



FILED

25 OCT 2024 AM 10:51

MACOMB COUNTY CLERK
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**CANDIDATE COMMITTEE
COVER PAGE**

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 07/21/2024 to 10/20/2024

1. Committee I.D. Number

138533

2. Committee Name

MARK HACKEL FOR COUNTY EXECUTIVE

4. Candidate Last Name

HACKEL

First Name

MARK

M.I.

4a. Office Sought Including District # or Community Served (If applicable)

COUNTY EXECUTIVE, MACOMB COUNTY

4b. County of Residence **MACOMB COUNTY**

5. Committee's Mailing Address

**12900 HALL RD SUITE 500
STERLING HEIGHTS, MI 48313**

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.

6. Treasurer's Name & Residential Address

**HAROLD J BURNS
1460 KINNEY ROAD
MEMPHIS, MI 48041**

Area Code & Phone (586) 206-8110

7. Treasurer's Business Address

**1460 KINNEY ROAD
MEMPHIS, MI 48041**

Area Code and Phone (586) 206-8110

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

**APRIL WILSON
19510 COOPER STREET
CLINTON TOWNSHIP, MI 48038**

Area Code and Phone (989) 390-1231

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

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

- ☐ July Quarterly
☒ October Quarterly

9c. ☐ Annual Statement (2024)
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 lates 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

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/25/2024

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/25/2024



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 138533

**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>110,347.54</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>110,347.54</u>	(18.) \$ <u>265,248.54</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>6.38</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>110,347.54</u>	(20.) \$ <u>265,254.92</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>19,434.00</u>	(21.) \$ <u>19,434.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>20,762.52</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>0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>20,762.52</u>	(23.) \$ <u>90,774.90</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>599,712.33</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>110,347.54</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>710,059.87</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>20,762.52</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>689,297.35</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138533
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? <input type="checkbox"/> YES	4. Date of Receipt <u>07/21/2024</u>	
Name & Address: THOMAS KEMP 8459 TIPSICO TRAIL HOLLY, MI 48442		\$ <u>1,500.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>KEMP BUILDING & DEVELOPMENT</u> Business Address <u>275 W GIRARD AVE, MADISON HEIGHTS, MI 48071</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/22/2024</u>	
Name & Address: RICHARD BECKER 10330 STEWART RD MONROE, MI 48162		\$ <u>1,500.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>MICHIGAN PAVING MATERIAL CRH</u> Business Address <u>2575 S HAGGERTY RD, STE. 100, CANTON, MI 48188</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/22/2024</u>	
Name & Address: JANET HAZLETT 47467 GLOEDE RD MACOMB, MI 48044		\$ <u>1,500.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONTRACTOR</u> Employer <u>MILLWORKS INC.</u> Business Address <u>50556 CENTRAL INDUSTRIAL DR, SHELBY TWP., MI 48315</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/22/2024</u>	
Name & Address: CHRISTOPHER IANNUZZI 3600 AYNSELY DR ROCHESTER HILLS, MI 48306		\$ <u>1,500.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CPA</u> Employer <u>IANNUZZI MANETTA CPA</u> Business Address <u>1175 W LONG LAKE RD, STE. 201, TROY, MI 48098</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 6,000.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 138533
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? <input type="checkbox"/> YES	4. Date of Receipt <u>07/22/2024</u>	
Name & Address: KARL SCHWEITZER 2345 HICKMAN RD ANN ARBOR, MI 48105		\$ <u>2,500.00</u>	\$ <u>2,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONTRACTOR</u> Employer <u>GM & SONS</u> Business Address <u>46900 WEST RD, NOVI, MI 48377</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/22/2024</u>	
Name & Address: JOSEPH VICARI 37523 HIDDEN VALLEY CT CLINTON TWP, MI 48036		\$ <u>2,500.00</u>	\$ <u>4,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>ANDIAMO RESTAURANT GROUP</u> Business Address <u>7096 E 14 MILE RD, WARREN, MI 48092</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/23/2024</u>	
Name & Address: TONY GALLO 6303 26 MILE RD STE. 200 WASHINGTON, MI 48094		\$ <u>1,500.00</u>	\$ <u>2,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>GALLO COMPANIES</u> Business Address <u>6303 26 MILE RD, STE. 200, WASHINGTON, MI 48094</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/23/2024</u>	
Name & Address: SCOTT LOCKWOOD 950 SOUTHDOWN RD BLOOMFIELD HILLS, MI 48304		\$ <u>1,500.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>ANDERSON, ECKSTEIN & WESTRICK, INC</u> Business Address <u>51301 SCHOENHERR RD, SHELBY TWP., MI 48315</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal **8,000.00**

