	5,000.00
ALMONT, MI 48003	\$ 2,000.00	\$ 3,000.00
5. If over \$100.00 cumulative, please provide:		
Occupation OWNER Employer SMITH'S WATERPROOFING, LLC		
Business Address 3281 VAN DYKE RD, ALMONT, MI 48003		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	8,000.00	
Grand Total of All Schedules 1A	-,	-
(Complete on last page of Schedule)	Enter this total on	_l
Page 12 of 24	line 3a of Summary Page.	



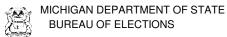
1. Committee I.D. Number

138533

CANDIDATE COMMITTEE

2. Committee Name

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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 08/07/2024 Name & Address: ROBERT E WILSON 54 WYNSTONE CIR S OAKLAND, MI 48363 5. If over \$100.00 cumulative, please provide:	_{\$} 2,500.00	_{\$} 2,500.00
Occupation GENERAL MANAGER Employer MID MICHIGAN MATERIALS Business Address 1955 LAKEVILLE RD., OXFORD, MI 48371 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/07/2024 Name & Address CHESTER ZOCHOWSKI 15355 32 MILE RD RAY, MI 48096	_{\$} 1,500.00	_{\$_} 1,500.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 08/08/2024 Name & Address: ROBERT ADCOCK 16784 LYONHURST CIR NORTHVILLE, MI 48168	_{\$} 2,500.00	_{\$} 2,500.00
5. If over \$100.00 cumulative, please provide: Occupation CONTRACTOR Employer ANGELO IAFRATE CONSTRUCTION Business Address 26300 SHERWOOD AVE, WARREN, MI 48091		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 08/08/2024 Name & Address TOM WASHABAUGH 223 ATHLONE BEACH BAY CITY, MI 48706	_{\$} 3,000.00	_{\$} 3,000.00
5. If over \$100.00 cumulative, please provide:		
Occupation VP SALES / ENGINEERING Employer NORTHERN CONCRETE PIPE, INC.		
Business Address 401 KELTON ST, BAY CITY, MI 48706 Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	9,500.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 13 of 24	Enter this total on line 3a of Summary Page.	



1. Committee I.D. Number 13853

138533

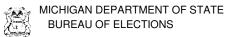
CANDIDATE COMMITTEE

2. Committee Name

MARK HACKEL FOR COUNTY EXECUTIVE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 08/12/2024 Name & Address: THOMAS CELANI 2600 TURTLE LAKE BLOOMFIELD HILLS, MI 48302	\$2,000.00	_{\$} 2,000.00
5. If over \$100.00 cumulative, please provide: Occupation PARTNER Employer FREEDOM HILL BANQUET & EVENT CENTER Business Address 42875 GRAND RIVER AVE, #201, NOVI, MI 48375 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/22/2024 Name & Address CAROL HOGAN 26653 TOM ALLEN DR WARREN, MI 48089	_{\$} 52.40	_{\$} 52.40
5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 08/22/2024 Name & Address: GAYLE JOSEPH 43352 ASPEN DR STERLING HEIGHTS, MI 48313	_{\$} 104.48	_{\$} 104.48
5. If over \$100.00 cumulative, please provide: Occupation VP - MARCOM & GOV AFFAIRS Employer GOODWILL OF GREATER DETROIT Business Address 3111 GRAND RIVER AVE, DETROIT, MI 48208 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 08/22/2024 Name & Address DENISE MANSFIELD 46073 HOLLOWOODE LN MACOMB, MI 48044	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	2,256.88 Enter this total on line 3a of Summary	

Page 14 of 24

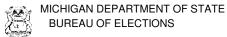


ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Number ____138533

2. Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 08/22/2024 Name & Address: DENNIS MUCHMORE 792 CARRICK BEND CIR NAPLES, FL 34110 5. If over \$100.00 cumulative, please provide: Occupation ADVISOR Employer HONIGMAN LLP	_{\$} 250.00	_{\$} 250.00
Business Address Type of Contribution: Direct Direct		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/22/2024 Name & Address JUDY PRITCHETT 62823 TOURNAMENT DR WASHINGTON, MI 48094 5. If over \$100.00 cumulative, please provide:	_{\$} 52.40	_{\$} 252.40
Occupation RETIRED Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 08/23/2024 Name & Address: JAMES SAWYER 45810 PRIVATE SHORE DR NEW BALTIMORE, MI 48051	_{\$} 150.00	_{\$} 550.00
5. If over \$100.00 cumulative, please provide: Occupation PRESIDENT Employer MACOMB COMMUNITY COLLEGE Business Address 14500 TWELVE MILE RD, WARREN, MI 48088		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 08/23/2024 Name & Address MARY TREDER LANG 13900 MASONIC WARREN, MI 48088	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Page Subtotal	502.40	
Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 15 of 24	Enter this total on line 3a of Summary Page.	



1. Committee I.D. Number

138533

CANDIDATE COMMITTEE

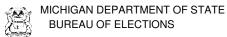
2. Committee Name

MARK HACKEL FOR COUNTY EXECUTIVE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 08/26/2024 Name & Address: DONALD AMBOYER 54367 QUEENS ROW SHELBY TWP, MI 48316	_{\$} 500.00	_{\$} 1,400.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/27/2024 Name & Address LEONARD BUGAJEWSKI 16982 STEWART CT CLINTON TWP, MI 48038	_{\$} 100.00	_{\$} 500.00
5. If over \$100.00 cumulative, please provide: Occupation OWNER Employer LEONARD'S SYRUPS Business Address 4601 NANCY ST., HAMTRAMCK, MI 48212 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 08/27/2024 Name & Address: DETROIT REGIONAL CHAMBER PAC 1 WOODWARD AVE STE. 1900 DETROIT, MI 48226 5. If over \$100.00 cumulative, please provide:	_{\$} 100.00	_{\$} 2,100.00
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 08/29/2024 Name & Address THOMAS BROAD 37980 CHARTIER ST HARRISON TWP, MI 48045	_{\$} 700.00	_{\$_} 2,700.00
5. If over \$100.00 cumulative, please provide:		
Occupation CEO Employer MIDWEST STEEL INC		
Business Address 2525 E GRAND BLVD, DETROIT, MI 48211 Type of Contribution: Direct Loan from a person Fund Raiser		
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser Page Subtotal	1,400.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	
16 04	line 3a of Summary	

Page 16 of 24

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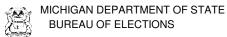


ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Number ____138533

2. Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 09/03/2024 Name & Address: JAMES BURTON 1373 SUNVIEW CT ROCHESTER, MI 48307 5. If over \$100.00 cumulative, please provide:	_{\$} 156.56	_{\$} 156.56
Occupation ENGINEER Employer HUBBELL ROTH & CLARK INC		
Business Address 555 HULET DR, BLOOMFIELD HILLS, MI 48302 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/04/2024		
ALBERT LORENZO 37281 WOODSIDE LN CLINTON TWP, MI 48036	<u>\$ 100.00</u>	_{\$} 700.00
5. If over \$100.00 cumulative, please provide: MACOMB COLINITY		
Occupation DEPUTY COUNTY EXECUTIVE Employer MACOMB COUNTY Business Address 1 S. MAIN, 8TH FLOOR, MOUNT CLEMENS, MI 48043		
Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 09/06/2024		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 09/06/2024 Name & Address: VANESSA MOASE 18346 WHITMORE DR CLINTON TWP., MI 48035	_{\$} 104.48	_{\$} 104.48
5. If over \$100.00 cumulative, please provide:		
Occupation OWNER Employer DALE'S LANDSCAPING SUPPLY		
Business Address 16720 E THIRTEEN MILE RD, ROSEVILLE, MI 48066		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09/06/2024 Name & Address RANDAL PAGEL 34032 LOTTIES DR NEW BALTIMORE, MI 48047	_{\$} 208.65	_{\$} 208.65
5. If over \$100.00 cumulative, please provide:		
Occupation PRESIDENT Employer BUMLER MECHANICAL, INC.		
Business Address 6260 18 1/2 MILE RD, STERLING HEIGHTS, MI 48314		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	569.69	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary	
Page 17 of 24	Page.	



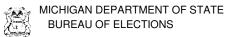
1. Committee I.D. Number 138

138533

CANDIDATE COMMITTEE

2. Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 09/07/2024 Name & Address: F. NORMAN FOX 48153 MALLARD DR NEW BALTIMORE, MI 48047 5. If over \$100.00 cumulative, please provide:	_{\$} 52.40	_{\$} 52.40
Occupation Employer		
Business Address		
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/09/2024 Name & Address		
SHEET METAL AND AIR CONDITIONING CONTRACTORS PAC 3221 W BIG BEAVER RD STE. 305 TROY, MI 48084	\$ 150.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? VES 4. Date of Receipt 09/09/2024 Name & Address: SHEET METAL WORKERS LOCAL 80 PAC 17100 W 12 MILE RD SOUTHFIELD, MI 48076	_{\$} 280.00	_{\$} 880.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09/11/2024 Name & Address PAUL GLANTZ 303 GRAY WOODS LANE LAKE ANGELUS, MI 48326	_{\$} 250.00	_{\$} _500.00
5. If over \$100.00 cumulative, please provide:		
Occupation OWNER 803 MANAGEMENT, INC.		
Business Address 303 GRAY WOODS LANE, LAKE ANGELUS, MI 48326 Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	732.40	
Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 18 of 24	Enter this total on line 3a of Summary Page.	



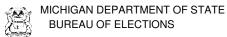
1. Committee I.D. Number

138533

CANDIDATE COMMITTEE

2. Committee Name

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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 09/11/2024 Name & Address: SCOTT LOCKWOOD 950 SOUTHDOWN RD BLOOMFIELD HILLS, MI 48304	_{\$} 100.00	_{\$} 2,100.00
5. If over \$100.00 cumulative, please provide:		
Occupation VICE PRESIDENT Employer ANDERSON, ECKSTEIN & WESTRICK, INC		
Business Address 51301 SCHOENHERR RD, SHELBY TWP., MI 48315		
Type of Contribution: Direct Loan from a person		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/11/2024		
Name & Address GORDON WILSON		
49572 COMPASS POINT DR	_{\$} 100.00	_{\$} 2,100.00
NEW BALTIMORE, MI 48047	Ψ	Ψ
5. If over \$100.00 cumulative, please provide:		
Occupation VICE PRESIDENT Employer ANDERSON, ECKSTEIN & WESTRICK, INC		
Business Address 51301 SCHOENHERR RD, SHELBY TWP, MI 48315		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 09/11/2024 Name & Address: ROBERT KIRK 19500 HALL RD STE. 100 CLINTON TWP, MI 48038 5. If over \$100.00 cumulative, please provide:	_{\$} 50.00	_{\$} 2,050.00
Occupation PARTNER Employer KIRK, HUTH, LANGE & BADALAMENTI PLC		
Business Address 19500 HALL RD, STE. 100, CLINTON TWP, MI 48038		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09/11/2024		
Name & Address ROBERT HUTH 19500 HALL RD STE. 100 CLINTON TWP, MI 48038 5. If over \$100.00 cumulative, please provide:	_{\$} 50.00	_{\$} 50.00
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	300.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	
Page 19 of 24	line 3a of Summary Page.	



1. Committee I.D. Number

138533

CANDIDATE COMMITTEE

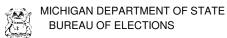
2. Committee Name

MARK HACKEL FOR COUNTY EXECUTIVE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 09/12/2024 Name & Address: CHARLES HART		
16336 FORESTVIEW DR CLINTON TOWNSHIP, MI 48036	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:	\$ 100100	\$
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/12/2024 Name & Address		
DAVE LAWLER	FO 40	50.40
885 E GUNN RD ROCHESTER, MI 48306	_{\$} 52.40	_{\$} 52.40
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 09/13/2024 Name & Address: JEFFERY WHITE 12856 BELLE RIVER RD MEMPHIS, MI 48041	\$ 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09/16/2024 Name & Address DUANE CHYZ		
51540 LAUREL OAK LN NEW BALTIMORE, MI 48047	_{\$} 52.40	_{\$} 52.40
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	304.80	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on line 3a of Summary	_1

Page 20 of 24

Page.



1. Committee I.D. Number

138533

CANDIDATE COMMITTEE

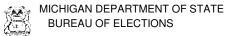
2. Committee Name

MARK HACKEL FOR COUNTY EXECUTIVE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 09/16/2024 Name & Address: THOMAS GIACHINO 2742 RHODES DR TROY, MI 48083	_{\$} 208.65	_{\$} 2,208.65
5. If over \$100.00 cumulative, please provide: METRO TECHNOLOGIES		
Occupation IT Employer METRO TECHNOLOGIES Business Address 59 N WALNUT ST, ST. 202, MT CLEMENS, MI 48043		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/16/2024 Name & Address		
AMANTE LANZON	F0 00	F0 00
37741 HURON POINTE DR	_{\$} 50.00	_{\$} 50.00
HARRISON TWP., MI 48045		
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution:		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 09/16/2024 Name & Address: GREGORY PIEPRZAK 6201 ST CLAIR HWY EAST CHINA, MI 48054	_{\$} 104.48	_{\$} 504.48
5. If over \$100.00 cumulative, please provide:		
Occupation VP FIELD OPERATIONS Employer T R PIEPRZAK COMPANY Business Address 6267 ST CLAIR HWY, EAST CHINA, MI 48054 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09/16/2024	1	
ANGELINA SACCO 14403 KNIGHTSBRIDGE DR SHELBY TWP., MI 48315	_{\$} 50.00	_{\$} _50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	413.13	
	710.10	-
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	J

Page 21 of 24

line 3a of Summary Page.



1. Committee I.D. Number

138533

CANDIDATE COMMITTEE

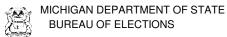
2. Committee Name

MARK HACKEL FOR COUNTY EXECUTIVE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 09/17/2024 Name & Address: ANDY APPLEBY 4778 LAHSER RD	¢ 50.00	§ 50.00
BLOOMFIELD TWP., MI 48302	<u>\$ 30.00</u>	\$ 30.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/17/2024		
Name & Address		
JOEL BALLOR	EO 40	FO 40
50383 HEATHERWOOD LN SHELBY TWP, MI 48317	_{\$} 52.40	_{\$} 52.40
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 09/17/2024 AL DOSS 41571 GLOCA MORA ST HARRISON, MI 48045	_{\$} 104.48	_{\$} 104.48
5. If over \$100.00 cumulative, please provide:		
Occupation SERVICING REP Employer UAW		
Business Address 8000 E JEFFERSON AVE, DETROIT, MI 48214		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09/17/2024 Name & Address ANDREW FOUNTAIN 5938 OAKLAND VALLEY DR ROCHESTER, MI 48306	_{\$} 52.40	_{\$} 52.40
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution: Direct		
7 Short Same a posessi	050 00	
Page Subtotal	259.28	-
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this test 1	
00 04	Enter this total on line 3a of Summary	

Page 22 of 24

Page.



138533 1. Committee I.D. Number

CANDIDATE COMMITTEE 2. Committee Name

MARK HACKEL FOR COUNTY EXECUTIVE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 09/17/2024 Name & Address: PASHKO UJKIC 38346 PHYLLIS CT		
STERLING HEIGHTS, MI 48312	_{\$} 104.48	_{\$} 104.48
5. If over \$100.00 cumulative, please provide:		
Occupation OWNER DODGE PARK CONEY ISLAND		
Business Address 35252 DODGE PARK RD, STERLING HEIGHTS, MI 48312		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/17/2024		
Name & Address MICHAEL DEVAULT		
7910 WALTERS RD	,200.00	§ 500.00
LAINGSBURG, MI 48848	<u>\$ 200.00</u>	\$ 000.00
5. If over \$100.00 cumulative, please provide:		
Occupation SUPERINTENDENT Employer MACOMB INTERMEDIATE SCHOOL DISTRICT		
Business Address 44001 GARFIELD RD, CLINTON TWP, MI 48038		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 09/17/2024		
Name & Address: NICHOLAS AIUTO		
41100 CONGER BAY DR	_{\$} 500.00	_{\$} 2,500.00
HARRISON TWP, MI 48045	*	\$ _, ~ ~ ~ ~ ~
5. If over \$100.00 cumulative, please provide:		
Occupation OWNER Employer NICK'S TOWING		
Business Address 42870 N WALNUT ST, MT CLEMENS, MI 48043		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09/17/2024 Name & Address		
HARRY KURTZ		
2120 AUTUMN HILL DR	_s 500.00	1,500.00
ANN ARBOR, MI 48103	\$ 000.00	\$_1,000.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	1,304.48	
Grand Total of All Schedules 1A		-
(Complete on last page of Schedule)	Enter this total on	_1

Page 23 of 24

line 3a of Summary Page.



1. Committee I.D. Number

138533

CANDIDATE COMMITTEE

MARK HACKEL FOR COUNTY EXECUTIVE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 09/17/2024 Name & Address: YVONE CONTESTI 39209 COLUMBIA ST HARRISON TWP., MI 48045	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/17/2024 Name & Address BRENT AVERY 23551 FENTON ST	_{\$} 50.00	_{\$} 50.00
CLINTON TWP., MI 48036	\$ <u> </u>	\$ 00100
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 09/17/2024 Name & Address: RAYMOND CONFER 12119 FOREST GLEN LN UTICA, MI 48315	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09/18/2024 Name & Address WILLIAM SCHAEFER 762 S RENAUD RD GROSSE POINTE WOODS, MI 48236	_{\$} 104.48	_{\$_} 104.48
5. If over \$100.00 cumulative, please provide:		
Occupation LAWYER Employer DRIGGERS SCHULTZ & HERBST		
Business Address 3331 W BIG BEAVER RD, STE. 101, TROY, MI 48084		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	304.48	
Grand Total of All Schedules 1A	110,347.54	
(Complete on last page of Schedule)	,	<u>_l</u>

Page 24 of 24



ITEMIZED IN-KIND CONTRIBUTIONS SCHEDULE 1-IK

1. Committee I. D. Number 138533

2 Committee Name MARK HACKEL FOR COUNTY EXECUTIVE

CANDIDATE COMM	IITTEE 2. Committee Name 11. It is 1.5.1.2.1.5		
3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box)5. Date of Receipt6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? Yes Name & Address: CHRIS PEYERK 1877 WASHINGTON RD ROCHESTER, MI 48306 If over \$100.00 cumulative, please provide: Occupation: OWNER Employer Name & Business Address: DAN'S EXCAVATING, INC. 12955 23 MILE RD, SHELBY TWP, MI 48315 Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ✓ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description CATERING - FOOD & SERVERS 5. Date Of Receipt: 08/07/2024 6. Vendor Name & Address: ANDIAMO'S 7096 E 14 MILE RD, WARREN, MI 48092	3,642.00	§ 6,642.00
Contribution # 2 PAC Receipt? Yes Name & Address CHRIS PEYERK 1877 WASHINGTON RD ROCHESTER, MI 48306 If over \$100.00 cumulative, please provide: Occupation: OWNER Employer Name & Address: DAN'S EXCAVATING, INC. 12955 23 MILE RD, SHELBY TWP, MI 48315	4.	<u>,075.00</u>	7,717.00
Contribution #3 PAC Receipt? Yes Name & Address: MICHELLE PEYERK 1877 WASHINGTON RD ROCHESTER, MI 48306 If over \$100.00 cumulative, please provide: Occupation: OWNER Employer Name & Address: YUM ME, LLC 1877 WASHINGTON RD, ROCHESTER, MI 48306 Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan Goods Donated or Loaned ☐ Services Donated \$ 6, ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others ☐ CATERING - FOOD & SERVERS 5. Date Of Receipt: 08/07/2024 6. Vendor Name & Address: ANDIAMO'S 7096 E 14 MILE RD, WARREN, MI 48092	642.00 _{\$}	6,642.00
	Page Subtotal	14,359.00	0.00
	Grand Total of all Schedules 1-IK (Complete on last page of Schedule)		

Enter this total on line 6 of Summary Page

Page 1 of 3

ITEMIZED IN-KIND CONTRIBUTIONS SCHEDULE 1-IK

1. Committee I. D. Number 138533

2. Committee Name MARK HACKEL FOR COUNTY EXECUTIVE

CANDIDA I E COMIV	III I EE 2. Committee Name		
3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box)5. Date of Receipt6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? Yes Name & Address: MICHELLE PEYERK 1877 WASHINGTON RD ROCHESTER, MI 48306 If over \$100.00 cumulative, please provide: Occupation: OWNER Employer Name & Business Address: YUM ME, LLC 1877 WASHINGTON RD, ROCHESTER, MI 48306 Fund Raiser Contribution	4.	1,075.00	\$ 7,717.00
Contribution # 2 PAC Receipt? Yes Name & Address CHRIS PEYERK 1877 WASHINGTON RD ROCHESTER, MI 48306 If over \$100.00 cumulative, please provide: Occupation: OWNER Employer Name & Address: DAN'S EXCAVATING, INC. 12955 23 MILE RD, SHELBY TWP, MI 48315	4. ☐ Endorsement or Guarantee of Bank Loan ✓ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others-LOAN Description BEVERAGES FOR EVENT 5. Date Of Receipt: 08/07/2024 6. Vendor Name & Address: BJ'S WHOLESALE CLUB 45101 TOWNE CENTER BLVD, NEW BALTIMORE, MI 48047	,250.00	\$ 8,967.00
Fund Raiser Contribution Contribution #3 PAC Receipt? Yes Name & Address: MICHELLE PEYERK 1877 WASHINGTON RD ROCHESTER, MI 48306 If over \$100.00 cumulative, please provide: Occupation: OWNER Employer Name & Address: YUM ME, LLC 1877 WASHINGTON RD, ROCHESTER, MI 48306 Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated \$ 1,2 ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others-LOAN Description BEVERAGES FOR EVENT 5. Date Of Receipt: 08/07/2024 6. Vendor Name & Address: BJ'S WHOLESALE CLUB 45101 TOWNE CENTER BLVD, NEW BALTIMORE, MI 48047	250.00	8,967.00
<u> </u>	Page Subtotal	3,575.00	17,934.00
	Grand Total of all Schedules 1-IK (Complete on last page of Schedule)		



