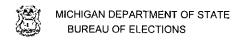


#### FILED

#### CANDIDATE COMMITTEE COVER PAGE

#### 10 JUL 23 PM 3: 43

| COVER PAGE  | CARMELL   | A SABAUGH   | FOR OFFIC  | CIAL USE O   | NLY  |  |
|---|---|---|--|--|--|--|
| Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.  |   | VS FICHIGAN 01/0  |  | To: 0  | 7/18/20<br>Day                                     | 10<br>Year                                 |
| 1. Committee I.D. Number<br>013853-3  | Candidate Last I     Hackel                               | Name  | First Name<br>Mark A                                     |  |  | M.1.                                       |
| Committee Name     Mark Hackel for County Executive   | 4a. Office Sought Inc<br>County Executive                 | cluding District # or Com<br>12   | munity Served  | (If applicabl  | le)  |  |
| ·   | 4b. County of Reside<br>Macomb                            | ence Driv   | er License # (O  | rptional)  | · <del>-</del>                                     |  |
| 5. Committee's Mailing Address<br>50704 Schoenherr Road   | 6. Treasurer's Name<br>Harold J Burns<br>1460 Kinney Road | & Residential Address   |  |  |  |  |
| Shelby Twp. MI 48315<br>Area Code and Phone (586) 803-3686  | 1   | (586) 206-8110  | MI 480   |  |  |  |
| 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.   |   | ptional)  |  |  |  | <del></del>                                |
| 7. Treasurer's Business Address<br>12900 Hall Road<br>Suite 500   | 8. Designated Reco  | ordkeeper's Name and M<br>ordkeeper)  | lailing Address  | (If the com  | mittee has   | s a  |
| Sterling Heights MI 48313  Area Code and Phone (586) 254-1040   | Area Code and Pho   | one   | Driver Lic   | cense # (Op  | otional)   |  |
|   | <u> </u>  |   | <del></del>  |  | ***  |  |
| 9. TYPE OF STATEMENT  9a. ☑ Pre-Election OR 9b.☐ Pre-Election   | ost-Election  | 9c. Annual Statem   | ent (C   | overage Ye   | ear)   |  |
| Pre-Election or Post-Election Statement relates to:   |   | 9d. Amendment to<br>9c or 9e to ind   | Campaign Sta<br>cate which Sta                           | tement (Co<br>tement is b                            | mplete Ite<br>eing amer                            | em 9a, 9b,<br>nded)                        |
| ☐ Primary ☐ Ger   | eral  | 9e. Dissolution of  | Candidate Com  | nmittee  |  |  |
| ☐ Convention ☐ Sch  | ool   | Effective Dat   | e of Dissolution   | I  |  |  |
| ☐ Special ☐ Cau   | ecus  | Mon   | Day  | Year   | <del></del>  |  |
| Date of Election, Convention or Caucus 08/03/2010  Month Day Year   | _   | By checking this item,<br>outstanding debts, inc<br>residual funds must be<br>Page. | I certify that the<br>uding late filing<br>reported on S | committee<br>fees. Note<br>chedule 1B                | has no a<br>e: The disp<br>and the S               | ssets or<br>position of<br>Summary         |
| A committee that does not have a Reporting Waiver must file Schedules. Direct contributions, in-kind contributions, loans, if any of the information listed in items 2, 4, 5, 6, 7, or 8 has a amendment to the Statement of Organization should accompand on or before the filing deadline of a required campaign statement. | anv ius Cambaiun Sia                                      | terrient, in a request  | Of a tropositive   | ts must ind<br>Reporting<br>Statement o<br>Waiver is | ude all ap<br>Waiver th<br>of Organiz<br>not recei | pplicable<br>reshold.<br>ation, an<br>ived |
|   |   |   |  |  |  |  |
| Verification: I certify that all reasonable diligence was use my knowledge and belief the contents are true, accurate   | d in the preparation of and complete.                     | this statement and attac  | hed schedules  | (if any) and   | i to the be  | st of                                      |
| Current Treasurer or Designated Recordkeeper Harold J Burns   | , Hondy   | 1/h   |  | Date   | 07/23  | /2010                                      |
| Type or Print Name  | Signatur  | 111   |  | N  | lo Da  | •  |
| Candidate Mark A. Hackel  | 1 /Men 1  | t. Hackee   |  | _Date  |  | 3/2010<br>v Year                           |
| Type or Print Name  | Signatur<br>thority granted under f                       |   |  | <u>IV</u>  | 1o Da  | у теаг                                     |



1. Committee I.D. Number 013853-3

#### SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name Mark Hackel for County Executive

| CANDIDATE COMMITTEE   | 2. Committee Name Wart Flactor 10 |                                |
|---|-----------------------------------|--------------------------------|
| RECEIPTS  | Column                            | Column II                      |
| 3. Contributions  | This Period                       | Cumulative this election cycle |
| a. Itemized (Schedule 1A - Column 6)  | (3a.) \$ 392,019.00               |                                |
| b. Unitemized (less than \$20.01 each - no Schedule)  | (3b.) \$ NOT APPLICABLE           | _                              |
| c. Subtotal of "Contributions"  | (3c.) \$ \$392,019.00             | \$392,019.00                   |
| 4. Other Receipts (Schedule 1A -1, Column 6)  | (4.) \$ \$0.00                    | (19.) \$ \$0.00                |
| 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)                                  | (5.) \$ \$392,019.00              | (20.) \$ \$392,019.00          |
| IN-KIND CONTRIBUTIONS & EXPENDITURES  |                                   |                                |
| 6. In-Kind Contributions (Schedule 1-IK, Column 7)  | (6.) \$ \$5,460.00                | (21.) \$ \$5,460.00            |
| 7. In-Kind Expenditures (Schedule 1B-IK, Column 6)  | (7.) \$ \$0.00                    | (22.) \$ \$0.00                |
| EXPENDITURES  |                                   |                                |
| 8. Expenditures   |                                   |                                |
| a. Itemized (Schedule 1B, Column 6)   | (8a.) \$ _\$319,862.75            |                                |
| b. Itemized Get-Out-the-Vote (Schedule 1B-G)  | (8b.) \$ \$0.00                   | _                              |
| c. Uniternized (less than \$50.01 each - no Schedule)   | (8c.) \$ \$0.00                   | _                              |
| 9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)   | (9.) \$ _\$319,862.75             | (23.) \$ \$319,862.75          |
| INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)   |                                   |                                |
| 10. Disbursements a. Itemized (Schedule 1C, Column 6)   | (10a.)\$ \$0.00                   | _                              |
| b. Unitemized (less than \$50.01 each - no Schedule)  | (10b.)\$ \$0.00                   |                                |
| 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)                              |                                   | -                              |
| DEBTS AND OBLIGATIONS   | (11.) \$ \$0.00                   | _ (24.) \$ \$0.00              |
| 12. Debts and Obligations   |                                   |                                |
| a. Owed by the Committee (Schedule 1E)  | (12a.) \$ _\$0.00                 | _                              |
| b. Owed to the Committee (Schedule 1E)  | (12b.) \$ \$0.00                  |                                |
|   | BALANCE STATEMENT                 | <u> </u>                       |
| 13. Ending Balance of last report filed   | (13.) \$ \$\\\\$0.00              |                                |
| (Enter zero if no previous reports have been filed.)  14. Amount received during reporting period | (14.) + \$ \$392,019.00           | <del></del>                    |
| (Line 5, Total Contributions & Other Receipts)  | (15.) = \$_\$392,019.00           | <u> </u>                       |
| 15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period                      | (16.) - \$ \$319,862.75           |                                |
| (Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15)                           | (17.) \$ \$72,156.25              | *                              |

| 1. Committee I.D. Number | 013853-3 | <br> |
|--------------------------|----------|------|
|                          |          |      |

| 2. Committee Name | Mark Hackel for County Executive |  |
|-------------------|----------------------------------|--|
|                   |                                  |  |

|   | Τ.                                      |  |
|---|---|--|
| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount                               | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3. Contribution # 1 PAC Receipt? X YES 4. Date of Receipt 01/05/2010  | 15588.00                                | 15588.00   |
| Name: Macomb Crime Fighters PAC<br>Address:6705 St. Andrews Dr.   | 15566.00                                | 19900.00   |
| Shelby Township MI 48316 5. If over \$100.00 cumulative, please provide:  |   |  |
| Occupation Employer   |   |  |
| Business<br>Address   |   |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |   |  |
| 3. Contribution # 2 PAC Receipt? X YES 4. Date of Receipt 01/05/2010  | 10000.00                                | 10000.00   |
| Name: Macomb Leadership Address:6705 St. Andrews Rd.  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |  |
| Shelby Township MI 48316 5. If over \$100.00 cumulative, please provide:  |   |  |
| Occupation Employer   |   |  |
| Business<br>Address   |   |  |
| Type of Contribution: Direct  |   |  |
| 3. Contribution # 3 PAC Receipt?   YES 4. Date of Receipt 01/13/2010  | 1000.00                                 | 1000.00  |
| Name: Leonard Bugajewski, Jr.<br>Address: 16982 Stewart Ct  |   |  |
| Clinton Township MI 48038-2880  5. If over \$100,00 cumulative, please provide:  Occupation Business Owner Employer Leonard's Syrups  |   |  |
| Business 4225 Nancy St  |   |  |
| Address Hamtramck Mt 48212-1298   |   |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  3 Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 01/13/2010  |   |  |
|   | 500.00                                  | 500.00   |
| Name: David Katz  |   |  |
| Address: 363 Saint Clair St   |   |  |
| Grosse Pointe MI 48230-1501  5. If over \$100.00 cumulative, please provide:  |   |  |
| Occupation Senior Vice President Employer DMC   |   |  |
| Business 3990 John R St Address Detroit MI 48201-2018   | :                                       | •  |
| Type of Contribution: Direct  |   |  |
|   |   |  |
| Page Subtotal   | 27088.00                                |  |
| Grand Total of All Schedules 1A   |   | 1  |

Enter this total on line 3a of Summary Page

(Complete on last page of Schedule)

| 1. Committee I.D. Nur | mber _ | 013853-3                      |  |
|-----------------------|--------|-------------------------------|--|
| 2. Committee Name_    | Mari   | k Hackel for County Executive |  |

|  |           | · · · · · · · · · · · · · · · · · ·  |
|--|-----------|--|
| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3. Contribution # 5 PAC Receipt? ☐ YES 4. Date of Receipt 01/15/2010   | 400.00    | 3400.00  |
| Name: James A Bologna<br>Address:46251 Winston Dr.   | 400.00    | 0400.00  |
| Shelby Township MI 48315 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Sales Employer Allstate Financial Insurance   |           |  |
| Business 975 Fred W Moore Hwy Address Saint Clair MI 48079-5602  |           |  |
| Type of Contribution: Direct   |           |  |
| 3. Contribution # 6 PAC Receipt? ☐ YES 4. Date of Receipt 01/15/2010   | 3000.00   | 3400.00  |
| Name: James A Bologna<br>Address: 46251 Winston Dr.  |           |  |
| Shelby Township MI 48315 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Sales Employer Allstate Financial Insurance   |           |  |
| Business 975 Fred W Moore Hwy Address Saint Clair MI 48079-5602  |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  |           |  |
| 3. Contribution # 7 PAC Receipt? ☐ YES 4. Date of Receipt 01/15/2010   | 400.00    | 3400.00  |
| Name: Patricia Bologna   | 100.00    | 0 100.00   |
| Address: 46251 Winston Dr.   |           |  |
| Shelby Township MI 48315 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Homemaker Employer Homemaker  |           |  |
| Business Address   |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  |           |  |
| 3. Contribution # 8 PAC Receipt? ☐ YES 4. Date of Receipt 01/15/2010   | 3000.00   | 3400.00  |
| Name: Patricia Bologna   |           |  |
| Address: 46251 Winston Dr.  Shelby Township MI 48315   |           |  |
| 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Homemaker Employer Homemaker  |           |  |
| Business Address   |           |  |
| Type of Contribution: Direct Loan from a person Fund Raiser  |           |  |
| Page Subtotal  | 6800.00   |  |
| Grand Total of All Schedules 1A<br>(Complete on last page of Schedule)   |           |  |

| 1. Committee I.D. Number | 013853-3 |
|--------------------------|----------|
|--------------------------|----------|

| O-manulities Norma | Mark Hackel for County Executive |  |
|--------------------|----------------------------------|--|
| 2. Committee Name  | Walk Hacker for County Excounte  |  |

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
|---|-----------|--|
| 3. Contribution # 9 PAC Receipt? I YES 4. Date of Receipt 02/01/2010  | 1500.00   | 1500.00  |
| Name: Michael Engle<br>Address:9151 Silverside Dr.  |           |  |
| South Lyon MI 48178  5. If over \$100.00 cumulative, please provide:  Occupation Construction Manageme- Employer Kasco  |           |  |
| Business Address Royal Oak MI 48067  Type of Contribution:   Direct  D Loan from a person  Fund Raiser  |           |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser  3. Contribution # 10 PAC Receipt? ☐ YES 4. Date of Receipt ☐ O2/01/2010  | 1500.00   | 1500.00  |
| Name: Geoffrey S Hutchison<br>Address: 31976 Bellvine Trl   | 1000.00   | ,550,00  |
| Beverly Hills MI 48025  5. If over \$100.00 cumulative, please provide:  Occupation Construction Manageme- nt Employer Kasco  |           |  |
| Business 226 E Hudson Ave Address Royal Oak MI 48067-3700  Type of Contribution: Direct Loan from a person Fund Raiser  |           |  |
| 3. Contribution # 11 PAC Receipt?   YES 4. Date of Receipt 02/02/2010   | 2850.00   | 2850.00  |
| Name: Margaret M Kassab<br>Address:20600 Smallwood Ct.  |           |  |
| Beverly Hills MI 48025 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Homemaker Employer Homemaker   |           |  |
| Business Address  |           |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser  3. Contribution # 12 PAC Receipt? ☐ YES 4. Date of Receipt ☐ 02/02/2010  | 2000.00   | 3400.00  |
| Name: Stephen Kassab  | 3000.00   | 3400.00  |
| Address: 20600 Smallwood Ct.  Beverly Hills MI 48025  |           |  |
| 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Owner Employer Kasco   |           |  |
| Business 226 E Hudson Ave Address Royal Oak ML 48067-3700   |           |  |
| Type of Contribution: Direct Loan from a person Direct Fund Raiser  |           |  |
| Page Subtotal   | 8850.00   | _  |
| Grand Total of All Schedules 1A   |           |  |

Enter this total on line 3a of Summary Page

(Complete on last page of Schedule)

| 1. Committee I.D. Nur | mber . | 013853-3                     |   |
|-----------------------|--------|------------------------------|---|
| 2. Committee Name_    | Mar    | k Hackel for County Executiv | е |

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
|---|-----------|--|
| 3. Contribution # 13 PAC Receipt? D YES 4. Date of Receipt 02/02/2010   | 400.00    | 3400.00  |
| Name: Stephen Kassab Address:20600 Smallwood Ct.  | 400.00    | 0400.00  |
| Beverly Hills MI 48025 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Owner Employer Kasco   |           |  |
| Business 226 E Hudson Ave Address Royal Oak MI 48067-3700   |           |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 14 PAC Receipt? ☐ YES 4. Date of Receipt 02/03/2010   | 500.00    | 500.00   |
| Name: Judith Kucway Address:5774 Crystal Creek Ln.  |           |  |
| Washington MI 48094-2614 5. If over \$100.00 cumulative, please provide:  | į         |  |
| Occupation President & CEO Employer Motor City Stamping, Inc.   |           |  |
| Business 47783 Gratiot Ave Address Chesterfield MI 48051-2721   |           |  |
| Type of Contribution:  Direct   |           |  |
| 3. Contribution # 15 PAC Receipt? D YES 4. Date of Receipt 02/03/2010   | 1000.00   | 1000.00  |
| Name: Robert Liggett, Jr. Address:625 Lake Shore Rd   | 1000.00   | 1000.00  |
| Grosse Pointe Shores MI 48236-2401  5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Owner Employer Big Boy Restaurants Internatio  |           |  |
| Business 4199 Marcy St Address Warren MI 48091-1733   |           |  |
| Type of Contribution: 🛛 Direct 🔲 Loan from a person 🔲 Fund Raiser   |           |  |
| 3. Contribution # 16 PAC Receipt?   YES 4. Date of Receipt 02/04/2010   | 3000.00   | 3400.00  |
| Name: Benjamin Aloia Address: 54439 White Spruce Ln   |           |  |
| Shelby Township MI 48315-1468   |           |  |
| 5. If over \$100.00 cumulative, please provide:  Occupation Attorney Employer Self Employed   |           |  |
|   |           |  |
| Business Address Address Address 48 S. Main St. Suite 3 Mount Clemens MI 48043  |           |  |
| Type of Contribution: Direct  |           |  |
| Page Subtotal   | 4900.00   |  |
| Grand Total of Ali Schedules 1A<br>(Complete on last page of Schedule)  |           |  |

| 1. Committee I.D. Number | 013853-3 |  |
|--------------------------|----------|--|
|--------------------------|----------|--|

| 2. Committee Name | Mark Hackel for County Executive |  |
|-------------------|----------------------------------|--|
|                   |                                  |  |

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.  | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
|--|-----------|--|
| 3. Contribution # 17 PAC Receipt? ☐ YES 4. Date of Receipt 02/04/2010  | 400.00    | 2400.00  |
| Name: Benjamin Aloia   | 400.00    | 3400.00  |
| Address:54439 White Spruce Ln  |           |  |
| Shelby Township MI 48315-1468  5. If over \$100.00 cumulative, please provide:   | ·         |  |
| Occupation Attorney Employer Self Employed   |           |  |
| Business 48 S. Main St. Suite 3 Address Mount Clemens Mt -48043  |           |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser  |           |  |
| 3. Contribution # 18 PAC Receipt? X YES 4. Date of Receipt 02/08/2010  | 3000.00   | 3000.00  |
| Name: Plunkett Cooney P.C. Political Action Committee  | 3000.00   | 3000.00  |
| Address: 38505 Woodward Ave  |           |  |
| Ste 2000<br>Bloomfield Hills MI 48304-5096   |           |  |
| 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Employer  |           |  |
| Business Address   |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  |           |  |
| 3. Contribution # 19 PAC Receipt? ☐ YES 4. Date of Receipt 02/08/2010  | 200.00    | 000.00   |
| Name: Matthew C Smith  | 300.00    | 300.00   |
| Address: 890 Darwin Place Dr   |           |  |
| Rochester MI 48307   |           |  |
| 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Exclusive Financial Employer Allstate Financial   |           |  |
| Business 4301 S Baldwin Rd   |           |  |
| Address Orion MI 48359-2107  |           |  |
| Type of Contribution: Direct   |           |  |
| 3. Contribution # 20 PAC Receipt? ☐ YES 4. Date of Receipt 02/08/2010  | 600.00    | 600.00   |
| Name: Charles E Turnbull   | 000.00    | 600.00   |
| Address:53957 Sutherland Court   |           |  |
| Shelby Township MI 48316   |           |  |
| 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Attorney Employer O'Reilly Rancilio   |           |  |
| Business Address Addre |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  |           |  |
|  |           |  |
| Page Subtotal  | 4300.00   |  |
| Grand Total of All Schedules 1A  | 7.221.    |  |
| (Complete on last page of Schedule)  |           |  |

### SCHEDULE 1A CANDIDATE COMMITTEE

| 1. Committee I.D. Number | 013853-3 | <br> |
|--------------------------|----------|------|
|                          |          |      |

2. Committee Name Mark Hackel for County Executive

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount                             | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
|---|---------------------------------------|--|
| 3. Contribution # 21 PAC Receipt? ☐ YES 4. Date of Receipt 02/09/2010   | 300.00                                | E00.00   |
| Name: Mr. Gebran S Anton  | 300.00                                | 500.00   |
| Address:1 Sycamore Lane   |                                       |  |
| Grosse Pointe MI 48230  5. If over \$100.00 cumulative, please provide:  Occupation Real Estate Broker-Developer Employer Anton Management Group, LLC   |                                       |  |
| Business 79 Macomb PI   |                                       |  |
| Address Mount Clemens MI 48043-5625   |                                       |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |                                       |  |
| 3. Contribution # 22 PAC Receipt? ☐ YES 4. Date of Receipt 02/09/2010   | 200.00                                | 500.00   |
| Name: Mr. Gebran S Anton  | 200.00                                | 500.00   |
| Address:1 Sycamore Lane   |                                       |  |
| Grosse Pointe MI 48230  5. If over \$100.00 cumulative, please provide:  Occupation Real Estate Broker-De- Employer Anton Management Group, LLC   |                                       |  |
| Business 79 Macomb PI   |                                       |  |
| Address Mount Clemens MI 48043-5625   |                                       |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser   |                                       |  |
| 3. Contribution # 23 PAC Receipt? ☐ YES 4. Date of Receipt 02/09/2010   | 300.00                                | 200.00   |
| Name: Matthew K Casey<br>Address:6960 Kirkridge Ct.   | 300.00                                | 300.00   |
| Shelby Township MI 48316 5. If over \$100.00 cumulative, please provide:  | · · · · · · · · · · · · · · · · · · · |  |
| Occupation Attorney Employer O'Reilly Rancilio  |                                       |  |
| Business 12900 Hall Rd Ste 350 Sterling Heights Mt 48313-1174   |                                       |  |
| Type of Contribution: Direct  |                                       |  |
| 3. Contribution # 24 PAC Receipt? ☐ YES 4. Date of Receipt 02/09/2010   |                                       |  |
| Name: Anthony Catenacci Address: 16050 Timberview Drive   | 3000.00                               | 3400.00  |
|   |                                       |  |
| Clinton Township MI 48036 5. If over \$100.00 cumulative, please provide:   |                                       |  |
| Occupation CEO Employer Continental Plastics  |                                       |  |
| Business 33525 Groesbeck Hwy  |                                       |  |
| Address Fraser MI 48026   |                                       |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |                                       |  |
| Page Subtotal   | 3800.00                               |  |
| Grand Total of All Schedules 1A (Complete on last page of Schedule)   |                                       |  |

| 1. Committee I.D. Number | 013853-3 |
|--------------------------|----------|
|--------------------------|----------|

|                                    | Made Hashalf or the or           |
|------------------------------------|----------------------------------|
| <ol><li>Committee Name _</li></ol> | Mark Hackel for County Executive |

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
|---|-----------|--|
| Contribution # 25 PAC Receipt?    YES   | 400.00    | 3400.00  |
| Address: 16050 Timberview Drive   |           |  |
| Clinton Township MI 48036 5. If over \$100.00 cumulative, please provide:   |           |  |
|   |           |  |
| Business 33525 Groesbeck Hwy Address Fraser Mt 48026  |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 26 PAC Receipt? X YES 4. Date of Receipt 02/09/2010   | 600.00    | 600.00   |
| Name: Huntington National Bank - Michigan PAC  Address: 801 W. Big Beaver   | 000.00    | 000.00   |
| Troy MI 48084  5. If over \$100.00 cumulative, please provide:  Occupation Employer   |           |  |
| Business Address  Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 27 PAC Receipt?   YES 4. Date of Receipt 02/09/2010   |           |  |
| Name: Patrick Kosanke<br>Address: 20995 Santia Ct.  | 300.00    | 300.00   |
| Clinton Township MI 48038  5. If over \$100.00 cumulative, please provide:  Occupation Employer Merrill Lynch   |           | :  |
| 45000 Diver Bidge Dr  |           |  |
| Address Clinton Township ML 48038-5587  |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 28 PAC Receipt?   YES 4. Date of Receipt 02/09/2010   | 200.00    | 200.00   |
| Name: Kris J Rusak<br>Address:13198 Towering Oaks Dr  | 300.00    | 300.00   |
| Shelby Township MI 48315-1326  5. If over \$100.00 cumulative, please provide:  Occupation Agency Owner Employer Allstate Financial   |           |  |
| Business 37244 Groesbeck Suite 3 Clinton Township MI 48036  |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| Page Subtotal   | 1600.00   |  |
| Grand Total of All Schedules 1A   | ,000.00   |  |
| (Complete on last page of Schedule)   |           |  |

| 1. Committee I.D. Number | 013853-3                              |
|--------------------------|---------------------------------------|
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2. Committee Name Mark Hackel for County Executive

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
|---|-----------|--|
| 3. Contribution # 29 PAC Receipt? ☐ YES 4. Date of Receipt 02/10/2010   |           |  |
| Name: Anthony Bologna<br>Address: 1118 Royal Ave  | 600.00    | 600.00   |
| Royal Oak MI 48073-5707  5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Attorney Employer Ackerman & Ackerman  |           |  |
| Business Address Bloomfield Hills Mt 48304  |           |  |
| Type of Contribution: 🛛 Direct 🔲 Loan from a person 🔲 Fund Raiser   |           |  |
| 3. Contribution # 30 PAC Receipt? ☐ YES 4. Date of Receipt 02/10/2010   | 200.00    |  |
| Name: Nina R Bologna  | 300.00    | 300.00   |
| Address: 15575 N. Royal Doulton Blvd  |           |  |
| Clinton Township MI 48038 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Homemaker Employer Homemaker   |           |  |
| Business<br>Address   |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 31 PAC Receipt?   9 YES 4. Date of Receipt 02/10/2010   | 4500.00   |  |
| Name: David C Femminineo  | 1500.00   | 1700.00  |
| Address: 61848 Bunker Hill Dr.  |           |  |
| Washington MI 48094 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Business Owners Employer Femminineo Attorneys PLLC   |           |  |
| Business 110 S Main St  |           |  |
| Address Mount Clemens MI 48043-2380   |           |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 32 PAC Receipt?   YES 4. Date of Receipt 02/10/2010   |           |  |
| Name: David C Femminineo<br>Address:61848 Bunker Hill Dr.   | 200.00    | 1700.00  |
| Washington MI 48094   |           |  |
| 5. If over \$100.00 cumulative, please provide:  Occupation Business Owners Employer Femminineo Attorneys PLLC  |           |  |
|   |           |  |
| Business 110 S Main St Address Mount Clemens Mt. 48043-2380   |           |  |
| MATHEMATICAL TO 40/751-23HU   |           |  |
| Type of Contribution: Direct  |           |  |
| Page Subtotal   | 2600.00   |  |
| Grand Total of All Schedules 1A (Complete on last page of Schedule)   |           |  |

| 1. Committee I.D. Nun | nber 013853-3                    |
|-----------------------|----------------------------------|
| 2. Committee Name     | Mark Hackel for County Executive |

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt ) |
|---|-----------|---|
| 3. Contribution # 33 PAC Receipt? ☐ YES 4. Date of Receipt 02/10/2010   |           |   |
| Name: Jacob M Femminineo, Jr. Address: 136 South Wilson Blvd  | 200.00    | 1700.00   |
| Mount Clemens MI 48043  5. If over \$100.00 cumulative, please provide:  Occupation Business Owner Employer Femminineo Attorneys PLLC   |           |   |
| Business 110 S Main St Address Mount Clemens MI 48043-2380  |           |   |
| Type of Contribution: Direct    Loan from a person    Fund Raiser   |           |   |
| 3. Contribution # 34 PAC Receipt?   YES 4. Date of Receipt 02/10/2010   |           |   |
| Name: Jacob M Femminineo, Jr.<br>Address:136 South Wilson Blvd  | 1500.00   | 1700.00   |
| Mount Clemens MI 48043  5. If over \$100.00 cumulative, please provide:  Occupation Business Owner Employer Femminineo Attorneys PLLC   |           |   |
| Business 110 S Main St Address Mount Clemens Mt 48043-2380  |           |   |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser   |           |   |
| 3. Contribution # 35 PAC Receipt?   YES 4. Date of Receipt 02/10/2010   |           |   |
| Name: William A Harding Address:53565 Oak Grove Dr.   | 300.00    | 300.00  |
| Shelby Township MI 48315  5. If over \$100.00 cumulative, please provide:   |           |   |
| Occupation _Attorney  |           |   |
| 1 C Main Ct   |           |   |
| Business 1.5 Main St<br>Address Mount Clemens MI 48043-2306   |           |   |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   | }         |   |
| 3. Contribution # 36 PAC Receipt?   YES  4. Date of Receipt  02/10/2010   | 300.00    | 300.00  |
| Name: G. Timothy Moore  |           | 000.00  |
| Address: 37201 Willow Lane  |           |   |
| Clinton Township MI 48036 5. If over \$100.00 cumulative, please provide:   |           |   |
| Occupation Attorney Employer O'Reilly Rancilio  |           |   |
| Business 12900 Hall Rd Ste 350 Address Sterling Heights MI 48313-1174   |           |   |
| Type of Contribution: Direct  |           |   |
| Turio Raiser  |           |   |
| Page Subtotal   | 2300.00   |   |
| Grand Total of All Schedules 1A   |           |   |

| 1. Committee I.D. Number |      | 013853-3                      |
|--------------------------|------|-------------------------------|
| 2. Committee Name_       | Marl | k Hackel for County Executive |

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|---|-----------|--|
| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3. Contribution # 37 PAC Receipt?   YES  4. Date of Receipt  02/10/2010   | 2000.00   | 2000.00  |
| Name: Mr. Patrick Simasko<br>Address:14989 25 Mile Rd   | 3000.00   | 3000.00  |
| Shelby Township MI 48315-6703  5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Attorney Employer Simasko, Simasko & Simasko, P.   |           |  |
| Business 319 N. Gratiot Address Mount Clemens MI 48043  |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 38 PAC Receipt?   YES 4. Date of Receipt 02/11/2010  Name: Jeffrey A Bahorski   | 300.00    | 300.00   |
| Address: 3210 Farmdale Dr.  |           |  |
| Sterling Heights MI 48314  5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Attorney Employer O'Reilly Rancilio  |           |  |
| Business Address Address 12900 Hall Road Suite 350 Sterling Heights MI 48313  |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  3. Contribution # 39 PAC Receipt? ☐ YES 4. Date of Receipt 02/11/2010  |           |  |
|   | 3000.00   | 3000.00  |
| Name: Anthony L Soave   |           |  |
| Address: 423 Lake Shore Rd  |           |  |
| Grosse Pointe Farms MI 48236-3046  5. If over \$100.00 cumulative, please provide:  Occupation President/CEO Employer Soave Enterprises   |           |  |
|   |           |  |
| Business 3400 E Lafayette St Address Detroit Mt 48207-4962  |           |  |
| Address Detroit Mt 48207-4962  Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  |           |  |
| 3. Contribution # 40 PAC Receipt? □ YES 4. Date of Receipt 02/12/2010   |           |  |
| Name: Anthony V Catenacci   | 300.00    | 300.00   |
| Address:38529 River Park Dr   |           |  |
| Sterling Heights MI 48313-5779  5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Owner Employer Pine Knob   |           |  |
| Business 5580 Waldon Rd.  |           |  |
| Address Clarkston Mt 48348  |           |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| Page Subtotal   | 6600.00   |  |
| Grand Total of All Schedules 1A (Complete on last page of Schedule)   |           |  |

| 1. Committee I.D. Nur | mber _ | 013853-3                    |
|-----------------------|--------|-----------------------------|
| 2. Committee Name     | Mark   | Hackel for County Executive |

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.  | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt ) |
|--|-----------|---|
| 3. Contribution # 41 PAC Receipt?   YES 4. Date of Receipt 02/12/2010  | 3000.00   | 3000.00   |
| Name: John Latella<br>Address:16906 Newbury Ave  | 0000.00   | 3000.00   |
| Macomb MI 48044-4099 5. If over \$100.00 cumulative, please provide:   |           |   |
| Occupation CFO Employer Garden Fresh Salsa Co., Inc.   |           |   |
| Business 1505 Bonner Address Ferndale MI 48220   |           |   |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  3. Contribution # 42 PAC Receipt? ☐ YES 4. Date of Receipt 02/12/2010   |           |   |
| O. Conditional P. L. Condition of the Co | 3000.00   | 3000.00   |
| Name: Mr. James B Nicholson<br>Address:222 Cloverly Road   |           |   |
| Grosse Pointe Farms MI 48236 5. If over \$100.00 cumulative, please provide:   |           |   |
| Occupation President & CEO Employer PVS Chemicals, Inc.  |           |   |
| Business 10900 Harper Avenue Address Detroit MI 48213  |           |   |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  |           |   |
| 3. Contribution # 43 PAC Receipt? D YES 4. Date of Receipt 02/12/2010  | 300.00    | 300.00  |
| Name: Mr. Craig S Schoenherr Sr.  Address: 27655 Old Colony  |           |   |
| Farmington Hills MI 48334 5. If over \$100.00 cumulative, please provide:  |           |   |
| Occupation Attorney Employer O'Reilly Rancilio   |           |   |
| Business 12900 Hall Road Suite 350 Address Sterling Heights ML 48313   |           |   |
| Type of Contribution: Direct Loan from a person Fund Raiser  3 Contribution # 44 PAC Receipt? PYES 4. Date of Receipt 02/15/2010   |           |   |
|  | 300.00    | 300.00  |
| Name: Raymond J Ghersi   |           |   |
| Address:16128 Millar Rd  |           |   |
| Clinton Township MI 48036-1629  5. If over \$100.00 cumulative, please provide:  |           |   |
| Occupation Trustee Employer City of Bloomfield Hills   |           |   |
| Business 43940 Woodward Ave<br>Ste 200<br>Address Bloomfield Hills MI 48302-5026   |           |   |
| Type of Contribution: Direct Loan from a person Fund Raiser  |           |   |
| Page Subtotal  | 6600.00   |   |
| Grand Total of All Schedules 1A (Complete on last page of Schedule)  |           |   |

| 1. Committee I.D. Numb | er 013853-3                      |
|------------------------|----------------------------------|
| 2. Committee NameN     | lark Hackel for County Executive |

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|--|-----------|--|
| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3. Contribution # 45 PAC Receipt? ☐ YES 4. Date of Receipt 02/15/2010  | 400.00    | 3400.00  |
| Name: Michael Santeufemia Address:684 Morningside Lane   |           |  |
| Grosse Pointe Woods MI 48236  5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Attorney Employer Seyburn, Kahn, Ginn, Bess & Se  |           |  |
| Business 2000 Town Center Suite 1500 Southfield MI 48075-1195  |           |  |
| Type of Contribution:   Direct   |           |  |
| 3. Contribution # 46 PAC Receipt? ☐ YES 4. Date of Receipt 02/15/2010  | 3000.00   | 3400.00  |
| Name: Michael Santeufemia  |           |  |
| Address: 684 Morningside Lane  |           |  |
| Grosse Pointe Woods MI 48236 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Attorney Employer Seyburn, Kahn, Ginn, Bess & Se  |           |  |
| Business Suite 1500 Address Southfield Mt 48075-1195   |           |  |
| Type of Contribution: Direct Loan from a person Fund Raiser  |           |  |
| 3. Contribution # 47 PAC Receipt? ☐ YES 4. Date of Receipt 02/16/2010  | 300.00    | 300.00   |
| Name: Mr. Thomas Guastello   |           |  |
| Address:   |           |  |
| 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation President Employer Center Management  |           |  |
|  |           |  |
| Business 300 Park St<br>Suite 410  |           |  |
| Address Birmingham Mt 48009-3429  Type of Contribution:   Direct   Loan from a person   Fund Raiser  |           |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser  3. Contribution # 48 PAC Receipt? ☐ YES 4. Date of Receipt ☐ 02/16/2010   | 1000.00   | 1200.00  |
| Name: Peter J Lucido   | 1200.00   | 1200.00  |
| Address:14601 Breza Dr   |           |  |
| Shelby Township MI 48315-2073  5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Attorney Employer Business Owner  |           |  |
| 20000 Confield Dd  |           |  |
| Business 3999 Gameid Rd Address Clinton Township MI 48038-4098   |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  |           | 1  |
| Page Subtotal  | 4900.00   |  |
| Grand Total of All Schedules 1A  |           |  |
| (Complete on last page of Schedule)  | L         | <b></b>  |

| 1. Committee 1.D. Number | or 013853-3                     |
|--------------------------|---------------------------------|
| 2. Committee Name N      | ark Hackel for County Executive |

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|-----------|---|
| 3. Contribution # 49 PAC Receipt?   YES 4. Date of Receipt 02/16/2010   | 300.00    | 300.00  |
| Name: Rihab Marashi<br>Address:25899 Lila Ln  |           |   |
| Dearborn Heights MI 48127  5. If over \$100.00 cumulative, please provide:  |           |   |
| Occupation Insurance Employer AXA Advisors  |           |   |
| Business 35 Turnberry Ln Address Dearborn Mt 48120  |           |   |
| Type of Contribution: Direct  |           |   |
| 3. Contribution # 50 PAC Receipt?   YES 4. Date of Receipt 02/16/2010   | 200.00    | 200.00  |
| Name: Sophie Nemeth   |           |   |
| Address: 2 John R   |           |   |
| Detroit MI 48226  5. If over \$100.00 cumulative, please provide:   |           |   |
| Occupation Partner Employer Great Lakes Baking Company  |           |   |
| Business 14430 Dexter Avenue P.O. Box 38027 Address Detroit MI 48238  |           |   |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser   |           |   |
| 3. Contribution # 51 PAC Receipt?   YES 4. Date of Receipt 02/16/2010   | 200.00    | 200.00  |
| Name: Greg Tatarian   |           |   |
| Address:4470 Rue Demers   |           |   |
| West Bloomfield MI 48323 5. If over \$100.00 cumulative, please provide:  |           |   |
| Occupation Partner Employer Great Lakes Baking Company  |           |   |
| Business 14430 Dexter Avenue  | :         |   |
| Address Detroit MI 48238  |           |   |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser  3. Contribution # 52 PAC Receipt? ☐ YES 4. Date of Receipt ☐ 02/17/2010  |           |   |
| 3. Contribution # 52 PAC Necespti Li 120  | 3000.00   | 3000.00   |
| Name: Mr. Steve Mancini   |           |   |
| Address: 37532 Hidden Valley Ct   |           |   |
| Clinton Township MI 48036-3669  5. If over \$100.00 cumulative, please provide:   |           |   |
| Occupation Owner Employer Ric-Man Construction / Mancini  |           |   |
| Rusinoss 6850 Nineteen Mile Road  |           |   |
| Business Address Sterling Heights MI 48314  |           |   |
| Type of Contribution:  Direct   |           |   |
| Page Subtotal   | 3700.00   |   |
| Grand Total of All Schedules 1A (Complete on last page of Schedule)   |           |   |

| 1. Committee I.D. Nu | mber _ | 013853-3                      |
|----------------------|--------|-------------------------------|
| 2. Committee Name_   | Marl   | k Hackel for County Executive |

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount.   | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
|--|-----------|--|
| 3. Contribution # 53 PAC Receipt?   YES  4. Date of Receipt  02/17/2010  | 300.00    | 300.00   |
| Name: Lawrence M Scott   |           |  |
| Address:38447 Huron Pointe Dr  |           |  |
| Harrison Township MI 48045-2840  5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Attorney Employer O'Reilly Rancilio   |           |  |
| Business 12900 Hall Rd Ste 350 Sterling Heights MI 48313-1174  |           |  |
| Type of Contribution: Direct Loan from a person Fund Raiser  |           |  |
| 3. Contribution # 54 PAC Receipt? X YES 4. Date of Receipt 02/18/2010  | 600.00    | 900.00   |
| Name: Committee for Sound Government   |           |  |
| Address:One Woodward Avenue Suite 2400   |           |  |
| Detroit MI 48226 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Employer  |           |  |
| Business<br>Address  |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  |           |  |
| 3. Contribution # 55 PAC Receipt? X YES 4. Date of Receipt 02/18/2010  | 300.00    | 900.00   |
| Name: Committee for Sound Government   |           |  |
| Address: One Woodward Avenue Suite 2400 Detroit MI 48226  5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Employer  |           |  |
| Business   |           |  |
| Address  |           |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser  3. Contribution # 56 PAC Receipt? ☐ YES 4. Date of Receipt ☐ 02/18/2010   |           |  |
| o. Consideration of the control of t | 10.00     | 10.00  |
| Name: Timothy A Johnson Address: 23224 Robert John St  |           |  |
| Saint Clair Shores MI 48080-2609   |           |  |
| 5. If over \$100.00 cumulative, please provide:  |           |  |
| OccupationEmployer   |           | <u>.</u>   |
| Business<br>Address  |           |  |
| Type of Contribution: Direct   |           |  |
| Page Subtotal  | 1210.00   |  |
| Grand Total of All Schedules 1A  |           | 1  |
| (Complete on last page of Schedule)  |           | J  |

| 1. Committee I.D. Nu | mber _ | 013853-3                      |
|----------------------|--------|-------------------------------|
| 2. Committee Name_   | Marl   | k Hackel for County Executive |

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
|---|-----------|--|
| 3. Contribution # 57 PAC Receipt?   YES 4. Date of Receipt 02/18/2010  Name: Mr. John A Nitz  | 600.00    | 600.00   |
| Address:57477 Willow Way Court  |           |  |
| Washington MI 48094-4220 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Attorney Employer O'Reilly Rancilio  |           |  |
| Business Address Address Hall Road Suite 350 Sterling Heights MI 48313  |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  3. Contribution # 58 PAC Receipt? ☐ YES 4. Date of Receipt 02/18/2010  |           |  |
| d. Schilledulin, 30   | 600.00    | 600.00   |
| Name: Chris Sieradzki Address:41221 Windmill  |           |  |
|   |           |  |
| Harrison Township MI 48045 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Bar Owner Employer Traffic Light Ltd   |           |  |
| Business 24500 Henry B Joy Blvd   |           |  |
| Address Mount Clemens MI 48043-6008   |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  3. Contribution # 59 PAC Receipt? ☐ YES 4. Date of Receipt 02/18/2010  |           |  |
| o. Contabadon a 55  | 250.00    | 250.00   |
| Name: Neil J Sosin  |           |  |
| Address: 5735 Forman Drive  |           |  |
| Bloomfield Hills MI 48301  5. If over \$100.00 cumulative, please provide:  Occupation Real Estate Developme- Employer Northern Equities Group  |           |  |
| 20000 Country Club Drive  |           |  |
| Address Earmington Hills MI 48331   |           |  |
| Type of Contribution: Direct  |           |  |
| 3. Contribution # 60 PAC Receipt? ☐ YES 4. Date of Receipt 02/18/2010   | 300.00    | 300.00   |
| Name: David E Weber Address:7177 Frampton W.  | 000.00    | 000.00   |
| Washington MI 48095 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Self Employed Employer Harvest Homes LLC   |           |  |
| Business 7177 Frampton W.   |           |  |
| Address Washington MI 48095  Type of Contribution: Direct  Loan from a person  Fund Raiser  |           |  |
| Type of Continuouson. W Direct D Coall from a person D 7 and Raiser   |           |  |
| Page Subtotal   | 1750.00   |  |
| Grand Total of All Schedules 1A<br>(Complete on last page of Schedule)  |           |  |

| 1. Committee I.D. Number | er 013853-3                      |
|--------------------------|----------------------------------|
| 2 Committee Name M       | lark Hackel for County Executive |

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|---|-----------|---|
| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt ) |
| 3. Contribution # 61 PAC Receipt?   YES 4. Date of Receipt 02/19/2010   | 600.00    | 750.00  |
| Name: Thomas Buchanan<br>Address:4096 Bold Mdws   | 600.00    | 750.00  |
| Rochester MI 48306  5. If over \$100.00 cumulative, please provide:  Occupation Construction Manageme- Interval Employer Kasco  | :         |   |
| Occupation nt Employer Kasco  |           |   |
| Business 226 E. Hudson Address Royal Oak MI 48067   |           |   |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser   |           |   |
| 3. Contribution # 62 PAC Receipt?   YES  4. Date of Receipt  02/19/2010   | 150.00    | 750.00  |
| Name: Thomas Buchanan<br>Address:4096 Bold Mdws   |           |   |
| Rochester MI 48306  5. If over \$100.00 cumulative, please provide:  Occupation Construction Manageme- Employer Kasco   |           |   |
|   |           |   |
| Business 226 E. Hudson Address Royal Oak MI 48067   |           |   |
| Address Royal Oak MI 48067  Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |   |
| 3. Contribution # 63 PAC Receipt? ☐ YES 4. Date of Receipt 02/19/2010   | 3000.00   | 3000.00   |
| Name: Frank E Lashier, Jr. Address: 72856 Teal Ct.  | 3000.00   | 3000.00   |
| Romeo MI 48065-3917 5. If over \$100.00 cumulative, please provide:   |           |   |
| Occupation President Employer Dominion Tool & Die Co., Inc.   |           |   |
| Business 15736 Sturgeon St  |           |   |
| Address Roseville MI 48066-1817   |           |   |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser   |           |   |
| 3. Contribution # 64 PAC Receipt?   YES 4. Date of Receipt 02/19/2010   | 3000.00   | 3000.00   |
| Name: Mike Magnoli  |           | 1   |
| Address: 6402 Baypoint Dr   |           |   |
| Washington MI 48094-1248 5. If over \$100.00 cumulative, please provide:  | :         |   |
| Occupation Owner Employer Santinos Restaurant   |           |   |
| Business 59227 Van Dyke Rd  |           |   |
| Address Washington MI 48094-2205  |           |   |
| Type of Contribution: Direct Loan from a person Fund Raiser   |           |   |
| Page Subtotal   | 6750.00   |   |
| Grand Total of All Schedules 1A<br>(Complete on last page of Schedule)  |           |   |

| 1. Committee I.D. Number | 013853-3 |  |
|--------------------------|----------|--|
|                          |          |  |

2. Committee Name Mark Hackel for County Executive

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through |
|---|-----------|--|
| amount.  3. Contribution # 65 PAC Receipt?   U YES 4. Date of Receipt 02/19/2010  | 2000.00   | date of receipt )  |
| Name: Paul J Shamo  | 3000.00   | 3000.00  |
| Address: 38047 Huron Pointe   |           |  |
| Harrison Township MI 48045  5. If over \$100.00 cumulative, please provide:  Occupation Business Owner Employer Taylor Ford   |           |  |
| Occupation Business Owner Employer Taylor Ford  |           |  |
| Business 10725 S. Telegraph Address Taylor MI 48180   |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 66 PAC Receipt? D YES 4. Date of Receipt 02/19/2010   | 2000.00   | 2000 00  |
| Name: Mr. Anthony J Viviano   | 3000.00   | 3000.00  |
| Address:4751 Lockwood   | [         |  |
| Washington MI 48094 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Owner Employer Sterling Heights Dodge  |           |  |
| Business 40111 Van Dyke Ave Address Sterling Heights MI 48313-3730  |           |  |
| Address Sterling Heights MI 48313-3730  Type of Contribution:  Direct  Loan from a person  Fund Raiser  |           |  |
| 3. Contribution # 67 PAC Receipt?   YES 4. Date of Receipt 02/20/2010   |           |  |
| Name: Paul Aragona  | 900.00    | 900.00   |
| Address: 37020 Garfield Rd.   |           |  |
| Clinton Twp. MI 48036-3645 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation President Employer Aragona Properties  |           |  |
| Rusiness 37020 Garfield Rd  |           |  |
| Address Ste T-A Address Clinton Twp MI 48036-3645   |           |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 68 PAC Receipt? ☐ YES 4. Date of Receipt 02/20/2010   | 600.00    | 600.00   |
| Name: Ernest E Chang Address: 7523 Pear Tree Lane   | 000.00    |  |
| Sylvania OH 43560   |           |  |
| 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Civil Engineering Employer Northwest Consultants   |           |  |
| Business 3220 Central Park West Dr.   |           |  |
| Address <u>Toledo OH 43617</u> Type of Contribution:  Direct  |           |  |
| Type of Commission. La Direct La Commission a person La Fund Raiser   |           |  |
| Page Subtotal   | 7500.00   |  |
| Grand Total of All Schedules 1A (Complete on last page of Schedule)   |           |  |

#### SCHEDULE 1A CANDIDATE COMMITTEE

| 1. Committee I.D. Nu | mber _ | 013853-3                      |  |
|----------------------|--------|-------------------------------|--|
| 2. Committee Name    | Marl   | k Hackel for County Executive |  |

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
|--|-----------|--|
| 3. Contribution # 69 PAC Receipt? ☐ YES 4. Date of Receipt 02/20/2010  | 300.00    | 300.00   |
| Name: John A Russo<br>Address:37507 Hidden Valley Ct.  | 000.00    | 000.00   |
| Clinton Township Mt 48036  5. If over \$100.00 cumulative, please provide:  Occupation Car Dealer Employer Blue Water Chrysler   |           |  |
|  |           |  |
| Business 4080 24th Avenue Address Fort Gration MI 48059  |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  |           |  |
| 3. Contribution # 70 PAC Receipt?   YES  4. Date of Receipt  02/20/2010  | 200.00    | 222.00   |
| Name: Michele M Viviano  | 600.00    | 600.00   |
| Address: 17930 Eider Dr.   |           |  |
| Clinton Township MI 48038-7406   |           |  |
| 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Homemaker Employer Homemaker  |           |  |
| Business<br>Address  |           |  |
| Type of Contribution: 🛛 Direct 🔲 Loan from a person 🔲 Fund Raiser  |           |  |
| 3. Contribution # 71 PAC Receipt?   YES 4. Date of Receipt 02/20/2010  | 3000.00   | 3000.00  |
| Name: Jeffrey D Weisserman   | 3000.00   | 3000.00  |
| Address:28960 Willow Creek St  |           |  |
| Farmington Hills MI 48331-2677 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Lawyer Employer Trott and Trott   |           |  |
| Business Address Address Address Address Address Address   |           |  |
| Type of Contribution:  Direct  |           |  |
| 3. Contribution # 72 PAC Receipt?   YES 4. Date of Receipt 02/22/2010  | 1000.00   |  |
| Name: James W Galloway, Jr.  | 1200.00   | 1200.00  |
| Address:61624 Bunker Hill  |           |  |
| Washington MI 48094 5. If over \$100.00 cumulative, please provide:  | !         |  |
| Occupation Owner Employer Jet's America  |           |  |
| 27504 Name d   |           |  |
| Business 3/501 Mound Address Sterling Heights MI 48310   |           |  |
| Type of Contribution:  Direct  |           |  |
|  |           |  |
| Page Subtotal  | 5100.00   |  |
| Grand Total of All Schedules 1A (Complete on last page of Schedule)  |           |  |

| 1. Committee I.D. Nur | nber _ | 013853-3     | 3      |           | · · · · · · · · · · · |
|-----------------------|--------|--------------|--------|-----------|-----------------------|
| 2. Committee Name_    | Mar    | k Hackel for | County | Executive |                       |

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
|---|-----------|--|
| 3. Contribution # 73 PAC Receipt? X YES 4. Date of Receipt 02/22/2010   | 1200.00   | 1200.00  |
| Name: GCSI 21st Century PAC Address: 3711 Beechtree Lane  | ,200.00   | .230.00  |
| Okemos MI 48864 5. If over \$100.00 cumulative, please provide:   |           |  |
| OccupationEmployer  |           |  |
| Business<br>Address   |           |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 74 PAC Receipt? ☐ YES 4. Date of Receipt 02/22/2010   | 600.00    | 600.00   |
| Name: Jie Luo<br>Address:45394 Remington Ct.  |           |  |
| Canton MI 48188  5. If over \$100.00 cumulative, please provide:  Occupation Civil Engineer Employer Northwest Consultants, Inc.  |           |  |
| Business 44978 Ford Road Suite A Canton, MI 48187   |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 75 PAC Receipt? ☐ YES 4. Date of Receipt 02/22/2010   | 3000.00   | 3000.00  |
| Name: Wayne M Wudyka  |           |  |
| Address: 433 Puritan Ave  |           |  |
| Birmingham MI 48009-4633 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Founder Employer Certified Restoration Dryclean  |           |  |
| Business 2060 Coolidge Hwy  |           | ]  |
| Address Berkley MI 48072-1546   |           |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser  3. Contribution # 76 PAC Receipt? ☐ YES 4. Date of Receipt ☐ 02/22/2010  |           |  |
| 5. Contabation 70 Trice recorpting 70   | 600.00    | 600.00   |
| Name: Stephen H Zimmerman Address: 308 Chesterfield Parkway   |           |  |
| East Lansing MI 48823   |           |  |
| 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Attorney Employer Dykema Gossett, PLLC   |           |  |
| Business 400 Renaissance Ctr  |           |  |
| Address Detroit MI 48243-1607  Type of Contribution: MI Direct I Loan from a person I Fund Raiser   |           |  |
| Type of Contribution: Direct  |           |  |
| Page Subtotal   | 5400.00   |  |
| Grand Total of All Schedules 1A (Complete on last page of Schedule)   |           |  |
| (5  |           |  |

| 1. Committee I.D. Nun | nber _ | 013853-3                      |
|-----------------------|--------|-------------------------------|
| 2. Committee Name _   | Mark   | k Hackel for County Executive |

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
|---|-----------|--|
| 3. Contribution # 77 PAC Receipt? ☐ YES 4. Date of Receipt 02/23/2010   | 600.00    | 600.00   |
| Name: Dominic Abbate Address: 2500 Royal View Dr.   | 000.00    | 000.00   |
| Oakland MI 48363 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Insurance Sales Employer Self Employed   |           |  |
| Business  |           |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser  3. Contribution # 78 PAC Receipt? ☐ YES 4. Date of Receipt 02/23/2010  | <u> </u>  |  |
| 5. Commodulation 70 The receipt 2 Test and a second 1   | 300.00    | 300.00   |
| Name: Mr. Jim Arnone<br>Address:47696 Beacon Square Dr.   |           |  |
| Macomb MI 48044  5. If over \$100.00 cumulative, please provide:  Occupation Business Owner Employer Dooleys  |           |  |
| Business 12414 Hall Road Address Sterling Heights MI 48313  Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 79 PAC Receipt? ☐ YES 4. Date of Receipt 02/23/2010   | 300.00    | 300.00   |
| Name: Laurie Arora Address: 1169 Devonshire Road  |           |  |
| Grosse Pointe Park MI 48230 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Homemaker Employer self employed   |           |  |
| Business<br>Address   |           |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 80 PAC Receipt?   YES 4. Date of Receipt 02/23/2010  Name: George M Curis   | 300.00    | 300.00   |
| Address: 37362 Fiore Trail  |           |  |
| Clinton Township MI 48036  5. If over \$100.00 cumulative, please provide:  Occupationnts)  |           |  |
| Business 21115 Mack Ave   |           |  |
| Address Grosse Pointe Woods MI 48236-1043  Type of Contribution: Direct Loan from a person Fund Raiser  |           |  |
| Page Subtotal   | 1500.00   |  |
| Grand Total of All Schedules 1A   | ,523.00   | 1  |
| (Complete on last page of Schedule)   | i .       | 1  |

| 1. Committee I.D. Number | 013853-3 |  |
|--------------------------|----------|--|
|                          |          |  |

| 2. Committee Name | Mark Hackel for County Executive |
|-------------------|----------------------------------|
|                   |                                  |

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.  | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
|--|-----------|--|
| 3. Contribution # 81 PAC Receipt? □ YES 4. Date of Receipt 02/23/2010  | 300.00    | 300.00   |
| Name: Michael Marcial<br>Address:42875 Rivergate Dr.   | 300.00    | 300.00   |
| Clinton Township MI 48038  5. If over \$100.00 cumulative, please provide:  Occupation Self Employed Employer Visions of Paradise Landscapin   |           |  |
| Business 54001 Van Dyke Ave Address Shelby Township MI 48316-1872  |           |  |
| Type of Contribution: Direct Loan from a person Fund Raiser  |           |  |
| 3. Contribution # 82 PAC Receipt?   YES 4. Date of Receipt 02/23/2010  | 200.00    | 200.00   |
| Name: Frank J Nicolella  | 300.00    | 300.00   |
| Address: 37548 Hidden Valley Drive   |           |  |
| Clinton Township MI 48036 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation General Manager Employer Nino Salvaggio   |           |  |
|  |           |  |
| Business 17496 Hall Rd   |           |  |
| Address <u>Clinton Township MI 48038-6922</u> Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  |           |  |
| Type of Contribution:   Direct  L Loan from a person  L Fund Raiser  3. Contribution # 83  PAC Receipt? □ YES  4. Date of Receipt  02/23/2010  |           |  |
| ,  | 300.00    | 300.00   |
| Name: Paul E Olinzock  |           |  |
| Address: 35855 Monterey Drive  |           |  |
| Clinton Township MI 48035-2395  5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Sales Employer CNI  |           |  |
| Business 1451 E Lincoln Ave  |           |  |
| Address Madison Heights MI 48071-4136  |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  |           |  |
| 3. Contribution # 84 PAC Receipt? D YES 4. Date of Receipt 02/23/2010  | 300.00    | 300.00   |
| Name: Mr. Joe Pagano   | 300.00    | 300.00   |
| Address: 3550 Everett Dr   |           |  |
| Rochester Hills MI 48307-5065  5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Attorney Employer Viviano & Viviano, PLLC   |           |  |
|  |           |  |
| Business 48 South Main St. Ste. 3 Address Mount Clemens MI 48043   |           |  |
| Address Mount Clemens ML 48043  Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  |           |  |
| The or service me show the service between the control of the service of the serv |           |  |
| Page Subtotal  | 1200.00   |  |
| Grand Total of All Schedules 1A (Complete on last page of Schedule)  |           |  |

| 1. Committee I.D. Nur | mber _ | 013853-3                      |
|-----------------------|--------|-------------------------------|
| 2. Committee Name_    | Marl   | k Hackel for County Executive |

|  | 1         |  |
|--|-----------|--|
| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3. Contribution # 85 PAC Receipt?   YES 4. Date of Receipt 02/23/2010  | 600.00    | 600.00   |
| Name: Joseph Viviano Address:4469 Reflections Drive  | 600.00    | 600.00   |
| Sterling Heights MI 48314  5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Attorney Employer Viviano & Viviano, PLLC   |           |  |
| Business 48 S Main St Ste 3 Address Mount Clemens MI 48043-7911  |           |  |
| Type of Contribution:  Direct  |           |  |
| 3. Contribution # 86 PAC Receipt? X YES 4. Date of Receipt 02/23/2010  | 200.00    | 300.00   |
| Name: Willis Victory Fund<br>Address:51532 Wilshire Ct   | 300.00    | 300.00   |
| New Baltimore MI 48047-6521  5. If over \$100.00 cumulative, please provide:   |           |  |
| OccupationEmployer   |           |  |
| Business<br>Address  |           |  |
| Type of Contribution: Direct Loan from a person Fund Raiser  |           |  |
| 3. Contribution # 87 PAC Receipt? ☐ YES 4. Date of Receipt 02/24/2010  | 600.00    | 600.00   |
| Name: Alan T Ackerman  |           |  |
| Address: 365 Pine Ridge Dr.  |           |  |
| Bloomfield Hills MI 48304 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Lawyer Employer Ackerman Ackerman & Dynkowski   |           |  |
| Business Address Address Hoomfield Hills MI 48304  |           |  |
| Type of Contribution:  Direct  |           |  |
| 3. Contribution # 88 PAC Receipt? D YES 4. Date of Receipt 02/24/2010  | 100.00    | 100.00   |
| Name: Al Amersdorfer   |           |  |
| Address:28402 Timothy Rd   |           |  |
| Chesterfield MI 48047-4863  5. If over \$100.00 cumulative, please provide:  |           |  |
| OccupationEmployer   |           |  |
| Business<br>Address  |           |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser  |           |  |
| Page Subtotal  | 1600.00   |  |
| Grand Total of All Schedules 1A (Complete on last page of Schedule)  |           | ]  |

| 1. Committee I.D. Nur | nber _ | 013853-3                    |
|-----------------------|--------|-----------------------------|
| 2. Committee Name_    | Mark   | Hackel for County Executive |

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
|--|-----------|--|
| 3. Contribution # 89 PAC Receipt? ☐ YES 4. Date of Receipt 02/24/2010  | 300.00    | 300.00   |
| Name: David H Fink   |           |  |
| Address: 3630 Pine Hill Court  | 1         |  |
| West Bloomfield MI 48323  5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Attorney Employer The Miller Law Firm, P.C.   |           |  |
| Business 950 W University Dr Ste 300 Address Rochester MI 48307-1887   |           |  |
| Type of Contribution: Direct   |           |  |
| 3. Contribution # 90 PAC Receipt?   YES 4. Date of Receipt 02/24/2010  | 300.00    | 300.00   |
| Name: Robert A Hindman   |           |  |
| Address: 49522 Keycove   |           |  |
| Chesterfield MI 48047 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Owner Employer American Graphics Printing Co.   |           |  |
| Business 34895 Groesbeck Hwy   |           |  |
| Address Clipton Township MI 48035-3366   |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  3 Contribution # 91 PAC Receipt? ☐ YES 4. Date of Receipt 02/24/2010  |           |  |
| , <u></u>  | 250.00    | 250.00   |
| Name: Andrea Jacklyn   |           |  |
| Address: 969 Huntington St   |           |  |
| Mount Clemens MI 48043-6413 5. If over \$100.00 cumulative, please provide:  |           | :  |
| Occupation Asst. Pros. Atty. Employer Eric Smith   |           |  |
| Business 1 S Main St   |           |  |
| Address Mount Clemens MI 48043-2306  |           |  |
| Type of Contribution: Direct Loan from a person Fund Raiser  3 Contribution # 92 PAC Receipt D YES 4 Date of Receipt 02/24/2010  |           |  |
| J. Contribution 72   | 900.00    | 900.00   |
| Name: William L Jarvis   |           |  |
| Address:49557 Compass Point Dr   |           |  |
| Chesterfield MI 48047-4352  5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Owner Employer Jarvis Restoration   |           |  |
| Business 41800 Executive Drive   |           |  |
| Address Harrison Township MI 48045   |           |  |
| Type of Contribution: 🛛 Direct 🔲 Loan from a person 🔲 Fund Raiser  |           |  |
| Page Subtotal  | 1750.00   |  |
| Grand Total of All Schedules 1A<br>(Complete on last page of Schedule)   |           |  |

| 1. Committee I.D. Nur | nber _ | 013853-3                      |
|-----------------------|--------|-------------------------------|
| 2. Committee Name_    | Marl   | k Hackel for County Executive |

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt ) |
|---|-----------|---|
| 3. Contribution # 93 PAC Receipt? ☐ YES 4. Date of Receipt 02/24/2010   | 300.00    | 300.00  |
| Name: Dale A Jurcisin Address:49603 Timber Trail  | 300.00    | 000.00  |
| Novi MI 48374  5. If over \$100.00 cumulative, please provide:  Occupation Attorney - self employer DAJ Consulting, LTD.  |           |   |
| Business 49603 Timber Trl Address   |           |   |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser  3. Contribution # 94 PAC Receipt? ☐ YES 4. Date of Receipt 02/24/2010  |           |   |
| Name: David Katz Address: 363 Saint Clair St  | 100.00    | 600.00  |
| Grosse Pointe MI 48230-1501  5. If over \$100.00 cumulative, please provide:  |           |   |
| Occupation Senior Vice President Employer DMC   |           |   |
| Business 3990 John R St Address Detroit Mt 48201-2018   |           |   |
| Type of Contribution: Direct Loan from a person Fund Raiser   |           |   |
| 3. Contribution # 95 PAC Receipt?   YES 4. Date of Receipt 02/24/2010   | 900.00    | 1000.00   |
| Name: Majlinda Preka<br>Address:3895 Cherry Creek Ln.   |           |   |
| Sterling Heights MI 48314 5. If over \$100.00 cumulative, please provide:   |           |   |
| Occupation Owner Employer Nobile Cleaning Services, Inc.  |           |   |
| Business 13854 Lakeside Cir Address Sterling Heights Mt 48313-1316  |           |   |
| Address Sterling Heights MI 48313-1316  Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |   |
| 3. Contribution # 96 PAC Receipt? ☐ YES 4. Date of Receipt 02/24/2010   | 100.00    | 1000.00   |
| Name: Majlinda Preka  | 100.00    | 1000.00   |
| Address: 3895 Cherry Creek Ln.  |           |   |
| Sterling Heights MI 48314 5. If over \$100.00 cumulative, please provide:   |           |   |
| Occupation Owner Employer Nobile Cleaning Services, Inc.  |           |   |
| Business 13854 Lakeside Cir   |           |   |
| Address Sterling Heights Mt 48313-1316  |           |   |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |   |
| Page Subtotal   | 1400.00   |   |
| Grand Total of All Schedules 1A (Complete on last page of Schedule)   |           |   |

| 1. Committee I.D. Nur | nber | 013853-3                      |
|-----------------------|------|-------------------------------|
| 2. Committee Name     | Mar  | k Hackel for County Executive |

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
|--|-----------|--|
| 3. Contribution # 97 PAC Receipt? D YES 4. Date of Receipt 02/24/2010  | 300.00    | 300.00   |
| Name: Mr. Roy C Rose   | 300.00    | 300.00   |
| Address:55620 Woodridge Rd.  |           |  |
| Shelby Township MI 48316  5. If over \$100.00 cumulative, please provide:  Occupation Civil Engineer Employer Anderson, Eckstein & Westrick,   |           |  |
| Business 51301 Schoenherr Rd   |           |  |
| Address Shelby Township MI 48315-2733  | ··• .     |  |
| Type of Contribution:  Direct  |           |  |
| 3. Contribution # 98 PAC Receipt? ☐ YES 4. Date of Receipt 02/24/2010  | 300.00    | 300.00   |
| Name: Thomas F Wietor  |           | 2.2  |
| Address: 130 Tillson St.   |           |  |
| Romeo MI 48065   |           |  |
| 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Sales Employer Alta Equipment Company   |           |  |
| Business 28775 Beck Rd   |           |  |
| Address <u>Wixom MI 48393-3637</u>   |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  3. Contribution # 99 PAC Receipt? ☐ YES 4. Date of Receipt 02/24/2010   |           |  |
| ,  | 300.00    | 300.00   |
| Name: Gordon B Wilson  |           |  |
| Address: 19297 Hickory Ridge Rd  |           |  |
| Rose Township MI 48430-8529  5. If over \$100.00 cumulative, please provide:  Occupation Civil Engineer Employer Anderson, Eckstein & Westrick,  |           | ·  |
| Business 51301 Schoenherr  |           |  |
| Address Shelhy Township ML 48315-2733  |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  |           |  |
| 3. Contribution # 100 PAC Receipt? ☐ YES 4. Date of Receipt 02/25/2010   | 100.00    | 100.00   |
| Name: Frederick A Acomb<br>Address: 131 E. Lincoln   | 100.00    | 100.00   |
| Birmingham MI 48009  |           |  |
| 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Employer  |           |  |
| Business Address   |           |  |
| Type of Contribution:   Direct    Loan from a person    Fund Raiser  |           |  |
| Page Subtotal  | 1000.00   |  |
| Grand Total of All Schedules 1A (Complete on last page of Schedule)  |           |  |

| 1. Committee I.D. Nur | mber . | 013853-3                      |
|-----------------------|--------|-------------------------------|
| 2. Committee Name     | Mari   | k Hackel for County Executive |

|   | I         |  |
|---|-----------|--|
| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3. Contribution # 101 PAC Receipt? ☐ YES 4. Date of Receipt 02/25/2010  | 300.00    | 300.00   |
| Name: Donald Amboyer  |           |  |
| Address:54367 Queens Row  |           |  |
| Shelby Township MI 48316-1529  5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Retired Employer N/A   |           |  |
| Business<br>Address   |           |  |
| Type of Contribution: 🛛 Direct 🔲 Loan from a person 🔲 Fund Raiser   |           |  |
| 3. Contribution # 102 PAC Receipt? ☐ YES 4. Date of Receipt 02/25/2010  | 100.00    | 100.00   |
| Name: Timothy L Andersson   | 100.00    | 100.00   |
| Address: 36211 Smithfield   |           |  |
| Farmington MI 48335 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Employer   |           |  |
|   |           |  |
| Business Address  |           |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 103 PAC Receipt? ☐ YES 4. Date of Receipt 02/25/2010  | 100.00    | 100.00   |
| Name: Frank L Andrews   |           |  |
| Address:4295 Barber Road  |           |  |
| Metamora MI 48455 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Employer   |           |  |
| Business  |           |  |
| Address  Type of Contribution:   Direct  Loan from a person  Fund Raiser  |           | ·  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  3. Contribution # 104 PAC Receipt? ☐ YES 4. Date of Receipt ☐ 02/25/2010   |           |  |
|   | 300.00    | 300.00   |
| Name: Ben F Aycock, Jr. Address: P.O. Box 259   |           |  |
|   |           |  |
| Lincoln Park MI 48146 5. If over \$100.00 cumulative, please provide:   | -         |  |
| Occupation President Employer AAA Security Alarms Systems   |           |  |
| Business 1056 Dix Hwy   |           |  |
| Address Lincoln Park Mi 48146-1259  |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| Page Subtotal   | 800.00    |  |
| Grand Total of All Schedules 1A   |           | 1  |
| (Complete on last page of Schedule)   | <u> </u>  | ]  |

| 1. Committee I.D. Nur | mber _ | 013853-3                    |  |
|-----------------------|--------|-----------------------------|--|
| 2. Committee Name     | Mark   | Hackel for County Executive |  |

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
|---|-----------|--|
| 3. Contribution # 105 PAC Receipt? ☐ YES 4. Date of Receipt 02/25/2010  | 100.00    | 100.00   |
| Name: Beverly H Burns   |           |  |
| Address:375 Washington Road   |           |  |
| Grosse Pointe MI 48230 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Employer   |           |  |
| Business<br>Address   |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 106 PAC Receipt? ☐ YES 4. Date of Receipt 02/25/2010  | 100.00    | 100.00   |
| Name: Thomas R Cox  |           | :  |
| Address:950 Emerson   |           |  |
| Troy MI 48084 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Employer   |           |  |
| Business<br>Address   |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  3. Contribution # 107 PAC Receipt? ☐ YES 4. Date of Receipt 02/25/2010   |           |  |
| 5. Contabolitation (6)  | 100.00    | 100.00   |
| Name: Douglas W Crim  |           |  |
| Address: 16711 Peacock Lane   |           |  |
| Haslett MI 48840 5. If over \$100.00 cumulative, please provide:  |           |  |
| OccupationEmployer  |           |  |
|   |           |  |
| Business<br>Address   |           |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser  3. Contribution # 108 PAC Receipt? ☐ YES 4. Date of Receipt 02/25/2010   |           | <u> </u>   |
| J. Commodulation 100 The recoupt 2 725  | 100.00    | 100.00   |
| Name: Michelle P Crockett   |           |  |
| Address: 25326 Saint James  |           |  |
| Southfield MI 48075-1243  5. If over \$100.00 cumulative, please provide:   |           |  |
| OccupationEmployer  |           |  |
|   |           |  |
| Business Address  |           |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| Page Subtotal   | 400.00    |  |
| Grand Total of All Schedules 1A   |           |  |
| (Complete on last page of Schedule)   |           | _  |

| 1. Committee I.D. Number _ |      | 013853-3                    |  |
|----------------------------|------|-----------------------------|--|
| 2. Committee Name          | Mark | Hackel for County Executive |  |

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount                             | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
|---|---------------------------------------|--|
| 3. Contribution # 109 PAC Receipt?   YES 4. Date of Receipt 02/25/2010  | 100.00                                | 100.00   |
| Name: Gregory L Curtner   |                                       |  |
| Address:931 Oakdale   |                                       |  |
| Ann Arbor Mi 48105 5. If over \$100.00 cumulative, please provide:  |                                       |  |
| Occupation Employer   |                                       |  |
| Business Address  |                                       |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser  3. Contribution # 110 PAC Receipt? ☐ YES 4. Date of Receipt 02/25/2010   |                                       |  |
| 3. Contabbation 110 Trice receipts 2 120  | 100.00                                | 100.00   |
| Name: Christopher J Dembowski Address: 802 Hickory Lane   |                                       |  |
| Williamston MI 48895  |                                       |  |
| 5. If over \$100.00 cumulative, please provide:   |                                       |  |
| Occupation Employer   | 1                                     |  |
| Business<br>Address   |                                       |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  3. Contribution # 111 PAC Receipt? ☐ YES 4. Date of Receipt 02/25/2010   |                                       |  |
| o. Communion a 111  | 50.00                                 | 50.00  |
| Name: Sherry DeRush Address:46670 Fairchild Rd  |                                       |  |
| Macomb MI 48042-5325  |                                       |  |
| 5. If over \$100.00 cumulative, please provide:   |                                       |  |
| Occupation Employer   |                                       |  |
| Business Address  |                                       |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  3. Contribution # 112 PAC Receipt? ☐ YES 4. Date of Receipt 02/25/2010   | <u> </u>                              |  |
| J. Contributions 172  | 100.00                                | 100.00   |
| Name: Lawrence M Dudek  |                                       |  |
| Address: 34400 Woodvale   |                                       |  |
| Livonia MI 48154 5. If over \$100.00 cumulative, please provide:  |                                       |  |
| Occupation Employer   |                                       |  |
| Business Address  |                                       |  |
| Type of Contribution:   Direct  |                                       |  |
| Page Subtotal   | 350.00                                |  |
| Grand Total of All Schedules 1A (Complete on last page of Schedule)   |                                       |  |
| (Complete of Idak page of Comedia)  | · · · · · · · · · · · · · · · · · · · | _  |

| 1. Committee I.D. Num | ber _ | 013853-3                      |  |
|-----------------------|-------|-------------------------------|--|
| 2. Committee Name     | Mark  | k Hackel for County Executive |  |

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
|--|-----------|--|
| 3. Contribution # 113 PAC Receipt? ☐ YES 4. Date of Receipt 02/25/2010  Name: Richard J Ghersi   | 300.00    | 300.00   |
| Address: 1529 Broadway #600 Detroit MI 48226 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation President & CEO Employer Detroit Beer Co.   |           |  |
| Business 4600 Address Detroit MI 48226-2141  |           |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser  |           |  |
| 3. Contribution # 114 PAC Receipt? ☐ YES 4. Date of Receipt 02/25/2010   | 100.00    | 100.00   |
| Name: Gerald J Gleeson   |           |  |
| Address: 1455 Leroy  |           |  |
| Ferndale MI 48220 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Employer  |           |  |
| Business Address   |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  |           |  |
| 3. Contribution # 115 PAC Receipt? D YES 4. Date of Receipt 02/25/2010   | 100.00    | 100.00   |
| Name: Kalman G Goren   |           |  |
| Address:4375 Oak Grove Drive   |           |  |
| Bloomfield Hills MI 48302 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Employer  |           |  |
| Business<br>Address  |           |  |
| Type of Contribution:   Direct  Loan from a person  Fund Raiser  |           |  |
| 3. Contribution # 116 PAC Receipt?   YES 4. Date of Receipt 02/25/2010   | 200.00    | 200.00   |
| Name: James Hall Address: 26638 Birchcrest Dr  | 300.00    | 300.00   |
| Chesterfield MI 48051-3017  5. If over \$100.00 cumulative, please provide:  |           |  |
|  |           |  |
| Business 20400 Hall Rd   |           |  |
| Address Clinton Township MI 48038-1480  Type of Contribution:   Direct Doan from a person Drund Raiser   |           |  |
| Type or Continuouscit. (2) Direct — — Loair noin a persont — — I i uno reaser  |           |  |
| Page Subtotal  | 800.00    |  |
| Grand Total of All Schedules 1A (Complete on last page of Schedule)  |           |  |

| 1. Committee I.D. Nur | nber _ | 013853-3                      |  |
|-----------------------|--------|-------------------------------|--|
| 2. Committee Name     | Marl   | k Hackel for County Executive |  |

|   | _ :==- · · · · · · · · |  |
|---|------------------------|--|
| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount              | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3. Contribution # 117 PAC Receipt?   YES 4. Date of Receipt 02/25/2010  | 600.00                 | 600.00   |
| Name: Michael J Hodge   |                        |  |
| Address:1207 Brook Trail  |                        |  |
| Lansing MI 48917 5. If over \$100.00 cumulative, please provide:  |                        |  |
| Occupation Attorney Employer Miller, Canfield, Paddock & St   |                        |  |
| Business One Michigan Avenue Suite 900 Lansing MI 48933   |                        |  |
| Type of Contribution:   Direct  |                        |  |
| 3. Contribution # 118 PAC Receipt?   YES 4. Date of Receipt 02/25/2010  | 100.00                 | 100.00   |
| Name: Brian H Holt Address: 2834 Steamboat Springs Drive  |                        |  |
|   |                        |  |
| Rochester Hills MI 48309-1385  5. If over \$100.00 cumulative, please provide:  |                        |  |
| OccupationEmployer  |                        |  |
|   |                        |  |
| Business Address  |                        |  |
| Type of Contribution:  Direct   |                        |  |
| 3. Contribution # 119 PAC Receipt? ☐ YES 4. Date of Receipt 02/25/2010  | 100.00                 | 100.00   |
| Name: Frederick R Juckniess   | 100.00                 |  |
| Address: 3010 Geddes Ave.   |                        |  |
| Ann Arbor MI 48104  |                        |  |
| 5. If over \$100.00 cumulative, please provide:   |                        |  |
| Occupation Employer   |                        |  |
| Business  |                        |  |
| Address   |                        |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser  3. Contribution # 120 PAC Receipt? ☑ YES 4. Date of Receipt 02/25/2010   |                        |  |
| 3. Continuous # 120 Trice receipt. 2 120  | 300.00                 | 300.00   |
| Name: Karoub Associates Political Action Committee  |                        |  |
| Address: 121 W. Allegan Street  |                        |  |
| Lansing MI 48933 5. If over \$100.00 cumulative, please provide:  |                        |  |
| OccupationEmployer  |                        |  |
| Business<br>Address   |                        |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |                        |  |
| Page Subtotal   | 1100.00                |  |
| Grand Total of Ali Schedules 1A<br>(Complete on last page of Schedule)  |                        |  |
| (combined on real hands of companies)   | -                      |  |

| 1. Committee I.D. Number | 013853-3 |  |
|--------------------------|----------|--|
|                          |          |  |

| 2. Committee Name | Mark Hackel for County Executive |  |
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|---|---|--|
| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount                               | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3. Contribution # 121 PAC Receipt? D YES 4. Date of Receipt 02/25/2010  | 1000.00                                 | 4000.00  |
| Name: Robert W Kirk<br>Address: 37539 Hidden Valley Court   | 1200.00                                 | 1200.00  |
| Clinton Township MI 48036 5. If over \$100.00 cumulative, please provide:   |   |  |
| Occupation Attorney Employer Kirk & Huth, P.C,  |   |  |
| Business 19500 Hall Road Suite 100 Clinton Township MI 48038  |   |  |
| Type of Contribution: 🗵 Direct 🔲 Loan from a person 🗍 Fund Raiser   |   | ·  |
| 3. Contribution # 122 PAC Receipt? D YES 4. Date of Receipt 02/25/2010  Name: Matthew F Leitman   | 100.00                                  | 100.00   |
| Address: 3373 Newgate Dr.   |   |  |
| Troy MI 48084 5. If over \$100.00 cumulative, please provide:   |   |  |
| OccupationEmployer  |   |  |
| Business<br>Address   |   |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |   |  |
| 3. Contribution # 123 PAC Receipt? D YES 4. Date of Receipt 02/25/2010  | 1500.00                                 | 1500.00  |
| Name: Mr. Joseph Lentine  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 1000.00  |
| Address:14619 Oakwood   |   |  |
| Shelby Township MI 48315 5. If over \$100.00 cumulative, please provide:  |   |  |
| Occupation Owner Employer Lentine Mortgage Investment Co  |   |  |
| Business 29377 Hoover Road  |   |  |
| Address Warren MI 48093   |   |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser  3. Contribution # 124 PAC Receipt? ☐ YES 4. Date of Receipt 02/25/2010   |   |  |
|   | 300.00                                  | 300.00   |
| Name: Paul Misukewicz Address: 46548 Radison Drive  |   |  |
| Macomb Mi 48044 5. If over \$100.00 cumulative, please provide:   |   |  |
| Occupation Attorney Employer Law Office of Paul Misukewicz  |   |  |
| Business 42140 Van Dyke Ave Ste 210 Address Sterling Heights ML 48314-3676  |   |  |
| Type of Contribution:  Direct   |   |  |
|   |   |  |
| Page Subtotal   | 3100.00                                 |  |
| Grand Total of All Schedules 1A (Complete on last page of Schedule)   |   |  |

| 1. Committee I.D. Nur | nber _ | 013853-3                    |
|-----------------------|--------|-----------------------------|
| 2. Committee Name_    | Mark   | Hackel for County Executive |

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
|---|-----------|--|
| 3. Contribution # 125 PAC Receipt? ☐ YES 4. Date of Receipt 02/25/2010  | 100.00    | 100.00   |
| Name: David D O'Brien   |           |  |
| Address: 1257 Winding Way   |           |  |
| Temperance MI 48182 5. If over \$100.00 cumulative, please provide:   |           |  |
| OccupationEmployer  |           |  |
| Business<br>Address   |           |  |
| Type of Contribution: Direct Loan from a person Fund Raiser   |           |  |
| 3. Contribution # 126 PAC Receipt? ☐ YES 4. Date of Receipt 02/25/2010  | 600.00    | 600.00   |
| Name: Randy Oram  |           |  |
| Address: 5483 Pond Bluff Ct.  |           |  |
| West Bloomfield MI 48323 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation President Employer Transit Advertising Group   |           |  |
| 19740 W 10 Mile Pd  |           |  |
| Address Southfield MI 48075-2601  |           |  |
| Type of Contribution: 🗵 Direct 🔲 Loan from a person 🔲 Fund Raiser   |           |  |
| 3. Contribution # 127 PAC Receipt? ☐ YES 4. Date of Receipt 02/25/2010  | 100.00    | 100.00   |
| Name: Elisa M Palizzi   |           |  |
| Address: 4062 Nearbrook Rd.   |           |  |
| Bloomfield Hills MI 48302 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Employer   |           |  |
| Business<br>Address   | :         |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 128 PAC Receipt? ☐ YES 4. Date of Receipt 02/25/2010  | 100.00    | 100.00   |
| Name: Ronald H Riback   |           |  |
| Address: 1228 Charrington   |           |  |
| Bloomfield Hills MI 48301. 5. If over \$100.00 cumulative, please provide:  |           |  |
| OccupationEmployer  |           |  |
| Business<br>Address   |           |  |
| Type of Contribution:  Direct   | ļ         | 1  |
| Page Subtotal   | 900.00    |  |
| Grand Total of All Schedules 1A (Complete on last page of Schedule)   |           |  |

| 1. Committee I.D. Nun | nber | 013853-3                      |  |
|-----------------------|------|-------------------------------|--|
| 2. Committee Name_    | Mari | k Hackel for County Executive |  |

|   | 1         |  |
|---|-----------|--|
| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3. Contribution # 129 PAC Receipt? ☐ YES 4. Date of Receipt 02/25/2010  | 200.00    | 000.00   |
| Name: John Rizzo Address: 16056 Millar Rd.  | 300.00    | 300.00   |
| Clinton Township MI 48036-1626 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Retired Employer Retired   |           |  |
| Business<br>Address   |           |  |
| Type of Contribution:   Direct  Loan from a person  Fund Raiser   |           |  |
| 3. Contribution # 130 PAC Receipt?  YES 4. Date of Receipt 02/25/2010   |           |  |
| Name: Steven A Roach  | 100.00    | 100.00   |
| Address: 1105 Kensington  |           | }  |
| Grosse Pointe Park MI 48230 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Employer   |           |  |
| Business Address  |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 131 PAC Receipt? ☐ YES 4. Date of Receipt 02/25/2010  | 400.00    | 400.00   |
| Name: Alison H Rodney   | 100.00    | 100.00   |
| Address: 747 Bird   |           |  |
| Birmingham MI 48009 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Employer   |           |  |
| Business<br>Address   |           |  |
| Type of Contribution:  Direct  Loan from a person  Fund Raiser  |           |  |
| 3. Contribution # 132 PAC Receipt?   YES 4. Date of Receipt 02/25/2010  |           |  |
| Name: Philip P Ruggeri  | 1000.00   | 1000.00  |
| Address:55764 St. Regis   |           |  |
| Shelby Township MI 48315 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Attorney Employer Phillip P. Ruggeri & Associate   |           |  |
| Business 43231 Schoenherr Rd  |           |  |
| Address Sterling Heights MI 48313-1957  |           | }  |
| Type of Contribution:   Direct    Loan from a person    Fund Raiser   |           |  |
| Page Subtotal   | 1500.00   |  |
| Grand Total of All Schedules 1A   |           |  |
| (Complete on last page of Schedule)   |           |  |

| 1. Committee I.D. Nur | mber _ | 013853-3                    |  |
|-----------------------|--------|-----------------------------|--|
| 2. Committee Name_    | Mark   | Hackel for County Executive |  |

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.  | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
|--|-----------|--|
| 3. Contribution # 133 PAC Receipt? ☐ YES 4. Date of Receipt 02/25/2010   | 100.00    | 100.00   |
| Name: Kent E Shafer Address:2300 West Maple Road   | 100.00    | 100.00   |
| Bloomfield Hills MI 48301 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Employer  |           |  |
| Business<br>Address  |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  |           |  |
| 3. Contribution # 134 PAC Receipt? ☐ YES 4. Date of Receipt 02/25/2010   | 100.00    | 100.00   |
| Name: Jeffrey M Sheila<br>Address:2769 Holyoke   | 100.00    | 100.00   |
| Ann Arbor MI 48103  5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Employer  |           |  |
|  |           |  |
| Business Address   |           |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser  3. Contribution # 135 PAC Receipt? ☐ YES 4. Date of Receipt 02/25/2010  |           |  |
| 3. Contribution # 135 PAC Receipt?   YES 4. Date of Receipt 02/25/2010  Name: John Skolas  Address: 11908 Cedarwood  | 300.00    | 300.00   |
| Shelby Township MI 48315 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Owner Employer Sargent Appliance  |           |  |
| Business 20201 Hall Rd   |           |  |
| Address Macomb MI 48044-4205  Type of Contribution:     Direct   D |           |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser  3. Contribution # 136 PAC Receipt? ☐ YES 4. Date of Receipt ☐ 02/25/2010  |           |  |
| Name: Kristen I Spano  | 100.00    | 100.00   |
| Address:3620 Hillside Drive  |           |  |
| Royal Oak MI 48073 5. If over \$100.00 cumulative, please provide:   |           |  |
| OccupationEmployer   |           |  |
| Business<br>Address  |           |  |
| Type of Contribution: Direct   |           |  |
| Page Subtotal  | 600.00    |  |
| Grand Total of All Schedules 1A<br>(Complete on last page of Schedule)   |           | -  |

| 1. Committee I.D. Nui | mber _ | 013853-3                    | <br> |
|-----------------------|--------|-----------------------------|------|
| 2. Committee Name_    | Marl   | Hackel for County Executive |      |

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
|---|-----------|--|
| 3. Contribution # 137 PAC Receipt? ☐ YES 4. Date of Receipt 02/25/2010  Name: Christopher M Trebilcock  | 100.00    | 100.00   |
| Address: 135 S. Vermont Ave.  |           |  |
|   |           |  |
| Royal Oak MI 48076 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Employer   |           |  |
| Business<br>Address   |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 138 PAC Receipt?   YES 4. Date of Receipt 02/26/2010  | 200.00    | 000.00   |
| Name: Nicholas J Aiuto, Jr.   | 300.00    | 300.00   |
| Address:41100 Conger Bay Dr.  |           |  |
| Harrison Township MI 48045-1422  5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Owner Employer King Towing   |           |  |
| Business 42870 Walnut St  |           |  |
| Address Clinton Township MI 48036-3176  |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   | • • •     |  |
| 3. Contribution # 139 PAC Receipt? ☐ YES 4. Date of Receipt 02/26/2010  | 900.00    | 1000.00  |
| Name: Gary D Alessandro   | 000.00    | 1000.00  |
| Address: 17455 Iris Circle  |           |  |
| Clinton Township MI 48036 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Chairperson Employer Lanzo Holding Co.   |           |  |
|   |           |  |
| Business 28135 Groesbeck Hwy  |           |  |
| Address Roseville MI 48066-2344   |           |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser  3. Contribution # 140 PAC Receipt? ☐ YES 4. Date of Receipt ☐ 02/26/2010   |           |  |
|   | 100.00    | 1000.00  |
| Name: Gary D Alessandro   |           |  |
| Address: 17455 Iris Circle  |           |  |
| Clinton Township MI 48036 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Chairperson Employer Lanzo Holding Co.   |           |  |
| 20125 Crossbook Hus   |           |  |
| Business 28135 Groesbeck Hwy Address Roseville MI 48066-2344  |           |  |
| Address Roseville ML 48066-2344  Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  |           |  |
| Type of Communication. 29 Direct 12 Loan Holli a person 12 Fund Naisei  |           |  |
| Page Subtotal   | 1400.00   |  |
| Grand Total of All Schedules 1A<br>(Complete on last page of Schedule)  |           |  |

## SCHEDULE 1A CANDIDATE COMMITTEE

| 1. Committee I.D. Nu | mber _ | 013853-3                      |  |
|----------------------|--------|-------------------------------|--|
| 2. Committee Name    | Marl   | k Hackel for County Executive |  |

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
|---|-----------|--|
| 3. Contribution # 141 PAC Receipt? II YES 4. Date of Receipt 02/26/2010   | 300.00    | 300.00   |
| Name: Shane L Anders Address: 8801 Middleton Ct.  |           |  |
|   |           |  |
| Grosse Ile MI 48138 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Owner Employer S.L.A. & Associates, LLC  |           |  |
| Business PO Box 74025 Address Romulus Mi 48174-0025   |           |  |
| Type of Contribution:  Direct   |           |  |
| 3. Contribution # 142 PAC Receipt? ☐ YES 4. Date of Receipt 02/26/2010  | 300.00    | 300.00   |
| Name: George P Barnes, Jr.  | 000.00    | 000.00   |
| Address:30980 Wendbrook Lane  |           |  |
| Beverly Hills MI 48025 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation President/Optician Employer Heritage Optical Center, Inc.  |           |  |
| Business 19010 Livernois Address Detroit MI 48221   |           |  |
| Type of Contribution: Direct Doan from a person Fund Raiser   |           |  |
| 3. Contribution # 143 PAC Receipt? ☐ YES 4. Date of Receipt 02/26/2010  | 300.00    | 300.00   |
| Name: Karen M Berkery   | 000.00    |  |
| Address: 627 Fisher   |           |  |
| Grosse Pointe MI 48230 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Homemaker Employer Self Employed   |           |  |
| Business<br>Address   |           |  |
| Type of Contribution: Direct  |           |  |
| 3. Contribution # 144 PAC Receipt?   YES 4. Date of Receipt 02/26/2010  | 100.00    | 100.00   |
| Name: Committee to Elect Matt Dreger Address:21 Belleview   | 100.00    |  |
| Mount Clemens MI 48043 5. If over \$100.00 cumulative, please provide:  |           |  |
| OccupationEmployer  |           |  |
| Business<br>Address   |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| Page Subtotal   | 1000.00   |  |
| Grand Total of All Schedules 1A<br>(Complete on last page of Schedule)  |           |  |

| 1. Committee I.D. Number | 013853-3 |  |
|--------------------------|----------|--|
|                          |          |  |