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

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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/24/2024</u> Name & Address: DARRELL KALTZ 942 E DAVISON LAKE RD METAMORA, MI 48455		\$ <u>1,500.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>VICE PRESIDENT</u> Employer <u>KALTZ EXCAVATING CO INC.</u> Business Address <u>1030 FEATHERSTONE ST, PONTIAC, MI 48342</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/24/2024</u> Name & Address: DOUGLAS KALTZ 6140 GREEN DR HARSENS ISLAND, MI 48028		\$ <u>1,500.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>VICE PRESIDENT</u> Employer <u>KALTZ EXCAVATING CO INC.</u> Business Address <u>1030 FEATHERSTONE ST, PONTIAC, MI 48342</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/24/2024</u> Name & Address: STEPHEN PANGORI 8106 ROSEBUD LN CLARKSTON VLG, MI 48348		\$ <u>1,500.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>ANDERSON, ECKSTEIN & WESTRICK, INC</u> Business Address <u>51301 SCHOENHERR RD, SHELBY TWP, MI 48315</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/25/2024</u> Name & Address: PHILIP SAKALIAN 6462 W OAKS DR WEST BLOOMFIELD, MI 48324		\$ <u>2,500.00</u>	\$ <u>2,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>GREAT LAKES CONTRACTING SOLUTIONS</u> Business Address <u>2300 EDINBURGH ST, WATERFORD, MI 48328</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/29/2024</u> Name & Address: GREGORY REEFER 3783 DOROTHY LN WATERFORD, MI 48329		\$ <u>2,500.00</u>	\$ <u>2,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>REEFER PETERBILT</u> Business Address <u>2645 AUBURN RD, AUBURN HILLS, MI 48326</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/30/2024</u> Name & Address: MICHAEL JACOBS 56194 NICKELBY S SHELBY TWP., MI 48316		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>DEPENDABLE WHOLESALE</u> Business Address <u>12300 STEPHENS RD, WARREN, MI 48089</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/30/2024</u> Name & Address: MELAD JOSEPH 22556 GRATIOT AVE EASTPOINTE, MI 48021		\$ <u>2,500.00</u>	\$ <u>2,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>KEM-TEC SURVEYORS</u> Business Address <u>22556 GRATIOT AVE, EASTPOINTE, MI 48021</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/30/2024</u> Name & Address: DAVE TURNER 4730 AVONDALE TERRACE BLOOMFIELD HILLS, MI 48304		\$ <u>2,500.00</u>	\$ <u>2,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONTRACTOR</u> Employer <u>C.A. HULL CO, INC.</u> Business Address <u>8177 GOLDIE ST, COMMERCE TWP., MI 48390</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/31/2024</u> Name & Address: DONALD O. ROBERTS, JR. 2214 BOWLES ST LAKE FENTON, MI 48430		\$ <u>2,500.00</u>	\$ <u>2,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>D & R EARTHMOVING</u> Business Address <u>10732 PLAZA DR, WHITMORE LAKE, MI 48189</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/01/2024</u> Name & Address: JOSEPH F. BALLOR 24050 28 MILE RD RAY, MI 48096		\$ <u>1,500.00</u>	\$ <u>1,700.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>JOE BALLOR TOWING INC.</u> Business Address <u>57760 MAIN ST, NEW HAVEN, MI 48048</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/01/2024</u> Name & Address: MICHAEL DECLARK 71804 LASSIER RD ROMEO, MI 48065		\$ <u>1,500.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>DECLARK'S LANDSCAPING INC.</u> Business Address <u>13800 33 MILE RD, ROMEO, MI 48065</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/01/2024</u> Name & Address: ANTHONY LOMBARDO 56075 KEN CHARLES DR SHELBY TWP, MI 48316		\$ <u>2,500.00</u>	\$ <u>4,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUILDER/DEVELOPER</u> Employer <u>LOMBARDO HOMES</u> Business Address <u>13001 23 MILE RD, STE. 200, SHELBY TWP, MI 48315</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/01/2024</u> Name & Address: CHRISTOPHER SHEA 27781 MARINA POINTE DR BONITA SPRINGS, FL 34134		\$ <u>2,500.00</u>	\$ <u>2,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONTRACTOR</u> Employer <u>PK CONTRACTING INC.</u> Business Address <u>1965 BARRETT ST, TROY, MI 48084</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/02/2024</u> Name & Address: MICHAEL MALLOURE 500 W CADY ST NORTHVILLE, MI 48167		\$ <u>2,500.00</u>	\$ <u>2,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>C.A. HULL CO, INC.</u> Business Address <u>8177 GOLDIE ST, COMMERCE TWP., MI 48390</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/02/2024</u> Name & Address: ADEN SHEA 936 PINE NEEDLE TRAIL ROCHESTER, MI 48306		\$ <u>2,500.00</u>	\$ <u>2,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONTRACTOR</u> Employer <u>PK CONTRACTING, INC.</u> Business Address <u>1965 BARRETT ST, TROY, MI 48084</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/05/2024</u> Name & Address: TERRY ERICKSON 24800 NOVI RD NOVI, MI 48375		\$ <u>1,500.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>VICE PRESIDENT SALES</u> Employer <u>MICHIGAN CAT</u> Business Address <u>24800 NOVI RD, NOVI, MI 48375</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 9,000.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138533
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? <input type="checkbox"/> YES 4. Date of Receipt <u>08/05/2024</u> Name & Address: DAVID PYTLOWANY 18900 26 MILE RD MACOMB, MI 48042		\$ <u>1,500.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>GENERAL MANAGER</u> Employer <u>AIS CONSTRUCTION EQUIPMENT</u> Business Address <u>65809 GRATIOT AVE, NEW HAVEN, MI 48050</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/06/2024</u> Name & Address: JEFFREY HURLEY 56383 HAYES RD SHELBY TWP., MI 48315		\$ <u>1,500.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>WILSON ROAD GROUP INC</u> Business Address <u>56383 HAYES RD, SHELBY TWP., MI 48315</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/06/2024</u> Name & Address: MICHAEL JOHNSON 7787 GLACIER CLUB DR WASHINGTON, MI 48094		\$ <u>1,500.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EQUIPMENT MANAGER</u> Employer <u>MICHIGAN CAT</u> Business Address <u>12550 23 MILE RD, SHELBY TWP, MI 48315</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/06/2024</u> Name & Address: DOMINIC MATTINA 6652 CHIANTI CT SHELBY TWP., MI 48316		\$ <u>1,500.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>DM HOMES, INC.</u> Business Address <u>66691 VAN DYKE AVE, WASHINGTON, MI 48095</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal **6,000.00**

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

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CANDIDATE COMMITTEE**

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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? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>08/06/2024</u>	
Name & Address: MITA PAC PO BOX 1640 OKEMOS, MI 48805		\$ <u>2,500.00</u>	\$ <u>4,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>08/07/2024</u>	
Name & Address: GIUSEPPE FERRO 59878 BEECHWOOD DR WASHINGTON, MI 48094		\$ <u>1,500.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>F & M EXCAVATING</u> Business Address <u>2201 HAMLIN RD, SHELBY TWP, MI 48317</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>08/07/2024</u>	
Name & Address: PAUL HURLEY 22921 ROSEDALE ESTERO, FL 34135		\$ <u>1,500.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CO-FOUNDER</u> Employer <u>GUY HURLEY INSURANCE AND SURETY SERVICES</u> Business Address <u>989 E SOUTH BLVD, STE. E, ROCHESTER HILLS, MI 48307</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>08/07/2024</u>	
Name & Address: FRANK IACOBELLI 54837 BLACK HILLS LN SHELBY TWP, MI 48316		\$ <u>2,500.00</u>	\$ <u>2,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>ACADIA HOME BUILDERS LLC</u> Business Address <u>51435 INDUSTRIAL DR, MACOMB, MI 48042</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 8,000.00

Grand Total of All Schedules 1A
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3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>08/07/2024</u>	
Name & Address: WENDY IACOBELLI 53639 CHRISTY DR NEW BALTIMORE, MI 48051		\$ <u>2,500.00</u>	\$ <u>2,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HOMEMAKER</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>08/07/2024</u>	
Name & Address: PAUL JANKOWSKI 6939 19 MILE RD STERLING HEIGHTS, MI 48314		\$ <u>1,500.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>VICE PRESIDENT</u> Employer <u>RIC-MAN INTERNATIONAL</u> Business Address <u>6939 19 MILE RD, STERLING HEIGHTS, MI 48314</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>08/07/2024</u>	
Name & Address: MARK JOHNSTON 1020 GREENTREE RD BLOOMFIELD HILLS, MI 48304		\$ <u>1,500.00</u>	\$ <u>3,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>AJAX PAVING</u> Business Address <u>1957 CROOKS RD, STE. A, TROY, MI 48084</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>08/07/2024</u>	
Name & Address: RUSSELL KEMP 4196 FORSYTH DR TROY, MI 48085		\$ <u>2,500.00</u>	\$ <u>2,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>VICE PRESIDENT</u> Employer <u>KEMP BUILDING & DEVELOPMENT</u> Business Address <u>275 W GIRARD AVE, MADISON HEIGHTS, MI 48071</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal **8,000.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

1. Committee I.D. Number 138533
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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/07/2024</u> Name & Address: MICHAEL KLIEMAN 13400 30 MILE RD WASHINGTON, MI 48095		\$ <u>1,500.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DEALER PRINCIPAL</u> Employer <u>WIEGAND MACK</u> Business Address <u>37580 MOUND RD, STERLING HEIGHTS, MI 48310</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/07/2024</u> Name & Address: CHRISTOPHER KUZAK 5275 LONGMEADOW RD BLOOMFIELD HILLS, MI 48304		\$ <u>2,500.00</u>	\$ <u>2,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>BLAZE CONTRACTING INC.</u> Business Address <u>5640 ST JEAN, DETROIT, MI 48213</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/07/2024</u> Name & Address: DAVID LEGWAND 37700 LAKESHORE DR HARRISON TWP., MI 48045		\$ <u>2,500.00</u>	\$ <u>2,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT, HOCKEY OPERATIONS</u> Employer <u>SARNIA STING</u> Business Address <u>37700 LAKESHORE DR, HARRISON TWP., MI 48045</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/07/2024</u> Name & Address: FRED MERAM 11125 PEARSON SHELBY TOWNSHIP, MI 48316		\$ <u>1,500.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONTRACTOR</u> Employer <u>F.D.M. CONTRACTING, INC.</u> Business Address <u>49156 VAN DYKE AVE, SHELBY TWP., MI 48317</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal **8,000.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

1. Committee I.D. Number 138533
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3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>08/07/2024</u>	
Name & Address: JON NOVAK 22611 O'CONNOR ST ST CLAIR SHORES, MI 48080		\$ <u>2,500.00</u>	\$ <u>2,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONTRACTOR</u> Employer <u>CONCORDIA CONTRACTING LLC</u> Business Address <u>6336 MILLETT AVE, STERLING HEIGHTS, MI 48312</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>08/07/2024</u>	
Name & Address: CONNOR PYTLOWANY 18900 26 MILE RD MACOMB, MI 48042		\$ <u>1,500.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ACCOUNT MANAGER</u> Employer <u>AIS CONSTRUCTION EQUIPMENT</u> Business Address <u>65809 GRATIOT AVE, NEW HAVEN, MI 48050</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>08/07/2024</u>	
Name & Address: LAWRENCE SCOTT 12900 HALL RD STE. 350 STERLING HEIGHTS, MI 48313		\$ <u>1,500.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>O'REILLY RANCILIO, P.C.</u> Business Address <u>12900 HALL RD, STE. 350, STERLING HEIGHTS, MI 48313</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>08/07/2024</u>	
Name & Address: BRANDON SMITH 4784 GLOVER RD ALMONT, MI 48003		\$ <u>2,500.00</u>	\$ <u>5,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>SMITH'S WATERPROOFING, LLC</u> Business Address <u>3281 VAN DYKE RD, ALMONT, MI 48003</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 8,000.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138533
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? <input type="checkbox"/> YES 4. Date of Receipt <u>08/07/2024</u> Name & Address: ROBERT E WILSON 54 WYNSTONE CIR S OAKLAND, MI 48363		\$ <u>2,500.00</u>	\$ <u>2,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>GENERAL MANAGER</u> Employer <u>MID MICHIGAN MATERIALS</u> Business Address <u>1955 LAKEVILLE RD., OXFORD, MI 48371</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/07/2024</u> Name & Address: CHESTER ZOCHOWSKI 15355 32 MILE RD RAY, MI 48096		\$ <u>1,500.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/08/2024</u> Name & Address: ROBERT ADCOCK 16784 LYONHURST CIR NORTHVILLE, MI 48168		\$ <u>2,500.00</u>	\$ <u>2,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONTRACTOR</u> Employer <u>ANGELO IAFRATE CONSTRUCTION</u> Business Address <u>26300 SHERWOOD AVE, WARREN, MI 48091</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/08/2024</u> Name & Address: TOM WASHABAUGH 223 ATHLONE BEACH BAY CITY, MI 48706		\$ <u>3,000.00</u>	\$ <u>3,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>VP SALES / ENGINEERING</u> Employer <u>NORTHERN CONCRETE PIPE, INC.</u> Business Address <u>401 KELTON ST, BAY CITY, MI 48706</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 9,500.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/12/2024</u> Name & Address: THOMAS CELANI 2600 TURTLE LAKE BLOOMFIELD HILLS, MI 48302		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PARTNER</u> Employer <u>FREEDOM HILL BANQUET & EVENT CENTER</u> Business Address <u>42875 GRAND RIVER AVE, #201, NOVI, MI 48375</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/22/2024</u> Name & Address: CAROL HOGAN 26653 TOM ALLEN DR WARREN, MI 48089		\$ <u>52.40</u>	\$ <u>52.40</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/22/2024</u> Name & Address: GAYLE JOSEPH 43352 ASPEN DR STERLING HEIGHTS, MI 48313		\$ <u>104.48</u>	\$ <u>104.48</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>VP - MARCOM & GOV AFFAIRS</u> Employer <u>GOODWILL OF GREATER DETROIT</u> Business Address <u>3111 GRAND RIVER AVE, DETROIT, MI 48208</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/22/2024</u> Name & Address: DENISE MANSFIELD 46073 HOLLOWOODE LN MACOMB, MI 48044		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 2,256.88

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/22/2024</u> Name & Address: DENNIS MUCHMORE 792 CARRICK BEND CIR NAPLES, FL 34110		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ADVISOR</u> Employer <u>HONIGMAN LLP</u> Business Address <u>222 N WASHINGTON SQUARE, LANSING, MI 48933</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/22/2024</u> Name & Address: JUDY PRITCHETT 62823 TOURNAMENT DR WASHINGTON, MI 48094		\$ <u>52.40</u>	\$ <u>252.40</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/23/2024</u> Name & Address: JAMES SAWYER 45810 PRIVATE SHORE DR NEW BALTIMORE, MI 48051		\$ <u>150.00</u>	\$ <u>550.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>MACOMB COMMUNITY COLLEGE</u> Business Address <u>14500 TWELVE MILE RD, WARREN, MI 48088</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/23/2024</u> Name & Address: MARY TREDER LANG 13900 MASONIC WARREN, MI 48088		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 502.40

Grand Total of All Schedules 1A
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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? <input type="checkbox"/> YES	4. Date of Receipt <u>08/26/2024</u>	
Name & Address: DONALD AMBOYER 54367 QUEENS ROW SHELBY TWP, MI 48316		\$ <u>500.00</u>	\$ <u>1,400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>08/27/2024</u>	
Name & Address: LEONARD BUGAJEWSKI 16982 STEWART CT CLINTON TWP, MI 48038		\$ <u>100.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>LEONARD'S SYRUPS</u> Business Address <u>4601 NANCY ST., HAMTRAMCK, MI 48212</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>08/27/2024</u>	
Name & Address: DETROIT REGIONAL CHAMBER PAC 1 WOODWARD AVE STE. 1900 DETROIT, MI 48226		\$ <u>100.00</u>	\$ <u>2,100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>08/29/2024</u>	
Name & Address: THOMAS BROAD 37980 CHARTIER ST HARRISON TWP, MI 48045		\$ <u>700.00</u>	\$ <u>2,700.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>MIDWEST STEEL INC</u> Business Address <u>2525 E GRAND BLVD, DETROIT, MI 48211</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal **1,400.00**

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138533
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? <input type="checkbox"/> YES	4. Date of Receipt <u>09/03/2024</u>	
Name & Address: JAMES BURTON 1373 SUNVIEW CT ROCHESTER, MI 48307		\$ <u>156.56</u>	\$ <u>156.56</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>HUBBELL ROTH & CLARK INC</u> Business Address <u>555 HULET DR, BLOOMFIELD HILLS, MI 48302</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/04/2024</u>	
Name & Address: ALBERT LORENZO 37281 WOODSIDE LN CLINTON TWP, MI 48036		\$ <u>100.00</u>	\$ <u>700.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DEPUTY COUNTY EXECUTIVE</u> Employer <u>MACOMB COUNTY</u> Business Address <u>1 S. MAIN, 8TH FLOOR, MOUNT CLEMENS, MI 48043</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/06/2024</u>	
Name & Address: VANESSA MOASE 18346 WHITMORE DR CLINTON TWP., MI 48035		\$ <u>104.48</u>	\$ <u>104.48</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>DALE'S LANDSCAPING SUPPLY</u> Business Address <u>16720 E THIRTEEN MILE RD, ROSEVILLE, MI 48066</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/06/2024</u>	
Name & Address: RANDAL PAGEL 34032 LOTTIES DR NEW BALTIMORE, MI 48047		\$ <u>208.65</u>	\$ <u>208.65</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>BUMLER MECHANICAL, INC.</u> Business Address <u>6260 18 1/2 MILE RD, STERLING HEIGHTS, MI 48314</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> 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.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138533
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? <input type="checkbox"/> YES	4. Date of Receipt <u>09/07/2024</u>	
Name & Address: F. NORMAN FOX 48153 MALLARD DR NEW BALTIMORE, MI 48047		\$ <u>52.40</u>	\$ <u>52.40</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>09/09/2024</u>	
Name & Address: SHEET METAL AND AIR CONDITIONING CONTRACTORS PAC 3221 W BIG BEAVER RD STE. 305 TROY, MI 48084		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>09/09/2024</u>	
Name & Address: SHEET METAL WORKERS LOCAL 80 PAC 17100 W 12 MILE RD SOUTHFIELD, MI 48076		\$ <u>280.00</u>	\$ <u>880.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/11/2024</u>	
Name & Address: PAUL GLANTZ 303 GRAY WOODS LANE LAKE ANGELUS, MI 48326		\$ <u>250.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>303 MANAGEMENT, INC.</u> Business Address <u>303 GRAY WOODS LANE, LAKE ANGELUS, MI 48326</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 732.40

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

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line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138533
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? <input type="checkbox"/> YES 4. Date of Receipt <u>09/11/2024</u> Name & Address: SCOTT LOCKWOOD 950 SOUTHDOWN RD BLOOMFIELD HILLS, MI 48304		\$ <u>100.00</u>	\$ <u>2,100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>VICE PRESIDENT</u> Employer <u>ANDERSON, ECKSTEIN & WESTRICK, INC</u> Business Address <u>51301 SCHOENHERR RD, SHELBY TWP., MI 48315</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/11/2024</u> Name & Address: GORDON WILSON 49572 COMPASS POINT DR NEW BALTIMORE, MI 48047		\$ <u>100.00</u>	\$ <u>2,100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>VICE PRESIDENT</u> Employer <u>ANDERSON, ECKSTEIN & WESTRICK, INC</u> Business Address <u>51301 SCHOENHERR RD, SHELBY TWP, MI 48315</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/11/2024</u> Name & Address: ROBERT KIRK 19500 HALL RD STE. 100 CLINTON TWP, MI 48038		\$ <u>50.00</u>	\$ <u>2,050.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PARTNER</u> Employer <u>KIRK, HUTH, LANGE & BADALAMENTI PLC</u> Business Address <u>19500 HALL RD, STE. 100, CLINTON TWP, MI 48038</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/11/2024</u> Name & Address: ROBERT HUTH 19500 HALL RD STE. 100 CLINTON TWP, MI 48038		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 300.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138533
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? <input type="checkbox"/> YES	4. Date of Receipt <u>09/12/2024</u>	
Name & Address: CHARLES HART 16336 FORESTVIEW DR CLINTON TOWNSHIP, MI 48036		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/12/2024</u>	
Name & Address: DAVE LAWLER 885 E GUNN RD ROCHESTER, MI 48306		\$ <u>52.40</u>	\$ <u>52.40</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/13/2024</u>	
Name & Address: JEFFERY WHITE 12856 BELLE RIVER RD MEMPHIS, MI 48041		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/16/2024</u>	
Name & Address: DUANE CHYZ 51540 LAUREL OAK LN NEW BALTIMORE, MI 48047		\$ <u>52.40</u>	\$ <u>52.40</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> 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
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138533
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? <input type="checkbox"/> YES	4. Date of Receipt <u>09/16/2024</u>	
Name & Address: THOMAS GIACHINO 2742 RHODES DR TROY, MI 48083		\$ <u>208.65</u>	\$ <u>2,208.65</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>IT</u> Employer <u>METRO TECHNOLOGIES</u> Business Address <u>59 N WALNUT ST, ST. 202, MT CLEMENS, MI 48043</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/16/2024</u>	
Name & Address: AMANTE LANZON 37741 HURON POINTE DR HARRISON TWP., MI 48045		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/16/2024</u>	
Name & Address: GREGORY PIEPRZAK 6201 ST CLAIR HWY EAST CHINA, MI 48054		\$ <u>104.48</u>	\$ <u>504.48</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>VP FIELD OPERATIONS</u> Employer <u>T R PIEPRZAK COMPANY</u> Business Address <u>6267 ST CLAIR HWY, EAST CHINA, MI 48054</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/16/2024</u>	
Name & Address: ANGELINA SACCO 14403 KNIGHTSBRIDGE DR SHELBY TWP., MI 48315		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal **413.13**

