



FILED

25 JUL 2025 AM 09:30

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: 01/01/2025 to 07/20/2025

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

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

Area Code & Phone (989) 390-1231

7. Treasurer's Business Address

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

Area Code and Phone (989) 390-1231

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

Area Code and Phone () -

9. TYPE OF STATEMENT

9a. ☐ Pre-Election **OR** 9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

- ☐ Primary
☐ General
☐ Convention
☐ Special
☐ School
☐ Caucus

Date of Election, Convention or Caucus

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

- ☒ July Quarterly
☐ October Quarterly

9c. ☐ Annual Statement (2025)
Coverage Year

9d. ☐ Amendment to Campaign Statement
(Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)

9e. Dissolution of Candidate Committee

☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or

Designated Record keeper

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

07/25/2025

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

07/25/2025



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>98,917.47</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>98,917.47</u>	(18.) \$ <u>364,166.01</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.01</u>	(19.) \$ <u>6.40</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>98,917.48</u>	(20.) \$ <u>364,172.41</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>41,283.46</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>41,283.46</u>	(23.) \$ <u>140,655.06</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>680,700.66</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>98,917.48</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>779,618.14</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>41,283.46</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>738,334.68</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? ☐ YES	4. Date of Receipt <u>05/05/2025</u>	
Name & Address: JUDY PRITCHETT 62823 TOURNAMENT DR WASHINGTON, MI 48094		\$ <u>208.65</u>	\$ <u>461.05</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/05/2025</u>	
Name & Address: DONALD AMBOYER 54367 QUEENS ROW SHELBY TWP, MI 48316		\$ <u>416.98</u>	\$ <u>1,816.98</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SPECIAL PROJECT ADVISOR</u> Employer <u>MACOMB COUNTY</u> Business Address <u>ONE SOUTH MAIN, 8TH FLOOR, MOUNT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/05/2025</u>	
Name & Address: GEORGE COOK 38100 COMMERCE DR STERLING HEIGHTS, MI 48312		\$ <u>416.98</u>	\$ <u>416.98</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>VP, SALES & MARKETING</u> Employer <u>TARUS</u> Business Address <u>38100 COMMERCE DR, STERLING HEIGHTS, MI 48312</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/05/2025</u>	
Name & Address: FRANCINE PARKER 22700 GORDON SWITCH ST ST CLAIR SHORES, MI 48081		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 1,542.61

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? ☐ YES	4. Date of Receipt <u>05/06/2025</u>	
Name & Address: JAMES BURTON 1373 SUNVIEW CT ROCHESTER, MI 48307		\$ <u>208.65</u>	\$ <u>765.21</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: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/06/2025</u>	
Name & Address: JAMES SAWYER 45810 PRIVATE SHORE DR NEW BALTIMORE, MI 48051		\$ <u>416.98</u>	\$ <u>966.98</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: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/07/2025</u>	
Name & Address: RICHARD MITCHELL 32829 CROOKS DR NEW BALTIMORE, MI 48047		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>MADDIN, HAUSER, ROTH & HELLER, PC</u> Business Address <u>ONE TOWNE SQUARE, SOUTHFIELD, MI 48076</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/07/2025</u>	
Name & Address: VANESSA HAYES 47092 BRENNAN DR MACOMB, MI 48044		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CHIEF FINANCIAL OFFICER</u> Employer <u>ANDERSON, ECKSTEIN & WESTRICK</u> Business Address <u>51301 SCHOENHERR RD, SHELBY TWP., MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,125.63**

Grand Total of All Schedules 1A
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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? ☐ YES	4. Date of Receipt <u>05/08/2025</u>	
Name & Address: GEORGE BARNES 30980 WENDBROOK LN BEVERLY HILLS, MI 48025		\$ <u>600.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>HERITAGE VISION PLANS</u> Business Address <u>ONE WOODWARD AVE., STE. 2020, DETROIT, MI 48226</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/08/2025</u>	
Name & Address: JASON ARLOW 5709 ARNOLD RD MARINE CITY, MI 48039		\$ <u>400.00</u>	\$ <u>650.00</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: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/08/2025</u>	
Name & Address: MICHAEL VIGNERON 8797 IRA RD FAIR HAVEN, MI 48023		\$ <u>250.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>VP, DIRECTOR OF ENGINEERING</u> Employer <u>ANDERSON, ECKSTEIN & WESTRICK, INC</u> Business Address <u>51301 SCHOENHERR RD, SHELBY TWP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/09/2025</u>	
Name & Address: KHODER ABDALLAH 38229 PINEBROOK DR STERLING HEIGHTS, MI 48310		\$ <u>416.98</u>	\$ <u>416.98</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RESTAURANT OWNER</u> Employer <u>JUAN MIGUELS</u> Business Address <u>21342 HALL RD, CLINTON TOWNSHIP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,666.98**

Grand Total of All Schedules 1A
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/09/2025</u>	
Name & Address: SCOTT LOCKWOOD 950 SOUTHDOWN RD BLOOMFIELD HILLS, MI 48304		\$ <u>525.00</u>	\$ <u>2,625.00</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: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/09/2025</u>	
Name & Address: STEPHEN PANGORI 8106 ROSEBUD LN CLARKSTON VLG, MI 48348		\$ <u>525.00</u>	\$ <u>2,525.00</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: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/10/2025</u>	
Name & Address: ALBERT LORENZO 37281 WOODSIDE LN CLINTON TWP, MI 48036		\$ <u>416.98</u>	\$ <u>1,116.98</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: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/13/2025</u>	
Name & Address: JEFFERY WHITE 12856 BELLE RIVER RD MEMPHIS, MI 48041		\$ <u>200.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CHIEF</u> Employer <u>RICHMOND LENOX EMS</u> Business Address <u>34505 32 MILE RD, RICHMOND, MI 48062</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,666.98**

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/14/2025</u>	
Name & Address: MICHAEL MUELLER 1250 S OXFORD RD GROSSE POINTE WOODS, MI 48236		\$ <u>2,000.00</u>	\$ <u>2,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>VICE PRESIDENT</u> Employer <u>TMR & ASSOCIATES</u> Business Address <u>601 ABBOTT ST, DETROIT, MI 48226</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/15/2025</u>	
Name & Address: ALAN YOUNG 7310 WOODWARD AVE DETROIT, MI 48202		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CPA</u> Employer <u>ALAN C YOUNG AND ASSOCIATES</u> Business Address <u>7310 WOODWARD AVE, DETROIT, MI 48202</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/16/2025</u>	
Name & Address: ANTHONY LOCHIRCO 2001 CRYSTAL LAKE DR SHELBY TWP., MI 48316		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HOME BUILDER</u> Employer <u>NINO HOMES & ASSOCIATE</u> Business Address <u>2001 CRYSTAL LAKE DR, SHELBY TWP., MI 48316</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/16/2025</u>	
Name & Address: SIMONE MAURO 5841 CUSICK LAKE DR WASHINGTON, MI 48095		\$ <u>2,000.00</u>	\$ <u>4,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>MAURO ENGINEERING</u> Business Address <u>48657 HAYES RD, SHELBY TWP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 4,300.00

Grand Total of All Schedules 1A
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/16/2025</u>	
Name & Address: RUSSELL MILNE 619 N ROSEDALE CT GROSSE POINTE WOODS, MI 48236		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>AUTO DEALER</u> Employer <u>RUSS MILNE FORD, INC.</u> Business Address <u>28777 HALL RD, MACOMB, MI 48042</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/17/2025</u>	
Name & Address: KEVIN DENHA 3916 MT VERNON DR BLOOMFIELD HILLS, MI 48301		\$ <u>2,083.65</u>	\$ <u>4,083.65</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGING DIRECTOR</u> Employer <u>VISION INVESTMENT SERVICES</u> Business Address <u>700 N OLD WOODWARD AVE, STE. 300, BIRMINGHAM, MI 48009</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/17/2025</u>	
Name & Address: LEONARD BUGAJEWSKI 16982 STEWART CT CLINTON TWP, MI 48038		\$ <u>400.00</u>	\$ <u>900.00</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: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/18/2025</u>	
Name & Address: MELISSA ROY 1408 JOLIET PL DETROIT, MI 48207		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PUBLIC AFFAIRS</u> Employer <u>ROY PUBLIC AFFAIRS</u> Business Address <u>1408 JOLIET PL, DETROIT, MI 48207</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,883.65

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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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? ☐ YES	4. Date of Receipt <u>05/19/2025</u>	
Name & Address: HEATHER OBRECHT WHITE 1752 FLAGSTONE CIR ROCHESTER, MI 48307		\$ <u>400.00</u>	\$ <u>600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ARCHITECT</u> Employer <u>AUGER, KLEIN, ALLER ARCHITECTS</u> Business Address <u>303 E 3RD ST, STE. 100, ROCHESTER, MI 48307</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/19/2025</u>	
Name & Address: CAROLYN DORIAN 35600 GRATIOT AVE CLINTON TWP., MI 48035		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>VICE PRESIDENT/OWNER</u> Employer <u>DORIAN FORD</u> Business Address <u>35600 GRATIOT AVE, CLINTON TWP., MI 48035</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/19/2025</u>	
Name & Address: TOM KALAS 15 PINE GATE DR BLOOMFIELD HILLS, MI 48304		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>KALAS KADIAN PLC</u> Business Address <u>31350 TELEGRAPH RD, BINGHAM FARMS, MI 48025</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/19/2025</u>	
Name & Address: DIANE MAGNOLI 6402 BAYPOINT WASHINGTON, MI 48094		\$ <u>2,000.00</u>	\$ <u>4,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DEVELOPER</u> Employer <u>MICHAEL ANGELO HOMES</u> Business Address <u>59227 VAN DYKE AVE, WASHINGTON, MI 48094</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,900.00

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? ☐ YES	4. Date of Receipt <u>05/19/2025</u>	
Name & Address: JOSEPH VICARI 37523 HIDDEN VALLEY CT CLINTON TWP, MI 48036		\$ <u>400.00</u>	\$ <u>4,900.00</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: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/20/2025</u>	
Name & Address: BRIAN PILARSKI 1319 ALAMEDA BLVD TROY, MI 48085		\$ <u>208.65</u>	\$ <u>408.65</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COMMERCIAL INSURANCE</u> Employer <u>KAPNICK INSURANCE</u> Business Address <u>880 W LONG LAKE RD, STE. 300, TROY, MI 48098</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/20/2025</u>	
Name & Address: THOMAS BROAD 37980 CHARTIER ST HARRISON TWP, MI 48045		\$ <u>2,000.00</u>	\$ <u>4,700.00</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: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/20/2025</u>	
Name & Address: JOHN FENN 13288 LILLIAN LN STERLING HEIGHTS, MI 48313		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAND SURVEYOR</u> Employer <u>FENN & ASSOCIATES SURVEYING INC</u> Business Address <u>14933 COMMERCIAL DR, SHELBY TWP., MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,808.65

Grand Total of All Schedules 1A
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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? ☒ YES 4. Date of Receipt <u>05/20/2025</u> Name & Address: DETROIT REGIONAL CHAMBER PAC 777 WOODWARD STE. 800 DETROIT, MI 48226 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>2,000.00</u>	\$ <u>4,100.00</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/21/2025</u> Name & Address: GEORGE DELANUEZ 48254 HARBOR DR NEW BALTIMORE, MI 48047 5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER/DEALER OPERATOR</u> Employer <u>WOLVERINE HARLEY-DAVIDSON</u> Business Address <u>44660 N GRATIOT AVE, CLINTON TWP., MI 48036</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/21/2025</u> Name & Address: FRANK DIPONIO 123 ANGELVIEW CT ROCHESTER, MI 48306 5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>DIPONIO CONTRACTING</u> Business Address <u>6831 23 MILE RD, SHELBY TWP., MI 48316</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>200.00</u>	\$ <u>200.00</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/22/2025</u> Name & Address: J ALBERT 41800 EXECUTIVE DR HARRISON TWP., MI 48045 5. If over \$100.00 cumulative, please provide: Occupation <u>COMMERCIAL ACCOUNT MANAGER</u> Employer <u>BMS CAT</u> Business Address <u>41800 EXECUTIVE DR, HARRISON TWP., MI 48045</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>400.00</u>	\$ <u>400.00</u>

Page Subtotal 4,600.00

Grand Total of All Schedules 1A
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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? ☐ YES	4. Date of Receipt <u>05/22/2025</u>	
Name & Address: GEBRAN ANTON 205 COUNTRY CLUB DR GROSSE POINTE FARMS, MI 48236		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/22/2025</u>	
Name & Address: THOMAS CALLAN, III 5865 LAHSER RD BLOOMFIELD HILLS, MI 48301		\$ <u>200.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CPA</u> Employer <u>UHY, LLP</u> Business Address <u>27725 STANSBURY, FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/23/2025</u>	
Name & Address: EUGENE GARGARO 22 RENAUD RD GROSSE POINTE SHORES, MI 48236		\$ <u>500.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CHAIRMAN</u> Employer <u>DETROIT INSTITUTE OF ARTS</u> Business Address <u>5200 WOODWARD AVE, DETROIT, MI 48202</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/27/2025</u>	
Name & Address: SCOTT FINKBEINER 14140 33 MILE RD ROMEO, MI 48065		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>VICE PRESIDENT</u> Employer <u>RAUHORN ELECTRIC</u> Business Address <u>14140 33 MILE RD, ROMEO, MI 48065</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,300.00**

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

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/27/2025</u> Name & Address: PHIL GILCHRIST 1130 WELLESLEY DR MT CLEMENS, MI 48043		\$ <u>200.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE DIRECTOR</u> Employer <u>ADVANCING MACOMB</u> Business Address <u>25 N MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/27/2025</u> Name & Address: J SWETECH 13359 BURNINGWOOD DR WASHINGTON, MI 48094		\$ <u>208.65</u>	\$ <u>208.65</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PHYSICIAN</u> Employer <u>SWETECH MEDICAL CENTER</u> Business Address <u>43600 GARFIELD RD, CLINTON TWP., MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/27/2025</u> Name & Address: DONALD TOLLIVER 33875 KIELY DR CHESTERFIELD, MI 48047		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE DIRECTOR</u> Employer <u>THE VILLAGE OF EAST HARBOR</u> Business Address <u>33875 KIELY DR, CHESTERFIELD, MI 48047</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/27/2025</u> Name & Address: JAMES GEORGE 19634 WESTCHESTER DR CLINTON TWP, MI 48038		\$ <u>2,000.00</u>	\$ <u>4,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,608.65

Grand Total of All Schedules 1A
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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? ☐ YES 4. Date of Receipt <u>05/27/2025</u> Name & Address: MICHAEL MALONE 46352 CANDLEBERRY DR NEW BALTIMORE, MI 48047		\$ <u>2,000.00</u>	\$ <u>4,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>PARTNERS IN ARCHITECTURE</u> Business Address <u>65 MARKET ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/27/2025</u> Name & Address: GUY RIZZO 65 MACOMB PL STE. F MT CLEMENS, MI 48043		\$ <u>400.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUILDER</u> Employer <u>GTR COMPANIES</u> Business Address <u>65 MACOMB PL, STE. F, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/27/2025</u> Name & Address: PAUL SHAMO 32600 N RIVER RD HARRISON TWP., MI 48045		\$ <u>2,000.00</u>	\$ <u>3,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>TAYLOR FORD, INC.</u> Business Address <u>13500 TELEGRAPH RD, TAYLOR, MI 48180</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/28/2025</u> Name & Address: NICHOLAS AIUTO 41100 CONGER BAY DR HARRISON TWP, MI 48045		\$ <u>416.98</u>	\$ <u>2,916.98</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: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 4,816.98

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? ☐ YES 4. Date of Receipt <u>05/28/2025</u> Name & Address: CHARLES HART 16336 FORESTVIEW DR CLINTON TOWNSHIP, MI 48036		\$ <u>208.65</u>	\$ <u>308.65</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CIVIL ENGINEER</u> Employer <u>HUBBELL, ROTH & CLARK</u> Business Address <u>555 HULET DR, BLOOMFIELD HILLS, MI 48302</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/28/2025</u> Name & Address: GAYLE JOSEPH 43352 ASPEN DR STERLING HEIGHTS, MI 48313		\$ <u>208.65</u>	\$ <u>313.13</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: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/28/2025</u> Name & Address: ANDREW KAVC 56253 PRECISION DR NEW BALTIMORE, MI 48051		\$ <u>208.65</u>	\$ <u>208.65</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>BERG TOOL FABRICATION & MACHINING</u> Business Address <u>56253 PRECISION DR, NEW BALTIMORE, MI 48051</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/28/2025</u> Name & Address: DAVID ROBINSON 2840 SEVERN LN BLOOMFIELD HILLS, MI 48304		\$ <u>416.98</u>	\$ <u>616.98</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE</u> Employer <u>JVIS USA</u> Business Address <u>52048 SHELBY PKWY, SHELBY TWP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 1,042.93

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? ☐ YES	4. Date of Receipt <u>05/28/2025</u>	
Name & Address: MICHAEL STONE 5374 PEPPERMILL RD GRAND BLANC, MI 48439		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>WARNER NORCROSS & JUDD LLP</u> Business Address <u>12900 HALL ROAD, STE. 200, STERLING HEIGHTS, MI 48313</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/28/2025</u>	
Name & Address: LISA UPTON 11303 GREENDALE DR. STERLING HEIGHTS, MI 48312		\$ <u>200.00</u>	\$ <u>600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE ASSISTANT</u> Employer <u>UTICA COMMUNITY SCHOOLS</u> Business Address <u>11303 GREENDALE DR, STERLING HEIGHTS, MI 48312</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/29/2025</u>	
Name & Address: JOEL BALLOR 50383 HEATHERWOOD LN SHELBY TWP, MI 48317		\$ <u>200.00</u>	\$ <u>252.40</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>VICE PRESIDENT</u> Employer <u>JOE BALLOR TOWING INC.</u> Business Address <u>57760 MAIN ST, NEW HAVEN, MI 48048</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/29/2025</u>	
Name & Address: ANGELO LANNI 7040 VALLEY GREEN WASHINGTON, MI 48094		\$ <u>2,083.65</u>	\$ <u>4,083.65</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>FLORENCE CEMENT COMPANY</u> Business Address <u>51515 CORRIDOR, SHELBY TWP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,683.65

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? ☐ YES 4. Date of Receipt <u>05/29/2025</u> Name & Address: ROBERT HUTH 19500 HALL RD STE. 100 CLINTON TWP, MI 48038		\$ <u>1,000.00</u>	\$ <u>1,050.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PARTNER</u> Employer <u>KIRK HUTH LANGE & BADALEMENTI PLC</u> Business Address <u>19500 HALL RD, STE. 100, CLINTON TWP., MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/29/2025</u> Name & Address: STEPHEN R SAPH, JR 68 CLINTON ST. MOUNT CLEMENS, MI 48043		\$ <u>2,000.00</u>	\$ <u>4,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>INSURANCE SALES</u> Employer <u>NICKEL & SAPH</u> Business Address <u>44 MACOMB PL, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/29/2025</u> Name & Address: ROBERT KIRK 19500 HALL RD STE. 100 CLINTON TWP, MI 48038		\$ <u>1,000.00</u>	\$ <u>3,050.00</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: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/31/2025</u> Name & Address: JOHN KAPOUSIS 4893 CRYSTAL CREEK LN WASHINGTON, MI 48094		\$ <u>200.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>AUTO RECYCLER</u> Employer <u>G&T AUTO PARTS</u> Business Address <u>54525 GRATIOT AVE, NEW BALTIMORE, MI 48047</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 4,200.00

Grand Total of All Schedules 1A
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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? ☐ YES	4. Date of Receipt <u>06/01/2025</u>	
Name & Address: LOUIS STRAMAGLIA 1630 BARON CT ROCHESTER HILLS, MI 48307		\$ <u>400.00</u>	\$ <u>900.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/02/2025</u>	
Name & Address: AMANDA GOODSPEED 39475 W 13 MILE RD NOVI, MI 48377		\$ <u>416.98</u>	\$ <u>1,216.98</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSTRUCTION</u> Employer <u>GRANGER CONSTRUCTION</u> Business Address <u>39475 W 13 MILE RD, NOVI, MI 48377</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/02/2025</u>	
Name & Address: STEVEN SIKLICH 34000 PLYMOUTH RD LIVONIA, MI 48150		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROFESSIONAL ENGINEER</u> Employer <u>ORCHARD, HILTZ & MCCLIMENT, INC</u> Business Address <u>2365 PONTIAC RD, AUBURN HILLS, MI 48326</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/02/2025</u>	
Name & Address: JOSEPH VIVIANO 11826 FOREST GLEN LN SHELBY TWP, MI 48315		\$ <u>666.67</u>	\$ <u>1,333.34</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>KIENBAUM HARDY VIVIANO PELTON & FORREST PLC</u> Business Address <u>280 N OLD WOODWARD AVE, STE. 400, BIRMINGHAM, MI 48009</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,683.65**

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

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/02/2025</u>	
Name & Address: ERIC PELTON 3260 KERNWAY CT BLOOMFIELD HILLS, MI 48304		\$ <u>666.67</u>	\$ <u>1,333.34</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PARTNER</u> Employer <u>KIENBAUM HARDY VIVIANO PELTON & FORREST PLC</u> Business Address <u>280 N OLD WOODWARD AVE, STE. 400, BIRMINGHAM, MI 48009</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/02/2025</u>	
Name & Address: WILLIAM B FORREST, III 630 HALF MOON RD BLOOMFIELD HILLS, MI 48301		\$ <u>666.66</u>	\$ <u>1,333.32</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PARTNER</u> Employer <u>KIENBAUM HARDY VIVIANO PELTON & FORREST PLC</u> Business Address <u>280 N OLD WOODWARD AVE, STE. 400, BIRMINGHAM, MI 48009</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☒ YES	4. Date of Receipt <u>06/02/2025</u>	
Name & Address: MICHIGAN REGIONAL COUNCIL OF CARPENTERS PAC 11687 AMERICAN ST STE. 200 DETROIT, MI 48204		\$ <u>2,000.00</u>	\$ <u>4,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/03/2025</u>	
Name & Address: BENJAMIN ALOIA 54439 WHITE SPRUCE LN SHELBY TWP, MI 48315		\$ <u>2,000.00</u>	\$ <u>4,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>ALOIA & ASSOCIATES, PC</u> Business Address <u>48 S MAIN ST, STE. 3, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 5,333.33

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? ☐ YES	4. Date of Receipt <u>06/03/2025</u>	
Name & Address: MICHAEL CHIRCO 6166 WOODBRIDGE DR WASHINGTON, MI 48094		\$ <u>1,000.00</u>	\$ <u>3,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DEVELOPER/BUILDER</u> Employer <u>MJC HOMES</u> Business Address <u>46600 ROMEO PLANK RD, STE. 5, MACOMB, MI 48044</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/03/2025</u>	
Name & Address: MICHAEL DEFINIS 9870 OAK VALLEY DR CLARKSTON VLG, MI 48348		\$ <u>2,083.65</u>	\$ <u>2,083.65</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>ANGELO IAFRATE CONSTRUCTION</u> Business Address <u>26300 SHERWOOD AVE, WARREN, MI 48091</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/03/2025</u>	
Name & Address: THOMAS GIACHINO 2742 RHODES DR TROY, MI 48083		\$ <u>2,083.65</u>	\$ <u>4,292.30</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: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/03/2025</u>	
Name & Address: VANESSA MOASE 18346 WHITMORE DR CLINTON TWP., MI 48035		\$ <u>400.00</u>	\$ <u>504.48</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: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 5,567.30

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

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/03/2025</u> Name & Address: JOEL PIEPRZAK 6267 ST CLAIR HWY CHINA TWP., MI 48054		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FIELD SUPERVISOR</u> Employer <u>T.R. PIEPRZAK CO INC</u> Business Address <u>6267 ST CLAIR HWY, CHINA TWP., MI 48054</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/03/2025</u> Name & Address: STEVEN MANCINI 37532 HIDDEN VALLEY CT CLINTON TWP, MI 48036		\$ <u>2,000.00</u>	\$ <u>6,500.00</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: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/03/2025</u> Name & Address: HARRY KURTZ 2120 AUTUMN HILL DR ANN ARBOR, MI 48103		\$ <u>200.00</u>	\$ <u>1,700.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/03/2025</u> Name & Address: SALVATORE RANDAZZO 37180 WILLOW LANE CLINTON TOWNSHIP, MI 48036		\$ <u>1,000.00</u>	\$ <u>3,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>RANDAZZO FRESH MARKETS</u> Business Address <u>49800 HAYES RD, MACOMB, MI 48044</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 3,600.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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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? ☒ YES 4. Date of Receipt <u>06/03/2025</u> Name & Address: CITIZENS FOR HONEST GOVERNMENT PAC 12955 23 MILE RD SHELBY TWP., MI 48315		\$ <u>4,000.00</u>	\$ <u>4,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/04/2025</u> Name & Address: DANA SCHMITT 1058 E TIENKEN RD ROCHESTER HILLS, MI 48306		\$ <u>400.00</u>	\$ <u>800.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SPORTS EXECUTIVE, ATTORNEY</u> Employer <u>GENERAL SPORTS BASEBALL, LLC</u> Business Address <u>400 WATER ST, STE. 250, ROCHESTER, MI 48307</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/04/2025</u> Name & Address: KENNETH DECOCK 80575 HOLMES RD ARMADA, MI 48005		\$ <u>200.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FARMER</u> Employer <u>SELF EMPLOYED</u> Business Address <u>20555 23 MILE RD, MACOMB, MI 48042</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/04/2025</u> Name & Address: CHARLES MANCINI 28225 MOUND RD WARREN, MI 48092		\$ <u>2,000.00</u>	\$ <u>3,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>MANCINI, SCHREUDER & KLINE PC</u> Business Address <u>28225 MOUND RD, WARREN, MI 48092</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **6,600.00**

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

1. Committee I.D. Number 138533
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3. Contribution # 1	PAC Receipt? ☒ YES	4. Date of Receipt <u>06/04/2025</u>	
Name & Address: CHALDEAN CHAMBER PAC 2075 WALNUT LAKE RD WEST BLOOMFIELD, MI 48322		\$ <u>2,000.00</u>	\$ <u>4,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☒ YES	4. Date of Receipt <u>06/04/2025</u>	
Name & Address: PLUNKETT COONEY PAC 38505 WOODWARD AVE STE. 2000 BLOOMFIELD HILLS, MI 48304		\$ <u>1,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☒ YES	4. Date of Receipt <u>06/05/2025</u>	
Name & Address: FRIENDS OF MCLAREN PAC 1731 BLUE GRASS RD LANSING, MI 48906		\$ <u>200.00</u>	\$ <u>800.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/05/2025</u>	
Name & Address: PHILIP RUGGERI 55764 ST REGIS DR SHELBY TWP., MI 48315		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>PHILIP RUGGERI & ASSOCIATES</u> Business Address <u>43231 SCHOENHERR RD, STERLING HEIGHTS, MI 48313</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 5,200.00

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? ☐ YES 4. Date of Receipt <u>06/05/2025</u> Name & Address: S. ELIOT WEINER 553 W FRANK ST BIRMINGHAM, MI 48009		\$ <u>2,000.00</u>	\$ <u>4,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>EDW C LEVY CO</u> Business Address <u>8800 DIX AVE, DETROIT, MI 48209</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/06/2025</u> Name & Address: JOSEPH GIACALONE 39283 W ROYAL DOULTON BLVD CLINTON TWP, MI 48038		\$ <u>1,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>GCH MACHINERY</u> Business Address <u>13301 E 8 MILE RD, WARREN, MI 48089</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/06/2025</u> Name & Address: AMBER SUTTER 1979 HOLLAND AVE PORT HURON, MI 48060		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CPA</u> Employer <u>UHY</u> Business Address <u>1979 HOLLAND AVE, PORT HURON, MI 48060</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☒ YES 4. Date of Receipt <u>06/06/2025</u> Name & Address: WASTE MANAGEMENT EMPLOYEES BETTER GOV'T FUND OF MI 701 PENNSYLVANIA AVE NW STE. 590 WASHINGTON, DC 20004		\$ <u>2,000.00</u>	\$ <u>4,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **5,200.00**

