



FILED

24 JUL 2026 PM 01:14

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: 01/01/2026 to 07/19/2026

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

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

- ☐ July Quarterly
☐ October Quarterly

9c. ☐ Annual Statement ()
Coverage Year

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

Date of Election, Convention or Caucus

08/04/2026

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

07/24/2026

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

07/24/2026



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>132,752.39</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>132,752.39</u>	(18.) \$ <u>499,002.05</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>11.66</u>	(19.) \$ <u>18.06</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>132,764.05</u>	(20.) \$ <u>499,020.11</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>60,620.70</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>60,620.70</u>	(23.) \$ <u>226,383.82</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>715,310.27</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>132,764.05</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>848,074.32</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>60,620.70</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>787,453.62</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>02/10/2026</u>	
Name & Address: GEORGE BARNES 30980 WENDBROOK LN BEVERLY HILLS, MI 48025		\$ <u>400.00</u>	\$ <u>1,400.00</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>02/10/2026</u>	
Name & Address: MATTHEW CASEY 12900 HALL RD. STE. 200 STERLING HEIGHTS, MI 48313		\$ <u>208.65</u>	\$ <u>208.65</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PARTNER</u> Employer <u>WARNER, NORCROSS & JUDD</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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/10/2026</u>	
Name & Address: MICHAEL CHIRCO 6166 WOODBRIDGE DR WASHINGTON, MI 48094		\$ <u>2,083.65</u>	\$ <u>5,083.65</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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/10/2026</u>	
Name & Address: KEVIN DENHA 3916 MT VERNON DR BLOOMFIELD HILLS, MI 48301		\$ <u>4,166.98</u>	\$ <u>8,250.63</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			

Page Subtotal **6,859.28**

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>02/10/2026</u>	
Name & Address: PHIL GILCHRIST 1130 WELLESLEY DR MT CLEMENS, MI 48043		\$ <u>200.00</u>	\$ <u>600.00</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>02/10/2026</u>	
Name & Address: PAUL GITTLER 46453 SNOWBIRD DR MACOMB, MI 48044		\$ <u>200.00</u>	\$ <u>408.65</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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/10/2026</u>	
Name & Address: HEATHER OBRECHT WHITE 1752 FLAGSTONE CIR ROCHESTER, MI 48307		\$ <u>400.00</u>	\$ <u>1,000.00</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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/10/2026</u>	
Name & Address: FRANCINE PARKER 22700 GORDON SWITCH ST ST CLAIR SHORES, MI 48081		\$ <u>800.00</u>	\$ <u>1,300.00</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 **1,600.00**

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>02/10/2026</u>	
Name & Address: BRIAN PILARSKI 1319 ALAMEDA BLVD TROY, MI 48085		\$ <u>208.65</u>	\$ <u>617.30</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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/10/2026</u>	
Name & Address: JUDY PRITCHETT 62823 TOURNAMENT DR WASHINGTON, MI 48094		\$ <u>208.65</u>	\$ <u>669.70</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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/10/2026</u>	
Name & Address: DANA SCHMITT 1058 E TIENKEN RD ROCHESTER HILLS, MI 48306		\$ <u>208.65</u>	\$ <u>1,008.65</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/10/2026</u>	
Name & Address: JOE SCHOTTHOEFER 22435 DOWNING ST ST CLAIR SHORES, MI 48080		\$ <u>208.65</u>	\$ <u>208.65</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>DOETSCH ENVIRONMENTAL SERVICES</u> Business Address <u>21221 MULLIN AVE, WARREN, MI 48089</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 834.60

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

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line 3a of Summary
Page.



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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>02/11/2026</u> Name & Address: SEAN FLOWERDAY 400 WATER ST ROCHESTER, MI 48307		\$ <u>208.65</u>	\$ <u>208.65</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>USPBL</u> Employer <u>SPORTS EXECUTIVE</u> Business Address <u>400 WATER ST, 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>02/11/2026</u> Name & Address: EUGENE GARGARO 22 RENAUD RD GROSSE POINTE SHORES, MI 48236		\$ <u>1,000.00</u>	\$ <u>2,000.00</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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>02/12/2026</u> Name & Address: DIANE MAGNOLI 6402 BAYPOINT WASHINGTON, MI 48094		\$ <u>2,000.00</u>	\$ <u>6,000.00</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			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>02/12/2026</u> Name & Address: KEN HAYWARD 211 W FORT ST STE. 1000 DETROIT, MI 48226		\$ <u>208.65</u>	\$ <u>208.65</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CHIEF OPERATING OFFICER</u> Employer <u>VISIT DETROIT</u> Business Address <u>211 W FORT ST, STE. 1000, DETROIT, MI 48226</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **3,417.30**

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

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line 3a of Summary
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/12/2026</u>	
Name & Address: CLAUDE MOLINARI 211 W FORT ST STE. 1000 DETROIT, MI 48226		\$ <u>208.65</u>	\$ <u>208.65</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT & CEO</u> Employer <u>VISIT DETROIT</u> Business Address <u>211 W FORT ST, STE. 1000, 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>02/12/2026</u>	
Name & Address: CHALDEAN CHAMBER PAC 30095 NORTHWESTERN HWY FARMINGTON HILLS, MI 48334		\$ <u>2,000.00</u>	\$ <u>6,000.00</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>02/13/2026</u>	
Name & Address: DONALD AMBOYER 54367 QUEENS ROW SHELBY TWP, MI 48316		\$ <u>2,083.65</u>	\$ <u>3,900.63</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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/13/2026</u>	
Name & Address: JAMES BURTON 1373 SUNVIEW CT ROCHESTER, MI 48307		\$ <u>208.65</u>	\$ <u>973.86</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			

Page Subtotal 4,500.95

Grand Total of All Schedules 1A
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>02/13/2026</u> Name & Address: <u>AMANDA GOODSPEED</u> <u>1441 BROOKLYN ST</u> <u>STE. 400</u> <u>DETROIT, MI 48226</u>		\$ <u>1,041.98</u>	\$ <u>2,258.96</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSTRUCTION</u> Employer <u>GRANGER CONSTRUCTION</u> Business Address <u>1441 BROOKLYN ST, STE. 400, 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>02/14/2026</u> Name & Address: <u>JEFFERY WHITE</u> <u>12856 BELLE RIVER RD</u> <u>MEMPHIS, MI 48041</u>		\$ <u>200.00</u>	\$ <u>700.00</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			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>02/15/2026</u> Name & Address: <u>JAMES SAWYER</u> <u>45810 PRIVATE SHORE DR</u> <u>NEW BALTIMORE, MI 48051</u>		\$ <u>400.00</u>	\$ <u>1,366.98</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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>02/16/2026</u> Name & Address: <u>JASON GRUNENWALD</u> <u>17100 W 12 MILE RD</u> <u>FL. 2</u> <u>SOUTHFIELD, MI 48076</u>		\$ <u>600.00</u>	\$ <u>600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS MANAGER</u> Employer <u>SHEET METAL WORKERS LOCAL 80</u> Business Address <u>17100 W 12 MILE RD, FL. 2, SOUTHFIELD, MI 48076</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,241.98

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>02/17/2026</u>	
Name & Address: DAWN DORSCH 6743 CRYSTAL CREEK CT WASHINGTON, MI 48094		\$ <u>416.98</u>	\$ <u>816.98</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			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/19/2026</u>	
Name & Address: TONY GALLO 6303 26 MILE RD STE. 200 WASHINGTON, MI 48094		\$ <u>2,000.00</u>	\$ <u>4,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>GALLO COMPANIES</u> Business Address <u>6303 26 MILE RD, STE. 200, WASHINGTON, MI 48094</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/19/2026</u>	
Name & Address: JAMES GEORGE 19634 WESTCHESTER DR CLINTON TWP, MI 48038		\$ <u>2,000.00</u>	\$ <u>6,000.00</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			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/20/2026</u>	
Name & Address: BENJAMIN ALOIA 54439 WHITE SPRUCE LN SHELBY TWP, MI 48315		\$ <u>2,083.65</u>	\$ <u>6,083.65</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 6,500.63

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>02/20/2026</u>	
Name & Address: MICHAEL MUELLER 1250 S OXFORD RD GROSSE POINTE WOODS, MI 48236		\$ <u>2,000.00</u>	\$ <u>4,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR OF OPERATIONS</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>02/22/2026</u>	
Name & Address: SCOTT SHOGAN 30267 FOX RUN DR BEVERLY HILLS, MI 48025		\$ <u>200.00</u>	\$ <u>400.00</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>02/23/2026</u>	
Name & Address: SIMONE MAURO 5841 CUSICK LAKE DR WASHINGTON, MI 48095		\$ <u>2,000.00</u>	\$ <u>6,000.00</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			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/23/2026</u>	
Name & Address: RUSSELL MILNE 619 N ROSEDALE CT GROSSE POINTE WOODS, MI 48236		\$ <u>200.00</u>	\$ <u>400.00</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			

Page Subtotal 4,400.00

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>02/23/2026</u>	
Name & Address: SALVATORE RANDAZZO 37180 WILLOW LANE CLINTON TOWNSHIP, MI 48036		\$ <u>2,000.00</u>	\$ <u>5,000.00</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			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/24/2026</u>	
Name & Address: LEONARD BUGAJEWSKI 16982 STEWART CT CLINTON TWP, MI 48038		\$ <u>416.98</u>	\$ <u>1,316.98</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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/24/2026</u>	
Name & Address: DAVID KATZ 363 ST CLAIR AVE GROSSE POINTE, MI 48230		\$ <u>208.65</u>	\$ <u>208.65</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SENIOR VICE PRESIDENT</u> Employer <u>DETROIT MEDICAL CENTER</u> Business Address <u>363 ST CLAIR AVE, GROSSE POINTE, MI 48230</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/24/2026</u>	
Name & Address: MICHAEL VIGNERON 8797 IRA RD FAIR HAVEN, MI 48023		\$ <u>300.00</u>	\$ <u>800.00</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			

Page Subtotal 2,925.63

Grand Total of All Schedules 1A
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SCHEDULE 1A
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1. Committee I.D. Number 138533
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/25/2026</u>	
Name & Address: JASON ARLOW 5709 ARNOLD RD MARINE CITY, MI 48039		\$ <u>400.00</u>	\$ <u>1,050.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ARCHITECT</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>02/25/2026</u>	
Name & Address: RAEHEL BADALAMENTI 19500 HALL RD STE. 100 CLINTON TWP., MI 48038		\$ <u>666.66</u>	\$ <u>666.66</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/25/2026</u>	
Name & Address: ROBERT HUTH 19500 HALL RD STE. 100 CLINTON TWP, MI 48038		\$ <u>666.67</u>	\$ <u>1,716.67</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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/25/2026</u>	
Name & Address: ROBERT KIRK 4933 TAMIAMI TRL N STE. 203 NAPLES, FL 34103		\$ <u>666.67</u>	\$ <u>3,716.67</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PARTNER</u> Employer <u>KIRK, HUTH, LANGE & BADALAMENTI PLC</u> Business Address <u>4933 TAMIAMI TRL N, STE. 203, NAPLES, FL 34103</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,400.00

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>02/25/2026</u>	
Name & Address: JENNIFER MEFFORD 1884 VINSETTA BLVD ROYAL OAK, MI 48073		\$ <u>2,083.65</u>	\$ <u>2,083.65</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS DEVELOPMENT</u> Employer <u>POWERING MICHIGAN - IBEW 58 - NECA</u> Business Address <u>811 N MAIN ST, ROYAL OAK, MI 48067</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/25/2026</u>	
Name & Address: STEPHEN PANGORI 8106 ROSEBUD LN CLARKSTON VLG, MI 48348		\$ <u>500.00</u>	\$ <u>3,025.00</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>02/25/2026</u>	
Name & Address: WASTE MANAGEMENT EMPLOYEES BETTER GOV'T FUND OF MI 48797 ALPHA DR WIXOM, MI 48393		\$ <u>2,000.00</u>	\$ <u>6,000.00</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>02/26/2026</u>	
Name & Address: DAVID FEMMININEO 110 S MAIN ST MT CLEMENS, MI 48043		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>FEMMININEO ATTORNEYS PLLC</u> Business Address <u>110 S MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 6,583.65

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
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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>02/26/2026</u> Name & Address: DUSTIN ELLIOTT 10186 S BAY DR LAINGSBURG, MI 48848		\$ <u>208.65</u>	\$ <u>417.30</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>02/26/2026</u> Name & Address: VANESSA HAYES 47092 BRENNAN DR MACOMB, MI 48044		\$ <u>300.00</u>	\$ <u>600.00</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			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>02/26/2026</u> Name & Address: ANTHONY LOMBARDO 56075 KEN CHARLES DR SHELBY TWP, MI 48316		\$ <u>2,000.00</u>	\$ <u>6,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUILDER/DEVELOPER</u> Employer <u>LOMBARDO HOMES</u> Business Address <u>13001 23 MILE RD, STE. 200, SHELBY TWP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>02/26/2026</u> Name & Address: ALBERT LORENZO 37281 WOODSIDE LN CLINTON TWP, MI 48036		\$ <u>400.00</u>	\$ <u>1,516.98</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			