2. Committee Name Mark Hackel for County Executive

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.  | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
|--|-----------|--|
| 3. Contribution # 145 PAC Receipt? ☐ YES 4. Date of Receipt 02/26/2010   |           |  |
| Name: CTE Barb Dempsey Address: 1379 Kingsley St.  | 100.00    | 100.00   |
| Mount Clemens MI 48043   |           |  |
| 5. If over \$100.00 cumulative, please provide:  |           |  |
| OccupationEmployer   |           |  |
| Business<br>Address  |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  |           |  |
| 3. Contribution # 146 PAC Receipt?   YES 4. Date of Receipt 02/26/2010   |           |  |
| Name: Edward L Forry Address:11041 Berwick St.   | 300.00    | 300.00   |
| Livonia MI 48150-2857 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation CEO Employer Macomb Health Plan   |           |  |
| Business 18 Market Street Address Mount Clemens Mt 48043   |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  |           |  |
| 3. Contribution # 147 PAC Receipt?   YES 4. Date of Receipt 02/26/2010   |           |  |
| Name: Richard F Gagliano   | 1000.00   | 1000.00  |
| Address: 14945 Cranbrook Ct.   |           |  |
| Shelby Township MI 48315 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Owner Employer Collex Collision Experts   |           |  |
| Business 44700 Enterprise Dr   |           |  |
| Address Clinton Township MI 48038-1534   |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  |           |  |
| 3. Contribution # 148 PAC Receipt? ☐ YES 4. Date of Receipt 02/26/2010   | 222.22    |  |
| Name: Blake K Johnson  | 600.00    | 600.00   |
| Address: 22000 Edgewood  |           |  |
| Saint Clair Shores MI 48080 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Engineer Employer GTS Consulting  |           |  |
| 22224 Crantor Mack Ave   |           |  |
| Business 22221 Greater Mack Ave Ste A Address Scient Clair Shores Mt. 48080 2351   |           |  |
| Address Saint Clair Shores ML 48080-2351  Type of Contribution:  Direct  |           |  |
| The construction of the co |           |  |
| Page Subtotal  | 2000.00   |  |
| Grand Total of All Schedules 1A<br>(Complete on last page of Schedule)   |           |  |

| 1. Committee I.D. Nur | mber _ | 013853-3                      |
|-----------------------|--------|-------------------------------|
| 2. Committee Name_    | Marl   | k Hackel for County Executive |

|  | T         |  |
|--|-----------|--|
| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3. Contribution # 149 PAC Receipt? ☐ YES 4. Date of Receipt 02/26/2010   | 300.00    | 300.00   |
| Name: Mr. Richard Krueger<br>Address: 11605 177th St. W.   |           | 330.00   |
| Lakeville MN 55044 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Retired Employer Retired  |           |  |
| Business Address ·-  |           |  |
| Type of Contribution: Direct   |           |  |
| 3. Contribution # 150 PAC Receipt?   YES 4. Date of Receipt 02/26/2010  Name: Carolina Mastej  | 300.00    | 300.00   |
| Address:49750 Cumberland Dr.   |           |  |
| Macomb MI 48044 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Homemaker Employer self employed  |           |  |
| Business Address   |           |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser  3. Contribution # 151 PAC Receipt? ☐ YES 4. Date of Receipt 02/26/2010  |           |  |
| o. Goldination 101   | 600.00    | 600.00   |
| Name: Jennifer D Nelson-Mefford<br>Address:1884 Vinsetta Blvd  |           |  |
| Royal Oak MI 48073 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Sales Employer M & D Marketing Group, LLC   | 1         | 1  |
| Business 1884 Vinsetta Blvd Address Royal Oak MI 48073-3970  |           |  |
| Type of Contribution: 🛛 Direct 🔲 Loan from a person 🔲 Fund Raiser  |           | <del>                                     </del>   |
| 3. Complete the resemble 2 122   | 50.00     | 50.00  |
| Name: Ann M Pauta<br>Address:30060 Mirage Ct.  |           |  |
| Warren Mi 48093 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Employer  |           |  |
| Business<br>Address  |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  |           |  |
| Page Subtotal  | 1250.00   |  |
| Grand Total of All Schedules 1A (Complete on last page of Schedule)  |           |  |



| 1. Committee I.D. Num | nber _ | 013853-3                   |   |
|-----------------------|--------|----------------------------|---|
| 2. Committee Name     | Mark   | Hackel for County Executiv | e |

|  | Ţ <del></del> | T  |
|--|---------------|--|
| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount. | 6. Amount     | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3. Contribution # 153 PAC Receipt? ☐ YES 4. Date of Receipt 02/26/2010   | 4500.00       | 4500.00  |
| Name: Lisa Piccinini<br>Address: 18200 Tara Dr.  | 1500.00       | 1500.00  |
| Clinton Township MI 48036 5. If over \$100.00 cumulative, please provide:  |               |  |
| Occupation Homemaker Employer Homemaker  |               |  |
| Business<br>Address  |               |  |
| Type of Contribution:—☑ Direct ☐ Loan from a person ☐ Fund Raiser  |               |  |
| 3. Contribution # 154 PAC Receipt? ☐ YES 4. Date of Receipt 02/26/2010   | 300.00        | 300.00   |
| Name: Thomas Rombach<br>Address:43597 Hillsboro Dr.  | 300.00        | 300.00   |
| Clinton Township MI 48038 5. If over \$100.00 cumulative, please provide:  |               |  |
| Occupation Attorney Employer Law offices of Thomas Rombach   |               |  |
| Business 51249 Washington St   |               |  |
| Address New Baltimore MI 48047-1564  |               |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  |               |  |
| 3. Contribution # 155 PAC Receipt? ☐ YES 4. Date of Receipt 02/26/2010   | 3000.00       | 3000.00  |
| Name: Sharon Roncelli  |               |  |
| Address:69900 Hicks  |               |  |
| Armada MI 48005 5. If over \$100.00 cumulative, please provide:  |               |  |
| Occupation Homemaker Employer Self   |               |  |
| Business Address   |               |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  |               |  |
| 3. Contribution # 156 PAC Receipt? ☐ YES 4. Date of Receipt 02/26/2010   | 300.00        | 300.00   |
| Name: Barbara W Rossmann   | 300.00        | 300.00   |
| Address:54311 Queensborough Dr.  |               |  |
| Shelby Township MI 48315 5. If over \$100.00 cumulative, please provide:   |               |  |
| Occupation President & CEO Employer Henry Ford Macomb Hospitals  |               |  |
| Business 15855 19 Mile Rd  |               |  |
| Address Clinton Township MI 48038-3504   |               |  |
| Type of Contribution: 🛛 Direct 🔲 Loan from a person 🔲 Fund Raiser  |               |  |
| Page Subtotal  | 5100.00       |  |
| Grand Total of All Schedules 1A  | 3100.00       | -  |
| (Complete on last page of Schedule)  |               |  |

| 1. Committee I.D. Nur | mber <u>013853-3</u>             |  |
|-----------------------|----------------------------------|--|
| 2. Committee Name_    | Mark Hackel for County Executive |  |

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
|---|-----------|--|
| 3. Contribution # 157 PAC Receipt?   YES 4. Date of Receipt 02/26/2010  | 600.00    | 600.00   |
| Name: Dr. Alphonse M Santino<br>Address:725 Lake Shore Rd   |           |  |
| Grosse Pointe Shores MI 48236-1754 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Physician Employer Michigan Institute of Urology   |           |  |
| Business 20952 E 12 Mile Rd Ste 200 Saint Clair Shores MI 48081-3203  |           |  |
| Type of Contribution: Direct  |           |  |
| 3. Collaboration # 138 TACKCCCIPI. II 720   | 300.00    | 300.00   |
| Name: Mr. Brian Schaf   |           |  |
| Address: 23220 Westbury St.   |           |  |
| Saint Clair Shores MI 48080  5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Attorney Employer Brian Schaf  |           |  |
| Business 321 Northbound Gratiot Ave   |           |  |
| Address Mount Clemens MI 48043  Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 159 PAC Receipt? D YES 4. Date of Receipt 02/26/2010  | 300.00    | 300.00   |
| Name: Vito K Strolis  | 300.00    | 300.00   |
| Address: 19874 Westchester Dr.  |           |  |
| Clinton Township MI 48038 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Owner Employer Ruehles Towing  |           |  |
| Business 205 Northbound Gratiot Ave   |           |  |
| Address Mount Clemens ML 48043-5732  Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser  |           |  |
| 3. Contribution # 160 PAC Receipt? ☐ YES 4. Date of Receipt ☐ 02/26/2010  | 2000.00   | 3000.00  |
| Name: Jonathon Ugval Address: 16039 E. 9 Mile Rd.   | 3000.00   | 3000.00  |
| Eastpointe MI 48021   |           |  |
| 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Business Owner Employer House Arrest Services  |           |  |
| Business 16039 E 9 Mile Rd  |           |  |
| Address Eastpointe MI 48021-2319  |           |  |
| Type of Contribution: Direct  |           | <u> </u>   |
| Page Subtotal   | 4200.00   |  |
| Grand Total of All Schedules 1A   |           |  |
| (Complete on last page of Schedule)   |           |  |

| 1. Committee I.D. Nun | nber | 013853-3                      |
|-----------------------|------|-------------------------------|
| 2. Committee Name     | Mari | k Hackel for County Executive |

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
|---|-----------|--|
| 3. Contribution # 161 PAC Receipt? D YES 4. Date of Receipt 02/26/2010  | 300.00    | 200.00   |
| Name: Darlene S Vasi<br>Address: 1942 Hopedale Dr.  | 300.00    | 300.00   |
| Troy MI 48085 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation CFO Employer Macomb Health Plan  |           |  |
| Business 18 Market Street Address Mount Clemens MI 48043  |           |  |
| Type of Contribution:  Direct   |           |  |
| 3. Contribution # 162 PAC Receipt? ☐ YES 4. Date of Receipt 02/26/2010  | 300.00    | 300.00   |
| Name: Kathy J Vogt<br>Address:11214 Chicago Road  |           |  |
| Warren MI 48093 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Attorney Employer Garton & Vogt, P.C.  |           |  |
| Business 38550 Garfield Rd Address Clinton Township Mt 48038-3406   |           |  |
| Type of Contribution:  Direct   |           |  |
| 3. Contribution # 163 PAC Receipt?   YES 4. Date of Receipt 02/26/2010  | 300.00    | 300.00   |
| Name: Hon. Tracey A Yokich Address:22710 Gordon Switch St.  | 300.00    | 300.00   |
| Saint Clair Shores MI 48081  5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Judge Employer Macomb County Circuit Court   |           |  |
| Business 40 N Main St   |           |  |
| Address Mount Clemens MI 48043-5656   |           |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser  3. Contribution # 164 PAC Receipt? ☐ YES 4. Date of Receipt ☐ 02/26/2010   | -         |  |
| 3. Contribution # 164 PAC Receipt?   YES 4. Date of Receipt 02/26/2010  Name: Paul F Zyburski   | 300.00    | 300.00   |
| Address: 18620 Millstone  |           |  |
| Macomb MI 48044 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Attorney Employer Law Office of Paul F. Zyburski   |           |  |
| Business 321 Northbound Gratiot Ave   |           |  |
| Address Mount Clemens MI 48043-5751   |           |  |
| Type of Contribution: 🗵 Direct 🔲 Loan from a person 🔲 Fund Raiser   |           |  |
| Page Subtotal   | 1200.00   |  |
| Grand Total of All Schedules 1A (Complete on last page of Schedule)   |           |  |

| 1. Committee I.D. Numbe | 013853-3                       |
|-------------------------|--------------------------------|
| 2. Committee Name M     | rk Hackel for County Executive |

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
|---|-----------|--|
| 3. Contribution # 165 PAC Receipt? D YES 4. Date of Receipt 02/27/2010  | 300.00    | 300.00   |
| Name: Patricia E Chylinski  |           |  |
| Address:494 Shoreham Road   |           |  |
| Grosse Pointe Woods MI 48236 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Homemaker Employer Self Employed   |           |  |
| Business<br>Address   |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  3. Contribution # 166 PAC Receipt? ☐ YES 4. Date of Receipt 02/28/2010   |           |  |
| 3. Containation in 190 Trio Hossiph 2 125   | 300.00    | 300.00   |
| Name: Sheila M Cockrel Address: 3333 Cambridge Ave.   |           |  |
| Detroit MI 48221-1870   |           |  |
| 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Councilmember Employer City of Detroit   |           |  |
| Business 2 Woodward Ave 1340 Coleman A. Young Municipa Detroit Mt 48226-3437  |           |  |
| Type of Contribution: Direct  |           |  |
| 3. Contribution # 167 PAC Receipt? ☐ YES 4. Date of Receipt 03/01/2010  | 100.00    | 1000.00  |
| Name: Laura Campbell  |           | :  |
| Address: 6690 Vernmoor Dr.  |           |  |
| Troy MI 48098 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Real Estate Developer Employer Century 21 Campbell Realty  |           |  |
| Business 1186 E 12 Mile Rd  |           |  |
| Address Madison Heights Mt 48071-2648   |           |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser  3. Contribution # 168 PAC Receipt? ☐ YES 4. Date of Receipt ☐ 03/01/2010   |           |  |
| 3. Contribution in 100 The recognite 2 120  | 900.00    | 1000.00  |
| Name: Laura Campbell Address: 6690 Vernmoor Dr.   |           |  |
| Troy MI 48098   |           |  |
| 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Real Estate Developer Employer Century 21 Campbell Realty  |           |  |
| Business 1186 E 12 Mile Rd  |           |  |
| Address Madison Heights Mt 48071-2648  Type of Contribution:   Direct   |           |  |
| Type of Contribution: Direct  |           |  |
| Page Subtotal   | 1600.00   |  |
| Grand Total of All Schedules 1A   |           |  |
| (Complete on last page of Schedule)   | <u> </u>  | _  |

| 1. Committee I.D. Number | 013853-3 |  |
|--------------------------|----------|--|
|                          | -        |  |

2. Committee Name Mark Hackel for County Executive

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
|---|-----------|--|
| 3. Contribution # 169 PAC Receipt?   YES 4. Date of Receipt 03/01/2010  | 100.00    | 100.00   |
| Name: Richard T Cole  |           |  |
| Address: 805 Lantern Hill   |           |  |
| East Lansing MI 48823 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Employer   |           |  |
|   |           |  |
| Business<br>Address   |           | -  |
| Type of Contribution: 🗵 Direct 🔲 Loan from a person 🔲 Fund Raiser   |           |  |
| 3. Contribution # 170 PAC Receipt? D YES 4. Date of Receipt 03/01/2010  | E0.00     | F0.00  |
| Name: Joann Eschenburg  | 50.00     | 50.00  |
| Address: 18989 Carmelo Dr N   |           |  |
| Clinton Twp MI 48038-2210   |           |  |
| 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Employer   |           |  |
| Business Address  |           |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 171 PAC Receipt? ☐ YES 4. Date of Receipt 03/02/2010  | 600.00    | 600.00   |
| Name: Matthew Loria   | 000.00    | 000.00   |
| Address: 60262 Cottage Mill Dr  |           |  |
| Washington MI 48094-3778  |           |  |
| 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Sales Employer Re-Source Partners  |           |  |
| Business 24541 Maplehurst Dr  |           |  |
| Address Clinton Twp MI 48036-1352   |           |  |
| Type of Contribution:  ☐ Direct ☐ Loan from a person ☐ Fund Raiser  3. Contribution # 172 PAC Receipt? ☐ YES 4. Date of Receipt ☐ 03/02/2010  |           |  |
|   | 300.00    | 300.00   |
| Name: Gaetano Rizzo Address: 37516 Hidden Valley Ct   |           |  |
|   |           |  |
| Clinton Twp MI 48036-3669 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Builder Employer Garland Construction, LLC   |           |  |
| Business 44899 Centre Ct  |           |  |
| Business Ste 101 Address Clinton Township Mt 48038-5510   |           |  |
| Type of Contribution: Direct  |           |  |
|   |           |  |
| Page Subtotal   | 1050.00   |  |
| Grand Total of All Schedules 1A   |           |  |
| (Complete on last page of Schedule)   |           | J  |

| 1. Committee I.D. Nur | mber 013853-3                    | _ |
|-----------------------|----------------------------------|---|
| 2. Committee Name     | Mark Hackel for County Executive |   |

| 3. Contribution # 173 PAC Receipt?  YES 4. Date of Receipt 03/02/2010  Name: Arthur Szliter  Address: 36 Hidden Rdg  Bloomfield Hills MI 48304-2907  5. If over \$100.00 cumulative, please provide:  Occupation Construction Employer Arteva Homes |  |
|---|--|
| Name: Arthur Szliter  Address: 36 Hidden Rdg  Bloomfield Hills MI 48304-2907  5. If over \$100.00 cumulative, please provide:  Occupation Construction Employer Arteva Homes  |  |
| Address: 36 Hidden Rdg  Bloomfield Hills MI 48304-2907  5. If over \$100.00 cumulative, please provide:  Occupation Construction Employer Arteva Homes  |  |
| 5. If over \$100.00 cumulative, please provide:  Occupation Construction Employer Arteva Homes  |  |
|   |  |
| Business 36 Hidden Rdg Address Bloomfield Hills MI 48304  |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |  |
| 3. Contribution # 174 PAC Receipt?   YES 4. Date of Receipt 03/03/2010 3000.00 3000.00  |  |
| Name: Vincent Brennan   |  |
| Address: 1038 Bishop  |  |
| Grosse Pointe Park MI 48230 5. If over \$100.00 cumulative, please provide:   |  |
| Occupation Attorney Employer Energy Group Management  |  |
| Business 30078 Schoenherr Road Suite 150 Address Warren MI 48088  |  |
| Type of Contribution: 🗵 Direct 🔲 Loan from a person 🔲 Fund Raiser   |  |
| 3. Contribution # 175 PAC Receipt?   YES 4. Date of Receipt 03/03/2010 900.00 1000.00   |  |
| Name: Mr. William Schaufler, Jr.  Address: 339 Puritan Ave.   |  |
| Birmingham MI 48009-1263 5. If over \$100.00 cumulative, please provide:  |  |
| Occupation President Employer MRC Industries  |  |
|   |  |
| Business 28117 Groesbeck Hwy Address Rossville Mt 48066   |  |
| Address Roseville MI 48066.  Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  |  |
| 3. Contribution # 176 PAC Receipt?   YES 4. Date of Receipt 03/03/2010  |  |
| Name: Mr. William Schaufler, Jr.  |  |
| Address: 339 Puritan Ave.   |  |
| Birmingham MI 48009-1263  5. If over \$100.00 cumulative, please provide:   |  |
| Occupation President Employer MRC Industries  |  |
| Business 28117 Groesbeck Hwy Address Roseville MI 48066   |  |
| Type of Contribution: Direct  |  |
| Page Subtotal 4600.00   |  |
| Grand Total of All Schedules 1A (Complete on last page of Schedule)   |  |

| 1. Committee I.D. Number |     | 013853-3                      |
|--------------------------|-----|-------------------------------|
| 2. Committee Name_       | Mar | k Hackel for County Executive |

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless amount. | t       | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
|--|---------|--|
| 3. Contribution # 177 PAC Receipt?   YES 4. Date of Receipt 03/03/2010   | 900.00  | 1000.00  |
| Name: Mr. Paul J Torres Address: 37230 Willow Lane   |         |  |
| Clinton Township MI 48036  5. If over \$100.00 cumulative, please provide:  Occupation Vice President Employer MRC Industries  | _       |  |
| Business 28117 Groesbeck Hwy. Address Roseville MI 48066   |         |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  |         |  |
| Name: Mr. Paul J Torres  | 100.00  | 1000.00  |
| Address:37230 Willow Lane  |         |  |
| Clinton Township MI 48036  5. If over \$100.00 cumulative, please provide:  Occupation Vice President Employer MRC Industries  |         |  |
| Business 28117 Groesbeck Hwy. Address Roseville Mt 48066   |         |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser  3. Contribution # 179 PAC Receipt? ☐ YES 4. Date of Receipt ☐ 03/03/2010  |         |  |
|  | 300.00  | 300.00   |
| Name: Dominick Tringalli Address:3871 Andover Ave  |         |  |
| Auburn Hills MI 48326-3030  5. If over \$100.00 cumulative, please provide:  Occupation Business Owner Employer Tringalli Architects   |         |  |
| Business Suite 250 Address Bloomfield Hills MI 48302   |         |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  |         |  |
| 3. Contribution # 180 PAC Receipt?   YES 4. Date of Receipt 03/04/2010   | 3000.00 | 3000.00  |
| Name: Mr. Rinaldo Acciavatti Address:6321 Gratiot Ave.   |         |  |
| St. Clair MI 48079 5. If over \$100.00 cumulative, please provide:   |         |  |
| Occupation Owner Employer PAMAR ENTERPRISES  | _       |  |
| Business 58021 Gratiot   |         |  |
| Address New Haven MI 48048  Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser  |         |  |
|  |         |  |
| Page Subtotal  | 4300.00 |  |
| Grand Total of All Schedules 1A (Complete on last page of Schedule)  |         |  |

| 1. Committee I.D. Nur | mber _ | 013853-3                    | ···· |
|-----------------------|--------|-----------------------------|------|
| 2. Committee Name     | Marl   | Hackel for County Executive |      |

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
|---|-----------|--|
| 3. Contribution # 181 PAC Receipt? ☐ YES 4. Date of Receipt 03/04/2010  | 300.00    | 300.00   |
| Name: Brett Baker<br>Address:13000 Evergreen  |           |  |
| Romeo MI 48065  5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Project Manager Employer DAN'S EXCAVATING  |           |  |
| Business 12955 23 Mile Rd Address Shelby Township MI 48315-2707   |           | ere .  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser  3. Contribution # 182 PAC Receipt? ☐ YES 4. Date of Receipt ☐ 03/04/2010   | 00000     | 000.00   |
| Name: Mr. Paul Blake  | 300.00    | 300.00   |
| Address:72834 Teal Court  |           |  |
| Romeo MI 48065 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Owner Employer BLAKE'S ORCHARD   |           |  |
| Business 17985 Center Rd. Address Armada MI 48005   | :         |  |
| Type of Contribution: Direct  |           |  |
| 3. Contribution # 183 PAC Receipt? D YES 4. Date of Receipt 03/04/2010  | 300.00    | 300.00   |
| Name: Mr. Peter Blake   |           |  |
| Address: 645 Sheldon Ct.  | 1         |  |
| Oakland MI 48306 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Owner Employer Blakes Orchard  |           |  |
| Business 17985 Center Rd.   |           |  |
| Address Armada MI 48005   |           |  |
| Type of Contribution: Direct  |           |  |
| 3. Contribution # 184 PAC Receipt? ☐ YES 4. Date of Receipt 03/04/2010  | 300.00    | 300.00   |
| Name: Robert Brannan  |           |  |
| Address: 1640 Germany Road  |           |  |
| Williamston MI 48895 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Owner Employer HYMMCO  |           |  |
| Business 51800 W. Pontiac Trail, Ste1 Address Wiyom MI 49393  |           |  |
| Address <u>Wixom MI 49393</u> Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| Page Subtotal   | 1200.00   |  |
| Grand Total of All Schedules 1A   | 1200.00   | -  |
| (Complete on last page of Schedule)   |           | _  |

### SCHEDULE 1A CANDIDATE COMMITTEE

| 1. Committee I.D. Nur | nber _ | 013853-3                      |
|-----------------------|--------|-------------------------------|
| 2. Committee Name _   | Mark   | k Hackel for County Executive |

|   | 1         |  |
|---|-----------|--|
| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3. Contribution # 185 PAC Receipt?   YES  4. Date of Receipt  03/04/2010  | 600.00    | 600.00   |
| Name: Brian Busch<br>Address: 50762 Seaden Dr.  | 600.00    | 600.00   |
| Chesterfield Twp, MI 48047  5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Sales Employer ETNA SUPPLY   |           |  |
| Business 46555 Continental Dr. Address Chesterfield MI 48047  |           |  |
| Type of Contribution:  ☐ Direct ☐ Loan from a person ☐ Fund Raiser  3. Contribution # 186 PAC Receipt? ☐ YES 4. Date of Receipt ☐ 03/04/2010  | 600.00    | 600.00   |
| Name: M. Todd Chartier Address:9195 Marine City Hwy.  |           |  |
| Fair Haven MI 48023 5. If over \$100.00 cumulative, please provide:   |           | 3  |
| Occupation Owner Employer Chartier Motorsports  |           | -  |
| Business PO Box 230069 Address Fair Haven, MI 48023-0069  |           |  |
| Type of Contribution: Direct  |           |  |
| 3. Contribution # 187 PAC Receipt? X YES 4. Date of Receipt 03/04/2010  | 600.00    | 600.00   |
| Name: Comerica Incorporated Political Action Committee Address: P.O. Box 75000  | 000.00    | 000.00   |
| Detroit MI 48275-2250  5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Employer   |           |  |
| Business Address  |           |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 188 PAC Receipt? ☐ YES 4. Date of Receipt 03/04/2010  | 300.00    | 300.00   |
| Name: Rob Coppersmith Address: 6720 Highland Drive  |           |  |
| Laingsburg MI 48848  5. If over \$100.00 cumulative, please provide:  Occupation Vice President Employer MITA   |           |  |
| Business P.O. Box 1640  |           |  |
| Address Okemos, Mi 48805  |           |  |
| Type of Contribution:   Direct Loan from a person Fund Raiser   |           | 1  |
| Page Subtotal   | 2100.00   |  |
| Grand Total of All Schedules 1A (Complete on last page of Schedule)   |           |  |



| 1. Committee I.D. Number | 013853-3 |   |
|--------------------------|----------|---|
|                          |          | - |

2. Committee Name Mark Hackel for County Executive

|   |           | · · · · · · · · · · · · · · · · · · ·  |
|---|-----------|--|
| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3. Contribution # 189 PAC Receipt? ☐ YES 4. Date of Receipt 03/04/2010  | 300.00    | 300.00   |
| Name: Jack Coury Address:15 Hawthorne   | 300.00    | 300.00   |
| Grosse Pointe Shores MI 48326 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Real Estate Broker Employer GRUBB ELLIS / REAL ESTATE BROK   |           |  |
| Business 26555 Evergreen Ste 500 Address Southfield MI 48076  |           |  |
| Type of Contribution:     ☑     Direct     ☐     Loan from a person     ☐     Fund Raiser       3. Contribution # 190     PAC Receipt?     ☐     YES     4. Date of Receipt     03/04/2010  |           |  |
| Name: Michael Declark Address:71804 Lassier Road  | 300.00    | 300.00   |
| Romeo MI 48065  |           |  |
| 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Owner Employer Declark Landscaping   |           |  |
| Business 13800 33 Mile Rd Address Bruce Twp MI 48065-3901   |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   | İ         |  |
| 3. Contribution # 191 PAC Receipt? ☐ YES 4. Date of Receipt 03/04/2010  | 200.00    |  |
| Name: Ronald Deneweth   | 300.00    | 300.00   |
| Address: 3400 Greentree Rd.   |           | İ  |
| Bloomfield Hills MI 48304 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Attorney Employer DENEWETH, DUGAN & PARFITT P.C.   |           |  |
| Business 1175 W.Long Lake Address Troy MI 48098   |           |  |
| Type of Contribution: Direct  |           |  |
| 3. Contribution # 192 PAC Receipt? ☐ YES 4. Date of Receipt 03/04/2010  | 200.00    |  |
| Name: Patricia Dugan  | 300.00    | 300.00   |
| Address: 3818 Far Hill Dr   |           |  |
| Bloomfield Hills MI 48304-3112  5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Advertising/Marketing Employer Self Employed   |           |  |
| Business 3818 Far Hill Dr Address Bloomfield Hills MI 48304-3112  |           | :  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
|   |           |  |
| Page Subtotal   | 1200.00   |  |
| Grand Total of All Schedules 1A   |           |  |
| (Complete on last page of Schedule)   |           |  |

| 1. Committee I.D. Nur | nber _ | 013853-3                      |  |
|-----------------------|--------|-------------------------------|--|
| 2. Committee Name _   | Marl   | k Hackel for County Executive |  |

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
|---|-----------|--|
| 3. Contribution # 193 PAC Receipt? ☐ YES 4. Date of Receipt 03/04/2010  | 300.00    | 300.00   |
| Name: Timothy Dugan   | 300.00    | 300.00   |
| Address: 3818 Far Hill Dr.  |           |  |
| Bloomfield Hills MI 48304 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Attorney Employer DENEWETH, DUGAN & PARFITT, P.C   |           |  |
| Business 1175 W.Long Lake, Ste202 Address Troy MI 48098   |           |  |
| Type of Contribution: Direct Loan from a person Fund Raiser   |           |  |
| 3. Contribution # 194 PAC Receipt? ☐ YES 4. Date of Receipt 03/04/2010  | 1200.00   | 1200.00  |
| Name: Giuseppe Ferro  | 1200.00   | 1200.00  |
| Address: 59878 Beechwood Dr,  |           |  |
| Washington MI 48094   |           |  |
| 5. If over \$100.00 cumulative, please provide:  Occupation Business Owner Employer Self Employed   |           |  |
|   |           |  |
| Business 59878 Beechwood Dr<br>Address Washington MI 48094-3766   |           |  |
| Address Washington MI 48094-3766  Type of Contribution:  Direct Loan from a person Fund Raiser  |           |  |
| 3. Contribution # 195 PAC Receipt?   YES 4. Date of Receipt 03/04/2010  |           |  |
| Name: Todd Fox  | 900.00    | 900.00   |
| Address: 1767 South Mill Ct.  |           |  |
| Orion MI 48084  |           |  |
| 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation CPA Employer DOREN MAYHEW  |           |  |
| Business 755 W. Big Beaver #2300  |           |  |
| Address Troy Mi 48084   |           |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 196 PAC Receipt? D YES 4. Date of Receipt 03/04/2010  | 900.00    | 900.00   |
| Name: Gregory Iacobelli   | :         |  |
| Address: 53058 Ridgewood Dr.  |           |  |
| Chesterfield MI 48051   |           |  |
| 5. If over \$100.00 cumulative, please provide:  Occupation Developer Employer Acadia Home Builders, LLC  |           |  |
|   |           |  |
| Business 18037 Canvasback Dr.   |           |  |
| Address Clinton Township MI 48038  Type of Contribution:  Direct Loan from a person Fund Raiser   |           |  |
| 1700 0. Containeandin. La Directi La Local Horit à potadit La Full Malser   |           |  |
| Page Subtotal   | 3300.00   |  |
| Grand Total of All Schedules 1A   | 300.00    |  |
| (Complete on last page of Schedule)   |           |  |

| 1. Committee I.D. Number | 013853-3 |                 |
|--------------------------|----------|-----------------|
| •                        |          | <br><del></del> |
|                          |          |                 |

2. Committee Name Mark Hackel for County Executive

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt ) |
|---|-----------|---|
| 3. Contribution # 197 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/04/2010</u>   | 4000.00   | 1000.00   |
| Name: Michael Johnson<br>Address:7787 Glacier Club Dr.  | 1200.00   | 1200.00   |
| Washington MI 48094 5. If over \$100.00 cumulative, please provide:   |           |   |
| Occupation Employer Retired   |           |   |
| Business 7787 Glacier Club Dr. Address Washington MI 48094  |           |   |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |   |
| 3. Contribution # 198 PAC Receipt? ☐ YES 4. Date of Receipt 03/04/2010  Name: Ty Johnson  | 300.00    | 300.00  |
| Address: 3832 Lido  |           |   |
| Highland MI 48356 5. If over \$100.00 cumulative, please provide:   | ·         |   |
| Occupation Sales Employer HD SUPLY WATERWORKS   |           |   |
| Business 4901 Dewitt Address Canton MI 48188  |           |   |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |   |
| 3. Contribution # 199 PAC Receipt? □ YES 4. Date of Receipt 03/04/2010  |           |   |
| Name: Mark Johnston<br>Address: 32697 North River   | 600.00    | 600.00  |
| Harrison Twp MI 48045  5. If over \$100.00 cumulative, please provide:  Occupation Vice President Employer AJAX PAVING  |           |   |
| Business 830 Kirts Blvd., Ste100  |           |   |
| Address Troy MI 48084   |           |   |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |   |
| 3. Contribution # 200 PAC Receipt? ☐ YES 4. Date of Receipt 03/04/2010  | 300.00    | 300.00  |
| Name: Darrell Kaltz Address: 20675 30 Mile Rd.  | 300.00    | 300.00  |
| Ray MI 48096 5. If over \$100.00 cumulative, please provide:  |           |   |
| Occupation Owner Employer KALTZ EXCAVATING  |           |   |
| Business 2420 Auburn Rd. Address Auburn Hills Mt 48326  |           |   |
| Address Auburn Hills, MI 48326  Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |   |
|   |           |   |
| Page Subtotal   | 2400.00   |   |
| Grand Total of All Schedules 1A (Complete on last page of Schedule)   |           |   |
|   |           |   |

| 1. Committee I.D. Number |      | 013853-3                      |  |
|--------------------------|------|-------------------------------|--|
| 2. Committee Name        | Mark | k Hackel for County Executive |  |