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? ☐ YES	4. Date of Receipt <u>06/07/2025</u>	
Name & Address: RONALD A SYME, JR. 38690 LONG ST HARRISON TWP, MI 48045		\$ <u>200.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROJECT ARCHITECT</u> Employer <u>WAKELY & ASSOCIATES</u> Business Address <u>30500 VAN DYKE AVE, STE. 209, WARREN, MI 48093</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/09/2025</u>	
Name & Address: PAUL CALMI 7253 RIDGEVIEW LN WASHINGTON, MI 48095		\$ <u>625.31</u>	\$ <u>625.31</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CFO</u> Employer <u>CASADEI STEEL, INC.</u> Business Address <u>40675 MOUND RD, STERLING HEIGHTS, MI 48310</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/09/2025</u>	
Name & Address: THERESA DOAN 3453 SHERWOOD RD BRANDON TWP, MI 48462		\$ <u>600.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SOCIAL RESPONSIBILITY DIRECTOR</u> Employer <u>GENISYS CREDIT UNION</u> Business Address <u>17498 HALL RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/09/2025</u>	
Name & Address: DAWN DORSCH 6743 CRYSTAL CREEK CT WASHINGTON, MI 48094		\$ <u>200.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE VICE PRESIDENT</u> Employer <u>DENCAP DENTAL PLANS</u> Business Address <u>45 E MILWAUKEE AVE, DETROIT, MI 48202</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,625.31**

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? ☐ YES	4. Date of Receipt <u>06/09/2025</u>	
Name & Address: DUSTIN ELLIOTT 10186 S BAY DR LAINGSBURG, MI 48848		\$ <u>208.65</u>	\$ <u>208.65</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DEPUTY PROGRAM MANAGER</u> Employer <u>HNTB CORPORATION</u> Business Address <u>2651 COOLIDGE RD, EAST LANSING, MI 48823</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/09/2025</u>	
Name & Address: JOE ORAM P.O. BOX 252755 WEST BLOOMFIELD, MI 48325		\$ <u>2,000.00</u>	\$ <u>4,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ADVERTISING</u> Employer <u>5 STAR OUTDOOR</u> Business Address <u>4585 ARLINE DR, WEST BLOOMFIELD, MI 48325</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/09/2025</u>	
Name & Address: RANDAL PAGEL 34032 LOTTIES DR NEW BALTIMORE, MI 48047		\$ <u>208.65</u>	\$ <u>417.30</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: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/09/2025</u>	
Name & Address: MICHAEL RINGLER 20311 COLUMBIA DR MACOMB, MI 48044		\$ <u>208.65</u>	\$ <u>208.65</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>RINGLER WEALTH</u> Business Address <u>19176 HALL RD, CLINTON TWP., MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,625.95

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

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/09/2025</u>	
Name & Address: JEFF SCHUMAKER EMERALD WOODS DR. BYRON CENTER, MI 49315		\$ <u>416.98</u>	\$ <u>416.98</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROFESSIONAL ENGINEER</u> Employer <u>FISHBECK</u> Business Address <u>1515 ARBORETUM DR SE, GRAND RAPIDS, MI 49546</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/09/2025</u>	
Name & Address: SCOTT SHOGAN 30267 FOX RUN DR BEVERLY HILLS, MI 48025		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>VICE PRESIDENT</u> Employer <u>HNTB CORPORATION</u> Business Address <u>38700 VAN DYKE AVE, STE. 100, STERLING HEIGHTS, MI 48312</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/09/2025</u>	
Name & Address: MARIA SILAMIANOS 67587 HIDDEN OAK LN WASHINGTON, MI 48095		\$ <u>416.98</u>	\$ <u>416.98</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>COLLABPEO</u> Business Address <u>58757 VAN DYKE AVE, WASHINGTON, MI 48094</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/09/2025</u>	
Name & Address: SUSAN STYF 18441 UTICA RD ROSEVILLE, MI 48066		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT/CEO</u> Employer <u>CARE OF SOUTHEASTERN MICHIGAN</u> Business Address <u>18441 UTICA RD, ROSEVILLE, MI 48066</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 1,433.96

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/09/2025</u>	
Name & Address: JOSEPH BUSHWAY 36815 PUTNAM ST CLINTON TWP, MI 48035		\$ <u>800.00</u>	\$ <u>2,800.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>N/A</u> Employer <u>ADAMO GROUP</u> Business Address <u>320 SEVEN MILE E, DETROIT, MI 48203</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/09/2025</u>	
Name & Address: VINCENZO CRISPIGNANI 529 CHASE LN BLOOMFIELD HILLS, MI 48304		\$ <u>200.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE DEVELOPMENT</u> Employer <u>J.V.C. DEVELOPMENT LLC</u> Business Address <u>44250 GARFIELD RD, STE. 164, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/09/2025</u>	
Name & Address: FAUSTO DELELLIS 52675 TUSCANY GROVE SHELBY TWP, MI 48315		\$ <u>200.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/10/2025</u>	
Name & Address: QUIRINO DALESSANDRO 28135 GROESBECK HWY ROSEVILLE, MI 48066		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>MRC</u> Business Address <u>28135 GROESBECK HWY, ROSEVILLE, MI 48066</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,200.00

Grand Total of All Schedules 1A
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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? ☐ YES 4. Date of Receipt <u>06/10/2025</u> Name & Address: PAUL GITTLER 46453 SNOWBIRD DR MACOMB, MI 48044		\$ <u>208.65</u>	\$ <u>208.65</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>HERITAGE SERVICES LLC</u> Business Address <u>46453 SNOWBIRD DR, MACOMB, MI 48044</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/10/2025</u> Name & Address: MARK JANSEN 16015 HARVEST SPRING LN MACOMB, MI 48042		\$ <u>200.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>FIRST STATE BANK</u> Business Address <u>24300 LITTLE MACK AVE, ST CLAIR SHORES, MI 48080</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/10/2025</u> Name & Address: TONY MIGALDI 12820 WARM CREEK DR DEWITT, MI 48820		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>VP & SENIOR PROJECT MANAGER</u> Employer <u>HNTB CORPORATION</u> Business Address <u>2651 COOLIDGE RD, EAST LANSING, MI 48823</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/10/2025</u> Name & Address: PASHKO UJKIC 38346 PHYLLIS CT STERLING HEIGHTS, MI 48312		\$ <u>208.65</u>	\$ <u>313.13</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: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **817.30**

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? ☐ YES	4. Date of Receipt <u>06/10/2025</u>	
Name & Address: THOMAS CELANI 2600 TURTLE LAKE BLOOMFIELD HILLS, MI 48302		\$ <u>2,000.00</u>	\$ <u>4,000.00</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: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/10/2025</u>	
Name & Address: ANTHONY PENNA 37380 WILLOW LN CLINTON TWP., MI 48036		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>MOORE PENNA & ASSOCIATES PLLC</u> Business Address <u>38600 VAN DYKE AVE, STERLING HEIGHTS, MI 48312</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/11/2025</u>	
Name & Address: PAUL ENGEL 828 ASPEN DR ROCHESTER, MI 48307		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>WARNER NORCROSS & JUDD LLP</u> Business Address <u>12900 HALL RD, STE. 200, STERLING HEIGHTS, MI 48313</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/11/2025</u>	
Name & Address: TONY FERLITO 37335 CASA BELLA CT CLINTON TOWNSHIP, MI 48036		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUILDER</u> Employer <u>FERLITO GROUP</u> Business Address <u>51410 MILANO DR, MACOMB, MI 48042</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 5,400.00