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138533
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? <input type="checkbox"/> YES 4. Date of Receipt <u>09/17/2024</u> Name & Address: ANDY APPLEBY 4778 LAHSER RD BLOOMFIELD TWP., MI 48302		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/17/2024</u> Name & Address: JOEL BALLOR 50383 HEATHERWOOD LN SHELBY TWP, MI 48317		\$ <u>52.40</u>	\$ <u>52.40</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/17/2024</u> Name & Address: AL DOSS 41571 GLOCA MORA ST HARRISON, MI 48045		\$ <u>104.48</u>	\$ <u>104.48</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SERVICING REP</u> Employer <u>UAW</u> Business Address <u>8000 E JEFFERSON AVE, DETROIT, MI 48214</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/17/2024</u> Name & Address: ANDREW FOUNTAIN 5938 OAKLAND VALLEY DR ROCHESTER, MI 48306		\$ <u>52.40</u>	\$ <u>52.40</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 259.28

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138533
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? <input type="checkbox"/> YES	4. Date of Receipt <u>09/17/2024</u>	
Name & Address: PASHKO UJKIC 38346 PHYLLIS CT STERLING HEIGHTS, MI 48312		\$ <u>104.48</u>	\$ <u>104.48</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>DODGE PARK CONEY ISLAND</u> Business Address <u>35252 DODGE PARK RD, STERLING HEIGHTS, MI 48312</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/17/2024</u>	
Name & Address: MICHAEL DEVAULT 7910 WALTERS RD LAINGSBURG, MI 48848		\$ <u>200.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SUPERINTENDENT</u> Employer <u>MACOMB INTERMEDIATE SCHOOL DISTRICT</u> Business Address <u>44001 GARFIELD RD, CLINTON TWP, MI 48038</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/17/2024</u>	
Name & Address: NICHOLAS AIUTO 41100 CONGER BAY DR HARRISON TWP, MI 48045		\$ <u>500.00</u>	\$ <u>2,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>NICK'S TOWING</u> Business Address <u>42870 N WALNUT ST, MT CLEMENS, MI 48043</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/17/2024</u>	
Name & Address: HARRY KURTZ 2120 AUTUMN HILL DR ANN ARBOR, MI 48103		\$ <u>500.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal **1,304.48**

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

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line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138533
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? <input type="checkbox"/> YES	4. Date of Receipt <u>09/17/2024</u>	
Name & Address: YVONE CONTESTI 39209 COLUMBIA ST HARRISON TWP., MI 48045		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/17/2024</u>	
Name & Address: BRENT AVERY 23551 FENTON ST CLINTON TWP., MI 48036		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/17/2024</u>	
Name & Address: RAYMOND CONFER 12119 FOREST GLEN LN UTICA, MI 48315		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/18/2024</u>	
Name & Address: WILLIAM SCHAEFER 762 S RENAUD RD GROSSE POINTE WOODS, MI 48236		\$ <u>104.48</u>	\$ <u>104.48</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAWYER</u> Employer <u>DRIGGERS SCHULTZ & HERBST</u> Business Address <u>3331 W BIG BEAVER RD, STE. 101, TROY, MI 48084</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal **304.48**

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

110,347.54

Enter this total on
line 3a of Summary
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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **138533**

CANDIDATE COMMITTEE

2. Committee Name **MARK HACKEL FOR COUNTY EXECUTIVE**

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 <u>all</u> 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? <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> 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	\$ 6,642.00	\$ 6,642.00
Contribution # 2 PAC Receipt? <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input checked="" type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description VALET SERVICES 5. Date Of Receipt: 08/07/2024 6. Vendor Name & Address: CBJ ENTERPRISES, INC. 20836 HALL RD, STE. 180, CLINTON TWP, MI 48038	\$ 1,075.00	\$ 7,717.00
Contribution #3 PAC Receipt? <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> 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	\$ 6,642.00	\$ 6,642.00

Page Subtotal **14,359.00** **0.00**

Grand Total of all Schedules 1-IK
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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 138533
2. Committee Name MARK HACKEL FOR COUNTY EXECUTIVE

CANDIDATE COMMITTEE

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 <u>all</u> 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? <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input checked="" type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>VALET SERVICES</u> 5. Date Of Receipt: <u>08/07/2024</u> 6. Vendor Name & Address: CBJ ENTERPRISES, INC. 20836 HALL RD, STE. 180, CLINTON TWP, MI 48038	\$ <u>1,075.00</u>	\$ <u>7,717.00</u>
Contribution # 2 PAC Receipt? <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>BEVERAGES FOR EVENT</u> 5. Date Of Receipt: <u>08/07/2024</u> 6. Vendor Name & Address: BJ'S WHOLESALE CLUB 45101 TOWNE CENTER BLVD, NEW BALTIMORE, MI 48047	\$ <u>1,250.00</u>	\$ <u>8,967.00</u>
Contribution #3 PAC Receipt? <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>BEVERAGES FOR EVENT</u> 5. Date Of Receipt: <u>08/07/2024</u> 6. Vendor Name & Address: BJ'S WHOLESALE CLUB 45101 TOWNE CENTER BLVD, NEW BALTIMORE, MI 48047	\$ <u>1,250.00</u>	\$ <u>8,967.00</u>