Page Subtotal 2,908.65

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>02/26/2026</u> Name & Address: PLUNKETT COONEY PAC 38505 WOODWARD AVE STE. 2000 BLOOMFIELD HILLS, MI 48304 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>4,000.00</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>02/27/2026</u> Name & Address: THOMAS BROAD 37980 CHARTIER ST HARRISON TWP, MI 48045 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		\$ <u>2,000.00</u>	\$ <u>6,700.00</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>02/27/2026</u> Name & Address: MICHAEL DEFINIS 9870 OAK VALLEY DR CLARKSTON VLG, MI 48348 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		\$ <u>2,083.65</u>	\$ <u>4,167.30</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>02/27/2026</u> Name & Address: SCOTT LOCKWOOD 950 SOUTHDOWN RD BLOOMFIELD HILLS, MI 48304 5. If over \$100.00 cumulative, please provide: Occupation <u>CIVIL ENGINEER</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		\$ <u>500.00</u>	\$ <u>3,125.00</u>

Page Subtotal 6,583.65

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>03/02/2026</u>	
Name & Address: JEFF BLAKE 4776 TIMBER RIDGE DR BRUCE TWP., MI 48065		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FARMER</u> Employer <u>BLAKE FARMS</u> Business Address <u>17985 ARMADA CENTER RD, ARMADA, MI 48005</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/02/2026</u>	
Name & Address: HEATHER OBRECHT WHITE 1752 FLAGSTONE CIR ROCHESTER, MI 48307		\$ <u>2,000.00</u>	\$ <u>3,000.00</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 # 3	PAC Receipt? ☒ YES	4. Date of Receipt <u>03/02/2026</u>	
Name & Address: FRIENDS OF MCLAREN PAC 1731 BLUE GRASS RD LANSING, MI 48906		\$ <u>600.00</u>	\$ <u>1,400.00</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>03/03/2026</u>	
Name & Address: STEVEN MANCINI 37532 HIDDEN VALLEY CT CLINTON TWP, MI 48036		\$ <u>2,000.00</u>	\$ <u>8,500.00</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			

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
2. Committee Name MARK HACKEL FOR COUNTY EXECUTIVE

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/03/2026</u>	
Name & Address: ERIC MORRIS 13413 RIVERWOODS TRAIL GRAND LEDGE, MI 48837		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>HNTB CORPORATION</u> Business Address <u>400 RENAISSANCE CENTER, DETROIT, MI 48243</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☒ YES	4. Date of Receipt <u>03/03/2026</u>	
Name & Address: HENRY FORD HEALTH SYSTEM GOVERNMENT AFFAIRS PAC 1414 E MAPLE RD TROY, MI 48083		\$ <u>600.00</u>	\$ <u>1,800.00</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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/04/2026</u>	
Name & Address: THOMAS GIACHINO 2742 RHODES DR TROY, MI 48083		\$ <u>2,000.00</u>	\$ <u>6,292.30</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>03/04/2026</u>	
Name & Address: AMBER SUTTER 1979 HOLLAND AVE PORT HURON, MI 48060		\$ <u>208.65</u>	\$ <u>408.65</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			

Page Subtotal 3,008.65

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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1. Committee I.D. Number 138533
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3. Contribution # 1	PAC Receipt? ☒ YES	4. Date of Receipt <u>03/04/2026</u>	
Name & Address: DETROIT REGIONAL CHAMBER PAC 1 WOODWARD AVE STE. 1900 DETROIT, MI 48226		\$ <u>500.00</u>	\$ <u>4,600.00</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>03/05/2026</u>	
Name & Address: JOE ORAM P.O. BOX 252755 WEST BLOOMFIELD, MI 48325		\$ <u>2,000.00</u>	\$ <u>6,000.00</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>03/05/2026</u>	
Name & Address: JIM SANTILLI 75773 ELK HORN DR BRUCE TWP., MI 48065		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>NATIONAL TRANSPORTATION SAFETY ORGANIZATION</u> Business Address <u>100 E BIG BEAVER RD, TROY, MI 48083</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/06/2026</u>	
Name & Address: KHODER ABDALLAH 38229 PINEBROOK DR STERLING HEIGHTS, MI 48310		\$ <u>2,000.00</u>	\$ <u>2,416.98</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 5,000.00

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>03/06/2026</u> Name & Address: FRANK ARAGONA 144 E TIENKEN RD ROCHESTER HILLS, MI 48307		\$ <u>833.65</u>	\$ <u>833.65</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>HOLIDAY ENTERPRISES</u> Business Address <u>144 E TIENKEN RD, ROCHESTER HILLS, MI 48307</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/06/2026</u> Name & Address: THOMAS CELANI 2600 TURTLE LAKE BLOOMFIELD HILLS, MI 48302		\$ <u>2,000.00</u>	\$ <u>6,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PARTNER</u> Employer <u>LUNA ENTERTAINMENT</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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/06/2026</u> Name & Address: JOSEPH VIVIANO 11826 FOREST GLEN LN SHELBY TWP, MI 48315		\$ <u>1,000.00</u>	\$ <u>2,333.34</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			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/06/2026</u> Name & Address: WILLIAM B FORREST, III 630 HALF MOON RD BLOOMFIELD HILLS, MI 48301		\$ <u>1,000.00</u>	\$ <u>2,333.32</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			

Page Subtotal **4,833.65**

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

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

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/06/2026</u>	
Name & Address: MIKE FILLBROOK 7320 37 MILE RD ROMEO, MI 48065		\$ <u>208.65</u>	\$ <u>208.65</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SUPERVISOR</u> Employer <u>BRUCE TOWNSHIP</u> Business Address <u>223 E GATES ST, BRUCE TWP., MI 48065</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/06/2026</u>	
Name & Address: PAUL GLANTZ 303 GRAY WOODS LANE LAKE ANGELUS, MI 48326		\$ <u>500.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>303 MANAGEMENT, INC.</u> Business Address <u>303 GRAY WOODS LANE, LAKE ANGELUS, MI 48326</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/06/2026</u>	
Name & Address: UGO MANCINI 14140 33 MILE RD BRUCE TWP., MI 48065		\$ <u>625.31</u>	\$ <u>625.31</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR OF PROJECT MANAGEMENT</u> Employer <u>RAUHORN ELECTRIC</u> Business Address <u>14140 33 MILE RD, BRUCE TWP., MI 48065</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/06/2026</u>	
Name & Address: VANESSA MOASE 18346 WHITMORE DR CLINTON TWP., MI 48035		\$ <u>2,000.00</u>	\$ <u>4,104.48</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			

Page Subtotal **3,333.96**

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

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

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/09/2026</u> Name & Address: HEATHER GREATHOUSE 19176 HALL RD STE. 300 CLINTON TWP., MI 48038 5. If over \$100.00 cumulative, please provide: Occupation <u>OFFICE MANAGER</u> Employer <u>PLANTE MORAN</u> Business Address <u>19176 HALL RD, STE. 300, CLINTON TWP., MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>416.98</u>	\$ <u>416.98</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/09/2026</u> Name & Address: KIM KLAFT 24230 KARIM BLVD STE. 100 NOVI, MI 48375 5. If over \$100.00 cumulative, please provide: Occupation COMMUNITY OUTREACH & ENGAGEMENT COORDINATOR Employer <u>CNS HEALTHCARE</u> Business Address <u>21331 KELLY RD, EASTPOINTE, MI 48021</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>200.00</u>	\$ <u>200.00</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/10/2026</u> Name & Address: FRED ABDOU 3800 COTTAGE GROVE AVE WATERFORD, MI 48328 5. If over \$100.00 cumulative, please provide: Occupation <u>ENVIRONMENTAL ENGINEER</u> Employer <u>ABF ENVIRONMENTAL</u> Business Address <u>28200 ORCHARD LAKE RD, FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/10/2026</u> Name & Address: TERRY CONLEY 55127 ST PAUL DR MACOMB, MI 48042 5. If over \$100.00 cumulative, please provide: Occupation <u>CPA</u> Employer <u>UHY ADVISORS INC</u> Business Address <u>12900 HALL RD, STE. 500, STERLING HEIGHTS, MI 48313</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>208.65</u>	\$ <u>208.65</u>

Page Subtotal 2,825.63

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>03/10/2026</u>	
Name & Address: TIMOTHY JUIDICI 5892 STRAWBERRY CIR COMMERCE TWP., MI 48382		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROJECT MANAGER</u> Employer <u>ORCHARD, HILTZ & MCCLIMENT, INC</u> Business Address <u>34000 PLYMOUTH RD, LIVONIA, MI 48150</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☒ YES	4. Date of Receipt <u>03/10/2026</u>	
Name & Address: MITA PAC PO BOX 1640 OKEMOS, MI 48805		\$ <u>2,000.00</u>	\$ <u>8,500.00</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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/11/2026</u>	
Name & Address: THOMAS ALONGI 1748 LEXINGTON DR TROY, MI 48084		\$ <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>12900 HALL RD, STE. 500, 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>03/11/2026</u>	
Name & Address: JOEL BALLOR 50383 HEATHERWOOD LN SHELBY TWP, MI 48317		\$ <u>208.65</u>	\$ <u>661.05</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			

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>03/11/2026</u>	
Name & Address: THOMAS CALLAN, III 5865 LAHSEY RD BLOOMFIELD HILLS, MI 48301		\$ <u>200.00</u>	\$ <u>600.00</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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/11/2026</u>	
Name & Address: JIM SANTILLI 75773 ELK HORN DR BRUCE TWP., MI 48065		\$ <u>200.00</u>	\$ <u>700.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>NATIONAL TRANSPORTATION SAFETY ORGANIZATION</u> Business Address <u>100 E BIG BEAVER RD, TROY, MI 48083</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/12/2026</u>	
Name & Address: JENNA LAMB 16022 VIA COLICO MACOMB, MI 48042		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CPA</u> Employer <u>UHY LLP</u> Business Address <u>12900 HALL RD, STE. 500, 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>03/12/2026</u>	
Name & Address: JOSEPH SUIDA 53248 SUMMER ELM DR SHELBY TWP, MI 48315		\$ <u>100.00</u>	\$ <u>300.00</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 700.00

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>03/13/2026</u>	
Name & Address: KATHLEEN CROCKETT 52491 WICKERSHAM DR SHELBY TWP., MI 48315		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CPA</u> Employer <u>UHY ADVISORS INC</u> Business Address <u>12900 HALL RD., STE. 500, 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>03/13/2026</u>	
Name & Address: CITIZENS FOR HONEST GOVERNMENT PAC 12955 23 MILE RD SHELBY TWP., MI 48315		\$ <u>2,000.00</u>	\$ <u>6,000.00</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>03/16/2026</u>	
Name & Address: RON CAVALLARO 7016 ALTA DR BRIGHTON, MI 48116		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>VICE PRESIDENT</u> Employer <u>ORCHARD, HILTZ & MCCLIMENT, INC</u> Business Address <u>34000 PLYMOUTH RD, LIVONIA, MI 48150</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☒ YES	4. Date of Receipt <u>03/16/2026</u>	
Name & Address: OPERATING ENGINEERS LOCAL 324 PAC 500 HULET DR BLOOMFIELD TWP, MI 48302		\$ <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 4,400.00

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>03/16/2026</u> Name & Address: TEAMSTERS DEMOCRATIC REPUBLICAN INDEPENDENT VOTER EDUCATION PAC 2741 TRUMBULL DETROIT, MI 48216		\$ <u>2,000.00</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 #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/17/2026</u> Name & Address: CHARLES HART 16336 FORESTVIEW DR CLINTON TOWNSHIP, MI 48036		\$ <u>200.00</u>	\$ <u>508.65</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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/17/2026</u> Name & Address: BRANDON KIERSTEIN 65 MACOMB PL MT CLEMENS, MI 48043		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR OF OPERATIONS</u> Employer <u>GTR COMPANIES</u> Business Address <u>65 MACOMB PL, 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>03/17/2026</u> Name & Address: DENNIS MUCHMORE 792 CARRICK BEND CIR NAPLES, FL 34110		\$ <u>200.00</u>	\$ <u>450.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ADVISOR</u> Employer <u>HONIGMAN LLP</u> Business Address <u>222 N WASHINGTON SQUARE, LANSING, MI 48933</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,800.00

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>03/17/2026</u>	
Name & Address: ROSE TORRES 28135 GROESBECK HWY ROSEVILLE, MI 48066		\$ <u>625.31</u>	\$ <u>625.31</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>MRC MANUFACTURING</u> Business Address <u>28117 GROESBECK HWY, 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>03/18/2026</u>	
Name & Address: ANGELO LANNI 7040 VALLEY GREEN WASHINGTON, MI 48094		\$ <u>2,000.00</u>	\$ <u>6,083.65</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			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/18/2026</u>	
Name & Address: MARK SABA 3221 W BIG BEAVER RD STE. 305 TROY, MI 48084		\$ <u>416.98</u>	\$ <u>416.98</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE DIRECTOR</u> Employer <u>SMACNA DETROIT</u> Business Address <u>3221 W BIG BEAVER RD, STE. 305, TROY, MI 48084</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/18/2026</u>	
Name & Address: S. EVAN WEINER 27235 OVID CT FRANKLIN, MI 48025		\$ <u>2,000.00</u>	\$ <u>2,000.00</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			