Grand Total of All Schedules 1A
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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? ☐ YES	4. Date of Receipt <u>06/11/2025</u>	
Name & Address: AMANTE LANZON 37741 HURON POINTE DR HARRISON TWP., MI 48045		\$ <u>200.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/11/2025</u>	
Name & Address: PATRICK SIMASKO 31204 JEFFERSON AVE ST CLAIR SHORES, MI 48082		\$ <u>1,041.98</u>	\$ <u>3,041.98</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SIMASKO LAW</u> Business Address <u>319 NORTHBOUND GRATIOT AVE, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/11/2025</u>	
Name & Address: VITO TERRACCIANO 1900 CHRISTENBURY CT ROCHESTER HILLS, MI 48306		\$ <u>1,041.98</u>	\$ <u>1,041.98</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REALTOR</u> Employer <u>ARTERRA REALTY</u> Business Address <u>429 S MAIN ST, ROCHESTER, MI 48307</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/11/2025</u>	
Name & Address: PAUL BORG 20331 HURON DR CLINTON TWP., MI 48038		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER/CONTRACTOR</u> Employer <u>PAUL BORG CONSTRUCTION COMPANY</u> Business Address <u>2007 S MARSHALL BLVD, CHICAGO, IL 60623</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,783.96

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? ☐ YES	4. Date of Receipt <u>06/11/2025</u>	
Name & Address: MICHAEL DEVAULT 7910 WALTERS RD LAINGSBURG, MI 48848		\$ <u>300.00</u>	\$ <u>800.00</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: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/11/2025</u>	
Name & Address: ROBBIE LANG 45601 HEATHER RIDGE DR MACOMB, MI 48044		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DEFENSE ATTORNEY</u> Employer <u>SELF EMPLOYED</u> Business Address <u>54668 SHERWOOD LN, SHELBY TWP., MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/11/2025</u>	
Name & Address: NICHOLAS LAVDAS 6700 BORDMAN RD BRUCE TWP., MI 48065		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>LAVDAS ENTERPRISES</u> Business Address <u>28880 LORNA AVE, WARREN, MI 48092</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/11/2025</u>	
Name & Address: JOSEPH LENTINE 5843 JULIANN CT WASHINGTON, MI 48094		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>DENCAP DENTAL PLANS</u> Business Address <u>45 E MILWAUKEE AVE, DETROIT, MI 48202</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 3,000.00

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? ☐ YES	4. Date of Receipt <u>06/11/2025</u>	
Name & Address: VANESSA MOASE 18346 WHITMORE DR CLINTON TWP., MI 48035		\$ <u>1,600.00</u>	\$ <u>2,104.48</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: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/11/2025</u>	
Name & Address: MARCO ROSATI 11724 WORMER AVE REDFORD, MI 48239		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DEVELOPER</u> Employer <u>VBLCP EMERALD, LLC</u> Business Address <u>11724 WORMER AVE, REDFORD, MI 48239</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☒ YES	4. Date of Receipt <u>06/11/2025</u>	
Name & Address: MITA PAC PO BOX 1640 OKEMOS, MI 48805		\$ <u>2,000.00</u>	\$ <u>6,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/12/2025</u>	
Name & Address: PAUL GLANTZ 303 GRAY WOODS LANE LAKE ANGELUS, MI 48326		\$ <u>500.00</u>	\$ <u>1,000.00</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: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 5,100.00

Grand Total of All Schedules 1A
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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? ☒ YES	4. Date of Receipt <u>06/20/2025</u>	
Name & Address: HENRY FORD HEALTH SYSTEM GOVERNMENT AFFAIRS PAC 1414 E MAPLE RD TROY, MI 48083		\$ <u>600.00</u>	\$ <u>1,200.00</u>
5. If over \$100.00 cumulative, please provide:			
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt _____	
Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide:			
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt _____	
Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide:			
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt _____	
Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide:			
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal

600.00

Grand Total of All Schedules 1A
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98,917.47

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**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 06/30/2025	☒ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ 0.01
Receipt #2 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____
Receipt #3 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____
Receipt #4 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____
Receipt #5 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____
Receipt #6 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____
Receipt #7 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____
Page Subtotal			0.01
Grand Total of All Schedules 1A -1 (Complete on last page of Schedule)			0.01

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line 4 of Summary
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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 GOOGLE Address ONLINE APPLICATION ☐ Fund Raiser	Purpose: <u>GOOGLE WORKSPACE SUBSCRIPTION</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/02/2025</u> Date	\$ <u>21.60</u>
Expenditure #2 Name VERIZON Address P.O. BOX 553 WARRENDALE, PA 15086 ☐ Fund Raiser	Purpose: <u>CANDIDATE CELL PHONE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/07/2025</u> Date	\$ <u>314.41</u>
Expenditure #3 Name TESTA BARRA Address 48824 ROMEO PLANK RD MACOMB, MI 48044 ☐ Fund Raiser	Purpose: <u>DINNER AFTER AUTO SHOW CHARITY PREVIEW</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/13/2025</u> Date	\$ <u>1,397.70</u>
Expenditure #4 Name CONSTANT CONTACT Address ONLINE APPLICATION ☐ Fund Raiser	Purpose: <u>EMAIL MARKETING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/16/2025</u> Date	\$ <u>76.00</u>
Expenditure #5 Name CALENDAR BRIDGE Address 2045 BISCAYNE BLVD UNIT 314 MIAMI, FL 33137 ☐ Fund Raiser	Purpose: <u>CALENDAR SYNCING SUBSCRIPTION</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/21/2025</u> Date	\$ <u>10.00</u>

Subtotal this page **1,819.71**

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 KIM ELWARD Address 46658 SAWYER LN MACOMB, MI 48044 ☐ Fund Raiser	Purpose: <u>MOVING EXPENSE REIMBURSEMENT</u> Memo Itemization Below ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/23/2025</u> Date	\$ <u>250.04</u>
Expenditure #2 Name THE HOME DEPOT Address 20777 HALL RD MACOMB, MI 48044 ☐ Fund Raiser	Purpose: <u>DISC LOCK FOR POD</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/26/2024</u> Date	\$ <u>(20.12)</u>
Expenditure #3 Name TARGET Address 20877 HALL RD MACOMB, MI 48044 ☐ Fund Raiser	Purpose: <u>STORAGE TOTES, TAPE, GARBAGE BAGS</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/26/2024</u> Date	\$ <u>(142.39)</u>
Expenditure #4 Name TARGET Address 20877 HALL RD MACOMB, MI 48044 ☐ Fund Raiser	Purpose: <u>STORAGE TOTES</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/27/2024</u> Date	\$ <u>(67.41)</u>
Expenditure #5 Name THE HOME DEPOT Address 20777 HALL RD MACOMB, MI 48044 ☐ Fund Raiser	Purpose: <u>DISC LOCK FOR POD</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/27/2024</u> Date	\$ <u>(20.12)</u>

Subtotal this page	250.04
Grand Total of all Schedules 1B (Complete on last page of Schedule)	

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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 ANCHOR BAY COMMUNITY GIVING TREE Address P.O. BOX 938 NEW BALTIMORE, MI 48047 ☐ Fund Raiser	Purpose: ANNUAL GOLF OUTING SPONSOR ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	01/28/2025 Date	\$ 300.00
Expenditure #2 Name PODS ENTERPRISES, LLC Address PO BOX 738452 DALLAS, TX 75373 ☐ Fund Raiser	Purpose: POD STORAGE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	01/28/2025 Date	\$ 126.14
Expenditure #3 Name PODS ENTERPRISES, LLC Address PO BOX 738452 DALLAS, TX 75373 ☐ Fund Raiser	Purpose: POD STORAGE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	01/30/2025 Date	\$ 147.34
Expenditure #4 Name GOOGLE Address ONLINE APPLICATION ☐ Fund Raiser	Purpose: GOOGLE WORKSPACE SUBSCRIPTION ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	02/03/2025 Date	\$ 21.60
Expenditure #5 Name VERIZON Address P.O. BOX 553 WARRENDALE, PA 15086 ☐ Fund Raiser	Purpose: CANDIDATE CELL PHONE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	02/05/2025 Date	\$ 321.75

Subtotal this page **916.83**

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 CONSTANT CONTACT Address ONLINE APPLICATION ☐ Fund Raiser	Purpose: EMAIL MARKETING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	02/18/2025 Date	\$ 76.00
Expenditure #2 Name CALENDAR BRIDGE Address 2045 BISCAYNE BLVD UNIT 314 MIAMI, FL 33137 ☐ Fund Raiser	Purpose: CALENDAR SYNCING SUBSCRIPTION ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	02/19/2025 Date	\$ 10.00
Expenditure #3 Name PODS ENTERPRISES, LLC Address PO BOX 738452 DALLAS, TX 75373 ☐ Fund Raiser	Purpose: POD STORAGE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	02/28/2025 Date	\$ 126.14
Expenditure #4 Name PODS ENTERPRISES, LLC Address PO BOX 738452 DALLAS, TX 75373 ☐ Fund Raiser	Purpose: POD STORAGE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/03/2025 Date	\$ 147.34
Expenditure #5 Name GOOGLE Address ONLINE APPLICATION ☐ Fund Raiser	Purpose: GOOGLE WORKSPACE SUBSCRIPTION ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/03/2025 Date	\$ 21.60

Subtotal this page **381.08**

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

Enter this total
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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 ☐ Fund Raiser	Purpose: CANDIDATE CELL PHONE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/05/2025 Date	\$ 455.59
Expenditure #2 Name CONSTANT CONTACT Address ONLINE APPLICATION ☐ Fund Raiser	Purpose: EMAIL MARKETING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/17/2025 Date	\$ 76.00
Expenditure #3 Name CALENDAR BRIDGE Address 2045 BISCAYNE BLVD UNIT 314 MIAMI, FL 33137 ☐ Fund Raiser	Purpose: CALENDAR SYNCING SUBSCRIPTION ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/19/2025 Date	\$ 10.00
Expenditure #4 Name ITALIAN AMERICAN CULTURAL SOCIETY Address 43843 ROMEO PLANK RD CLINTON TWP., MI 48038 ☐ Fund Raiser	Purpose: GALA ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/28/2025 Date	\$ 1,000.00
Expenditure #5 Name PODS ENTERPRISES, LLC Address PO BOX 738452 DALLAS, TX 75373 ☐ Fund Raiser	Purpose: POD STORAGE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/28/2025 Date	\$ 126.14

Subtotal this page **1,667.73**

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 PODS ENTERPRISES, LLC Address PO BOX 738452 DALLAS, TX 75373 ☐ Fund Raiser	Purpose: POD STORAGE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/31/2025 Date	\$ 147.34
Expenditure #2 Name GOOGLE Address ONLINE APPLICATION ☐ Fund Raiser	Purpose: GOOGLE WORKSPACE SUBSCRIPTION ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/02/2025 Date	\$ 21.60
Expenditure #3 Name US POSTAL SERVICE Address 155 S MAIN ST MT CLEMENS, MI 48043 ☐ Fund Raiser	Purpose: PO BOX RENEWAL ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/07/2025 Date	\$ 226.00
Expenditure #4 Name VERIZON Address P.O. BOX 553 WARRENDALE, PA 15086 ☐ Fund Raiser	Purpose: CANDIDATE CELL PHONE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/07/2025 Date	\$ 354.32
Expenditure #5 Name CONSTANT CONTACT Address ONLINE APPLICATION ☐ Fund Raiser	Purpose: EMAIL MARKETING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/16/2025 Date	\$ 76.00

Subtotal this page **825.26**
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 ☐ Fund Raiser	Purpose: <u>CALENDAR SYNCING SUBSCRIPTION</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/21/2025</u> Date	\$ <u>10.00</u>
Expenditure #2 Name BARO MINI STORAGE Address 34464 KELLY RD CLINTON TWP., MI 48035 ☐ Fund Raiser	Purpose: <u>STORAGE UNIT 2024 & Q1 2025</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/22/2025</u> Date	\$ <u>1,350.00</u>
Expenditure #3 Name PODS ENTERPRISES, LLC Address PO BOX 738452 DALLAS, TX 75373 ☐ Fund Raiser	Purpose: <u>POD STORAGE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/28/2025</u> Date	\$ <u>126.14</u>
Expenditure #4 Name MCLAREN MACOMB FOUNDATION Address 1000 HARRINGTON ST MT CLEMENS, MI 48043 ☐ Fund Raiser	Purpose: <u>10 TICKETS TO 2025 MURDER MYSTERY MELEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/29/2025</u> Date	\$ <u>750.00</u>
Expenditure #5 Name PODS ENTERPRISES, LLC Address PO BOX 738452 DALLAS, TX 75373 ☐ Fund Raiser	Purpose: <u>POD STORAGE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/30/2025</u> Date	\$ <u>147.34</u>

Subtotal this page **2,383.48**

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 GOOGLE Address ONLINE APPLICATION ☐ Fund Raiser	Purpose: <u>GOOGLE WORKSPACE SUBSCRIPTION</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/02/2025</u> Date	\$ <u>21.60</u>
Expenditure #2 Name VERIZON Address P.O. BOX 553 WARRENDALE, PA 15086 ☐ Fund Raiser	Purpose: <u>CANDIDATE CELL PHONE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/05/2025</u> Date	\$ <u>354.30</u>
Expenditure #3 Name ANCHOR BAY COMMUNITY GIVING TREE Address P.O. BOX 938 NEW BALTIMORE, MI 48047 ☐ Fund Raiser	Purpose: <u>ANNUAL GOLF OUTING BREAKFAST SPONSOR</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/05/2025</u> Date	\$ <u>500.00</u>
Expenditure #4 Name KONA ICE OF UTICA Address 49219 EQUESTRIAN CT NEW BALTIMORE, MI 48047 ☐ Fund Raiser	Purpose: <u>TREAT DONATION FOR A TASTE OF EDUCATION! EVENT</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/06/2025</u> Date	\$ <u>300.00</u>
Expenditure #5 Name MCSO HONOR GUARD Address 43565 ELIZABETH RD MT CLEMENS, MI 48043 ☐ Fund Raiser	Purpose: <u>21ST ANNIVERSARY FUNDRAISER</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/08/2025</u> Date	\$ <u>100.00</u>

Subtotal this page **1,275.90**
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 MAGGIES WIGS 4 KIDS OF MICHIGAN Address 30130 HARPER AVE ST CLAIR SHORES, MI 48082 ☐ Fund Raiser	Purpose: 10 TICKETS TO 22ND ANNUAL GALA ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/13/2025 Date	\$ 1,036.27
Expenditure #2 Name CONSTANT CONTACT Address ONLINE APPLICATION ☐ Fund Raiser	Purpose: EMAIL MARKETING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/16/2025 Date	\$ 76.00
Expenditure #3 Name CALENDAR BRIDGE Address 2045 BISCAYNE BLVD UNIT 314 MIAMI, FL 33137 ☐ Fund Raiser	Purpose: CALENDAR SYNCING SUBSCRIPTION ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/19/2025 Date	\$ 10.00
Expenditure #4 Name PODS ENTERPRISES, LLC Address PO BOX 738452 DALLAS, TX 75373 ☐ Fund Raiser	Purpose: POD STORAGE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/28/2025 Date	\$ 126.14
Expenditure #5 Name PODS ENTERPRISES, LLC Address PO BOX 738452 DALLAS, TX 75373 ☐ Fund Raiser	Purpose: POD STORAGE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/30/2025 Date	\$ 147.34

Subtotal this page **1,395.75**

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 GOOGLE Address ONLINE APPLICATION ☐ Fund Raiser	Purpose: <u>GOOGLE WORKSPACE SUBSCRIPTION</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/02/2025</u> Date	\$ <u>21.60</u>
Expenditure #2 Name AMERICAN GRAPHICS PRINTING CO. Address 34895 GROESBECK HWY CLINTON TWP, MI 48035 ☒ Fund Raiser	Purpose: <u>BREAKFAST FUNDRAISER INVITATIONS & ENVELOPES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/05/2025</u> Date	\$ <u>3,470.00</u>
Expenditure #3 Name VERIZON Address P.O. BOX 553 WARRENDALE, PA 15086 ☐ Fund Raiser	Purpose: <u>CANDIDATE CELL PHONE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/05/2025</u> Date	\$ <u>354.30</u>
Expenditure #4 Name CAPPUCCINO MAN Address 6204 BEACHWOOD CT WEST BLOOMFIELD, MI 48324 ☒ Fund Raiser	Purpose: <u>ESPRESSO CART FOR BREAKFAST EVENT</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/06/2025</u> Date	\$ <u>1,863.00</u>
Expenditure #5 Name UHY ADVISORS MI, INC. Address 12900 HALL RD STE. 500 STERLING HEIGHTS, MI 48313 ☐ Fund Raiser	Purpose: <u>ACCOUNTING SERVICES THROUGH 2024</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/09/2025</u> Date	\$ <u>2,216.00</u>

Subtotal this page **7,924.90**

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 MICHAEL'S Address 13821 HALL RD SHELBY TWP., MI 48315 ☒ Fund Raiser	Purpose: BALLOONS FOR BREAKFAST EVENT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/10/2025 Date	\$ 181.41
Expenditure #2 Name 4IMPRINT, INC. Address 101 COMMERCE ST OSHKOSH, WI 54901 ☒ Fund Raiser	Purpose: PROMOTIONAL ITEMS FOR BREAKFAST EVENT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/10/2025 Date	\$ 679.10
Expenditure #3 Name PODS ENTERPRISES, LLC Address PO BOX 738452 DALLAS, TX 75373 ☐ Fund Raiser	Purpose: POD STORAGE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/11/2025 Date	\$ 148.77
Expenditure #4 Name ANEDOT Address PO BOX 84314 BATON ROUGE, LA 70884 ☐ Fund Raiser	Purpose: E-MERCHANT FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/11/2025 Date	\$ 1,548.87
Expenditure #5 Name ADVANCING MACOMB Address 25 N MAIN ST MT CLEMENS, MI 48043 ☐ Fund Raiser	Purpose: 2 TICKETS TO SUMMER SOIREE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/12/2025 Date	\$ 150.00

Subtotal this page **2,708.15**

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 CONSTANT CONTACT Address ONLINE APPLICATION ☐ Fund Raiser	Purpose: EMAIL MARKETING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/16/2025 Date	\$ 85.00
Expenditure #2 Name ROMEO GOLD STUDIO Address 66780 VAN DYKE AVE WASHINGTON, MI 48095 ☐ Fund Raiser	Purpose: 2025 VINTAGE FEST SPONSOR ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/17/2025 Date	\$ 398.00
Expenditure #3 Name CALENDAR BRIDGE Address 2045 BISCAYNE BLVD UNIT 314 MIAMI, FL 33137 ☐ Fund Raiser	Purpose: CALENDAR SYNCING SUBSCRIPTION ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/20/2025 Date	\$ 10.00
Expenditure #4 Name PODS ENTERPRISES, LLC Address PO BOX 738452 DALLAS, TX 75373 ☐ Fund Raiser	Purpose: POD STORAGE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/30/2025 Date	\$ 239.00
Expenditure #5 Name PODS ENTERPRISES, LLC Address PO BOX 738452 DALLAS, TX 75373 ☐ Fund Raiser	Purpose: POD STORAGE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/30/2025 Date	\$ 269.00

Subtotal this page **1,001.00**

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 PODS ENTERPRISES, LLC Address PO BOX 738452 DALLAS, TX 75373 ☐ Fund Raiser	Purpose: POD STORAGE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/30/2025 Date	\$ 10.60
Expenditure #2 Name PODS ENTERPRISES, LLC Address PO BOX 738452 DALLAS, TX 75373 ☐ Fund Raiser	Purpose: POD STORAGE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/30/2025 Date	\$ 10.60
Expenditure #3 Name GOOGLE Address ONLINE APPLICATION ☐ Fund Raiser	Purpose: GOOGLE WORKSPACE SUBSCRIPTION ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/02/2025 Date	\$ 21.60
Expenditure #4 Name FOPA LODGE #112 Address 33845 24 MILE RD NEW BALTIMORE, MI 48047 ☐ Fund Raiser	Purpose: FOURSOME FOR 2025 ANNUAL GOLF OUTING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/02/2025 Date	\$ 500.00
Expenditure #5 Name VERIZON Address P.O. BOX 553 WARRENDALE, PA 15086 ☐ Fund Raiser	Purpose: CANDIDATE CELL PHONE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/07/2025 Date	\$ 354.30

Subtotal this page **897.10**

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 PENNA'S OF STERLING Address 38400 VAN DYKE AVE STERLING HEIGHTS, MI 48312 ☒ Fund Raiser	Purpose: BREAKFAST EVENT VENUE & FOOD ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/16/2025 Date	\$ 16,900.00
Expenditure #2 Name PRINTING BY JOHNSON Address 21222 CASS AVE CLINTON TWP, MI 48036 ☒ Fund Raiser	Purpose: SPONSOR BOARDS & TABLE CARDS FOR BREAKFAST EVENT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/16/2025 Date	\$ 851.53
Expenditure #3 Name CONSTANT CONTACT Address ONLINE APPLICATION ☐ Fund Raiser	Purpose: EMAIL MARKETING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/16/2025 Date	\$ 85.00
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page **17,836.53**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **41,283.46**

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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 06/11/2025	4. Number of Individuals Attending or Participating (whichever is greater) 530	5. Type of Fund Raising Activity BREAKFAST	6. Address and Name (If any) of the place where the activity was held. PENNA'S OF STERLING 38400 VAN DYKE AVE STERLING HEIGHTS, MI 48312 ☐ Private Residence
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7. Total Contributions **96,200.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **96,200.00**
10. Total Cost of Event **23,945.04**
(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.