ITEMIZED IN-KIND CONTRIBUTIONS SCHEDULE 1-IK

1. Committee I. D. Number 138533

CANDIDATE COMMITTEE

2. Committee Name MARK HACKEL FOR COUNTY EXECUTIVE

CANDIDATE COMIN			
3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? Yes Name & Address: PAUL SHAMO 38311 HURON POINTE DR HARRISON TWP, MI 48045 If over \$100.00 cumulative, please provide: Occupation: PRESIDENT Employer Name & Business Address: TAYLOR FORD, INC. 13500 TELEGRAPH RD, TAYLOR, MI 48180 Fund Raiser Contribution Contribution # 2 PAC Receipt? Yes Name & Address	4.	1,500.00	_{\$} 1,500.00
If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others- LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address:	ck Here for Memo I	temization
Fund Raiser Contribution Contribution #3 PAC Receipt? Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4.	\$ Sk Here for Memo	
Fund Raiser Contribution	Page Subtotal	1,500.00	1,500.00
	Grand Total of all Schedules 1-IK (Complete on last page of Schedule)	19,434.00	

Enter this total on line 6 of Summary Page

Page 3 of 3



1. Committee I. D. Number

138533

2. Committee Name MARK HACKEL FOR COUNTY EXECUTIVE

	oninillee name	•	
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Name DONALD KELLY Address	SPONSORING ENTERTAINMENT FOR VINTAGE FEST Purpose:	07/23/2024 Date	\$ <u>450.00</u>
231 É ST CLAIR ST ROMEO, MI 48065	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
Name GOOGLE		08/02/2024 Date	\$ <u>21.60</u>
Address ONLINE APPLICATION	Purpose: GOOGLE WORKSPACE SUBSCRIPTION	Dale	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name VERIZON		08/06/2024	\$ 293.97
Address P.O. BOX 553	Purpose: CANDIDATE CELL PHONE	Date	
WARRENDALE, PA 15086	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
Name MAGGIES WIGS 4 KIDS OF MICHIGAN		08/07/2024	\$ 1,250.00
Address 30130 HARPER AVE ST CLAIR SHORES, MI 48082	Purpose:	Date	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name MI BUILDING & CONSTRUCTION TRADES LEGAL, PR AND INDUSTRY DEFENSE FUND		08/15/2024	\$ 2,000.00
Address 1640 PORTER ST DETROIT, MI 48216	Purpose: REFUND CORPORATE CONTRIBUTION	Date	Ψ <u>2,000.00</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
	Subto	tal this page	4,015.57
	Grand Total of all S (Complete on last page		



1. Committee I. D. Number

138533

Committee Name MARK HACKEL FOR COUNTY EXECUTIVE

2. 0	ommittee Name		
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name CALENDAR BRIDGE		08/20/2024	\$ 10.00
Address 2045 BISCAYNE BLVD	Purpose: CALENDAR SYNCING SUBSCRIPTION	Date	
UNIT 314			
MIAMI, FL 33137	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
Name CONSTANT CONTACT		08/22/2024	\$ 76.00
Addison	Purpose: EMAIL MARKETING	Date	
Address ONLINE APPLICATION	Purpose.		
ONLINE APPLICATION			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3	Statement		
Name TRACTOR SUPPLY CO.			
INACTOR SUPPLY CO.		08/27/2024	\$ 1,331.26
Address	Purpose: SIGN SUPPLIES	Date	
67500 SOUTH MAIN ST.	- 1		
RICHMOND, MI 48062			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4	Statement		
Name ANTON ART CENTER		08/28/2024	
ANTONYMIN GENTER			\$ 2,012.70
Address	Purpose: 2024 ART PARTY TICKETS	Date	
125 MACOMB PL			
MT CLEMENS, MI 48043			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
	statement		
Expenditure #5			
Name GOOGLE		09/03/2024	• 01 00
Address	Purpose: GOOGLE WORKSPACE SUBSCRIPTION	Date	\$ <u>21.60</u>
ONLINE APPLICATION			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
	Subto	tal this page	3,451.56
	Grand Total of all S	Schedules 1R	,
	(Complete on last page		