Page Subtotal **3,575.00** **17,934.00**

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

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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **138533**

CANDIDATE COMMITTEE

2. Committee Name **MARK HACKEL FOR COUNTY EXECUTIVE**

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 <u>all</u> 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? <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description CATERING FOR SUMMER EVENT 5. Date Of Receipt: 09/17/2024 6. Vendor Name & Address: BUMPERS LANDING, LLC 31970 N RIVER RD, HARRISON TWP., MI 48045	\$ 1,500.00	\$ 1,500.00
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address: Click Here for Memo Itemization	\$	\$
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address: Click Here for Memo Itemization	\$	\$

Page Subtotal

1,500.00

1,500.00

Grand Total of all Schedules 1-IK
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19,434.00

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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 DONALD KELLY Address 231 E ST CLAIR ST ROMEO, MI 48065 <input type="checkbox"/> Fund Raiser	Purpose: <u>SPONSORING ENTERTAINMENT FOR VINTAGE FEST</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/23/2024</u> Date	\$ <u>450.00</u>
Expenditure #2 Name GOOGLE Address ONLINE APPLICATION <input type="checkbox"/> Fund Raiser	Purpose: <u>GOOGLE WORKSPACE SUBSCRIPTION</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/02/2024</u> Date	\$ <u>21.60</u>
Expenditure #3 Name VERIZON Address P.O. BOX 553 WARRENDALE, PA 15086 <input type="checkbox"/> Fund Raiser	Purpose: <u>CANDIDATE CELL PHONE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/06/2024</u> Date	\$ <u>293.97</u>
Expenditure #4 Name MAGGIES WIGS 4 KIDS OF MICHIGAN Address 30130 HARPER AVE ST CLAIR SHORES, MI 48082 <input type="checkbox"/> Fund Raiser	Purpose: <u>TABLE PURCHASE - 2024 ANNUAL GALA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/07/2024</u> Date	\$ <u>1,250.00</u>
Expenditure #5 Name MI BUILDING & CONSTRUCTION TRADES LEGAL, PR AND INDUSTRY DEFENSE FUND Address 1640 PORTER ST DETROIT, MI 48216 <input type="checkbox"/> Fund Raiser	Purpose: <u>REFUND CORPORATE CONTRIBUTION</u> <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/15/2024</u> Date	\$ <u>2,000.00</u>

Subtotal this page **4,015.57**

Grand Total of all Schedules 1B
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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 CALENDAR BRIDGE Address 2045 BISCAYNE BLVD UNIT 314 MIAMI, FL 33137 <input type="checkbox"/> Fund Raiser	Purpose: <u>CALENDAR SYNCING SUBSCRIPTION</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/20/2024</u> Date	\$ <u>10.00</u>
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>08/22/2024</u> Date	\$ <u>76.00</u>
Expenditure #3 Name TRACTOR SUPPLY CO. Address 67500 SOUTH MAIN ST. RICHMOND, MI 48062 <input type="checkbox"/> Fund Raiser	Purpose: <u>SIGN SUPPLIES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/27/2024</u> Date	\$ <u>1,331.26</u>
Expenditure #4 Name ANTON ART CENTER Address 125 MACOMB PL MT CLEMENS, MI 48043 <input type="checkbox"/> Fund Raiser	Purpose: <u>2024 ART PARTY TICKETS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/28/2024</u> Date	\$ <u>2,012.70</u>
Expenditure #5 Name GOOGLE Address ONLINE APPLICATION <input type="checkbox"/> Fund Raiser	Purpose: <u>GOOGLE WORKSPACE SUBSCRIPTION</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/03/2024</u> Date	\$ <u>21.60</u>

Subtotal this page **3,451.56**

Grand Total of all Schedules 1B
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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 VERIZON Address P.O. BOX 553 WARRENDALE, PA 15086 <input type="checkbox"/> Fund Raiser	Purpose: CANDIDATE CELL PHONE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/05/2024 Date	\$ 293.97
Expenditure #2 Name MICHIGAN THANKSGIVING PARADE FOUNDATION Address 9500 MT ELLIOTT ST STUDIO A DETROIT, MI 48211 <input type="checkbox"/> Fund Raiser	Purpose: HOB NOBBLE GOBBLE TICKETS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/09/2024 Date	\$ 1,000.00
Expenditure #3 Name BLAKE'S ORCHARD & CIDER MILL Address 17985 ARMADA CENTER RD ARMADA, MI 48005 <input type="checkbox"/> Fund Raiser	Purpose: CIDER & DONUTS FOR SENIOR FUN FEST <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/09/2024 Date	\$ 1,223.10
Expenditure #4 Name CONSTANT CONTACT Address ONLINE APPLICATION <input type="checkbox"/> Fund Raiser	Purpose: EMAIL MARKETING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/16/2024 Date	\$ 76.00
Expenditure #5 Name MEIJER Address 40445 S GROESBECK HWY MT CLEMENS, MI 48043 <input checked="" type="checkbox"/> Fund Raiser	Purpose: CANDY/BUBBLES FOR SUMMER FUN EVENT <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/17/2024 Date	\$ 97.67

Subtotal this page **2,690.74**

Grand Total of all Schedules 1B
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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 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>SUMMER EVENT ENTERTAINMENT</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/17/2024</u> Date	\$ <u>500.00</u>
Expenditure #2 Name TOM NAHAS Address 22249 JOHN DEERE LN MACOMB, MI 48044 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>SUMMER EVENT ENTERTAINMENT</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/17/2024</u> Date	\$ <u>500.00</u>
Expenditure #3 Name 4IMPRINT, INC. Address 101 COMMERCE ST OSHKOSH, WI 54901 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>GIVEAWAY CAN KOOZIE'S</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/18/2024</u> Date	\$ <u>745.07</u>
Expenditure #4 Name CALENDAR BRIDGE Address 2045 BISCAYNE BLVD UNIT 314 MIAMI, FL 33137 <input type="checkbox"/> Fund Raiser	Purpose: <u>CALENDAR SYNCING SUBSCRIPTION</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/18/2024</u> Date	\$ <u>10.00</u>
Expenditure #5 Name FAMILIES AGAINST NARCOTICS Address 43800 GARFIELD RD STE. 200 CLINTON TWP., MI 48038 <input type="checkbox"/> Fund Raiser	Purpose: <u>TICKETS TO FAN FALL FEST 2024</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/26/2024</u> Date	\$ <u>259.42</u>

Subtotal this page **2,014.49**

Grand Total of all Schedules 1B
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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 SWEETWATERS COFFEE Address 44500 GARFIELD RD CLINTON TWP., MI 48038 <input type="checkbox"/> Fund Raiser	Purpose: <u>COFFEE/WATER/SERVERS FOR SENIOR FUN FEST</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/30/2024</u> Date	\$ <u>2,975.40</u>
Expenditure #2 Name GOOGLE Address ONLINE APPLICATION <input type="checkbox"/> Fund Raiser	Purpose: <u>GOOGLE WORKSPACE SUBSCRIPTION</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/02/2024</u> Date	\$ <u>21.60</u>
Expenditure #3 Name VERIZON Address P.O. BOX 553 WARRENDALE, PA 15086 <input type="checkbox"/> Fund Raiser	Purpose: <u>CANDIDATE CELL PHONE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/07/2024</u> Date	\$ <u>294.10</u>
Expenditure #4 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>10/16/2024</u> Date	\$ <u>76.00</u>
Expenditure #5 Name SHELBY TOWNSHIP LIONS CLUB Address PO BOX 182075 SHELBY TOWNSHIP, MI 48318 <input type="checkbox"/> Fund Raiser	Purpose: <u>TABLE PURCHASE - ANNUAL HOLIDAY WINE TASTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/16/2024</u> Date	\$ <u>1,250.00</u>

Subtotal this page **4,617.10**

Grand Total of all Schedules 1B
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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 <input type="checkbox"/> Fund Raiser	Purpose: <u>TABLE FOR 2024 ANNUAL GALA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/16/2024</u> Date	\$ <u>1,000.00</u>
Expenditure #2 Name BOB'S SPECIALTY COMPANY Address 1985 BEAUFIT DR GROSSE POINTE WOODS, MI 48236 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>GIVEAWAY KEY CHAINS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/17/2024</u> Date	\$ <u>430.90</u>
Expenditure #3 Name AMERICAN GRAPHICS PRINTING CO. Address 34895 GROESBECK HWY CLINTON TWP, MI 48035 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>SUMMER EVENT INVITES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/20/2024</u> Date	\$ <u>858.02</u>
Expenditure #4 Name PRINTING BY JOHNSON Address 21222 CASS AVE CLINTON TWP, MI 48036 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>BANNERS FOR SUMMER EVENT</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/20/2024</u> Date	\$ <u>279.00</u>
Expenditure #5 Name CHRIS PEYERK Address 1877 WASHINGTON RD ROCHESTER, MI 48306 <input type="checkbox"/> Fund Raiser	Purpose: <u>REFUND - OVER MAX CONTRIBUTION</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/20/2024</u> Date	\$ <u>642.00</u>

Subtotal this page **3,209.92**

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

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on line 8a of
Summary Page



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 <input type="checkbox"/> Fund Raiser	Purpose: <u>REFUND - OVER MAX CONTRIBUTION</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/20/2024</u> Date	\$ <u>642.00</u>
Expenditure #2 Name ANEDOT Address PO BOX 84314 BATON ROUGE, LA 70884 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>E-MERCHANT FEES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/20/2024</u> Date	\$ <u>121.14</u>
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 **763.14**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **20,762.52**

Enter this total
on line 8a of
Summary Page



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **138533**
2. Committee Name **MARK HACKEL FOR COUNTY EXECUTIVE**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 08/07/2024	4. Number of Individuals Attending or Participating (whichever is greater) 61	5. Type of Fund Raising Activity DINNER	6. Address and Name (If any) of the place where the activity was held. 1877 WASHINGTON RD ROCHESTER, MI 48306 <input checked="" type="checkbox"/> Private Residence
---	---	---	--

7. Total Contributions **102,000.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **102,000.00**
10. Total Cost of Event **17,934.00**
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- 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 Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **138533**
2. Committee Name **MARK HACKEL FOR COUNTY EXECUTIVE**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 09/17/2024	4. Number of Individuals Attending or Participating (whichever is greater) 110	5. Type of Fund Raising Activity DINNER	6. Address and Name (If any) of the place where the activity was held. BUMPER'S LANDING 31970 N RIVER RD HARRISON TWP., MI 48045 <input type="checkbox"/> Private Residence
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7. Total Contributions **7,567.54**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **7,567.54**
10. Total Cost of Event **3,410.66**
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- 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 Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.