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
|---|-----------|--|
| 3. Contribution # 201 PAC Receipt? ☐ YES 4. Date of Receipt 03/04/2010  | 300.00    | 300.00   |
| Name: Douglas Kaltz   |           |  |
| Address: 16060 Nettney Rd.  |           |  |
| Capac MI 48014 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Owner Employer KALTZ EXCAVATING  |           |  |
| Business 2420 Auburn Rd. Address Auburn-Hills, MI 48326   |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 202 PAC Receipt?   YES  4. Date of Receipt  03/04/2010  | 200.00    |  |
| Name: Robert Kehrig   | 600.00    | 600.00   |
| Address: 9279 Marine City Hwy.  |           |  |
| Ira MI 48023  |           |  |
| 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Retired Employer RETIRED   |           |  |
| Business<br>Address   |           |  |
| Type of Contribution:  Direct  Loan from a person  Fund Raiser  |           |  |
| 3. Contribution # 203 PAC Receipt? D YES 4. Date of Receipt 03/04/2010  | 200.00    | 200.00   |
| Name: Allen Keller Address:11403 Bayberry Dr.   | 300.00    | 300.00   |
|   |           |  |
| Romeo MI 48065 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation REAL ESTATE BROKER Employer KELLER REAL ESTATE   |           |  |
| Business 138 S. Main St.  |           |  |
| Address Romeo MI 48065  |           |  |
| Type of Contribution: Direct  |           |  |
| 3. Contribution # 204 PAC Receipt? ☐ YES 4. Date of Receipt 03/04/2010  | 100.00    | 100.00   |
| Name: Charles A Lagrant Address: 16640 Sarmorr St.  | 100.00    | 700.00   |
| Roseville MI 48066  |           |  |
| 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Employer   |           |  |
| Business<br>Address   |           |  |
| Type of Contribution:  Direct   |           |  |
|   |           |  |
| Page Subtotal   | 1300.00   |  |
| Grand Total of All Schedules 1A   |           | İ  |
| (Complete on last page of Schedule)   |           | J  |

| 1. Committee I.D. Num | nber | 013853-3                      |
|-----------------------|------|-------------------------------|
| 2. Committee Name     | Mar  | k Hackel for County Executive |

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| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3. Contribution # 205 PAC Receipt? II YES 4. Date of Receipt 03/04/2010   | 300.00    | 300.00   |
| Name: Angelo Lanni<br>Address:7040 Valley Green   |           |  |
| Washington MI 48094 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Owner Employer FLORENCE CEMENT CO.   |           |  |
| Business 1970 Brinston Address Troy, Mt 48083   |           |  |
| Type of Contribution: 🛛 Direct 🔲 Loan from a person 🔲 Fund Raiser   |           |  |
| 3. Contribution # 206 PAC Receipt?  YES 4. Date of Receipt 03/04/2010  Name: Michael Lechner  | 1200.00   | 1200.00  |
| Address: 12269 Emily  |           |  |
| Washington MI 48094-3151 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Insurance Sales Employer Self Employed   |           |  |
| Business 10146 E Atherton Rd Address Davison MI 48423-8704  |           |  |
| Type of Contribution: 🗵 Direct 🔲 Loan from a person 🔲 Fund Raiser   |           |  |
| 3. Contribution # 207 PAC Receipt? D YES 4. Date of Receipt 03/04/2010  | 3000.00   | 3000.00  |
| Name: Anthony Lombardo  |           | ļ  |
| Address: 6303 26 Mile Rd  |           |  |
| Washington MI 48094  5. If over \$100.00 cumulative, please provide:  Occupation Owner/Builder Employer LOMBARDO HOMES  |           |  |
| Business 6303 26 Mile Rd., Ste 200  |           |  |
| Address <u>Washington MI 48094</u> Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  |           |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser  3. Contribution # 208 PAC Receipt? ☐ YES 4. Date of Receipt ☐ 03/04/2010   | 000.00    | 000.00   |
| Name: Paul Navetta Address: 63 Fordcroft St.  | 300.00    | 300.00   |
| Grosse Pointe Shores MI 48326   |           |  |
| 5. If over \$100.00 cumulative, please provide:  Occupation Vice President Employer DAN'S EXCAVATING  |           |  |
| Business 12955 23 Mile Rd.  |           |  |
| Address Shelby Twp, MI 48315  Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| Type of Continuation. Disco. La Continuità person. La Continuità person.  |           |  |
| Page Subtotal   | 4800.00   |  |
| Grand Total of All Schedules 1A   |           |  |
| (Complete on last page of Schedule)   | L         | _  |

| 1. Committee I.D. Nur | mber _ | 013853-3                      |
|-----------------------|--------|-------------------------------|
| 2. Committee Name     | Mar    | k Hackel for County Executive |

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| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3. Contribution # 209 PAC Receipt?   YES 4. Date of Receipt 03/04/2010  | 300.00    | 300.00   |
| Name: Timothy Peake   |           | . • •  |
| Address:13750 Rattalee Lake Rd.   |           |  |
| Davisburg MI 48350 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Owner Employer ACTION TRAFFIC MAINT.   |           |  |
| Business 5182 S. Saginaw Rd. Address Flint MI 48507   |           |  |
| Type of Contribution: 🔯 Direct 🔲 Loan from a person 🛄 Fund Raiser   |           |  |
| 3. Contribution # 210 PAC Receipt?  YES 4. Date of Receipt 03/04/2010   | 2100.00   | 2100.00  |
| Name: Mr. Chris Peyerk Address:72742 Pintail Ct   | 2133.33   | 2.00.00  |
| Bruce Twp MI 48065-3916  5. If over \$100.00 cumulative, please provide:  Occupation Business Owner Employer Dan's Excavating   |           |  |
| Business 12955 23 Mile Rd.  |           |  |
| Address Shelby Twp MI 48315   |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  3. Contribution # 211 PAC Receipt? ☐ YES 4. Date of Receipt ☐ 03/04/2010   |           |  |
| 0. Continuous 27,   | 300.00    | 300.00   |
| Name: Daniel Peyerk Address: 3904 Pickford  |           |  |
| Shelby Township MI 48316  |           |  |
| 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Retired Employer RETIRED   |           |  |
| Business Address  |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 212 PAC Receipt?   YES 4. Date of Receipt 03/04/2010  | 300.00    | 300.00   |
| Name: Giancarlo Pinterpe  |           |  |
| Address:3925 N. Adams   |           |  |
| Bloomfield Hills MI 48304 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Realtor Employer GRUBB ELLIS   |           |  |
| Business 26555 Evergreen Ste 500  |           |  |
| Address Southfield MI 48076   |           |  |
| Type of Contribution: 🗵 Direct 🔲 Loan from a person 🗍 Fund Raiser   |           |  |
| Page Subtotal   | 3000.00   |  |
| Grand Total of All Schedules 1A (Complete on last page of Schedule)   |           |  |

| 1. Committee I.D. Number | 013853-3 |
|--------------------------|----------|
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| 2. Committee Name_ | Mark Hackel for County Executive |  |

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
|--|-----------|--|
| 3. Contribution # 213 PAC Receipt? ☐ YES 4. Date of Receipt 03/04/2010   | 300.00    | 300.00   |
| Name: Michael Pittiglio  |           |  |
| Address:61522 Wagon Wheel Ct.  |           | :  |
| Washington Township MI 48094 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation CONSTRUCTION WORKER Employer FLORENCE CEMENT CO.  |           |  |
| Business 12585 23 Mile Rd. Address Shelby MI 48315   |           |  |
| Type of Contribution:   Direct  Loan from a person  Fund Raiser  |           |  |
| 3. Contribution # 214 PAC Receipt? D YES 4. Date of Receipt 03/04/2010   |           |  |
| Name: David Pytlowany  | 300.00    | 300.00   |
| Address: 18900 26 Mile Rd  |           |  |
|  |           |  |
| Macomb MI 48042-1202 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation General Manager Employer AIS CONSTRUCTION EQUIPMENT/EQU   |           | :  |
| Business 65809 Gratiot Address Lenox MI 48050  |           |  |
| Type of Contribution:  Direct  |           |  |
| 3. Contribution # 215 PAC Receipt? D YES 4. Date of Receipt 03/04/2010   |           |  |
|  | 600.00    | 600.00   |
| Name: Delbert J Rau  |           |  |
| Address:57096 Mooncreek Ct.  |           |  |
| Washington MI 48094  5. If over \$100.00 cumulative, please provide:  Occupation Owner Electrical Contractor Employer RAUHORN ELECTRIC   |           |  |
| Business 17171 23 Mile   |           |  |
| Address Macomb Twp_Ml_48042  |           |  |
| Type of Contribution: Direct   |           |  |
| 3. Contribution # 216 PAC Receipt? ☐ YES 4. Date of Receipt 03/04/2010   | 300.00    | 300.00   |
| Name: Charles Reynolds   | 300.00    | 000.00   |
| Address: 12414 Forest Glen Lane  |           |  |
| Shelby Township Mi 48315 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation President Employer C & R PLUMBING   |           |  |
|  |           |  |
| Business 51195 Fischer Park Drive Address Shelby Twp MI 48316  |           |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser  |           |  |
|  |           | ,  |
| Page Subtotal  | 1500.00   |  |
| Grand Total of All Schedules 1A  |           |  |
| (Complete on last page of Schedule)  |           |  |

| 1. Committee I.D. Number | 013853-3                      |
|--------------------------|-------------------------------|
| 2. Committee Name Mai    | k Hackel for County Executive |

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| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3. Contribution # 217 PAC Receipt? ☐ YES 4. Date of Receipt 03/04/2010  | 300.00    | 300.00   |
| Name: Joseph Riccobono Address: 5393 Orchard Ridge Dr   |           |  |
|   |           |  |
| Rochester MI 48306-2398 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Owner Employer Ricco Investigations & Securit  |           |  |
| Business 8763 Hall Rd Address Utica MI 48317-5738   |           |  |
| Type of Contribution: Direct  |           |  |
| 3. Contribution # 218 PAC Receipt? ☐ YES 4. Date of Receipt 03/04/2010  | 3000.00   | 3000.00  |
| Name: Matthew Scarsella Address:68499 Romeo Plank   |           |  |
| Ray Township MI 49096 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Owner Employer Tile & Stone Works  |           |  |
| Business 12876 23 Mile Rd   |           |  |
| Address Shelby Township MI 48315-2704   |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 219 PAC Receipt? ☐ YES 4. Date of Receipt 03/04/2010  | 300.00    | 300.00   |
| Name: Brian Schemer   |           | 000.00   |
| Address: 57740 Indian Trail   |           |  |
| Ray MI 48096  |           |  |
| 5. If over \$100.00 cumulative, please provide:   | 1         |  |
| Occupation Civil Engineer Employer DAN'S EXCAVATING   |           |  |
| Business 12955 23 Mile Rd.  |           |  |
| Address Shelby Twp, ML 48315  |           |  |
| Type of Contribution: 🛛 Direct 🔲 Loan from a person 🔲 Fund Raiser   |           |  |
| 3. Contribution # 220 PAC Receipt? ☐ YES 4. Date of Receipt 03/04/2010  | 300.00    | 300.00   |
| Name: Paul Selesky  |           |  |
| Address: 3341 Heron Pointe CT.  |           |  |
| Waterford MI 48328-4185 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Supervisor Employer AJAX PAVING  |           |  |
| Business 830 Kirts Blvd Ste 100 Troy Mt 48084-4892  |           |  |
| Type of Contribution: 🗵 Direct 🔲 Loan from a person 🔲 Fund Raiser   |           |  |
| Page Subtotal   | 3900.00   |  |
| Grand Total of All Schedules 1A (Complete on last page of Schedule)   |           | ]  |

| 1. Committee I.D. Nur | mber _ | 013853-3                    |
|-----------------------|--------|-----------------------------|
| 2. Committee Name_    | Mark   | Hackel for County Executive |

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| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3. Contribution # 221 PAC Receipt? ☐ YES 4. Date of Receipt 03/04/2010   | 900.00    | 900.00   |
| Name: David Tersigni<br>Address:8903 Swaffer Road  | 300.00    | 000.00   |
| Vassar MI 48768 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Sales Employer MERSINA DEWATERING   |           |  |
| Business 10162 E. Coldwater Address Davison MI 48423   |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  |           |  |
| 3. Contribution # 222 PAC Receipt? ☐ YES 4. Date of Receipt 03/04/2010  Name: Anthony Vittiglio II   | 300.00    | 300.00   |
| Address:775 Brookwood Walke  |           |  |
| Bloomfield Hills MI 48304 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Attorney Employer DENEWETH, DUGAN & PARFITT P.C.  |           |  |
| Business 1175 W.Long Lake, Ste202 Address Troy MI 48098  | !         |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser  |           |  |
| 3. Contribution # 223 PAC Receipt?   YES 4. Date of Receipt 03/04/2010   | 900.00    | 900.00   |
| Name: Tom Washabaugh<br>Address: 232 Athlone Beach   |           |  |
| Bay City MI 48706  5. If over \$100.00 cumulative, please provide:  Occupation Vice President Employer Northern Concrete Pipe  |           |  |
| 404 Kalton St  |           |  |
| Address Bay City MI 48706-5345   |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  3 Contribution # 224 PAC Receipt? ☐ YES 4. Date of Receipt 03/05/2010   |           | _  |
| 3. Contribution # 224 PAC Receipt?   YES 4. Date of Receipt 03/05/2010  Name: Paul J Bukowski  | 300.00    | 300.00   |
| Address: 1108 Royal  |           |  |
| Royal Oak MI 48073 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Attorney Employer The Bukowski Law Office, PLLC   |           |  |
| Business<br>Address  |           |  |
| Type of Contribution: Direct Loan from a person Fund Raiser  | :         |  |
| Page Subtotal  | 2400.00   |  |
| Grand Total of All Schedules 1A<br>(Complete on last page of Schedule)   |           |  |

| 1. Committee I.D. Nu | mber013853-3                     |
|----------------------|----------------------------------|
| 2. Committee Name_   | Mark Hackel for County Executive |

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
|---|-----------|--|
| 3. Contribution # 225 PAC Receipt? D YES 4. Date of Receipt 03/08/2010  | 900.00    | 1000.00  |
| Name: Lester C Gilbert  |           |  |
| Address:27320 Milton Ave.   |           |  |
| Warren MI 48092 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Retired Employer Retired   |           |  |
| Business N/A Address  |           |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser  3. Contribution # 226 PAC Receipt? ☐ YES 4. Date of Receipt 03/08/2010   |           |  |
| 5, Condibution # 220 17to 100s.pt. 2 120  | 100.00    | 1000.00  |
| Name: Lester C Gilbert  |           |  |
| Address:27320 Milton Ave.   |           |  |
| Warren MI 48092 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Retired Employer Retired   |           |  |
| Business N/A Address  |           |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 227 PAC Receipt? ☐ YES 4. Date of Receipt 03/08/2010  | 35.00     | 35.00  |
| Name: Deborah S Obrecht   |           |  |
| Address: 8661 North Dutchess  |           |  |
| Romeo MI 48065 5. If over \$100.00 cumulative, please provide:  |           |  |
| OccupationEmployer  |           |  |
| Business<br>Address   |           |  |
| Type of Contribution: Direct  |           |  |
| 3. Contribution # 228 PAC Receipt?   YES  4. Date of Receipt  03/08/2010  | 3000.00   | 3000.00  |
| Name: Daniel Shaw   |           |  |
| Address:4980 Lakeview Blvd  |           |  |
| Clarkston MI 48348-3834 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation District Manager Employer Oak Management Corporation   |           |  |
| Business 1480 W. Romeo  |           |  |
| Address Leonard MI 48367.  Type of Contribution:   Direct Dean from a person Fund Raiser  |           |  |
| Type of Contribution: 🛛 Direct 🔲 Loan from a person 🔛 Fund Raiser   |           |  |
| Page Subtotal   | 4035.00   |  |
| Grand Total of All Schedules 1A<br>(Complete on last page of Schedule)  |           |  |

| 1. Committee I.D. Number013853-3 |  |
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2. Committee Name Mark Hackel for County Executive

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| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3. Contribution # 229 PAC Receipt? ☐ YES 4. Date of Receipt 03/16/2010  | 200.00    | 200.00   |
| Name: Pauline O'Shaighinnessy<br>Address:30166 Lincolnshire E   | 250.50    | 200.00   |
| Beverly Hills MI 48025-4744  5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Partner Employer Great Lakes Baking Company  |           |  |
| Business 14430 Dexter Avenue P.O. Box 38027 Detroit MI 48238  |           |  |
| Type of Contribution:  Direct   |           |  |
| 3. Contribution # 250 TAC Necespit & 125  | 300.00    | 300.00   |
| Name: Teamsters DRIVE Political Action Committee Address:2741 Trumbull Ave.   |           |  |
| Detroit MI 48216 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Employer   |           |  |
| Business Address  Type of Contribution: M. Direct   |           |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser  3. Contribution # 231 PAC Receipt? ☐ YES 4. Date of Receipt ☐ 03/18/2010   |           |  |
| Name: James Giftos Address:41 Renaud Rd   | 300.00    | 300.00   |
| Grosse Pointe Shores MI 48236-1741  5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Retired Employer National Coney Island, Inc.   |           |  |
| Business 27947 Groesbeck Hwy Address Roseville ML 48066-5221  |           |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser  3. Contribution # 232 PAC Receipt? ☐ YES 4. Date of Receipt 03/22/2010   | 2000 00   | 2000.00  |
| Name: Mr. Luciano Gianino   | 2000.00   | 2000.00  |
| Address:40256 Emerald Lane  |           |  |
| Clinton Township MI 48038-4746 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Owner Employer Luciano's Family Restaurant   |           |  |
| Business 39091 Garfield Address Clinton Township, MI 48038  |           |  |
| Type of Contribution: Direct  |           |  |
| Page Subtotal   | 2800.00   |  |
| Grand Total of All Schedules 1A<br>(Complete on last page of Schedule)  |           |  |

| 1. Committee I.D. Numb | er 013853-3                      |
|------------------------|----------------------------------|
| 2. Committee NameN     | Mark Hackel for County Executive |

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount. | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|--|-----------|---|
| 3. Contribution # 233 PAC Receipt?   YES 4. Date of Receipt 03/23/2010   | 1000.00   | 3000.00   |
| Name: Mr. Luciano Gianino  | 1000.00   | 3000.00   |
| Address: 40256 Emerald Lane  |           |   |
| Clinton Township MI 48038-4746 5. If over \$100.00 cumulative, please provide:   |           |   |
| Occupation Owner Employer Luciano's Family Restaurant  |           |   |
| Business 39091 Garfield Address Clinton Township MI 48038  |           |   |
| Type of Contribution:   Direct  Loan from a person  Fund Raiser  |           |   |
| 3. Contribution # 234 PAC Receipt? ☐ YES 4. Date of Receipt 03/25/2010   | 300.00    | 300.00  |
| Name: Robert A Rotondo   |           |   |
| Address:4149 Berkshire   |           |   |
| Sterling Heights MI 48314 5. If over \$100.00 cumulative, please provide:  |           |   |
| Occupation owner Employer The Box  |           |   |
| Business 41570 Garfield Rd   |           |   |
| Address Clinton Township MI 48038-1960   |           |   |
| Type of Contribution: Direct   |           |   |
| 3. Contribution # 235 PAC Receipt? ☐ YES 4. Date of Receipt 03/26/2010   | 300.00    | 300.00  |
| Name: Nancy A Mueller  |           |   |
| Address: 29350 Jefferson Ave.  |           |   |
| Saint Clair Shores MI 48081  5. If over \$100.00 cumulative, please provide:   |           |   |
| Occupation Homemaker Employer Homemaker  |           |   |
| Business need address info Address   |           |   |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser  |           |   |
| 3. Contribution # 236 PAC Receipt? ☐ YES 4. Date of Receipt 03/26/2010   | 600.00    | 600.00  |
| Name: Renee Pipis  | 000.00    | 000.00  |
| Address: 1415 Parker St  |           |   |
| # 370<br>Detroit MI 48214-2614   |           |   |
| 5. If over \$100.00 cumulative, please provide:  |           |   |
| Occupation Business Owner - Business Deve Employer RCP Associates, LLC   |           |   |
| Business 407 E. Fort St.  Address Detroit ML 48226   |           |   |
| Type of Contribution:   Direct    Loan from a person    Fund Raiser  |           |   |
| Page Subtotal  | 2200.00   |   |
| Grand Total of All Schedules 1A<br>(Complete on last page of Schedule)   |           |   |

| 1. Committee I.D. Number | 013853-3 |   |
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2. Committee Name \_\_Mark Hackel for County Executive

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.   | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
|---|-----------|--|
| 3. Contribution # 237 PAC Receipt? ☐ YES 4. Date of Receipt 04/01/2010  | 300.00    | 500.00   |
| Name: Mr. Brian Gantner Address:54801 Preston Pines Ln.   |           |  |
| Shelby Township MI 48315  5. If over \$100.00 cumulative, please provide:  Convention Final Police Police  Convention Police Poli |           |  |
| OccupationEmployer Retired  |           |  |
| Business 54801 Preston Pines Ln. Address Utica ML 48315   |           |  |
| Type of Contribution:  Direct  D Loan from a person  D Fund Raiser  |           |  |
| 3. Contribution # 238 PAC Receipt?   YES 4. Date of Receipt 04/01/2010  | 200.00    | 500.00   |
| Name: Mr. Brian Gantner Address: 54801 Preston Pines Ln.  |           |  |
| Shelby Township MI 48315  |           |  |
| 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Employer Retired   | 1         |  |
| Business 54801 Preston Pines Ln. Address <u>Uffica MI 48315</u>   |           |  |
| Type of Contribution: Direct  |           |  |
| 3. Contribution # 239 PAC Receipt? ☐ YES 4. Date of Receipt 04/07/2010  | 300.00    | 300.00   |
| Name: Mr. James Buckingham  |           |  |
| Address: 29325 S River Rd   |           |  |
| Harrison Twp MI 48045-3061  5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Musician Employer Jim Buckingham Guitar and Song   |           |  |
| Business 29325 S River Rd   |           |  |
| Address Harrison Township MI 48045-3061   |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  3. Contribution # 240 PAC Receipt? ☐ YES 4. Date of Receipt 04/07/2010   |           |  |
|   | 3400.00   | 3400.00  |
| Name: Ms. Lori Lipari-Adams Address: 26661 Bunert Rd.   |           |  |
| Warren MI 48089   |           |  |
| 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Owner Employer Lipari Foods  |           |  |
| Business 26661 Bunert   |           |  |
| Address Warren Mt 48089   |           |  |
| Type of Contribution:   Direct  Loan from a person  Fund Raiser   |           |  |
| Page Subtotal   | 4200.00   |  |
| Grand Total of All Schedules 1A   |           | 1  |
| (Complete on last page of Schedule)   |           | j  |

| 1. Committee I.D. Number _ |      | 013853-3        |              |  |
|----------------------------|------|-----------------|--------------|--|
| 2. Committee Name_         | Mark | Hackel for Coun | ty Executive |  |

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
|---|-----------|--|
| 3. Contribution # 241 PAC Receipt? X YES 4. Date of Receipt 04/07/2010  | 000.00    | 000.00   |
| Name: UAW MICHIGAN V-PAC<br>Address: 8000 E. JEFFERSON  | 600.00    | 600.00   |
| Detroit MI 48214  5. If over \$100.00 cumulative, please provide:  Occupation Employer  |           |  |
| Business<br>Address   |           |  |
| Type of Contribution: Direct Loan from a person Fund Raiser   |           |  |
| 3. Contribution # 242 PAC Receipt?   9 YES 4. Date of Receipt 04/09/2010  | 000.00    | 000.00   |
| Name: Mr. Michael Devault<br>Address: 7910 Walters Rd.  | 200.00    | 200.00   |
| Lainsburg MI 48848  5. If over \$100.00 cumulative, please provide:  Occupation Superintendent Employer Macomb Intermediate School Dis  |           |  |
| Business Address Clinton Township MI 48038-1100   |           |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser  3. Contribution # 243 PAC Receipt? ☐ YES 4. Date of Receipt 04/13/2010   |           |  |
| Name: Mr. Sheldon A Goldman Address:4320 Middleton Dr.  | 3400.00   | 3400.00  |
| Bloomfield Hills MI 48302  5. If over \$100.00 cumulative, please provide:  Occupation Insurance & Financial Employer LSG Insurance Partners  |           |  |
| Rusiness 2369 Franklin Rd   |           |  |
| Business 2309 Flankiii Ru Address Bloomfield Hills MI 48302-0333  |           |  |
| Type of Contribution: 🗵 Direct 🔲 Loan from a person 🔲 Fund Raiser   |           |  |
| 3. Contribution # 244 PAC Receipt? ☐ YES 4. Date of Receipt 04/13/2010  | 0.400.00  | 0.400.00   |
| Name: Mr. Clark D Harris Address: 1419 Harwood Dr.  | 3400.00   | 3400.00  |
| Oxford MI 48371  5. If over \$100.00 cumulative, please provide:  Occupation Insurance & Financial Employer LSG Insurance Partners  |           |  |
| Business 2369 Franklin Rd   |           |  |
| Address Bloomfield Hills MI 48302-0333  |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| Page Subtotal   | 7600.00   |  |
| Grand Total of All Schedules 1A<br>(Complete on last page of Schedule)  |           |  |

| 1. Committee I.D. Number | 013853-3 |  |
|--------------------------|----------|--|
|                          | •        |  |

| 2. Committee Name | Mark Hackel for County Executive |
|-------------------|----------------------------------|
| 2. Committee Name | mann nachariar acam, ancount     |

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt ) |
|---|-----------|--|
| 3. Contribution # 245 PAC Receipt? ☐ YES 4. Date of Receipt 04/13/2010  | 3400.00   | 3400.00  |
| Name: Mr. Fisher A Mark   |           |  |
| Address;4063 Country Club Dr.   |           |  |
| Bloomfield Hills MI 48301  5. If over \$100.00 cumulative, please provide:  Occupation Insurance & Financial Employer LSG Insurance Partners  |           |  |
| Business 2369 Franklin Rd   |           |  |
| Address Bloomfield Hills MI 48302-0333  | .         |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  3. Contribution # 246 PAC Receipt? ☐ YES 4. Date of Receipt 04/13/2010   |           | <u> </u>   |
| 3. Contribution # 246 PAC Receipt? D YES 4. Date of Receipt 04/13/2010  | 3400.00   | 3400.00  |
| Name: Mr. Jay Schreibman  |           |  |
| Address: 3518 Erie Dr   |           |  |
| Orchard Lake MI 48324-1522  5. If over \$100.00 cumulative, please provide:  Occupation Sales Employer LSG Insurance Partners   |           |  |
| Business 2369 Franklin Rd   |           |  |
| Address Bloomfield Hills MI 48302-0333  |           |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 247 PAC Receipt? ☐ YES 4. Date of Receipt 04/13/2010  | 3400.00   | 3400.00  |
| Name: Mr. Kevin J Vandenhaute   | 0.00.00   | 0.00.00  |
| Address:4525 Motorway Dr.   |           |  |
| Waterford MI 48328  5. If over \$100.00 cumulative, please provide:  Occupation Insurance & Financial Employer LSG Insurance Partners   |           |  |
| Business 2369 Franklin Rd   | ·         |  |
| Address Bloomfield Hills MI 48302-0333  |           |  |
| Type of Contribution: 🛛 Direct 🔲 Loan from a person 🔲 Fund Raiser   |           |  |
| 3. Contribution # 248 PAC Receipt? D YES 4. Date of Receipt 04/13/2010  | 3400.00   | 3400.00  |
| Name: Mr. Steve Zack Address:27245 Scenic Hwy   | 3400.00   | 3400.00  |
| Franklin MI 48025  5. If over \$100.00 cumulative, please provide:  Occupation Sales Employer LSG Insurance Partners  |           |  |
| Business 2369 Franklin Rd   |           |  |
| Address Bloomfield Hills MI 48302-0333  |           |  |
| Type of Contribution: 🗵 Direct 🔲 Loan from a person 🔲 Fund Raiser   |           |  |
| Page Subtotal   | 13600.00  |  |
| Grand Total of All Schedules 1A (Complete on last page of Schedule)   |           |  |

| 1. Committee I.D. Num | nber _ | 013853-3                      |  |
|-----------------------|--------|-------------------------------|--|
| 2. Committee Name     | Mark   | k Hackel for County Executive |  |

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
|---|-----------|--|
| 3. Contribution # 249 PAC Receipt? II YES 4. Date of Receipt 04/14/2010   |           |  |
| Name: Mr. Vito Teraciano<br>Address:19573 Tanglewood Cir  | 300.00    | 300.00   |
| Clinton Twp MI 48038-4962 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Builder/Developer Employer Arteva Homes  | ·         |  |
| Business 36 Hidden Rdg Address Bloomfield Hills MI 48304-2907   |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 250 PAC Receipt? ☐ YES 4. Date of Receipt 04/16/2010  Name: Mr. Lawrence Miller   | 400.00    | 400.00   |
| Address:55654 Woodridge Dr  |           |  |
| Shelby Township MI 48316-1036 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation CFO Employer Anderson Eckstein and Westric   |           |  |
| Business 51301 Schoenherr Rd Address Shelby Township, Mt. 48315-2733  |           |  |
| Address Shelby Township Mt 48315-2733  Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  |           |  |
| 3. Contribution # 251 PAC Receipt?   YES 4. Date of Receipt 04/16/2010  |           |  |
| Name: Mr. Roy C Rose  | 400.00    | 700.00   |
| Address:55620 Woodridge Rd.   |           |  |
| Shelby Township MI 48316  5. If over \$100.00 cumulative, please provide:  Occupation Civil Engineer Employer Anderson, Eckstein & Westrick,  |           |  |
| Business 51301 Schoenherr Rd  |           |  |
| Address Shelby Township MI 48315-2733   |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 252 PAC Receipt? ☐ YES 4. Date of Receipt 04/16/2010  | 100.00    | 100.00   |
| Name: Dr. Stephen Swetech Address:43600 Garfield  | 100.00    | 100.00   |
| Clinton Twp. MI 48038 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Employer   |           |  |
| Business<br>Address   |           |  |
| Type of Contribution:  Direct   |           |  |
| Page Subtotal   | 1200.00   |  |
| Grand Total of All Schedules 1A   | 1200.00   |  |
| (Complete on last page of Schedule)   |           |  |

| 1. Committee I.D. Number | 013853-3 |  |
|--------------------------|----------|--|
|--------------------------|----------|--|