1. Committee I. D. Number

138533

2. Committee Name MARK HACKEL FOR COUNTY EXECUTIVE

CANDIDATE COMMITTEE 2. C	Committee Name WIARK 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		09/05/2024	\$ 293.97
Address	Purpose: CANDIDATE CELL PHONE	Date	200.07
P.O. BOX 553			
WARRENDALE, PA 15086			
□ E. v. J. D. C. v.	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #2			
Name MICHIGAN THANKSGIVING PARADE FOUNDATION		09/09/2024	\$ 1,000.00
Address	Purpose: HOB NOBBLE GOBBLE TICKETS	Date	
9500 MT ELLIOTT ST	·		
STUDIO A			
DETROIT, MI 48211	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #3			
Name BLAKE'S ORCHARD & CIDER MILL		09/09/2024	\$ 1,223.10
Address	Purpose:	Date	\$ 1,223.10
17985 ARMADA CENTER RD	i uipose.		
ARMADA, MI 48005			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #4			
Name CONSTANT CONTACT		09/16/2024	\$ 76.00
Address	Purpose: EMAIL MARKETING	Date	⋄ <u>/ 0.00</u>
ONLINE APPLICATION	Purpose		
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5			
Name MEIJER		09/17/2024	
Address	CANDY/BUBBLES FOR SUMMER FUN EVENT	Date	\$ <u>97.67</u>
40445 S GROESBECK HWY	Purpose:	24.0	
MT CLEMENS, MI 48043			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
	Subto	otal this page	2,690.74
	Grand Total of all		
	(Complete on last page	e of Schedule)	



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number 138533

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 SCOTT REO Address 14004 GOLDEN ARROW CT SHELBY TWP., MI 48315	Purpose: SUMMER EVENT ENTERTAINMENT	09/17/2024 Date	\$ <u>500.0</u> 0
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2 Name TOM NAHAS Address 22249 JOHN DEERE LN	Purpose: SUMMER EVENT ENTERTAINMENT	09/17/2024 Date	\$ <u>500.00</u>
MACOMB, MI 48044 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3 Name 4IMPRINT, INC. Address 101 COMMERCE ST	Purpose: GIVEAWAY CAN KOOZIE'S	09/18/2024 Date	\$ <u>745.07</u>
OSHKOSH, WI 54901 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4 Name CALENDAR BRIDGE Address	Purpose:CALENDAR SYNCING SUBSCRIPTION	09/18/2024 Date	\$ <u>10.00</u>
2045 BISCAYNE BLVD UNIT 314 MIAMI, FL 33137	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser Expenditure #5	statement		
Name FAMILIES AGAINST NARCOTICS Address 43800 GARFIELD RD STE. 200	Purpose: TICKETS TO FAN FALL FEST 2024	09/26/2024 Date	\$ <u>259.42</u>
CLINTON TWP., MI 48038 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>, </u>	
		tal this page	2,014.49
	Grand Total of all S (Complete on last page		



1. Committee I. D. Number

138533

2. Committee Name MARK HACKEL FOR COUNTY EXECUTIVE

2.0	ommittee Name		
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name SWEETWATERS COFFEE		09/30/2024	\$ 2,975.40
	COFFEE/WATER/SERVERS FOR SENIOR FUN FEST	Date	\$ 2,373.40
Address 44500 GARFIELD RD	Purpose:		
CLINTON TWP., MI 48038			
OLINTON 1 VVI ., IVII 40000	Check box if this expenditure is payment of		
Cond Daises	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #2			
Name GOOGLE		10/02/2024	\$ 21.60
	_ GOOGLE WORKSPACE SUBSCRIPTION	Date	Ψ <u>Ζ1.00</u>
Address ONLINE ADDITION	Purpose:		
ONLINE APPLICATION			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #3			
Name VERIZON		10/07/2024	00440
V 2. (1.20) (CANDIDATE CELL BLIONE	Date	\$ <u>294.10</u>
Address P.O. BOX 553	Purpose: CANDIDATE CELL PHONE	Date	
WARRENDALE, PA 15086			
WAITIENDALE, LA 13000	Charle bay if this ayranditure is normant of		
C sout Brian	LICheck box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #4			
Name CONSTANT CONTACT		10/16/2024	70.00
	EMAII MADKETING	Date	\$ <u>76.00</u>
Address ONLINE APPLICATION	Purpose: EMAIL MARKETING		
ONLINE APPLICATION			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name SHELBY TOWNSHIP LIONS CLUB		10/16/2024	
	_ TABLE PURCHASE - ANNUAL HOLIDAY WINE TASTING		\$ 1,250.00
Address PO BOX 182075	Purpose:	Date	· · · · · · · · · · · · · · · · · · ·
SHELBY TOWNSHIP, MI 48318			
CHEEDT TOWNSHIII, WII 40010	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
		4 a l 4 la 1 a 1 a 1 a 1 a 1	4.04=.40
	Subto	tal this page	4,617.10
	Grand Total of all S		
	(Complete on last page	of Schedule)	



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number 138533

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 MACOMB COUNTY HABITAT FOR HUMANITY Address 22005 VAN DYKE AVE WARREN, MI 48089 Fund Raiser	Purpose: TABLE FOR 2024 ANNUAL GALA Check box if this expenditure is payment of debt or obligation reported on previous statement	10/16/2024 Date	\$ 1,000.00
Expenditure #2 Name BOB'S SPECIALTY COMPANY Address 1985 BEAUFAIT DR GROSSE POINTE WOODS, MI 48236	Purpose: GIVEAWAY KEY CHAINS	10/17/2024 Date	\$ <u>430.90</u>
✓ Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3 Name AMERICAN GRAPHICS PRINTING CO. Address 34895 GROESBECK HWY	Purpose: SUMMER EVENT INVITES	10/20/2024 Date	\$ <u>858.02</u>
CLINTON TWP, MI 48035 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Name PRINTING BY JOHNSON Address 21222 CASS AVE CLINTON TWP, MI 48036	Purpose: BANNERS FOR SUMMER EVENT	10/20/2024 Date	\$ <u>279.00</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5 Name CHRIS PEYERK Address 1877 WASHINGTON RD ROCHESTER, MI 48306	Purpose: REFUND - OVER MAX CONTRIBUTION Check box if this expenditure is payment of debt or obligation reported on previous	10/20/2024 Date	\$ <u>642.00</u>
Fund Raiser	statement	al this page	3,209.92
	Grand Total of all S (Complete on last page	chedules 1B	0,200.32

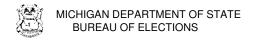


ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number 138533

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 MICHELLE PEYERK Address 1877 WASHINGTON RD ROCHESTER, MI 48306	Purpose: REFUND - OVER MAX CONTRIBUTION Check box if this expenditure is payment of	10/20/2024 Date	\$ <u>642.00</u>
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2 Name ANEDOT Address PO BOX 84314 BATON ROUGE, LA 70884	Purpose: E-MERCHANT FEES	10/20/2024 Date	\$ <u>121.14</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3 Name			\$
Address	Purpose:	Date	temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	ore for wellie i	termization Type
Expenditure #4 Name			\$
Address	Purpose:	Date	
	Click H	lere for Memo I	temization Type
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5 Name			
Address	Purpose:	Date	\$
Fund Raiser	Click F Check box if this expenditure is payment of debt or obligation reported on previous statement	lere for Memo	temization Type
	Subto	tal this page	763.14
	Grand Total of all S		20,762.52



Page _1 ___ of _2 ___

FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

138533 1. Committee I.D. Number

OANDIDATE OF	2. Com	mittee Name	FOR COUNTY EXECUTIVE
	- USE A SEPARATE SHI	EET FOR EACH EVENT	-
3. Date Event Was Held	Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity	6. Address and Name (If any) of the place where the activity was held. 1877 WASHINGTON RI
08/07/2024	61	DINNER	ROCHESTER, MI 4830 Private Residence
7. Total Contributions	102,000.00)	
3. Other Receipts	0.00		
9. Gross Receipts (Add lines 7	,)	
 Total Cost of Event Total Cost includes In-Kind Co 	17,934.00 ontributions and All Expenditures	Made For the Event)	
1. Check if event was a jo	oint fund raiser and complete the	following:	
Co-Sponsor(s)	Contribution S (%)	plit	Expenditure Split (%)
	_		
-	_		
period covered by the			
	ures listed on a Fund Raiser Sch d In-Kind Contributions Schedul		
	articipated in a joint fund raiser n	nust file a Fund Raiser Schedu	ule for the event.



Summary Page.

Page 2 of 2

FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

138533 1. Committee I.D. Number

2. Committee Name MARK HACKEL FOR COUNTY EXECUTIVE

	- USE A SEPARATE SH	EET FOR EACH EVENT	-
Date Event Was Held	Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity	6. Address and Name (If any) of the place where the activity was held. BUMPER'S LANDING
9/17/2024	110	DINNER	31970 N RIVER RD HARRISON TWP., MI 4804 Private Residence
Total Contributions	7,567.54		
Other Receipts	0.00		
Gross Receipts (Add lines 7	and 8) 7,567.54		
. Total Cost of Event otal Cost includes In-Kind Co	3,410.66 ontributions and All Expenditures	Made For the Event)	
	int fund raiser and complete the	following:	
. 🔲 Check if event was a jo	initiunu raisei anu complete the	ioliowing.	
Co-Sponsor(s)	Contribution S (%)	-	Expenditure Split (%)
_	Contribution S	-	
_	Contribution S	-	
_	Contribution S	-	
_	Contribution S	-	
_	Contribution S	_	
_	Contribution S	_	
_	Contribution S	_	

Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the

Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.