



FILED

31 JAN 2025 PM 02:55

MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

**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: 10/21/2024 to 12/31/2024

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

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.)

Date of Election, Convention or Caucus

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

01/31/2025

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

01/31/2025



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>0.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>0.00</u>	(18.) \$ <u>265,248.54</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.01</u>	(19.) \$ <u>6.39</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>0.01</u>	(20.) \$ <u>265,254.93</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0.00</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>8,596.70</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>8,596.70</u>	(23.) \$ <u>99,371.60</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>689,297.35</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>0.01</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>689,297.36</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>8,596.70</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>680,700.66</u>	*



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

CANDIDATE COMMITTEE

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

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name & Address: HUNTINGTON BANK PO BOX 1558 EA1W37 COLUMBUS, OH 43216	Date of Receipt 10/31/2024	<input type="checkbox"/> Loan from a Lending Institution <input checked="" type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ 0.01
Receipt #2 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #3 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #4 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #5 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #6 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #7 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____
Page Subtotal			0.01
Grand Total of All Schedules 1A -1 (Complete on last page of Schedule)			0.01

Enter this total on
line 4 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 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>10/21/2024</u> Date	\$ <u>10.00</u>
Expenditure #2 Name PODS ENTERPRISES, LLC Address PO BOX 738452 DALLAS, TX 75373 <input type="checkbox"/> Fund Raiser	Purpose: <u>POD STORAGE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/25/2024</u> Date	\$ <u>178.08</u>
Expenditure #3 Name PODS ENTERPRISES, LLC Address PO BOX 738452 DALLAS, TX 75373 <input type="checkbox"/> Fund Raiser	Purpose: <u>POD STORAGE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/30/2024</u> Date	\$ <u>199.28</u>
Expenditure #4 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>11/04/2024</u> Date	\$ <u>21.60</u>
Expenditure #5 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>11/05/2024</u> Date	\$ <u>314.37</u>

Subtotal this page

723.33

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **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 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	11/18/2024 Date	\$ 76.00
Expenditure #2 Name CALENDAR BRIDGE Address 2045 BISCAYNE BLVD UNIT 314 MIAMI, FL 33137 <input type="checkbox"/> Fund Raiser	Purpose: CALENDAR SYNCING SUBSCRIPTION <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11/19/2024 Date	\$ 10.00
Expenditure #3 Name VINCENT VIVIANO Address 6705 ST ANDREWS DR SHELBY TWP., MI 48316 <input type="checkbox"/> Fund Raiser	Purpose: MOVING HELP <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11/19/2024 Date	\$ 400.00
Expenditure #4 Name PODS ENTERPRISES, LLC Address PO BOX 738452 DALLAS, TX 75373 <input type="checkbox"/> Fund Raiser	Purpose: PODS STORAGE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11/29/2024 Date	\$ 126.14
Expenditure #5 Name PODS ENTERPRISES, LLC Address PO BOX 738452 DALLAS, TX 75373 <input type="checkbox"/> Fund Raiser	Purpose: POD STORAGE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	12/02/2024 Date	\$ 147.34

Subtotal this page **759.48**

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 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>12/02/2024</u> Date	\$ <u>21.60</u>
Expenditure #2 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>12/05/2024</u> Date	\$ <u>314.41</u>
Expenditure #3 Name US POSTAL SERVICE Address 155 S MAIN ST MT CLEMENS, MI 48043 <input type="checkbox"/> Fund Raiser	Purpose: <u>STAMPS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12/09/2024</u> Date	\$ <u>58.40</u>
Expenditure #4 Name STERLING HEIGHTS CHAMBER OF COMMERCE Address 12900 HALL RD SUITE 100 STERLING HEIGHTS, MI 48313 <input type="checkbox"/> Fund Raiser	Purpose: <u>TICKETS TO CONNECT MACOMB HOLIDAY PARTY</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12/09/2024</u> Date	\$ <u>210.00</u>
Expenditure #5 Name MACOMB COUNTY MINISTERIAL ALLIANCE Address 30330 GRATIOT AVE PO BOX 73 ROSEVILLE, MI 48066 <input type="checkbox"/> Fund Raiser	Purpose: <u>ANNUAL MLK BREAKFAST TICKETS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12/09/2024</u> Date	\$ <u>450.00</u>

Subtotal this page

1,054.41

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **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 DETROIT AUTO DEALERS ASSOCIATION PAC Address 1900 W BIG BEAVER RD TROY, MI 48084 <input type="checkbox"/> Fund Raiser	Purpose: 2025 CHARITY PREVIEW TICKETS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	12/11/2024 Date	\$ 700.00
Expenditure #2 Name KIM ELWARD Address 46658 SAWYER LN MACOMB, MI 48044 <input type="checkbox"/> Fund Raiser	Purpose: CAMPAIGN MANAGEMENT & EVENT PLANNING/EXECUTION <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	12/12/2024 Date	\$ 5,000.00
Expenditure #3 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	12/16/2024 Date	\$ 76.00
Expenditure #4 Name CALENDAR BRIDGE Address 2045 BISCAYNE BLVD UNIT 314 MIAMI, FL 33137 <input type="checkbox"/> Fund Raiser	Purpose: CALENDAR SYNCING SUBSCRIPTION <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	12/16/2024 Date	\$ 10.00
Expenditure #5 Name PODS ENTERPRISES, LLC Address PO BOX 738452 DALLAS, TX 75373 <input type="checkbox"/> Fund Raiser	Purpose: POD STORAGE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	12/30/2024 Date	\$ 126.14

Subtotal this page **5,912.14**

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **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 PODS ENTERPRISES, LLC Address PO BOX 738452 DALLAS, TX 75373 <input type="checkbox"/> Fund Raiser	Purpose: POD STORAGE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	12/30/2024 Date	\$ 147.34
Expenditure #2 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #3 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Subtotal this page			147.34
Grand Total of all Schedules 1B (Complete on last page of Schedule)			8,596.70

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on line 8a of
Summary Page