Page Subtotal 5,042.29

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>03/19/2026</u>	
Name & Address: ERIC CANDELA 568 LANGFIELD ST NORTHVILLE, MI 48167		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR OF GOVERNMENT RELATIONS</u> Employer <u>FORGOTTEN HARVEST</u> Business Address <u>15000 EIGHT MILE W, OAK PARK, MI 48237</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/19/2026</u>	
Name & Address: ANNETTE DUDA 30500 VAN DYKE AVE WARREN, MI 48093		\$ <u>416.98</u>	\$ <u>416.98</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OFFICE MANAGER</u> Employer <u>WAKELY AND 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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/19/2026</u>	
Name & Address: MELAD JOSEPH 22556 GRATIOT AVE EASTPOINTE, MI 48021		\$ <u>200.00</u>	\$ <u>2,700.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>KEM-TEC SURVEYORS</u> Business Address <u>22556 GRATIOT AVE, EASTPOINTE, MI 48021</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/19/2026</u>	
Name & Address: MARC KASZUBSKI 12900 HALL RD STE. 350 STERLING HEIGHTS, MI 48313		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>O'REILLY RANCILIO P.C.</u> Business Address <u>12900 HALL RD, STE. 350, STERLING HEIGHTS, MI 48313</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,216.98**

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>03/19/2026</u>	
Name & Address: LOUIE MICHAEL 24595 GROESBECK HWY WARREN, MI 48089		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER/SELF EMPLOYED</u> Employer <u>UNIVERSAL CONTRACTING SERVICES</u> Business Address <u>24595 GROESBECK HWY, WARREN, MI 48089</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/19/2026</u>	
Name & Address: TERRENCE MIGLIO 101 N MAIN ST STE. 200 ANN ARBOR, MI 48104		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>BUTZEL LONG</u> Business Address <u>201 W BIG BEAVER RD, TROY, MI 48084</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/19/2026</u>	
Name & Address: MICHAEL SANTI 39525 W 13 MILE RD STE. 300 NOVI, MI 48377		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SALES</u> Employer <u>NAGLE PAVING</u> Business Address <u>38525 W 13 MILE RD., STE. 300, NOVI, MI 48377</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/19/2026</u>	
Name & Address: STEPHEN R SAPH, JR 68 CLINTON ST. MOUNT CLEMENS, MI 48043		\$ <u>2,000.00</u>	\$ <u>6,000.00</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			

Page Subtotal **6,400.00**

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>03/19/2026</u> Name & Address: ELIEZER TORGOW 25311 CURTIS CT OAK PARK, MI 48237		\$ <u>1,000.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>STERLING GROUP</u> Business Address <u>333 W FORT ST, STE. 1350, 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>03/19/2026</u> Name & Address: MANNY TORGOW 25541 GARDNER ST STE. 1350 OAK PARK, MI 48237		\$ <u>1,000.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>STERLING GROUP</u> Business Address <u>333 W FORT ST, STE. 1350, DETROIT, MI 48226</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/20/2026</u> Name & Address: GEORGE DELANUEZ 48254 HARBOR 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>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			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/20/2026</u> Name & Address: F. SCOTT MILLER 1598 STONY CREEK DR ROCHESTER, MI 48307		\$ <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>12900 HALL RD, STE. 500, STERLING HEIGHTS, MI 48313</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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**ITEMIZED CONTRIBUTIONS
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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>03/22/2026</u>	
Name & Address: SHERMAN ABDO 12900 HALL RD STE. 403 STERLING HEIGHTS, MI 48313		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>LA GRASSO, ABDO & SILVERI, PLLC</u> Business Address <u>12900 HALL RD, STE. 403, 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>03/22/2026</u>	
Name & Address: HARRY KURTZ 2120 AUTUMN HILL DR ANN ARBOR, MI 48103		\$ <u>1,000.00</u>	\$ <u>2,700.00</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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/22/2026</u>	
Name & Address: KOLBY MILLER 1919 HARTLAND WOODS DR HOWELL, MI 48843		\$ <u>416.98</u>	\$ <u>416.98</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EMS ADMINISTRATION</u> Employer <u>MEDSTAR</u> Business Address <u>380 GRATIOT AVE, CLINTON TWP., MI 48036</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/23/2026</u>	
Name & Address: RENEE AXT 3821 CRESTLAKE DR BLOOMFIELD HILLS, MI 48304		\$ <u>416.98</u>	\$ <u>416.98</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>RCP ASSOCIATES, LLC</u> Business Address <u>407 E FORT ST, DETROIT, MI 48226</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,033.96

Grand Total of All Schedules 1A
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1. Committee I.D. Number 138533
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/23/2026</u> Name & Address: GARY BINGAMAN 26375 HALSTED RD FARMINGTON HILLS, MI 48331		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>DIVERSIFIED MARKETING AND CONSULTING</u> Business Address <u>26375 HALSTED RD, FARMINGTON HILLS, MI 48331</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/23/2026</u> Name & Address: CHARLES GLEESON III 984 LIVERNOIS RD TROY, MI 48083		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSTRUCTION</u> Employer <u>C.E. GLEESON CONSTRUCTORS INC.</u> Business Address <u>984 LIVERNOIS RD, TROY, MI 48083</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/23/2026</u> Name & Address: BEN MAIBACH 26763 WEMBLEY CT FARMINGTON HILLS, MI 48331		\$ <u>5,000.00</u>	\$ <u>5,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CCO</u> Employer <u>BARTON MALOW</u> Business Address <u>26500 AMERICAN DR, SOUTHFIELD, MI 48034</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/23/2026</u> Name & Address: BRYAN SAAD 49561 REGATTA ST NEW BALTIMORE, MI 48047		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>COLLEGE HUNKS</u> Business Address <u>10111 MARINE CITY HWY, FAIR HAVEN, MI 48023</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **6,200.00**

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

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/23/2026</u> Name & Address: DONALD WIELGOSZ JR. 48467 AMERICAN ELM DR MACOMB, MI 48044		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR OF SALES AND MARKETING</u> Employer <u>JARVIS PROPERTY RESTORATION</u> Business Address <u>41800 EXECUTIVE DR, HARRISON TWP., MI 48045</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/24/2026</u> Name & Address: GREGORY BUSS 12900 HALL RD. STE. 322 STERLING HEIGHTS, MI 48313		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF EMPLOYED</u> Business Address <u>12900 HALL RD., STE. 322, STERLING HEIGHTS, MI 48313</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/24/2026</u> Name & Address: GINA CAVALIERE 4897 CHICAGO RD WARREN, MI 48092		\$ <u>208.65</u>	\$ <u>208.65</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NONPROFIT EXECUTIVE</u> Employer <u>DOWNTOWN DETROIT PARTNERSHIP</u> Business Address <u>1000 WOODWARD AVE, DETROIT, MI 48226</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/24/2026</u> Name & Address: DAVID CLARK 418 MONTCLAIR WAY MILFORD TWP, MI 48381		\$ <u>2,000.00</u>	\$ <u>4,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONCERT PROMOTER</u> Employer <u>LIVE NATION</u> Business Address <u>27995 HALSTED RD, FARMINGTON HILLS, MI 48331</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 3,008.65

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>03/24/2026</u>	
Name & Address: KENNETH DECOCK 80575 HOLMES RD ARMADA, MI 48005		\$ <u>200.00</u>	\$ <u>600.00</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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/24/2026</u>	
Name & Address: MICHAEL DEVAULT 7910 WALTERS RD LAINGSBURG, MI 48848		\$ <u>400.00</u>	\$ <u>1,200.00</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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/24/2026</u>	
Name & Address: TONY FERLITO 37335 CASA BELLA CT CLINTON TOWNSHIP, MI 48036		\$ <u>1,000.00</u>	\$ <u>2,000.00</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			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/24/2026</u>	
Name & Address: JAMES GALLOWAY 61624 BUNKER HILL DR WASHINGTON, MI 48094		\$ <u>1,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>JET'S PIZZA</u> Business Address <u>37501 MOUND RD, STERLING HEIGHTS, MI 48310</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,600.00

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>03/24/2026</u>	
Name & Address: ROBBIE LANG 45601 HEATHER RIDGE DR MACOMB, MI 48044		\$ <u>200.00</u>	\$ <u>400.00</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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/24/2026</u>	
Name & Address: JAMES LANGTRY 54841 CONGAREE DR MACOMB, MI 48042		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CHIEF OF OPERATIONS</u> Employer <u>MACOMB COUNTY PROSECUTOR'S OFFICE</u> Business Address <u>1 S MAIN ST, 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>03/24/2026</u>	
Name & Address: AMANTE LANZON 37741 HURON POINTE DR HARRISON TWP., MI 48045		\$ <u>200.00</u>	\$ <u>450.00</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>03/24/2026</u>	
Name & Address: NICHOLAS LAVDAS 6700 BORDMAN RD BRUCE TWP., MI 48065		\$ <u>1,000.00</u>	\$ <u>1,500.00</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			

Page Subtotal **1,600.00**

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

1. Committee I.D. Number 138533
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/24/2026</u> Name & Address: MICHAEL MALONE 46352 CANDLEBERRY DR NEW BALTIMORE, MI 48047		\$ <u>2,000.00</u>	\$ <u>6,000.00</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>03/24/2026</u> Name & Address: MARY OKRAY 2530 MEADOW WOODS TRAIL ORTONVILLE, MI 48462		\$ <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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/24/2026</u> Name & Address: LANCE PITTMAN 12944 JULIE ANN CT SHELBY TWP., MI 48315		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COMMISSIONER</u> Employer <u>MACOMB COUNTY VETERANS AFFAIRS</u> Business Address <u>21885 DUNHAM RD, STE. 3, CLINTON TWP., MI 48036</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/24/2026</u> Name & Address: KAMRAN QADEER 20825 DUNHILL DR NORTHVILLE, MI 48167		\$ <u>600.00</u>	\$ <u>600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROFESSIONAL ENGINEER</u> Employer <u>FISHBECK</u> Business Address <u>31440 NORTHWESTERN HWY, STE. 250, FARMINGTON HILLS, MI 48334</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
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CANDIDATE COMMITTEE**

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/24/2026</u>	
Name & Address: MARCO ROSATI 11724 WORMER AVE REDFORD, MI 48239		\$ <u>1,000.00</u>	\$ <u>2,000.00</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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/24/2026</u>	
Name & Address: MICHAEL TORRES 5865 JACKELYN CT WASHINGTON, MI 48094		\$ <u>1,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUILDER</u> Employer <u>TORCH DEVELOPMENT GROUP</u> Business Address <u>43900 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>03/24/2026</u>	
Name & Address: JONATHAN UGVAL 30 HARBOR HILL RD GROSSE POINTE FARMS, MI 48236		\$ <u>2,000.00</u>	\$ <u>4,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR</u> Employer <u>HOUSE ARREST</u> Business Address <u>16039 E 9 MILE RD, EASTPOINTE, MI 48021</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/24/2026</u>	
Name & Address: JOSEPH VICARI 37523 HIDDEN VALLEY CT CLINTON TWP, MI 48036		\$ <u>1,000.00</u>	\$ <u>5,900.00</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			

Page Subtotal 5,000.00

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>03/24/2026</u>	
Name & Address: TIMOTHY WILSON 1945 QUARTON RD BLOOMFIELD HILLS, MI 48301		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>WILSON FINANCIAL</u> Business Address <u>1821 W MAPLE RD, 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>04/15/2026</u>	
Name & Address: PHILIP RUGGERI 55764 ST REGIS DR 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>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			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/30/2026</u>	
Name & Address: ERIK RICK 1689 HAMPTON RD MT CLEMENS, MI 48043		\$ <u>100.00</u>	\$ <u>100.00</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>06/12/2026</u>	
Name & Address: ANDREW FOUNTAIN 5938 OAKLAND VALLEY DR ROCHESTER, MI 48306		\$ <u>2,083.65</u>	\$ <u>6,219.70</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRINCIPAL</u> Employer <u>PLANTE MORAN REALPOINT</u> Business Address <u>5938 OAKLAND VALLEY DR, ROCHESTER, MI 48306</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **4,383.65**

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>07/01/2026</u>	
Name & Address: ERIK RICK 1689 HAMPTON RD MT CLEMENS, MI 48043		\$ <u>200.00</u>	\$ <u>300.00</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 _____	
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

200.00

Grand Total of All Schedules 1A
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132,752.39

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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 02/27/2026	☐ Loan from a Lending Institution ☒ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ 0.01
☐ Fund Raiser			
Receipt #2 Name & Address: HUNTINGTON BANK PO BOX 1558 EA1W37 COLUMBUS, OH 43216	Date of Receipt 03/17/2026	☐ Loan from a Lending Institution ☐ Interest ☒ Refund \Rebate ☐ Other (Specify) _____	\$ 11.65
☐ Fund Raiser			
Receipt #3 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____ Click for Memo Itemization Type
☐ Fund Raiser			
Receipt #4 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____ Click for Memo Itemization Type
☐ Fund Raiser			
Receipt #5 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____ Click for Memo Itemization Type
☐ Fund Raiser			
Receipt #6 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____ Click for Memo Itemization Type
☐ Fund Raiser			
Receipt #7 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____ Click for Memo Itemization Type
☐ Fund Raiser			

Page Subtotal **11.66**

Grand Total of All Schedules 1A -1
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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>01/02/2026</u> Date	\$ <u>25.20</u>
Expenditure #2 Name ST. CLAIR SHORES PARKS & RECREATION Address 20000 STEPHENS RD ST CLAIR SHORES, MI 48080 ☐ Fund Raiser	Purpose: <u>5 TICKETS TO 75TH JUBILEE ANNIVERSARY CELEBRATION</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/05/2026</u> Date	\$ <u>515.00</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>01/05/2026</u> Date	\$ <u>355.89</u>
Expenditure #4 Name MACOMB COUNTY MINISTERIAL ALLIANCE Address 30330 GRATIOT AVE PO BOX 73 ROSEVILLE, MI 48066 ☐ Fund Raiser	Purpose: <u>MLK JR. BREAKFAST</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/09/2026</u> Date	\$ <u>400.00</u>
Expenditure #5 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>01/16/2026</u> Date	\$ <u>85.00</u>

Subtotal this page

1,381.09

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 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>01/16/2026</u> Date	\$ <u>2,527.19</u>
Expenditure #2 Name CALENDAR BRIDGE Address 2045 BISCAYNE BLVD UNIT 314 MIAMI, FL 33137 ☐ Fund Raiser	Purpose: <u>CALENDAR SYNCHING SUBSCRIPTION</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/20/2026</u> Date	\$ <u>10.00</u>
Expenditure #3 Name BLAKE'S ORCHARD & CIDER MILL Address 17985 ARMADA CENTER RD ARMADA, MI 48005 ☐ Fund Raiser	Purpose: <u>6 TICKETS TO CHILI COOK-OFF</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/26/2026</u> Date	\$ <u>148.98</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>01/27/2026</u> Date	\$ <u>1,747.87</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>01/28/2026</u> Date	\$ <u>249.60</u>

Subtotal this page **4,683.64**

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	01/30/2026 Date	\$ 279.60
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	02/02/2026 Date	\$ 25.20
Expenditure #3 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	02/05/2026 Date	\$ 355.85
Expenditure #4 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	02/17/2026 Date	\$ 85.00
Expenditure #5 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	02/19/2026 Date	\$ 10.00

Subtotal this page	755.65
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 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>03/02/2026</u> Date	\$ <u>25.80</u>
Expenditure #2 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>03/02/2026</u> Date	\$ <u>279.60</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>03/02/2026</u> Date	\$ <u>249.60</u>
Expenditure #4 Name WIX.COM LTD Address ONLINE APPLICATION ☐ Fund Raiser	Purpose: <u>WEBSITE - 2 YEAR</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/03/2026</u> Date	\$ <u>372.00</u>
Expenditure #5 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>03/05/2026</u> Date	\$ <u>355.85</u>

Subtotal this page

1,282.85

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 RTIC Address 20510 HEMPSTEAD RD HOUSTON, TX 77065 ☒ Fund Raiser	Purpose: <u>COOLER GIVEAWAYS AT EVENT</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/12/2026</u> Date	\$ <u>633.87</u>
Expenditure #2 Name JBL Address ONLINE ☒ Fund Raiser	Purpose: <u>SPEAKER GIVEAWAYS FOR EVENT</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/12/2026</u> Date	\$ <u>466.19</u>
Expenditure #3 Name CUMULUS MEDIA Address 780 JOHNSON FERRY RD NE STE. 500 ATLANTA, GA 30342 ☐ Fund Raiser	Purpose: <u>RADIO AD</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/13/2026</u> Date	\$ <u>768.75</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>03/16/2026</u> Date	\$ <u>85.00</u>
Expenditure #5 Name US POSTAL SERVICE Address 155 S MAIN ST MT CLEMENS, MI 48043 ☐ Fund Raiser	Purpose: <u>PO BOX RENEWAL</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/17/2026</u> Date	\$ <u>230.00</u>

Subtotal this page **2,183.81**

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 NUMA COFFEE Address 22789 MACOMB INDUSTRIAL DR CLINTON TWP, MI 48036 ☒ Fund Raiser	Purpose: <u>COFFEE GIVEAWAY AT EVENT</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/18/2026</u> Date	\$ <u>5,236.00</u>
Expenditure #2 Name CALENDAR BRIDGE Address 2045 BISCAYNE BLVD UNIT 314 MIAMI, FL 33137 ☐ Fund Raiser	Purpose: <u>CALENDAR SYNCHING SUBSCRIPTION</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/19/2026</u> Date	\$ <u>10.00</u>
Expenditure #3 Name NUMA COFFEE Address 22789 MACOMB INDUSTRIAL DR CLINTON TWP, MI 48036 ☒ Fund Raiser	Purpose: <u>COFFEE GIVEAWAY AT EVENT</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/23/2026</u> Date	\$ <u>375.00</u>
Expenditure #4 Name LIZ'S POPPIN CREATIONS Address LAKE ORION, MI ☒ Fund Raiser	Purpose: <u>BALLOONS FOR EVENT</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/24/2026</u> Date	\$ <u>520.00</u>
Expenditure #5 Name BARO MINI STORAGE Address 34464 KELLY RD CLINTON TWP., MI 48035 ☐ Fund Raiser	Purpose: <u>STORAGE UNIT</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/30/2026</u> Date	\$ <u>810.00</u>

Subtotal this page **6,951.00**

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	03/30/2026 Date	\$ 279.60
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	03/30/2026 Date	\$ 249.60
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	04/02/2026 Date	\$ 33.60
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	04/06/2026 Date	\$ 609.53
Expenditure #5 Name REVOLUTIONARY EVENTS Address PO BOX 63 FRASER, MI 48026 ☒ Fund Raiser	Purpose: AUDIO SERVICES FOR EVENT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/08/2026 Date	\$ 1,125.00

Subtotal this page **2,297.33**

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: <u>VENUE & BREAKFAST FOR EVENT</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/15/2026</u> Date	\$ <u>27,600.00</u>
Expenditure #2 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>04/16/2026</u> Date	\$ <u>85.00</u>
Expenditure #3 Name CALENDAR BRIDGE Address 2045 BISCAYNE BLVD UNIT 314 MIAMI, FL 33137 ☐ Fund Raiser	Purpose: <u>CALENDAR SYNCHING SUBSCRIPTION</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/20/2026</u> Date	\$ <u>10.00</u>
Expenditure #4 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>04/28/2026</u> Date	\$ <u>249.60</u>
Expenditure #5 Name TURNING POINT Address 76 S MAIN ST MT CLEMENS, MI 48043 ☐ Fund Raiser	Purpose: <u>STEPPING OUT WITH THE STARS GALA DONATION</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/28/2026</u> Date	\$ <u>1,500.00</u>

Subtotal this page **29,444.60**

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	04/30/2026 Date	\$ 279.60
Expenditure #2 Name PRINTING BY JOHNSON Address 21222 CASS AVE CLINTON TWP, MI 48036 ☒ Fund Raiser	Purpose: TABLE SPONSOR CARDS & RAFFLE TICKET FORMS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/30/2026 Date	\$ 273.63
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	05/04/2026 Date	\$ 33.60
Expenditure #4 Name VERIZON Address P.O. BOX 553 WARRENDAL, PA 15086 ☐ Fund Raiser	Purpose: CANDIDATE CELL PHONE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/05/2026 Date	\$ 409.45
Expenditure #5 Name ANCHOR BAY COMMUNITY GIVING TREE Address P.O. BOX 938 NEW BALTIMORE, MI 48047 ☐ Fund Raiser	Purpose: GOLF OUTING SPONSORSHIP ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/11/2026 Date	\$ 500.00

Subtotal this page **1,496.28**
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	05/18/2026 Date	\$ 85.00
Expenditure #2 Name CALENDAR BRIDGE Address 2045 BISCAYNE BLVD UNIT 314 MIAMI, FL 33137 ☐ Fund Raiser	Purpose: CALENDAR SYNCHING SUBSCRIPTION ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/19/2026 Date	\$ 10.00
Expenditure #3 Name PLUNKETT COONEY Address 38505 WOODWARD AVE STE. 100 BLOOMFIELD HILLS, MI 48304 ☐ Fund Raiser	Purpose: ATTORNEY FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/21/2026 Date	\$ 810.00
Expenditure #4 Name OMNIS NETWORK Address 1005 W GENEVA DR TEMPE, AZ 85282 ☐ Fund Raiser	Purpose: WEBSITE DOMAIN ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/26/2026 Date	\$ 14.05
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	05/28/2026 Date	\$ 249.60

Subtotal this page **1,168.65**
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	06/01/2026 Date	\$ 279.60
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	06/02/2026 Date	\$ 33.60
Expenditure #3 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	06/05/2026 Date	\$ 386.26
Expenditure #4 Name CENTURY BANQUET CENTER Address 33204 MAPLE LN DR STERLING HEIGHTS, MI 48312 ☐ Fund Raiser	Purpose: SPONSORSHIP FOR AMERICAN-POLISH FESTIVAL ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/10/2026 Date	\$ 550.00
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	06/16/2026 Date	\$ 100.00

Subtotal this page **1,349.46**

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name MAGGIES WIGS 4 KIDS OF MICHIGAN Address 30130 HARPER AVE ST CLAIR SHORES, MI 48082 ☐ Fund Raiser	Purpose: 10 TICKETS TO 23RD ANNUAL GALA ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/16/2026 Date	\$ 1,036.27
Expenditure #2 Name CALENDAR BRIDGE Address 2045 BISCAYNE BLVD UNIT 314 MIAMI, FL 33137 ☐ Fund Raiser	Purpose: CALENDAR SYNCHING SUBSCRIPTION ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/22/2026 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	06/29/2026 Date	\$ 249.60
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	06/30/2026 Date	\$ 279.60
Expenditure #5 Name AMERICAN GRAPHICS PRINTING CO. Address 34895 GROESBECK HWY CLINTON TWP, MI 48035 ☒ Fund Raiser	Purpose: EVENT INVITES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/30/2026 Date	\$ 1,976.41

Subtotal this page **3,551.88**

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

Enter this total
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Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name MARK HACKEL Address 17932 KITE DR MACOMB, MI 48042 ☐ Fund Raiser	Purpose: <u>EXPENSE REIMBURSEMENT</u> Memo Itemization Below ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/30/2026</u> Date	\$ <u>169.56</u>
Expenditure #2 Name TRACTOR SUPPLY CO. Address 66143 VAN DYKE AVE WASHINGTON, MI 48095 ☐ Fund Raiser	Purpose: <u>POST POUNDERS FOR CAMPAIGN SIGNS</u> (Memo Itemization) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/29/2026</u> Date	\$ <u>(169.56)</u>
Expenditure #3 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>07/02/2026</u> Date	\$ <u>33.60</u>
Expenditure #4 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>07/06/2026</u> Date	\$ <u>386.26</u>
Expenditure #5 Name 1-800-SELF-STORAGE.COM Address 20900 HALL RD. CLINTON TOWNSHIP, MI 48038 ☐ Fund Raiser	Purpose: <u>NEW STORAGE UNIT</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/09/2026</u> Date	\$ <u>387.98</u>

Subtotal this page **977.40**

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name 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	07/14/2026 Date	\$ 2,756.72
Expenditure #2 Name THE HOME DEPOT Address 20777 HALL RD MACOMB, MI 48044 ☐ Fund Raiser	Purpose: VAN RENTAL FOR STORAGE UNIT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/14/2026 Date	\$ 42.35
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	07/16/2026 Date	\$ 100.00
Expenditure #4 Name STEVEN MANCINI Address 37532 HIDDEN VALLEY CT CLINTON TWP, MI 48036 ☒ Fund Raiser	Purpose: REFUND - OVER MAX CONTRIBUTION ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/17/2026 Date	\$ 175.00
Expenditure #5 Name THE HOME DEPOT Address 20777 HALL RD MACOMB, MI 48044 ☐ Fund Raiser	Purpose: VAN RENTAL FOR STORAGE UNIT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/17/2026 Date	\$ 22.99

Subtotal this page **3,097.06**

Grand Total of all Schedules 1B
(Complete on last page of Schedule) **60,620.70**

Enter this total
on line 8a of
Summary Page



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

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

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 03/24/2026	4. Number of Individuals Attending or Participating (whichever is greater) 700	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 **132,752.39**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **132,752.39**
10. Total Cost of Event **39,953.97**
(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.