2. Committee Name Mark Hackel for County Executive

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount. | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|--|-----------|---|
| 3. Contribution # 253 PAC Receipt? ☐ YES 4. Date of Receipt 04/16/2010   | 400.00    | 700.00  |
| Name: Gordon B Wilson  |           |   |
| Address: 19297 Hickory Ridge Rd  |           | '   |
| Rose Township MI 48430-8529  5. If over \$100.00 cumulative, please provide:  Occupation Civil Engineer Employer Anderson, Eckstein & Westrick,  |           |   |
| Business Address Address Shelby Township MI 48315-2733   |           |   |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  |           |   |
| 3. Contribution # 254 PAC Receipt? X YES 4. Date of Receipt 04/19/2010   | 400.00    | 400.00  |
| Name: WMI PAC of Michigan  |           |   |
| Address: 48797 Alpha Dr<br>Ste 100   |           |   |
| Wixom MI 48393-3452 5. If over \$100.00 cumulative, please provide:  |           |   |
| Occupation Employer  |           |   |
|  |           |   |
| Business<br>Address  |           |   |
| Type of Contribution: 🛛 Direct 🔲 Loan from a person 🔲 Fund Raiser  |           |   |
| 3. Contribution # 255 PAC Receipt? ☐ YES 4. Date of Receipt 04/20/2010   | 100.00    | 100.00  |
| Name: Mr. Richard A Kennedy  |           | 100.00  |
| Address:4195 Sandy Creek Dr  |           |   |
| Shelby Township MI 48316-3077  5. If over \$100.00 cumulative, please provide:   |           |   |
| OccupationEmployer   |           |   |
| Business<br>Address  |           |   |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  |           |   |
| 3. Contribution # 256 PAC Receipt? D YES 4. Date of Receipt 04/21/2010   | 400.00    | 400.00  |
| Name: Mr. Scott Lockwood   |           | .55.55  |
| Address: 2830 Lamplighter Ln   |           |   |
| Bloomfield MI 48304-1939 5. If over \$100.00 cumulative, please provide:   |           |   |
| Occupation Engineer Employer Anderson, Eckstein & Westrick   |           |   |
| Business 51301 Schoenherr Rd   |           |   |
| Address Shelby Township MI 48315-2733  |           |   |
| Type of Contribution: 🛛 Direct 🔲 Loan from a person 🗍 Fund Raiser  |           |   |
| Page Subtotal  | 1300.00   |   |
| Grand Total of All Schedules 1A (Complete on last page of Schedule)  |           |   |

| 1. Committee I.D. Nur | nber _ | 013853-3                      |  |
|-----------------------|--------|-------------------------------|--|
| 2. Committee Name     | Marl   | k Hackel for County Executive |  |

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
|---|-----------|--|
| 3. Contribution # 257 PAC Receipt? D YES 4. Date of Receipt 04/21/2010  | 400.00    | 400.00   |
| Name: Mr. Stephen V Pangori<br>Address:8106 Rosebud Ln  | <u>.</u>  |  |
| Clarkston MI 48348-3764 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Engineer Employer Anderson, Eckstein & Westrick  |           |  |
| Business 51301 Schoenherr Rd Address Shelby Township MI 48315-2733  |           |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 258 PAC Receipt? ☐ YES 4. Date of Receipt 04/23/2010  Name: Joel Ballor   | 3400.00   | 3400.00  |
| Address: 50383 Heatherwood Ln   |           |  |
| Shelby Township MI 48317-1438  5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Owner Employer Joe Ballor Towing   |           |  |
| Business 57760 Main St Address New Haven MI 48048-2672  |           |  |
| Type of Contribution:   Direct  |           |  |
| 3. Contribution # 259 PAC Receipt? ☐ YES 4. Date of Receipt 04/23/2010  | 3400.00   | 3400.00  |
| Name: Mr. Joseph Ballor<br>Address: 24050 28 Mile Rd  | 3-00.00   | 3400.00  |
| Ray MI 48096 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Owner Employer Joe Ballor Towing, Inc.   |           |  |
| Business 57760 Main   |           |  |
| Address New Haven MI 48048  Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  3. Contribution # 260 PAC Receipt? ☐ YES 4. Date of Receipt ☐ 04/26/2010   | 100.00    | 100.00   |
| Name: Mr. Franklin Korson   |           |  |
| Address: 23182 Mission Vly S  |           |  |
| Macomb MI 48042-5154  5. If over \$100.00 cumulative, please provide:   |           |  |
| OccupationEmployer  | !         |  |
| Business<br>Address   |           |  |
| Type of Contribution:   Direct    Loan from a person    Fund Raiser   |           |  |
| Page Subtotal   | 7300.00   |  |
| Grand Total of All Schedules 1A (Complete on last page of Schedule)   |           |  |

| 1. Committee I.D. Nun | er 013853-3            |           |
|-----------------------|------------------------|-----------|
| 2. Committee Name     | Mark Hackel for County | Executive |

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
|---|-----------|--|
| 3. Contribution # 261 PAC Receipt? X YES 4. Date of Receipt 04/29/2010  | 000.00    | 200.00   |
| Name: U.A. Plumbers Union Local 98 Pac Fund Address: 555 Horace Brown Dr.  Madison Heights MI 48071   | 200.00    | 200.00   |
| 5. If over \$100.00 cumulative, please provide:   |           |  |
| OccupationEmployer  | •         |  |
|   |           |  |
| Business  |           |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser   |           | ·  |
| 3. Contribution # 262 PAC Receipt? □ YES 4. Date of Receipt 04/30/2010  | 40.00     | 40.00  |
|   | 10.00     | 10.00  |
| Name: Mr. Altan Kusku   |           |  |
| Address: 2408 Irma  |           |  |
| Warren MI 48092 5. If over \$100.00 cumulative, please provide:   |           |  |
| OccupationEmployer  |           |  |
| Occupation  |           |  |
| Business<br>Address   |           |  |
| Type of Contribution: Direct Loan from a person Fund Raiser   |           | -  |
| 3. Contribution # 263 PAC Receipt? ☐ YES 4. Date of Receipt 05/04/2010  | 200.00    | 200.00   |
| Name: Dr. Ronald Fenton   |           |  |
| Address: 1962 Long Lake Shores  |           |  |
| Bloomfield Hills MI 48302  5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Doctor Employer Business Owner   |           |  |
|   |           |  |
| Business 39949 Garfield Rd  |           |  |
| Address Clinton Twp MI 48038-4301  Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  |           |  |
| 3. Contribution # 264 PAC Receipt?   YES 4. Date of Receipt 05/04/2010  | 50.00     | 70.00  |
|   | 50.00     | 50.00  |
| Name: Mr. Roland Lashbrook  |           |  |
| Address:65100 Romeo Plank   |           |  |
| Ray MI 48096 5. If over \$100.00 cumulative, please provide:  |           |  |
|   |           |  |
| OccupationEmployer  |           |  |
| Business Address  |           |  |
| Type of Contribution: 🗵 Direct 🔲 Loan from a person 🔲 Fund Raiser   |           | ļ  |
| Page Subtotal   | 460.00    |  |
| Grand Total of All Schedules 1A   |           | -  |
| (Complete on last page of Schedule)   |           |  |
|   |           |  |

| 1. Committee I.D. Nur | nber . | 013853-3                      |
|-----------------------|--------|-------------------------------|
| 2. Committee Name     | Mari   | k Hackel for County Executive |

|   | 7         | 170.1.   |
|---|-----------|--|
| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3. Contribution # 265 PAC Receipt?   YES 4. Date of Receipt 05/05/2010  | 4000.00   | 4000.00  |
| Name: Mr. Luigi R D'Agostini<br>Address:2281 Pond Vallee Dr.  | 1000.00   | 1000.00  |
| Oakland MI 48363 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Contractor Employer Self Employed  |           |  |
| Business 2281 Pond Vallee Dr Address Oakland MI 48363-2946  |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 266 PAC Receipt? ☐ YES 4. Date of Receipt 05/05/2010  | 2000.00   | 2000.00  |
| Name: Mr. Paul Meli<br>Address:48343 Elmwood Dr.  |           |  |
|   |           |  |
| Utica MI 48315 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Owner - self employed Employer PMI Enterprises, Inc.   |           |  |
| Business 48343 Elmwood Dr<br>Address Shellby Township MI 48315-4247   |           |  |
| Address Shelhy Township MI 48315-4247  Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser ☐  |           |  |
| 3. Contribution # 267 PAC Receipt? ☐ YES 4. Date of Receipt 05/05/2010  |           |  |
| Name: Mr. Anthony M Rubino  | 1000.00   | 1000.00  |
| Address:38880 Sahr Ct.  |           |  |
| Clinton Twp, Mi 48038 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Owner Employer Proforma Marketplace  |           |  |
| Business 39777 Garfield Rd  |           |  |
| Address Clinton Township MI 48038-2799  |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  3. Contribution # 268 PAC Receipt? ☐ YES 4. Date of Receipt ☐ 05/11/2010   |           |  |
| D. I. W.D.  | 300.00    | 600.00   |
| Name: Barbara vv Rossmann Address:54311 Queensborough Dr.   |           |  |
| Shelby Township MI 48315 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation President & CEO Employer Henry Ford Macomb Hospitals   |           |  |
| Business 15855 19 Mile Rd   |           |  |
| Address Clinton Township MI 48038-3504  |           |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| Page Subtotal   | 4300.00   |  |
| Grand Total of All Schedules 1A (Complete on last page of Schedule)   |           |  |
|   |           |  |

| 1. Committee I.D. Number | 013853-3                      |
|--------------------------|-------------------------------|
| 2. Committee NameMai     | k Hackel for County Executive |

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.  | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|--|-----------|---|
| 3. Contribution # 269 PAC Receipt?   YES 4. Date of Receipt 05/12/2010   | 1000.00   | 1000.00   |
| Name: Al Marino  |           |   |
| Address:31125 San Juan   |           |   |
| Harrison Twp. MI 48045 5. If over \$100.00 cumulative, please provide:   |           |   |
| Occupation Owner Employer Sorrento's Pizza   |           |   |
| Business 14 Market St Address Mount Clemens MI 48043-5640  |           |   |
| Type of Contribution: Direct   |           |   |
| 3. Contribution # 270 PAC Receipt? ☐ YES 4. Date of Receipt 05/12/2010   | 500.00    | 500.00  |
| Name: Michael Torres   | 500.00    | 300.00  |
| Address: 5865 Jackelyn Ct.   |           |   |
| Washington MI 48094 5. If over \$100.00 cumulative, please provide:  |           |   |
| Occupation Builder/Developer Employer Torres Building Co.  |           |   |
| Rusiness 5865 Jackelyn Ct  |           |   |
| Address Washington Mt 48094-4225   |           |   |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  |           |   |
| 3. Contribution # 271 PAC Receipt?   YES 4. Date of Receipt 05/13/2010   | 500.00    | 500.00  |
| Name: Michael Agnello  | 300.00    | 000.00  |
| Address: 15941 Millar Rd   |           |   |
| Clinton Township MI 48036 5. If over \$100.00 cumulative, please provide:  |           |   |
| Occupation President Employer Michael Agnello Jewelers   |           |   |
| Business 31500 Harper Avenue   |           |   |
| Address Saint Clair Shores MI 48082  |           |   |
| Type of Contribution: Direct   |           |   |
| 3. Contribution # 272 PAC Receipt?   YES 4. Date of Receipt 05/13/2010   | 500.00    | 500.00  |
| Name: Salvatore Agosta   |           |   |
| Address:37364 Camellia Lane  |           |   |
| Clinton Township MI 48036 5. If over \$100.00 cumulative, please provide:  |           |   |
| Occupation Computer I/T Employer Tech Enterprises  |           |   |
| Business 31375 Harper Ave  |           |   |
| Address <u>Saint Clair Shores Mt. 48082-2453</u> Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |   |
| Type of continuation. La private La Louis from a porcer. La private la continuation la private la continuation la private la continuation la private la continuation la private la continuation la continuatio |           |   |
| Page Subtotal  | 2500.00   |   |
| Grand Total of All Schedules 1A<br>(Complete on last page of Schedule)   |           | ]   |

| 1. Committee I.D. Nu | mber <sub>.</sub> | 013853-3                      |
|----------------------|-------------------|-------------------------------|
| 2. Committee Name    | Mar               | k Hackel for County Executive |

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.  | 6. Amount    | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt ) |
|--|--------------|---|
| 3. Contribution # 273 PAC Receipt? ☐ YES 4. Date of Receipt 05/13/2010  Name: Mr. Raymond A Bianchini  | 1000.00      | 1000.00   |
| Address: 5623 Crystal Creek Ct   |              |   |
| Washington MI 48094-2606 5. If over \$100.00 cumulative, please provide:   |              |   |
| Occupation Owner Employer Sterling Contractors   |              |   |
| Business 50413 Central Industrial Dr Address Shelby Township MI 48315-3114   |              |   |
| Type of Contribution:  Direct  |              |   |
| 3. Contribution # 274 PAC Receipt? ☐ YES 4. Date of Receipt 05/13/2010   | 500.00       | 500.00  |
| Name: Mr. Paul Brillati  | 500.00       | 500.00  |
| Address:54358 Aurora Park  |              |   |
| Shelby Township 48316 5. If over \$100.00 cumulative, please provide:  |              |   |
| Occupation Carpenter Employer King Development Inc   |              |   |
| Business 54358 Aurora Park Address Shelby Township 48316   |              |   |
| Address Shelby Township 48316  Type of Contribution:  Direct   |              |   |
| 3. Contribution # 275 PAC Receipt?   YES 4. Date of Receipt 05/13/2010   |              |   |
| Name: John Burket  | 500.00       | 500.00  |
| Address:46445 Glen Pointe Dr   |              |   |
| Shelby Township MI 48315-6128  5. If over \$100.00 cumulative, please provide:   |              |   |
| Occupation Attorney Employer Burkert Savage, P.C.  |              |   |
| Business Address :            |   |
| Type of Contribution: Direct   |              |   |
| 3. Contribution # 276 PAC Receipt? ☐ YES 4. Date of Receipt 05/13/2010   | 500.00       | 500.00  |
| Name: Mr. Angelo Grillo  |              |   |
| Address:14620 Towering Oaks Dr   |              |   |
| Shelby Township MI 48315-1600  5. If over \$100.00 cumulative, please provide:   |              |   |
| Occupation President Employer B&A Structural Steel   |              |   |
| Business 50775 Richard W. Blvd.  |              |   |
| Address New Baltimore MI 48051  Type of Contribution:   Direct Dan from a person D Fund Raiser   |              |   |
| Type of Contribution: Direct   | <del>-</del> |   |
| Page Subtotal  | 2500.00      |   |
| Grand Total of All Schedules 1A<br>(Complete on last page of Schedule)   |              |   |

| 1. Committee I.D. Nu | mber _ | 013853-3        |              |  |
|----------------------|--------|-----------------|--------------|--|
| 2. Committee Name    | Mark   | Hackel for Coun | ty Executive |  |

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|--|-----------|--|
| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3. Contribution # 277 PAC Receipt?   YES 4. Date of Receipt 05/13/2010   | 500.00    | 500.00   |
| Name: Andrea Nicolella<br>Address:37548 Hidden Valley Ct   |           |  |
| Clinton Township MI 48036 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation General Manager Employer Nino Salvaggios  |           |  |
| Business Address Address Clinton Township MI 48038-6922  |           |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser  |           |  |
| 3. Contribution # 278 PAC Receipt?   YES 4. Date of Receipt 05/14/2010  Name: Louis T Gormely  | 500.00    | 500.00   |
| Address:20423 Sunningdale Park   |           |  |
| Grosse Pointe MI 48236-1635  5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation   |           |  |
| Business 20423 Sunningdale Park  |           |  |
| Address Grosse Pointe Woods MI 48236-1635  Type of Contribution: Direct Loan from a person Fund Raiser   |           |  |
| 3. Contribution # 279 PAC Receipt? ☐ YES 4. Date of Receipt O5/14/2010   | 500.00    | 500.00   |
| Name: Mr. Christopher Holsbeke<br>Address:43103 Riverway   |           |  |
| Clinton Township MI 48038  5. If over \$100.00 cumulative, please provide:  Occupation Concrete Sales Employer Holsbeke Construction   |           |  |
| Business 325 North Avenue Address Mount Clemens MI 48043   |           |  |
| Type of Contribution: Direct Loan from a person Fund Raiser  |           |  |
| 3. Contribution # 280 PAC Receipt? ☐ YES 4. Date of Receipt 05/14/2010   | 500.00    | 500.00   |
| Name: Mr. Thom Lipari<br>Address: 37153 Woodpointe Dr  |           |  |
| Clinton Twp MI 48036-1672 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Owner Employer Lipari Foods   |           |  |
| Business 26661 Bunert Address Warren MI 48092  |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  |           |  |
| Page Subtotal  | 2000.00   |  |
| Grand Total of All Schedules 1A (Complete on last page of Schedule)  |           |  |

| 1. Committee I.D. Nu | mber | 013853-3                    |  |
|----------------------|------|-----------------------------|--|
| 2. Committee Name    | Mark | Hackel for County Executive |  |

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| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3. Contribution # 281 PAC Receipt?   YES 4. Date of Receipt 05/14/2010   | 050.00    | 050.00   |
| Name: Eugene Lovasco Address:47 Depetris Way   | 250.00    | 250.00   |
|  |           |  |
| Grosse Point Farms MI 48236-2304 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation President Employer Brown & Brown  |           |  |
| Business 35735 Mound Address Röchester M 48307   |           |  |
| Type of Contribution:  Direct  Loan from a person  Fund Raiser   |           |  |
| 3. Contribution # 282 PAC Receipt? ☐ YES 4. Date of Receipt 05/14/2010   | 250.00    | 250.00   |
| Name: Alex Lucido  |           |  |
| Address:55 Webber Place  |           |  |
| Grosse Pointe Shores MI 48236-2628 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Real Estate Broker Employer Lucido Real Estate  |           |  |
| Business 19455 Mack Avenue   |           |  |
| Business Address Grosse Pointe Woods ML 48236  |           |  |
| Type of Contribution:  Direct  |           |  |
| 3. Contribution # 283 PAC Receipt?   YES 4. Date of Receipt 05/14/2010   |           |  |
| Name: Mr. Stephen F Lucido   | 300.00    | 300.00   |
| Address:43129 West Kirkwood Dr.  |           |  |
|  |           |  |
| Clinton Twp MI 48038 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Wholesale Produce Rou- Employer Self Employed   |           |  |
|  |           |  |
| Business 43129 W Kirkwood Dr   |           |  |
| Address Clinton Township Mt 48038-1224   |           |  |
| Type of Contribution:  Direct  |           |  |
| 3. Contribution # 284 PAC Receipt? II YES 4. Date of Receipt 05/14/2010  | 500.00    | 500.00   |
| Name: Russell P Maisano  |           |  |
| Address: 37467 Casa Bella  |           |  |
| Clinton Township MI 48036 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation General Manager Employer Sterling Heights Dodge   |           |  |
| Business 40111 Van Dyke Ave  |           |  |
| Address Sterling Heights MI 48313-3730   |           |  |
| Type of Contribution: 🗵 Direct 🔲 Loan from a person 🔲 Fund Raiser  |           |  |
|  |           |  |
| Page Subtotal  | 1300.00   |  |
| Grand Total of All Schedules 1A (Complete on last page of Schedule)  |           |  |

| 1. Committee I.D. Nu | mber 013853-3                    |
|----------------------|----------------------------------|
| 2. Committee Name    | Mark Hackel for County Executive |

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|---|--|--|
| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.   | 6. Amount  | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3. Contribution # 285 PAC Receipt? ☐ YES 4. Date of Receipt 05/14/2010  | 250.00   | 250.00   |
| Name: Matthew P Mullan Address:16370 Millar   | 200.00   | 200.00   |
| Clinton Township MI 48036 5. If over \$100.00 cumulative, please provide:   |  |  |
| Occupation Dentist Employer Matthew Mullan DDS  |  |  |
| Business 16638 15 Mile Road Address Fraser ML 48026   |  |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |  |  |
| 3. Contribution # 286 PAC Receipt?   YES 4. Date of Receipt 05/14/2010  Name: Gaetano Rizzo   | 500.00   | 800.00   |
| Address:37516 Hidden Valley Ct  |  |  |
| Clinton Twp MI 48036-3669 5. If over \$100.00 cumulative, please provide:   |  |  |
| Occupation Builder Employer Garland Construction, LLC   |  |  |
| Business 44899 Centre Ct Ste 101 Address Clinton Township Mt 48038-5510   |  |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |  |  |
| 3. Contribution # 287 PAC Receipt? ☐ YES 4. Date of Receipt 05/14/2010  | 250.00   | 250.00   |
| Name: Daniel Rubino   |  |  |
| Address:37511 Casa Bella Court  | :  |  |
| Clinton Township MI 48036 5. If over \$100.00 cumulative, please provide:   |  |  |
| Occupation Management Employer Rubino's Campus Foodservice In   |  |  |
| Business 8344 Hall Rd   |  |  |
| Address Ulica Mt 48317-5554   |  |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser  3. Contribution # 288 PAC Receipt? ☐ YES 4. Date of Receipt ☐ 05/14/2010   |  |  |
| Name: Mr. Joseph Vicari   | 250.00   | 250.00   |
| Address:37523 Hidden Valley Ct.   |  |  |
| Clinton Twp. MI 48036 5. If over \$100.00 cumulative, please provide:   |  |  |
| Occupation Owner Employer Andiamo Restaurant Group  |  |  |
| Business 7096 East 14 Mile Road   |  |  |
| Address Warren MI 48092  Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  |  |  |
| Type or contained and the series are series and the series and the series are series and the series are series and the series are series and the series are series and the series are series and the series are series and the series are series and the series are series are series and the series are series and the series are series are series and the series are series and the series are series and the series are series are series are series and the series |  |  |
| Page Subtotal   | 1250.00  |  |
| Grand Total of All Schedules 1A   |  |  |
| (Complete on last page of Schedule)   | L  | _  |

| 1. Committee I.D. Num | ber | 013853-3                      |  |
|-----------------------|-----|-------------------------------|--|
| 2. Committee Name     | Mar | k Hackel for County Executive |  |

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| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3. Contribution # 289 PAC Receipt? ☐ YES 4. Date of Receipt 05/17/2010  | 0.40.00   |  |
| Name: Tina Stevenson Address:59837 Glacier Spring Dr N  | 240.00    | 240.00   |
| Washington MI 48094-2283  |           |  |
| 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Homemaker Employer Homemaker   |           |  |
| Business<br>Address   |           |  |
| Type of Contribution: 🗵 Direct 🔲 Loan from a person 🔲 Fund Raiser   |           |  |
| 3. Contribution # 290 PAC Receipt? ☐ YES 4. Date of Receipt 05/18/2010  | 20.00     | 00.00  |
| Name: Fred Barnard  | 20.00     | 20.00  |
| Address:62998 Invitational Dr   |           |  |
| Washington MI 48094-1557 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Employer   |           |  |
| Business  |           |  |
| Address  Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  |           |  |
| 3. Contribution # 291 PAC Receipt? D YES 4. Date of Receipt 05/18/2010  |           |  |
| Name: Kit Barnard   | 20.00     | 20.00  |
| Address:62998 Invitational Dr   |           |  |
| Washington MI 48094-1557 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Employer   |           |  |
|   |           |  |
| Business<br>Address   |           |  |
| Type of Contribution: 🗵 Direct 🔲 Loan from a person 🔲 Fund Raiser   |           |  |
| 3. Contribution # 292 PAC Receipt?   YES 4. Date of Receipt 05/18/2010  | 20.00     | 20.00  |
| Name: Pat Blonde Address:11301 Black Walnut Ct  | 20.00     | 20.00  |
|   |           |  |
| Washington MI 48094-3737 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Employer   |           |  |
|   |           |  |
| Business Address  |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| Page Subtotal   | 300.00    |  |
| Grand Total of All Schedules 1A   |           |  |
| (Complete on last page of Schedule)   |           | J  |

| 1. Committee I.D. Number _ |      | 013853-3                      |
|----------------------------|------|-------------------------------|
| 2. Committee Name _        | Mark | R Hackel for County Executive |

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| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount    | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3. Contribution # 293 PAC Receipt? ☐ YES 4. Date of Receipt 05/18/2010  | 20.00        | 20.00  |
| Name: Deb D Brune<br>Address:7630 Capital Cir S   | 20.00        | 20.00  |
| Washington MI 48094-4508 5. If over \$100.00 cumulative, please provide:  |              |  |
| Occupation Employer   |              |  |
| Business Address  |              |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser   |              |  |
| 3. Contribution # 294 PAC Receipt? ☐ YES 4. Date of Receipt 05/18/2010  | 20.00        | 20.00  |
| Name: Ron Current   |              |  |
| Address: 7818 Augusta Drive   |              | ,  |
| Washington MI 48094 5. If over \$100.00 cumulative, please provide:   |              |  |
| OccupationEmployer  |              |  |
| Business<br>Address   |              |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   | _            |  |
| 3. Contribution # 295 PAC Receipt? ☐ YES 4. Date of Receipt 05/18/2010  | 20.00        | 20.00  |
| Name: Debbie Deakin   |              |  |
| Address: 79303 Scottish Hills Dr  |              |  |
| Bruce Twp MI 48065-1016 5. If over \$100.00 cumulative, please provide:   |              |  |
| Occupation Employer   |              |  |
| Business Address  |              |  |
| Type of Contribution: 🗵 Direct 🔲 Loan from a person 🔲 Fund Raiser   |              |  |
| 3. Contribution # 296 PAC Receipt?   YES 4. Date of Receipt 05/18/2010  | 20.00        | 20.00  |
| Name: Jim Deakin  |              | 25.55  |
| Address: 79303 Scottish Hills Dr  |              |  |
| Bruce Twp MI 48065-1016 5. If over \$100.00 cumulative, please provide:   |              |  |
| Occupation Employer   |              |  |
| Business Address  |              |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |              |  |
| Page Subtotal   | 80.00        |  |
| Grand Total of All Schedules 1A (Complete on last page of Schedule)   |              |  |

| 1. Committee I.D. Number |      | 013853-3                      |  |
|--------------------------|------|-------------------------------|--|
| 2. Committee Name        | Marl | k Hackel for County Executive |  |

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| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3. Contribution # 297 PAC Receipt?   YES 4. Date of Receipt 05/18/2010   | 00.00     |  |
| Name: Catherine DeDecker<br>Address:11970 Diamond Ln   | 20.00     | 20.00  |
| Washington MI 48094-3127   |           |  |
| 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Employer  |           |  |
| Business Address   |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  |           |  |
| 3. Contribution # 298 PAC Receipt? ☐ YES 4. Date of Receipt 05/18/2010   | 20.00     | 20.00  |
| Name: Peter Doyle  | 20.00     | 20.00  |
| Address: 7665 Washburn   |           |  |
| Washington MI 48094-2887  5. If over \$100.00 cumulative, please provide:  |           |  |
| OccupationEmployer   |           |  |
| Business<br>Address  |           |  |
| Type of Contribution: 🛛 Direct 🔲 Loan from a person 🔲 Fund Raiser  | •         |  |
| 3. Contribution # 299 PAC Receipt?   YES  4. Date of Receipt  05/18/2010   | 00.00     | 00.00  |
| Name: Bud Fox  | 20.00     | 20.00  |
| Address:48153 Mallard Dr   |           |  |
| Chesterfield MI 48047-2248   |           |  |
| 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Employer  |           |  |
| Business<br>Address  |           |  |
| Type of Contribution:  Direct  |           |  |
| 3. Contribution # 300 PAC Receipt? ☐ YES 4. Date of Receipt 05/18/2010   | 20.00     | 00.00  |
| Name: Barbara Giacherio  | 20.00     | 20.00  |
| Address: 60639 Greenbrook Court  |           |  |
| Washington MI 48094 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Employer  |           |  |
|  |           |  |
| Business<br>Address  |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  |           |  |
| Page Subtotal  | 80.00     |  |
| Grand Total of All Schedules 1A  |           | 1  |
| (Complete on last page of Schedule)  |           | 1  |

| 1. Committee I.D. Number | 013853-3 |
|--------------------------|----------|
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| CANDIDATE COMMITTEE 2. Committee Na  | me Mark Hackel for County E | xecutive   |
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|  |                             |  |
| Enter contributor's name and address. If contribution if from an individual and the amount is \$20 more, enter last name, first name, middle initial. Check box to indicate if contribution is from a P Committee or an Independent Committee. (PAC) Report all contributions from committees regaramount. | Political ruless of         | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3. Contribution # 301 PAC Receipt? D YES 4. Date of Receipt 05/18/20   | 20.00                       | 20.00  |
| Name: Joseph Giacherio<br>Address: 60639 Greenbrook Court  | 20.00                       | 20.00  |
| Washington MI 48094 5. If over \$100.00 cumulative, please provide:  |                             |  |
| OccupationEmployer   |                             |  |
| Business<br>Address  |                             |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Ra  |                             |  |
| 3. Contribution # 302 PAC Receipt? ☐ YES 4. Date of Receipt 05/18/20   | 20.00                       | 20.00  |
| Name: Chris Haerens Address: 50617 Bower Dr  |                             |  |
|  |                             |  |
| Chesterfield MI 48047-4629  5. If over \$100.00 cumulative, please provide:  |                             |  |
| OccupationEmployer   |                             |  |
| Business<br>Address  |                             |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Rai   |                             |  |
| 3. Contribution # 303 PAC Receipt? D YES 4. Date of Receipt 05/18/20   | 20.00                       | 20.00  |
| Name: Suzanne Hayes Address: 11302 Black Walnut Court  |                             |  |
| Washington MI 48094  |                             |  |
| 5. If over \$100.00 cumulative, please provide:  |                             | :  |
| Occupation Employer  |                             |  |
| Business<br>Address  |                             |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Rail  3. Contribution # 304 PAC Receipt? ☐ YES 4. Date of Receipt ☐ 05/18/20  |                             |  |
| · · · · · · · · · · · · · · · · · · ·  | 20.00                       | 20.00  |
| Name: Patricia Hohensee<br>Address:59724 Beechwood Dr  |                             |  |
| Washington MI 48094-3766   |                             |  |
| 5. If over \$100.00 cumulative, please provide:  |                             |  |
| Occupation Employer  | <del></del>                 |  |
| Business<br>Address  |                             |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Rai   | iser                        |  |
| Page Sul   | btotal 80.00                | :  |
| Grand Total of All Schedule  |                             | 1  |

Enter this total on line 3a of Summary Page

(Complete on last page of Schedule)

| 1. Committee I.D. Nui | ber 013853-3                 |       |
|-----------------------|------------------------------|-------|
| 2. Committee Name     | Mark Hackel for County Execu | utive |

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt ) |
|---|-----------|---|
| 3. Contribution # 305 PAC Receipt? ☐ YES 4. Date of Receipt 05/18/2010  | 20.00     | 20.00   |
| Name: Steve Hohensee Address:59724 Beechwood Drive  |           |   |
|   |           |   |
| Washington MI 48094  5. If over \$100.00 cumulative, please provide:  |           |   |
| Occupation Employer   |           |   |
| Business<br>Address   |           |   |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |   |
| 3. Contribution # 306 PAC Receipt? ☐ YES 4. Date of Receipt 05/18/2010  | 20.00     | 30.00   |
| Name: Timothy A Johnson<br>Address:23224 Robert John St   |           |   |
| Saint Clair Shores MI 48080-2609 5. If over \$100.00 cumulative, please provide:  |           |   |
| Occupation Employer   |           |   |
| Business Address  |           |   |
| Type of Contribution: Direct Loan from a person Fund Raiser   |           |   |
| 3. Contribution # 307 PAC Receipt? D YES 4. Date of Receipt 05/18/2010  | 20.00     | 20.00   |
| Name: Derrick Love<br>Address: 45760 Meadows Circle West  |           |   |
| Macomb MI 48044 5. If over \$100.00 cumulative, please provide:   |           |   |
| OccupationEmployer  |           |   |
| Business<br>Address   |           |   |
| Type of Contribution: Direct  |           |   |
| 3. Contribution # 308 PAC Receipt? D YES 4. Date of Receipt 05/18/2010  | 20.00     | 20.00   |
| Name: Anthony P Maisano<br>Address: 37467 Casa Bella  |           |   |
| Clinton Township MI 48036   |           |   |
| If over \$100.00 cumulative, please provide:  Occupation Employer   |           |   |
|   |           |   |
| Business<br>Address   |           |   |
| Type of Contribution: 🗵 Direct 🔲 Loan from a person 🔲 Fund Raiser   |           |   |
| Page Subtotal   | 80.00     |   |
| Grand Total of All Schedules 1A<br>(Complete on last page of Schedule)  |           |   |

| 1. Committee I.D. Number | 013853-3 |  |
|--------------------------|----------|--|
|                          |          |  |

| 2. Committee Name | Mark Hackel for County Executive      |  |
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| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3. Contribution # 309 PAC Receipt? ☐ YES 4. Date of Receipt 05/18/2010  | 20.00     | 500.00   |
| Name: Russell P Maisano<br>Address:37467 Casa Bella   | 20.00     | 520.00   |
| Clinton Township MI 48036 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation General Manager Employer Sterling Heights Dodge  |           |  |
| Business 40111 Van Dyke Ave Address Sterling Heights Mt. 48313-3730   |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 310 PAC Receipt? ☐ YES 4. Date of Receipt 05/18/2010  | 20.00     | 20.00  |
| Name: Daniel McKenzie   |           | 20.00  |
| Address: 25811 Armada Ridge Rd  |           |  |
| Richmond MI 48062-3808 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Employer   |           |  |
| Business Address  |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 311 PAC Receipt? ☐ YES 4. Date of Receipt 05/18/2010  | 100.00    | 100.00   |
| Name: Louis Mioduszewski  | 100.00    | 100.00   |
| Address:59042 Glacier Club Drive  |           |  |
| Washington Township MI 48094 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Employer   |           |  |
| Business<br>Address   |           |  |
| Type of Contribution: 🗵 Direct 🔲 Loan from a person 🔲 Fund Raiser   |           |  |
| 3. Contribution # 312 PAC Receipt? ☐ YES 4. Date of Receipt 05/18/2010  | 100.00    | 100.00   |
| Name: Margaret Mioduszewski   |           |  |
| Address:59042 Glacier Club Drive  |           |  |
| Washington Township MI 48094 5. If over \$100.00 cumulative, please provide:  |           | 1  |
| Occupation Employer   |           |  |
| Business<br>Address   |           |  |
| Type of Contribution: Direct Loan from a person Fund Raiser   |           |  |
| Page Subtotal   | 240.00    |  |
| Grand Total of All Schedules 1A (Complete on last page of Schedule)   |           | 1  |

| 1. Committee I.D. Number |      | 013853-3                      |
|--------------------------|------|-------------------------------|
| 2. Committee Name        | Mark | k Hackel for County Executive |

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
|---|-----------|--|
| 3. Contribution # 313 PAC Receipt?   YES 4. Date of Receipt 05/18/2010  | 20.00     | 20.00  |
| Name: Gary Morigsn  | 20.00     | 20.00  |
| Address:2175 Sandlewood Drive   |           |  |
| Shelby Township MI 48316 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Employer   |           |  |
| Business Address  |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 314 PAC Receipt?   YES 4. Date of Receipt 05/18/2010  | 20.00     | 20.00  |
| Name: David Niedermeier   |           | 20.00  |
| Address: 3239 Huntington Circle   |           |  |
| Washington MI 48094 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Employer   |           |  |
|   |           |  |
| Business Address  |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 315 PAC Receipt?   YES 4. Date of Receipt 05/18/2010  | 20.00     | 20.00  |
| Name: Chad O'Brien  | 20.00     | 20.00  |
| Address:54220 Queens Row  |           |  |
| Shelby Township MI 48316-1525 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Employer   |           |  |
| Business Address  |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 316 PAC Receipt?   YES 4. Date of Receipt 05/18/2010  | 20.00     | 20.00  |
| Name: Megan O'Brien   | 20.00     | 20.00  |
| Address:54220 Queens Row  |           |  |
| Shelby Township MI 48316-1525 5. If over \$100.00 cumulative, please provide:   |           |  |
| OccupationEmployer  |           |  |
| Business Address  |           |  |
| Type of Contribution: 🛛 Direct 🔲 Loan from a person 🔲 Fund Raiser   |           |  |
| Page Subtotal   | 80.00     |  |
| Grand Total of All Schedules 1A (Complete on last page of Schedule)   |           |  |

| 1. Committee I.D. Nur | mber _ | 013853-3                    |
|-----------------------|--------|-----------------------------|
| 2. Committee Name_    | Mark   | Hackel for County Executive |

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|---|-----------|--|
| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
| 3. Contribution # 317 PAC Receipt?   YES 4. Date of Receipt 05/18/2010  | 20.00     | 20.00  |
| Name: Daniel O'Leary Address:60592 Miriam   | 20.00     | 20.00  |
| Washington MI 48094 5. If over \$100.00 cumulative, please provide:   |           |  |
| OccupationEmployer  |           |  |
| Business Address  |           |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 318 PAC Receipt? II YES 4. Date of Receipt 05/18/2010   | 20.00     | 20.00  |
| Name: Brant Perry   |           |  |
| Address: 18265 Palmer Ave   |           |  |
| Macomb Mi 48042 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Employer   |           |  |
| Business Address  |           |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 319 PAC Receipt?   YES 4. Date of Receipt 05/18/2010  | 20.00     | 20.00  |
| Name: Tracey Perry  |           |  |
| Address:18265 Palmer Ave  |           |  |
| Macomb MI 48042 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Employer   |           |  |
| Business<br>Address   |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 320 PAC Receipt? ☐ YES 4. Date of Receipt 05/18/2010  | 20.00     | 20.00  |
| Name: Mr. Vito Pianello   |           |  |
| Address: 13981 Bournemuth Dr  |           |  |
| Shelby Township MI 48315-2865 5. If over \$100.00 cumulative, please provide:   |           |  |
| OccupationEmployer  |           |  |
| Business Address  |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| Page Subtotal   | 80.00     |  |
| Grand Total of All Schedules 1A (Complete on last page of Schedule)   |           |  |

## SCHEDULE 1A CANDIDATE COMMITTEE

| 1. Committee I.D. Nur | nber _ | 013853-3                    |  |
|-----------------------|--------|-----------------------------|--|
| 2. Committee Name     | Mark   | Hackel for County Executive |  |

|   | T         |  |
|---|-----------|--|
| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3. Contribution # 321 PAC Receipt? ☐ YES 4. Date of Receipt 05/18/2010  | 20.00     | 20.00  |
| Name: Ronald Price<br>Address:8885 Woodsman Drive   | 20.00     | 20.00  |
| Washington MI 48094 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Employer   |           |  |
| Business<br>Address   |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 322 PAC Receipt? ☐ YES 4. Date of Receipt 05/18/2010  Name: Mike Rizzo  | 20.00     | 20.00  |
| Address: 63334 Turnberry Way  |           |  |
| Washington MI 48095-2831 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Employer   |           |  |
|   |           |  |
| Business Address  |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 323 PAC Receipt? ☐ YES 4. Date of Receipt 05/18/2010  | 20.00     | 20.00  |
| Name: Steve Rizzo   |           |  |
| Address: 8705 Inverness   |           |  |
| Washington MI 48095 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Employer   |           |  |
| Business<br>Address   |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 324 PAC Receipt? ☐ YES 4. Date of Receipt 05/18/2010  | 20.00     | 20.00  |
| Name: Sue Rizzo   |           | 20.00  |
| Address:63334 Tumberry Way  |           |  |
| Washington MI 48095-2831 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Employer   |           |  |
| Business<br>Address   |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| Page Subtotal   | 80.00     |  |
| Grand Total of All Schedules 1A (Complete on last page of Schedule)   |           | ]  |

| 1. Committee I.D. Numl | per 013853-3                     |
|------------------------|----------------------------------|
| 2. Committee Name      | Mark Hackel for County Executive |

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
|---|-----------|--|
| 3. Contribution # 325 PAC Receipt?   YES  4. Date of Receipt  05/18/2010  | 20.00     | 20.00  |
| Name: Jeff Schalm<br>Address:36487 Weber Rd   | 20.00     | 20.00  |
| Richmond MI 48062-3128 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Employer   |           |  |
| Business Address  |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Ralser   |           |  |
| 3. Contribution # 326 PAC Receipt? ☐ YES 4. Date of Receipt 05/18/2010  | 20.00     | 20.00  |
| Name: Frank Sgroi Address:28610 Anchor Dr   |           |  |
| Chesterfield Mt 48047-5305  |           |  |
| 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Employer   |           |  |
| Business Address  |           |  |
| Type of Contribution: Direct  |           |  |
| 3. Contribution # 327 PAC Receipt? ☐ YES 4. Date of Receipt 05/18/2010  | 20.00     | 20.00  |
| Name: Lee Verbouw   | ľ         |  |
| Address:12419 St. Michel Avenue   |           |  |
| Romeo MI 48065 5. If over \$100.00 cumulative, please provide:  |           |  |
| OccupationEmployer  |           |  |
| Business<br>Address   |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 328 PAC Receipt? D YES 4. Date of Receipt 05/18/2010  | 20.00     | 3020.00  |
| Name: Mr. Anthony J Viviano   |           |  |
| Address:4751 Lockwood   |           |  |
| Washington MI 48094  5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Owner Employer Sterling Heights Dodge  |           |  |
| Business 40111 Van Dyke Ave   |           |  |
| Address Sterling Heights ML 48313-3730  |           |  |
| Type of Contribution:   | <u> </u>  |  |
| Page Subtotal   | 80.00     |  |
| Grand Total of All Schedules 1A (Complete on last page of Schedule)   |           |  |

| 1. Committee I.D. Nur | mber _ | 013853-3   | 3            |       | <br> |
|-----------------------|--------|------------|--------------|-------|------|
| 2. Committee Name_    | Mark   | Hackel for | County Execu | utive |      |

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|---|----------------------|--|
| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, 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 from committees regardless o amount. | 6. Amount            | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3. Contribution # 329 PAC Receipt?   YES 4. Date of Receipt 05/18/2010  | - 30.00              | 30.00  |
| Name: Alice Watson  | 20.00                | 20.00  |
| Address: 59539 Romeo Plank Rd   |                      |  |
| Ray MI 48096-3529   |                      |  |
| 5. If over \$100.00 cumulative, please provide:   |                      |  |
| Occupation Employer   |                      |  |
| Business<br>Address   |                      |  |
| Type of Contribution:  Direct Loan from a person Fund Raiser  | <del></del>          |  |
| 3. Contribution # 330 PAC Receipt?   YES 4. Date of Receipt 05/18/2010  | _                    |  |
|   | 20.00                | 20.00  |
| Name: Mr. Robert Watson Address: 59539 Romeo Plank Rd   |                      |  |
|   |                      |  |
| Ray MI 48096-3529 5. If over \$100.00 cumulative, please provide:   |                      |  |
| Occupation Employer   |                      |  |
| Occupation  | _                    |  |
| Business Address  | _                    |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser   |                      |  |
| 3. Contribution # 331 PAC Receipt? ☐ YES 4. Date of Receipt 05/19/2010  | _ <sub>2500.00</sub> | 2500.00  |
| Name: Jeffrey Carter  | 2555.55              | 2000.00  |
| Address: 1490 Oxford Road   | ·                    |  |
| Grosse Pointe MI 48236 5. If over \$100.00 cumulative, please provide:  |                      |  |
| Occupation Sales Employer GCH Tool Group  |                      |  |
| Rusiness 13265 E. Eight Mile Road   |                      |  |
| Business Address Warren MI 48092  |                      |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |                      |  |
| 3. Contribution # 332 PAC Receipt? ☐ YES 4. Date of Receipt 05/19/2010  | _ 250.00             | 250.00   |
| Name: Mr. Butch Hassig  | 250.00               | 250.00   |
| Address: 37363 Fiore Trail  |                      |  |
| Clinton Twp. MI 48036 5. If over \$100.00 cumulative, please provide:   |                      |  |
| Occupation Plumbing Contractor Employer Hassig & Sons Pluming & Heatin  |                      |  |
|   | _                    |  |
| Business 5700 Frazho Rd   |                      |  |
| Address Warren MI 48091-1500  | -                    |  |
| Type of Contribution:   Direct  Doan from a person  Fund Raiser   |                      |  |
| Page Subtotal   | 2790.00              |  |
| Grand Total of All Schedules 1A (Complete on last page of Schedule)   |                      | 1  |

| 1. Committee I.D. Nur | mber _ | 013853-3                    |  |
|-----------------------|--------|-----------------------------|--|
| 2. Committee Name     | Mark   | Hackel for County Executive |  |

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|---|-------------|--|
| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount   | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3. Contribution # 333 PAC Receipt?   YES 4. Date of Receipt 05/19/2010  | 2500.00     | 2500.00  |
| Name: Brian J Kirchner Address:8055 Benny Lane  | 2500.00     | 2500.00  |
| White Lake MI 48386 5. If over \$100.00 cumulative, please provide:   |             |  |
| Occupation sales Employer GCH Tool Group  |             |  |
|   |             |  |
| Business 13265 E. Eight Mile Road   |             |  |
| Address Warren MI 48092  Type of Contribution:  Direct  Loan from a person  Fund Raiser   |             |  |
| 3. Contribution # 334 PAC Receipt?   YES 4. Date of Receipt 05/19/2010  | 0500.00     | 0500.00  |
| Name: John J Kucharczyk Address:13879 Bournemuth Drive  | 2500.00     | 2500.00  |
| Utica MI 48315-2864 5. If over \$100.00 cumulative, please provide:   |             |  |
| Occupation Controller Employer Grinders Clearing House  |             |  |
| Business 13301 E. Eight Mile Road   |             |  |
| Address Warren MI 48092  Type of Contribution: Direct Loan from a person Fund Raiser  |             |  |
| 3. Contribution # 335 PAC Receipt?   YES 4. Date of Receipt 05/19/2010  | 400.00      | 400.00   |
| Name: Mr. Michael A Lucido<br>Address: 16244 Millar Rd  | 100.00      | 100.00   |
| Clinton Township MI 48036-1677  5. If over \$100.00 cumulative, please provide:   |             |  |
| OccupationEmployer  |             |  |
| Business<br>Address   |             |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |             |  |
| 3. Contribution # 336 PAC Receipt? D YES 4. Date of Receipt 05/19/2010  | 2500.00     | 2500.00  |
| Name: Dennis P Nicholas Address: 1675 Maple Creek CT  | 2000.00     | 2000.00  |
| Rochester MI 48306 5. If over \$100.00 cumulative, please provide:  |             |  |
| Occupation CEO Employer GCH Tool Group  |             |  |
| Business 13265 E. Eight Mile Road   |             |  |
| Address Warren MI 48092  Type of Contribution: M Direct   |             |  |
| Type of Contribution:   Direct    Loan from a person    Fund Raiser   |             |  |
| Page Subtotal   | 7600.00     | _  |
| Grand Total of All Schedules 1A (Complete on last page of Schedule)   |             |  |

| 1. Committee I.D. Nur | nber . | 013853-3                      |     |
|-----------------------|--------|-------------------------------|-----|
| 2. Committee Name_    | Mar    | k Hackel for County Executive | *** |

|   | 6 Amount  | 7. Cumulative for   |
|---|-----------|---|
| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt ) |
| 3. Contribution # 337 PAC Receipt? D YES 4. Date of Receipt 05/19/2010  | 100.00    | 100.00  |
| Name: Grace Shore<br>Address:17305 Averhill Blvd  |           |   |
| Macomb MI 48042-4138  |           |   |
| 5. If over \$100.00 cumulative, please provide:  Occupation Employer  |           |   |
|   |           |   |
| Business Address  |           |   |
| Type of Contribution: Direct  |           |   |
| 3. Contabbation # 330   | 100.00    | 100.00  |
| Name: Mr. Mark Kungel   |           |   |
| Address: 17949 Autumn Ln  |           |   |
| Macomb MI 48044-2714 5. If over \$100.00 cumulative, please provide:  |           |   |
| Occupation Employer   |           |   |
| Business<br>Address   |           |   |
| Type of Contribution:  Direct   |           |   |
| 3. Contribution # 339 PAC Receipt?   YES 4. Date of Receipt 05/20/2010  | 200.00    | 200.00  |
| Name: Mr. Antonio Randazzo<br>Address:18000 Viola Ln  |           |   |
| Clinton Township MI 48036-3638 5. If over \$100.00 cumulative, please provide:  |           |   |
| Occupation Developer Employer Self Employed   |           |   |
| Business 18000 Viola Ln   |           |   |
| Address Clinton Township MI 48036-3638  Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |   |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser  3. Contribution # 340 PAC Receipt? ☐ YES 4. Date of Receipt ☐ 05/20/2010   | 500.00    | 500.00  |
| Name: Mr. Joseph P Salome III, III Address: 5025 Forest Valley Dr   | 500.00    | 500.00  |
| Clarkston MI 48348-3491 5. If over \$100.00 cumulative, please provide:   |           |   |
| Occupation Builder/Developer Employer Self Employed   |           |   |
| Business 5025 Forest Valley Dr  |           |   |
| Address Clarkston MI 48348-3491   |           |   |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   | <u> </u>  |   |
| Page Subtotal   | 900.00    |   |
| Grand Total of All Schedules 1A<br>(Complete on last page of Schedule)  |           |   |

| 1. Committee I.D. Number |      | 013853-3                    |  |
|--------------------------|------|-----------------------------|--|
| 2. Committee Name_       | Mark | Hackel for County Executive |  |

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|--|-----------|--|
| 3. Contribution # 341 PAC Receipt?   YES 4. Date of Receipt 05/21/2010   | 100.00    | 100.00   |
| Name: Mr. Sam Agostino Address:16160 Vista Woods Ct  |           |  |
|  |           |  |
| Clinton Township MI 48038-4537 5. If over \$100.00 cumulative, please provide:   |           |  |
| OccupationEmployer   |           |  |
| Business Address   |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  |           |  |
| 3. Contribution # 342 PAC Receipt? ☐ YES 4. Date of Receipt 05/21/2010   | 100.00    | 200.00   |
| Name: Cathleen Arcori  |           |  |
| Address: 11891 Ridge Drive   |           |  |
| Shelby Township MI 48315 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Personal Trainer Employer Lifetime Fitness  |           |  |
| Business 14843 Lakeside Blvd N   |           |  |
| Address Shelby Township Mt 48315-6220  |           |  |
| Type of Contribution: Direct    Loan from a person    Fund Raiser  3. Contribution # 343 PAC Receipt?  YES    4. Date of Receipt    05/21/2010   |           |  |
| S. Continuation of the receipt of the second | 100.00    | 200.00   |
| Name: Cathleen Arcori  |           |  |
| Address: 11891 Ridge Drive   |           |  |
| Shelby Township MI 48315 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Personal Trainer Employer Lifetime Fitness  |           |  |
| 14943 Lakocide Rlyd N  |           |  |
| Address Shelhy Township MI 48315-6220  |           |  |
| Type of Contribution: 🗵 Direct 🔲 Loan from a person 🔲 Fund Raiser  |           | <u> </u>   |
| 3. Contribution # 344 PAC Receipt? ☐ YES 4. Date of Receipt 05/21/2010   | 100.00    | 100.00   |
| Name: Mrs. Gail A Asman  | 100.00    |  |
| Address: 76 Fern Dr  |           |  |
| Leonard MI 48367-4283 5. If over \$100.00 cumulative, please provide:  |           |  |
| OccupationEmployer   |           |  |
| Business<br>Address  |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  |           |  |
| Page Subtotal  | 400.00    |  |
| Grand Total of All Schedules 1A  |           |  |
| (Complete on last page of Schedule)  |           | J  |

| 1. Committee I.D. Nur | nber _ | 013853-3                     |  |
|-----------------------|--------|------------------------------|--|
| 2. Committee Name     | Mark   | Reackel for County Executive |  |

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|---|-----------|--|
| 3. Contribution # 345 PAC Receipt?   YES 4. Date of Receipt 05/21/2010  | 300.00    | 300.00   |
| Name: Mr. Chuck Busse   | :         |  |
| Address: 811 South Blvd E   |           |  |
| Rochester MI 48307 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Attorney Employer Balian & Busse   |           |  |
| Business Address Address Hills MI 48307-5359  |           | er in  |
| Type of Contribution: Direct Loan from a person Fund Raiser   |           |  |
| 3. Contribution # 346 PAC Receipt? ☐ YES 4. Date of Receipt 05/21/2010  | 100.00    | 100.00   |
| Name: Mrs. Gale S Castro  |           |  |
| Address:11411 Forrer Dr   |           |  |
| Sterling Heights MI 48312-5040 5. If over \$100.00 cumulative, please provide:  |           |  |
| OccupationEmployer  |           |  |
| Business Address  |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 347 PAC Receipt? ☐ YES 4. Date of Receipt 05/21/2010  | 100.00    | 100.00   |
| Name: Committee to Elect Richard M. Steenland   |           |  |
| Address:19456 Rockport St   |           |  |
| Roseville MI 48066-4546 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Employer   |           |  |
| Business<br>Address   |           |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 348 PAC Receipt? ☐ YES 4. Date of Receipt 05/21/2010  | 200.00    | 200.00   |
| Name: CTE Jeffery Sprys   |           |  |
| Address: 18249 Millstone Dr   |           |  |
| Macomb MI 48044-4195 5. If over \$100.00 cumulative, please provide:  | :         |  |
| OccupationEmployer  |           |  |
| Business Address  |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| Page Subtotal   | 700.00    |  |
| Grand Total of All Schedules 1A   |           |  |

| 1. Committee I.D. Number |     | 013853-3                      |
|--------------------------|-----|-------------------------------|
| 2. Committee Name_       | Mar | k Hackel for County Executive |

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount. | 6. Amount                             | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
|--|---------------------------------------|--|
| 3. Contribution # 349 PAC Receipt? ☐ YES 4. Date of Receipt 05/21/2010   | 400.00                                | 400.00   |
| Name: Mrs. Michael J Dennis<br>Address:54682 Birchfield Dr E   | 400.00                                | 400.00   |
| Shelby Township MI 48316-1332 5. If over \$100.00 cumulative, please provide:  |                                       |  |
| Occupation Attorney Employer Mancini Schreuder Kline & Conr  |                                       |  |
| Business 28225 Mound Rd Address Warren MI 48092-5504   |                                       |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser  |                                       |  |
| 3. Contribution # 350 PAC Receipt? ☐ YES 4. Date of Receipt 05/21/2010   | 100.00                                | 100.00   |
| Name: Mr. Jeffrey R Gartin   |                                       | 700.00   |
| Address:15896 Tea Rose Dr  |                                       |  |
| Macomb MI 48042-2258   |                                       |  |
| 5. If over \$100.00 cumulative, please provide:  Occupation Employer   |                                       |  |
| Employei   |                                       |  |
| Business Address   |                                       |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  | · · · · · · · · · · · · · · · · · · · |  |
| 3. Contribution # 351 PAC Receipt? ☐ YES 4. Date of Receipt 05/21/2010   | 100.00                                | 100.00   |
| Name: Mr. Michael T Gidley Address: 28619 Westerleigh Rd   |                                       |  |
| Farmington Hills MI 48334-2776 5. If over \$100.00 cumulative, please provide:   |                                       |  |
| Occupation Employer  |                                       |  |
| Business<br>Address  |                                       |  |
| Type of Contribution:  Direct  |                                       |  |
| 3. Contribution # 352 PAC Receipt?   YES 4. Date of Receipt 05/21/2010   | 4000.00                               | 1000.00  |
| Name: Mr. Patrick J Gregory Address:47274 Sunnybrook Ln  | 1000.00                               | 1000.00  |
| Novi MI 48374-3644   |                                       |  |
| 5. If over \$100.00 cumulative, please provide:  |                                       |  |
| Occupation CPA Employer UHY Advisors, Inc.   |                                       |  |
| Business Address Address 26200 American Dr Ste 500 Southfield Mt 48034-6101  |                                       |  |
| Type of Contribution:  Direct  |                                       |  |
|  |                                       |  |
| Page Subtotal  | 1600.00                               |  |
| Grand Total of All Schedules 1A<br>(Complete on last page of Schedule)   |                                       |  |

| 1. Committee I.D. Nur | mber | 013853-3          |           |  |
|-----------------------|------|-------------------|-----------|--|
| 2. Committee Name     | Mark | Hackel for County | Executive |  |

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| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 o more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Politica Committee or an Independent Committee. (PAC) Report all contributions from committees regardless amount.   | al l        | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3. Contribution # 353 PAC Receipt? ☐ YES 4. Date of Receipt 05/21/2010   |             |  |
| Name: Mr. Thomas L Habel   | 100.00      | 100.00   |
| Address:53800 Romeo Plank Rd   |             |  |
|  |             |  |
| Macomb MI 48042-2925 5. If over \$100.00 cumulative, please provide:   |             |  |
| Occupation Employer  |             |  |
| Business Address   |             |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  | _           |  |
| 3. Contribution # 354 PAC Receipt? ☐ YES 4. Date of Receipt 05/21/2010   |             |  |
| Name: Mr. Eddie Jawad  | 500.00      | 500.00   |
| Address: 75 Regal PI   |             |  |
|  | 1           |  |
| Grosse Pointe MI 48236-1460  |             |  |
| 5. If over \$100.00 cumulative, please provide:  |             |  |
| Occupation Owner Employer MobilMart  | <del></del> |  |
| Business 10833 West Seven Mile Address Detroit MI 48221  |             |  |
| Type of Contribution:  Direct  | _           |  |
| 3. Contribution # 355 PAC Receipt? D YES 4. Date of Receipt 05/21/2010   |             |  |
| Name: Mr. James A Johnson  | 200.00      | 200.00   |
| Address: 37541 Devoe St  |             |  |
| Clinton Township MI 48036-2903  5. If over \$100.00 cumulative, please provide:  |             |  |
| Occupation printer Employer Printing by Johnson  |             |  |
|  | _           |  |
| Business 1430 Southbound Gratiot Ave   |             |  |
| Address Mount Clemens MI 48043-6533  | <b>-</b>    |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  3. Contribution # 356 PAC Receipt? ☐ YES 4. Date of Receipt 05/21/2010  |             |  |
|  | 100.00      | 200.00   |
| Name: Mr. Richard A Kennedy  |             |  |
| Address:4195 Sandy Creek Dr  |             |  |
| Shelby Township MI 48316-3077  5. If over \$100.00 cumulative, please provide:   |             |  |
| Occupation Communications Employer Ford Motor Co.  |             |  |
|  |             |  |
| Business 16800 Executive Plaza Dr  |             |  |
| Address Dearborn MI 48126-4261   | _           |  |
| Type of Contribution: Direct Loan from a person Fund Raiser  |             |  |
|  |             |  |
| Page Subtotal  | 900.00      |  |
| Grand Total of All Schedules 1A<br>(Complete on last page of Schedule)   |             |  |
| (Complete on last page of Scheoule)  | i           | i .  |

| 1. Committee I.D. Nun | nber _ | 013853-3     |            |       |  |
|-----------------------|--------|--------------|------------|-------|--|
| 2. Committee Name     | Mark   | Hackel for C | ounty Exec | utive |  |

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| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3. Contribution # 357 PAC Receipt?   YES 4. Date of Receipt 05/21/2010  Name: Mrs. Angela Manzella  | 100.00    | 100.00   |
| Address: 16614 Ventura Cir  |           |  |
| Clinton Township MI 48038-7319 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Employer   |           |  |
| Business<br>Address   |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 358 PAC Receipt? ☐ YES 4. Date of Receipt 05/21/2010  Name: Ms. Renee Michaels  | 100.00    | 100.00   |
| Address:15923 Bentley Cir N   |           |  |
| Macomb MI 48044-3918  5. If over \$100.00 cumulative, please provide:   | !         |  |
| Occupation Employer   |           |  |
| Business<br>Address   |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 359 PAC Receipt? ☐ YES 4. Date of Receipt 05/21/2010  | 100.00    | 100.00   |
| Name: Mr. John F Michalke Address: 35637 Rockingham Dr  | 100.00    | 100.00   |
| New Baltimore MI 48047-1058  5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Employer   |           |  |
| Business Address  |           |  |
| Type of Contribution: Direct Loan from a person Fund Raiser   |           |  |
| 3. Contribution # 360 PAC Receipt? ☐ YES 4. Date of Receipt 05/21/2010  | 400.00    | 400.00   |
| Name: Mr. Thomas R Mill Address: 38578 Gainsborough Dr  | 400.00    | 400.00   |
| Clinton Township MI 48038-3223 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Faculty Employer Macomb Community College  |           |  |
| Business 14500 E 12 Mile Rd   |           |  |
| Address Warren MI 48088-3870  |           |  |
| Type of Contribution:   Direct Loan from a person Fund Raiser   |           |  |
| Page Subtotal   | 700.00    |  |
| Grand Total of All Schedules 1A (Complete on last page of Schedule)   |           |  |

| 1. Committee I.D. Nui | mber _ | 013853-3                    |   |
|-----------------------|--------|-----------------------------|---|
| 2. Committee Name_    | Mark   | Hackel for County Executive | Э |

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
|---|-----------|--|
| 3. Contribution # 361 PAC Receipt? ☐ YES 4. Date of Receipt 05/21/2010  Name: Mr. Roger W Minto   | 100.00    | 100.00   |
| Address: 48948 Amanda Ln  |           |  |
| Shelby Township MI 48317-6376 5. If over \$100.00 cumulative, please provide:   |           | ·  |
| Occupation Employer   |           |  |
| Business<br>Address   |           |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 362 PAC Receipt? ☐ YES 4. Date of Receipt 05/21/2010  | 100.00    | 400.00   |
| Name: Mr. Gregory Suma  | 100.00    | 100.00   |
| Address: 24080 Old Kent Rd N  |           |  |
| Warren MI 48091-1667 5. If over \$100.00 cumulative, please provide:  |           |  |
| OccupationEmployer  |           |  |
| Business<br>Address   |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 363 PAC Receipt? ☐ YES 4. Date of Receipt 05/21/2010  | 300.00    | 300.00   |
| Name: Mr. Lawrence E Pfahlert, Jr.  | 000.00    | 300.00   |
| Address: 53777 Regency Hills Ct   |           |  |
| Shelby Township MI 48316-2048  5. If over \$100.00 cumulative, please provide:  Occupation Agent Employer Lucido Insurance  |           |  |
| Business 39999 Garfield Rd Ste 100 Clinton Two MI 48038-4098  |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 364 PAC Receipt? ☐ YES 4. Date of Receipt 05/21/2010  |           |  |
| Name: Mr. Wayne Rickert   | 100.00    | 100.00   |
| Address: 896 Huntington St  |           |  |
| Mount Clemens MI 48043-6431  5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Employer_  |           |  |
| Business<br>Address   |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
|   |           |  |
| Page Subtotal   | 600.00    |  |
| Grand Total of All Schedules 1A<br>(Complete on last page of Schedule)  |           |  |

| 1. Committee I.D. Nun | nber _ | 013853-3       |            |      |  |
|-----------------------|--------|----------------|------------|------|--|
| 2. Committee Name     | Mark   | Hackel for Cou | ınty Execu | tive |  |

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
|---|-----------|--|
| 3. Contribution # 365 PAC Receipt? ☐ YES 4. Date of Receipt 05/21/2010  | 200.00    | 200.00   |
| Name: Dr. Donald N Ritzenhein   | 200.00    | 200.00   |
| Address:45546 Limerick Dr   |           |  |
| Macomb MI 48044-6334  5. If over \$100.00 cumulative, please provide:  Occupation Administration Employer Macomb Community College  |           |  |
| Business Address Warren MI 48088  |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 366 PAC Receipt?   YES 4. Date of Receipt 05/21/2010  |           |  |
| Name: Judy Roberts  | 50.00     | 50.00  |
| Address: 23326 Mission Valley N.  |           |  |
| Macomb MI 48042 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Employer   |           |  |
|   |           |  |
| Business Address  |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 367 PAC Receipt?   YES 4. Date of Receipt 05/21/2010  | E00.00    | E00.00   |
| Name: Mr. Jim Safiedine   | 500.00    | 500.00   |
| Address:4767 Stoneleigh Dr.   |           |  |
| Bloomfield Hills MI 48302-2167 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Owner Employer Safiedine Oil Company   |           |  |
| Business 30401 Utica Rd   |           |  |
| Address Roseville MI 48066  |           |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 368 PAC Receipt?   YES 4. Date of Receipt 05/21/2010  | 200.00    | 800.00   |
| Name: Chris Sieradzki   | 200.00    | 000.00   |
| Address:41221 Windmill  |           |  |
| Harrison Township MI 48045 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Bar Owner Employer Traffic Light Ltd   |           |  |
| Business 24500 Henry B Joy Blvd   |           |  |
| Address Mount Clemens MI 48043-6008   |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| Page Subtotal   | 950.00    |  |
| •   | 350.00    |  |
| Grand Total of All Schedules 1A (Complete on last page of Schedule)   |           |  |

| 1. Committee 1.D. Nur | nber _ | 013853-3                      |  |
|-----------------------|--------|-------------------------------|--|
| 2. Committee Name     | Mark   | k Hackel for County Executive |  |

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
|---|-----------|--|
| 3. Contribution # 369 PAC Receipt? X YES 4. Date of Receipt 05/21/2010  | 100.00    | 200.00   |
| Name: Sterling PAC Address:35710 Mound Rd   |           |  |
| Sterling Heights MI 48310-4726  | 1         |  |
| 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Employer   |           |  |
| Business Address  |           |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 370 PAC Receipt? X YES 4. Date of Receipt 05/21/2010  | 100.00    | 200.00   |
| Name: Sterling PAC  |           |  |
| Address:35710 Mound Rd  |           |  |
| Sterling Heights MI 48310-4726 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Employer   |           |  |
| Business<br>Address   |           |  |
| Type of Contribution:  Direct   |           |  |
| 3. Contribution # 371 PAC Receipt? D YES 4. Date of Receipt 05/21/2010  | 1000.00   | 1000.00  |
| Name: Mr. Joseph J Strizic  | 1000.00   | 1000.00  |
| Address:3099 Lakeside Dr  |           | 1  |
| Shelby Township MI 48316-2957  5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Purchasing Director Employer Road Commission of Macomb Coun  |           |  |
| Business 117 South Groesbeck  |           |  |
| Address Mount Clemens MI 48043  |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  3 Contribution # 372 PAC Receipt? ☐ YES 4. Date of Receipt 05/21/2010  |           |  |
| d. Contraction 7 G/2  | 100.00    | 100.00   |
| Name: Mr. Richard M Taubman   |           |  |
| Address:41585 Kenilworth Ln   |           |  |
| Novi MI 48377-1596 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Employer   |           |  |
| Business<br>Address   |           |  |
| Type of Contribution:   Direct    Loan from a person    Fund Raiser   |           |  |
| Page Subtotal   | 1300.00   |  |
| Grand Total of All Schedules 1A   | .505.00   | -  |
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| 1. Committee I.D. Nu | mber _ | 013853-3                    | <del></del> |
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| 2. Committee Name    | Mark   | Hackel for County Executive |             |

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| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.  | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3. Contribution # 373 PAC Receipt?   YES 4. Date of Receipt 05/21/2010   | 200.00    | 200.00   |
| Name: Mr. Peter M Thomas<br>Address:35943 S Gratiot Ave  | 200.00    | 200.00   |
| Clinton Township MI 48035-1714  5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Attorney Employer Self Employed   |           |  |
| Business Address           |  |
| Type of Contribution:  Direct  |           |  |
| 3. Contribution # 374 PAC Receipt?   YES 4. Date of Receipt 05/21/2010  Name: Mr. Glenn Voorhess   | 200.00    | 200.00   |
| Address: 720 N Esplanade St  |           |  |
| Mount Clemens MI 48043-6416 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Retired Employer Retired  |           |  |
| Business Address   |           |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser  |           |  |
| 3. Contribution # 375 PAC Receipt? ☐ YES 4. Date of Receipt 05/21/2010   | 200.00    | 200.00   |
| Name: Mr. Richard Wright Address:5169 Saint Richard Dr   |           |  |
| Shelby Township MI 48316-5245  5. If over \$100.00 cumulative, please provide:  Occupation Civil Engineer Employer Urban Land Consultants LLC  |           |  |
| Business 8800 23 Mile Rd   | ·         |  |
| Address Shelby Township MI 48316-4516  |           |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser  3 Contribution # 376 PAC Receipt? ☐ YES 4. Date of Receipt 05/21/2010   |           |  |
| 3. Contribution # 376 PAC Receipt?   YES 4. Date of Receipt 05/21/2010   | 100.00    | 400.00   |
| Name: Hon. Tracey A Yokich Address: 22710 Gordon Switch St.  |           |  |
| Saint Clair Shores MI 48081 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Judge Employer Macomb County Circuit Court  |           |  |
| Business 40 N Main St  |           |  |
| Address Mount Clemens MI 48043-5656  Type of Contribution:   Direct Loan from a person Fund Raiser   |           |  |
| Type of Contribution:   Direct Loan from a person L Fund Raiser  |           |  |
| Page Subtotal  | 700.00    |  |
| Grand Total of All Schedules 1A (Complete on last page of Schedule)  |           |  |

| 1. Committee I.D. Nur | nber _ | 013853-3                    |  |
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| 2. Committee Name     | Mark   | Hackel for County Executive |  |

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| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3. Contribution # 377 PAC Receipt? ☐ YES 4. Date of Receipt 05/25/2010   | 200.00    | 200.00   |
| Name: Michael Schiavi<br>Address:23392 Clarewood   | 200.00    | 200.00   |
| Macomb MI 48042 5. If over \$100.00 cumulative, please provide:  |           | ·  |
| Occupation Machinist Employer C&N Manufacturing  |           |  |
| Business 33722 James J Pompo Dr Address Fraser ML 48026-1645   |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  3. Contribution # 378 PAC Receipt? ☐ YES 4. Date of Receipt 05/25/2010  |           |  |
| 3. Contribution # 378 PAC Receipt? ☐ YES 4. Date of Receipt 05/25/2010  Name: Eugene Schultz   | 200.00    | 200.00   |
| Address: 59746 Glacier Spring Dr S   |           |  |
| Washington MI 48094-2282 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Retired Employer Retired  |           |  |
| Business Address   |           |  |
| Type of Contribution: Direct Loan from a person Fund Raiser  |           |  |
| 3. Contribution # 379 PAC Receipt? ☐ YES 4. Date of Receipt 05/25/2010   | 100.00    | 100.00   |
| Name: Ms. Debbie Smith   | 1         |  |
| Address:20630 Hummingbird Ln   |           |  |
| Macomb MI 48044-2831 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Employer  |           |  |
| Business<br>Address  |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  |           |  |
| 3. Contribution # 380 PAC Receipt? ☐ YES 4. Date of Receipt 05/25/2010   | 200.00    | 500.00   |
| Name: Vito K Strolis Address: 19874 Westchester Dr.  |           |  |
| Clinton Township MI 48038  |           |  |
| 5. If over \$100.00 cumulative, please provide:  Occupation Owner Employer Ruehles Towing  |           |  |
| 205 Northhoused Cretist Ave  |           |  |
| Business 205 Northbound Gratiot Ave Address Mount Clemens MI 48043-5732  |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  |           |  |
| Page Subtotal  | 700.00    |  |
| Grand Total of All Schedules 1A  | 700.00    | -  |
| (Complete on last page of Schedule)  |           |  |

| 1. Committee I.D. Nu | mber _ | 013853-3                      |  |
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| 2. Committee Name    | Mark   | k Hackel for County Executive |  |

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| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.  | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3. Contribution # 381 PAC Receipt? ☐ YES 4. Date of Receipt 05/25/2010   | 400.00    | 400.00   |
| Name: Robert Wagner Address:10924 Buckingham Ct  | 100.00    | 100.00   |
| Allen Park MI 48101-1149   |           |  |
| 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Employer  |           |  |
| Business<br>Address  |           |  |
| Type of Contribution: 🗵 Direct 🔲 Loan from a person 🔲 Fund Raiser  |           |  |
| 3. Contribution # 382 PAC Receipt? ☐ YES 4. Date of Receipt 05/26/2010   | 600.00    | 1200.00  |
| Name: Dominic Abbate Address:2500 Royal View Dr.   | 000.00    | 1200.00  |
| Oakland Mi 48363 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Insurance Sales Employer Self Employed  |           |  |
| Business 2500 Royal View Dr<br>Address Oakland MI 48363-2140   |           |  |
| Address Oakland ML 48363-2140  Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 383 PAC Receipt?   YES 4. Date of Receipt 05/26/2010   | 222.22    | 000.00   |
| Name: Mr. Jim Arnone   | 600.00    | 900.00   |
| Address: 47696 Beacon Square Dr.   |           |  |
| Macomb MI 48044  5. If over \$100.00 cumulative, please provide:  Occupation Business Owner Employer Dooleys   |           |  |
| Business 12414 Hall Road   |           |  |
| Address Sterling Heights MI 48313  |           |  |
| Type of Contribution: 🗵 Direct 🔲 Loan from a person 🔲 Fund Raiser  |           |  |
| 3. Contribution # 384 PAC Receipt? ☐ YES 4. Date of Receipt 05/26/2010   | 95.00     | 95.00  |
| Name: Mr. Lawrence Arnone  | 95.00     | 95.00  |
| Address: 44481 N Groesbeck Hwy   |           |  |
| Clinton Township MI 48036-1190 5. If over \$100.00 cumulative, please provide:   |           |  |
| OccupationEmployer   |           |  |
| Business   |           |  |
| Address  Type of Contribution:   Direct  Direc |           |  |
| Type of Contribution:   Direct    Loan from a person    Fund Raiser  | _         |  |
| Page Subtotal  | 1395.00   |  |
| Grand Total of All Schedules 1A<br>(Complete on last page of Schedule)   |           | ]  |
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| 1. Committee I.D. Nun | nber | 013853-3                    |   |
|-----------------------|------|-----------------------------|---|
| 2. Committee Name _   | Mar  | Reckel for County Executive | ! |

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
|---|-----------|--|
| 3. Contribution # 385 PAC Receipt?   YES 4. Date of Receipt 05/26/2010  | 150.00    | 150.00   |
| Name: Thomas Bommarito Address:48049 James  | 130.00    | 130.00   |
| Shelby Township MI 48317 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Sales Employer Self Employed   |           |  |
| Business 48049 James Address Shelby Township MI 48317   |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 386 PAC Receipt? ☐ YES 4. Date of Receipt 05/26/2010  | 300.00    | 300.00   |
| Name: Mr. Bill Cherfoli   | ļ         |  |
| Address:34440 Utica Road  |           |  |
| Fraser Mi 48026-3713  5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation President Employer Great Lakes Sports City   |           |  |
| Business Address Address Fraser MI 48026-3573   |           |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 387 PAC Receipt? ☐ YES 4. Date of Receipt 05/26/2010  | 300.00    | 300.00   |
| Name: William J Cherfoli  |           |  |
| Address: 11151 Golfview   |           |  |
| Washington MI 48094 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Owner Employer Great Lakes Sports City   |           |  |
| Business 34400 Utica Rd   |           |  |
| Address Fraser MI 48026-3573.  Type of Contribution: Direct Loan from a person Direct Fund Raiser   |           |  |
| 3. Contribution # 388 PAC Receipt? ☐ YES 4. Date of Receipt 05/26/2010  |           |  |
| Name: Michael E Dobreff, Jr. Address: 28011 Lansdowne Dr  | 150.00    | 150.00   |
| Harrison Township MI 48045-2257  5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Regional Sales Manager Employer Pelle Pelle  |           |  |
| Business 28011 Lansdowne Dr   |           | 1  |
| Address Harrison Township Mt 48045-2257  Type of Contribution:  Direct  |           |  |
| Type of Contribution:   Direct Loan from a person L Fund Raiser   |           |  |
| Page Subtotal   | 900.00    |  |
| Grand Total of All Schedules 1A   |           | ]  |
| (Complete on last page of Schedule)   |           | J  |

| 1. Committee I.D. Nur | nber _ | 013853-3                      |
|-----------------------|--------|-------------------------------|
| 2. Committee Name     | Mark   | k Hackel for County Executive |

|  | T         | ,  |
|--|-----------|--|
| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3. Contribution # 389 PAC Receipt? ☐ YES 4. Date of Receipt 05/26/2010   | 000.00    |  |
| Name: Richard Florka Address:37621 Huron Pointe Dr.  | 600.00    | 600.00   |
| Harrison Township MI 48045 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Attorney Employer Worklife Financial  |           |  |
| Business 700 Tower Dr Ste 220 Troy MI 48098  |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  |           |  |
| 3. Contribution # 390 PAC Receipt? ☐ YES 4. Date of Receipt 05/26/2010  Name: Carl Gianotti  | 150.00    | 150.00   |
| Address:19714 Rosin  |           |  |
| Clinton Township MI 48038 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Sales Employer Sponsorship Solutions LLC  |           |  |
| Business 13854 Lakeside Circle, Ste. 20 Address Sterling Hots MI 48313   |           |  |
| Address Sterling Hgts. MI 48313  Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   | ]         |  |
| 3. Contribution # 391 PAC Receipt?   YES 4. Date of Receipt 05/26/2010   | 1000.00   |  |
| Name: Mr. Garry Gogo<br>Address:14196 Longneedle Ct  | 1000.00   | 1000.00  |
| Shelby Township MI 48315-1439  5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Restaurant Owner Employer The Brewery/Mr. Paul's  |           |  |
| Business 39950 Hayes Rd  |           |  |
| Address Clinton Township MI 48038-2639   |           |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser  3. Contribution # 392 PAC Receipt? ☐ YES 4. Date of Receipt 05/26/2010  |           |  |
| Name: Roy Hakim Address:18857 Alsie Dr   | 900.00    | 900.00   |
| Macomb MI 48044-1247  5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Owner Employer Sterling Gold Exchange   |           |  |
| Business 38120 Van Dyke Ave  |           |  |
| Address Sterling Heights MI 48312-1136   |           |  |
| Type of Contribution:  Direct  |           |  |
| Page Subtotal  | 2650.00   |  |
| Grand Total of All Schedules 1A (Complete on last page of Schedule)  |           |  |

| 1. Committee I.D. Nur | nber _ | 013853-3                    |
|-----------------------|--------|-----------------------------|
| 2. Committee Name_    | Marl   | Hackel for County Executive |

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| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3. Contribution # 393 PAC Receipt?   YES 4. Date of Receipt 05/26/2010  | 95.00     | 95.00  |
| Name: Terrance E Hodge<br>Address:3323 Stonewyck Ct   | 55.00     | 33.00  |
| Shelby Township MI 48316-4894 5. If over \$100.00 cumulative, please provide:   | !         |  |
| OccupationEmployer  |           |  |
| Business Address  |           |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 394 PAC Receipt?   YES 4. Date of Receipt 05/26/2010  | 300.00    | 300.00   |
| Name: Jeffrey Karam   |           |  |
| Address:22035 Marter  |           |  |
| St.Clair Shores MI 48080 5. If over \$100.00 cumulative, please provide:  | 1         |  |
| Occupation Employer Unemployed  |           |  |
|   |           |  |
| Business Address  |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  3 Contribution # 395 PAC Receipt? ☐ YES 4. Date of Receipt 05/26/2010  |           |  |
| d. Contribution // good   | 300.00    | 300.00   |
| Name: Mr. James Leonard Address:2701 Ray Rd   |           |  |
| Oxford MI 48370-2042  |           |  |
| 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Self Employed Employer Self Employed   |           |  |
| Business 2701 Ray Rd  |           |  |
| Address Oxford MI 48370-2042  |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  3. Contribution # 396 PAC Receipt? ☑ YES 4. Date of Receipt 05/26/2010   | +         |  |
| Manage College PAC  | 600.00    | 16188.00   |
| Name: Macomo Crime Fighters PAC Address: 6705 St. Andrews Dr.   |           |  |
| Shelby Township MI 48316  |           |  |
| 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Employer   |           |  |
| Business<br>Address   |           |  |
| Type of Contribution: Direct  | <u> </u>  |  |
| Page Subtotal   | 1295.00   |  |
| Grand Total of All Schedules 1A   |           | 1  |
| (Complete on last page of Schedule)   | L         |  |

| 1. Committee I.D. Num | ber | 013853-3                      |  |
|-----------------------|-----|-------------------------------|--|
| 2 Committee Name      | Mar | k Hackel for County Executive |  |

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|---|-----------|--|
| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3. Contribution # 397 PAC Receipt? D YES 4. Date of Receipt 05/26/2010  | 600.00    | 900.00   |
| Name: Paul Misukewicz   |           |  |
| Address:46548 Radison Drive   |           |  |
| Macomb MI 48044 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Attorney Employer Law Office of Paul Misukewicz  |           |  |
| Business 42140 Van Dyke Ave Ste 210 Sterling Heights MI 48314-3676  |           |  |
| Type of Contribution: Direct  |           |  |
| 3. Contribution # 398 PAC Receipt? ☐ YES 4. Date of Receipt 05/26/2010  | 150.00    | 150.00   |
| Name: Mr. Mark Pacitto  |           |  |
| Address: 16028 Nathan Drive   |           |  |
| Clinton Township MI 48044-4959  5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Vice President Employer Fidelity Bank  |           |  |
| 22200 Michigan Avo  |           |  |
| Business Address Dearborn MI 48124-2225   |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 399 PAC Receipt? ☐ YES 4. Date of Receipt 05/26/2010  | 300.00    | 300.00   |
| Name: Michael Repass  |           |  |
| Address: 19151 Birmingham   |           |  |
| Roseville MI 48066 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation CEO Employer Energy Services Company   |           |  |
| Business 19151 Birmingham   |           |  |
| Address Roseville Mt 48066  |           |  |
| Type of Contribution:  Direct   |           |  |
| 3. Contribution # 400 PAC Receipt? ☐ YES 4. Date of Receipt 05/26/2010  | 150.00    | 450.00   |
| Name: John Rizzo Address:16056 Millar Rd.   |           |  |
| Clinton Township MI 48036-1626  |           |  |
| 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Retired Employer Retired   |           |  |
| Business<br>Address   |           |  |
| Type of Contribution: Direct Loan from a person Fund Raiser   |           |  |
| Pagé Subtotal   | 1200.00   |  |
| Grand Total of All Schedules 1A   |           |  |
| (Complete on last page of Schedule)   | L         | T  |

| 1. Committee I.D. Number _ |      | 013853-3                    |  |
|----------------------------|------|-----------------------------|--|
| 2. Committee Name _        | Mark | Hackel for County Executive |  |

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
|--|-----------|--|
| 3. Contribution # 401 PAC Receipt? ☐ YES 4. Date of Receipt 05/26/2010   | 300.00    | 300.00   |
| Name: Robert A Romer   |           | 333.03   |
| Address:32841 N River Rd   |           |  |
| Harrison Township MI 48045-1491 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Accountant Employer Self Employed   |           |  |
| Business 32841 N River Rd Address Harrison Township MI 48045-1491  |           |  |
| Type of Contribution: 🖾 Direct 🔲 Loan from a person 🔲 Fund Raiser  |           |  |
| 3. Contribution # 402 PAC Receipt? ☐ YES 4. Date of Receipt 05/26/2010   | 300.00    | 300.00   |
| Name: Frank Sgroi  | 300.00    | 300.00   |
| Address: 17267 Cardiss Ct  |           |  |
| Clinton Township MI 48038 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Owner Employer Dooleys Bar & Grill  |           |  |
| Business 12414 Hall Rd   |           |  |
| Address Sterling Heights MI 48313-1045   |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  |           |  |
| 3. Contribution # 403 PAC Receipt? ☐ YES 4. Date of Receipt 05/26/2010   | 150.00    | 150.00   |
| Name: Ms. Angela Sheker  | , , , , , | ,,,,,,,  |
| Address: 32727 Greenwood Dr  |           |  |
| Chesterfield MI 48047-2735  5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Sales Employer Ultimate Lawn Services   | }         |  |
| Business 32727 Greenwood Dr  |           |  |
| Address Chesterfield Mt 48047-2735   |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  |           |  |
| 3. Contribution # 404 PAC Receipt? ☐ YES 4. Date of Receipt 05/26/2010   | 600.00    | 600.00   |
| Name: Dan Vergote Address: 30736 Moulin  | 000.00    | 000.00   |
| Warren MI 48088  |           |  |
| 5. If over \$100.00 cumulative, please provide:  Occupation Developer Employer Self Employed   |           |  |
|  |           |  |
| Business 30736 Moulin Ave Address Warren Mt 48088-6832   |           |  |
| Address Warren MI 48088-6832  Type of Contribution:   Direct Loan from a person Fund Raiser  |           |  |
| Page Subtotal  | 1250.00   |  |
|  | 1350.00   | -  |
| Grand Total of All Schedules 1A<br>(Complete on last page of Schedule)   |           | ]  |

| 1. Committee I.D. Numb | er <u>013853-3</u>               |
|------------------------|----------------------------------|
| 2. Committee Name N    | lark Hackel for County Executive |

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
|---|-----------|--|
| 3. Contribution # 405 PAC Receipt?   YES 4. Date of Receipt 05/26/2010  Name: Mr. Vince Viviano   | 200.00    | 200.00   |
| Address: 6705 St. Andrews Dr.   | •         |  |
|   |           |  |
| Shelby Township MI 48316 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Finance Director Employer Mark Hackel for County Executi   |           |  |
| Business Address Shelby Township, MI 48315-3137   |           |  |
| Address Shelby Township MI 48315-3137  Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  | ļ         |  |
| 3. Contribution # 406 PAC Receipt?   YES 4. Date of Receipt 05/26/2010  |           |  |
| Name: Carl Voelker  | 300.00    | 300.00   |
| Address: 14419 Rice   |           |  |
| Sterling Heights MI 48313 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Owner Employer Great Lakes Sports City   |           |  |
| Rusiness 34400 Utica Rd   |           |  |
| Business 34400 Olica Rd Address Fraser ML 48026-3573  |           |  |
| Type of Contribution:  Direct   |           |  |
| 3. Contribution # 407 PAC Receipt? D YES 4. Date of Receipt 05/26/2010  |           |  |
| Name: Kyle Voelker  | 300.00    | 300.00   |
| Address: 14419 Rice   |           |  |
|   |           |  |
| Sterling Heights MI 48313 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Student Employer Student   |           |  |
|   |           |  |
| Business  |           |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  3. Contribution # 408 PAC Receipt? ☐ YES 4. Date of Receipt 05/26/2010   |           |  |
|   | 300.00    | 300.00   |
| Name: Ernie Watts   |           |  |
| Address:32978 Whispering Ln   |           |  |
| Chesterfield MI 48047-3389 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Dentist Employer Self Employed   |           |  |
|   |           |  |
| Business 32978 Whispering Ln  |           |  |
| Address Chesterfield MI 48047-3389  |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   | <u> </u>  |  |
| Page Subtotal   | 1100.00   |  |
| Grand Total of All Schedules 1A   |           |  |
| (Complete on last page of Schedule)   |           |  |

| 1. Committee I.D. Num | ber _ | 013853-3                    |  |
|-----------------------|-------|-----------------------------|--|
| 2. Committee Name     | Mark  | Hackel for County Executive |  |

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
|---|-----------|--|
| 3. Contribution # 409 PAC Receipt? ☐ YES 4. Date of Receipt 05/26/2010  | 150.00    | 150.00   |
| Name: Brad Wolfbauer  | 100.00    | 100.00   |
| Address: 17625 E. Ten Mile Road   |           |  |
| Roseville MI 48066-3870  5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Contractor Employer Universal Consolidated   |           |  |
| Business 17625 E 10 Mile Rd   |           |  |
| Address Roseville MI 48066-3870   |           |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser  3. Contribution # 410 PAC Receipt? ☐ YES 4. Date of Receipt 05/26/2010   |           |  |
|   | 300.00    | 300.00   |
| Name: James Woolsey Address: 319 Esplanade  |           |  |
|   |           |  |
| Mount Clemens MI 48043 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Sales Employer Marketing Associates  |           |  |
| Business 777 Woodward Ave Ste 500 Address Detroit MI 48226-3589   |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 411 PAC Receipt? ☐ YES 4. Date of Receipt 06/01/2010  | 300.00    | 300,00   |
| Name: Mr. James M Perna<br>Address: 38180 Saddle Ln   | 300.00    | 300.00   |
| Clinton Township MI 48036-1777 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation CEO Employer Health One Credit Union   |           |  |
| Business 600 E Lafayette Blvd   |           |  |
| Address Detroit Mt 48226-2927   |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 412 PAC Receipt?   ▼ YES 4. Date of Receipt 06/01/2010  | 1000.00   | 1200.00  |
| Name: Sterling PAC<br>Address:35710 Mound Rd  |           |  |
| Sterling Heights MI 48310-4726 5. If over \$100.00 cumulative, please provide:  |           |  |
| OccupationEmployer  |           |  |
| Business<br>Address   |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| Page Subtotal   | 1750.00   |  |
| Grand Total of All Schedules 1A   |           | †  |
| (Complete on last page of Schedule)   |           | ]  |

| 1. Committee I.D. Num | ber | 013853-3                     |   |
|-----------------------|-----|------------------------------|---|
| 2. Committee Name     | Mar | k Hackel for County Executiv | e |

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| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount  | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3. Contribution # 413 PAC Receipt? ☐ YES 4. Date of Receipt 06/04/2010  | 500.00   | 500.00   |
| Name: Mr. John B Gusmano  | 000.00   | 300.00   |
| Address:48649 American Elm Dr   |  |  |
| Macomb MI 48044-1429  5. If over \$100.00 cumulative, please provide:   |  |  |
| Occupation self employeed Employer Tenibac-Graphion Inc.  |  |  |
| Business 35155 Automation Dr<br>Address Clinton Township ML 48035-3116  |  |  |
| Type of Contribution:  Direct   |  |  |
| 3. Contribution # 414 PAC Receipt? ☐ YES 4. Date of Receipt 06/09/2010  |  |  |
| Name: Mr. Jim Arnone  | 500.00   | 1800.00  |
| Address:47696 Beacon Square Dr.   |  |  |
| Macomb MI 48044  5. If over \$100.00 cumulative, please provide:  |  |  |
| Occupation Business Owner Employer Dooleys  |  |  |
| Business 12414 Hall Road Address Sterling Heights MI 48313  |  |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser   |  |  |
| 3. Contribution # 415 PAC Receipt? ☐ YES 4. Date of Receipt 06/09/2010  | 400.00   | 1800.00  |
| Name: Mr. Jim Arnone  | 100.00   | 1000.00  |
| Address:47696 Beacon Square Dr.   |  |  |
| Macomb MI 48044  5. If over \$100.00 cumulative, please provide:  Occupation Business Owner Employer Dooleys  |  |  |
|   |  |  |
| Business 12414 Hall Road Address Sterling Heights Mt. 48313   |  |  |
| Address Sterling Heights MI 48313  Type of Contribution:  Direct  Loan from a person  Fund Raiser   |  |  |
| 3. Contribution # 416 PAC Receipt? ☐ YES 4. Date of Receipt 06/09/2010  |  |  |
| Name: Mr. Tony Gusmano Address:55332 Macintosh Ct   | 100.00   | 100.00   |
|   |  |  |
| Shelby Township MI 48316-5341 5. If over \$100.00 cumulative, please provide:   |  |  |
| Occupation Employer   |  |  |
| Business Address  |  |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |  |  |
| Page Subtotal   | 1500.00  |  |
| Grand Total of All Schedules 1A   | ,000.00  |  |
| (Complete on last page of Schedule)   |  |  |

| 1. Committee I.D. Nur | mber _ | 013853-3                    |
|-----------------------|--------|-----------------------------|
| 2. Committee Name     | Mark   | Hackel for County Executive |

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| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3. