

## MICHIGAN DEPARTMENT OF STATE

BUREAU OF ELECTIONS ORIGINAL OR AMENDED STATEMENT OF ORGANIZATION FORM FOR CANDIDATE COMMITTEES 10. REPORTING WAIVER REQUEST: If the committee does 1. Committee ID #: 138533 not expect to receive or expend in excess of \$1,000 in an election and checks this box, the filing requirement of pre, post and annual 2. Type of Filing: campaign statements is waived. The Reporting Waiver will be Original automatically lost if the committee exceeds the \$1,000 threshold. Amendment to Items: 7a,7b,8 Eff. Date: 1/10/10 11. Name and Address of Depositories or intended Depositories 3. Full Name of Committee (must include Candidate's first of committee funds. (Michigan Bank, Credit Union or Savings & Loan Association) and last name): Mark Hackel for County Executive a. Official Depository 4a. Candidate Full Name (Last, First, M.I.): Huntington National Ban RECEIVED Hackel, Mark A. 29333 Hoover Road 4b. Political Party (if applicable): Democrat Warren, MI 48093 JAN 2 0 REC'D 4c. County of Residence: Macomb b. Secondary Depository CARMELLA SABAUGH 4d. Office Sought (Check oπe): MACOMS COUNTY CLERK Lt. Governor State Senator ☐ Governor Sec. of State Attorney Gen. State Rep. MSU Trustee State Bd. of Ed. UofM Rea. 12. This Item applies only to Gubernatorial Candidate Committees: Check if this committee intends to seek qualifying Supreme Court Appeals Court WSU Gov. contributions or make qualifying expenditures. Probate Court Circuit Court District Court Municipal Court 13. ELECTRONIC FILING: This item applies to committees that file with Local or other please specify: County Executive the Michigan Department of State Bureau of Elections only and does not apply to Candidate Committees that file with the County Clerk's office. 4e. District/Circuit # or Jurisdiction: 5. Date Committee was Formed: 12/22/09 The Campaign Finance Act requires any committee that files with the Secretary of State and spends or receives \$20,000 in the praceding calendar year OR expects to spend or receive \$20,000 in the current calendar year to 6a. Committee Phone #: (248) 904-8990 file campaign statements electronically. MERTS Pius software is provided to 8b. Committee Fax #: \_\_ you free of charge to assist you in meeting this requirement. 6c. Committee E-mail Address: \_\_\_\_\_ Committee spent or received or expects to spend or receive in excess of \$20,000 and is required to file electronically. 8d. Committee Website Address: \_ 7a. Complete Comm. Mailing Address (May be PO Box): Committee did not spend or receive or does not expect to spend 50704 Schoenhert or receive in excess of \$20,000 and would like to file electronically Shelby Township, MI 48315 voluntarily. 7b. Complete Comm. Street Address (May not be PO Box): 14. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement and that the contents are 50704 Schoenherr true, accurate and complete to the best of my/our knowledge or Shelby Township, MI 48315 belief. If filing electronically, we further agree that the signatures below shall serve as the signatures that verify the accuracy and completeness of each statement filed electronically by the committee. 8. Treasurer Name and Complete Address: I/M/e certify that all reasonable diligence will be used in the preparation of each statement electronically filed by this committee Harold J. Burns and that the contents of each statement will be true, accurate and complete to the best of my/our knowledge or belief. (Sign Name 1460 Kinney Road Memphis, MI 48041 and Date) (586) 254-8141 Phone #: E-mail Address: Candidate 9. Designated Record Keeper Name and Complete Address:

Designated Record Keeper (Required only if filing electronically)

Phone #:

E-mail Address: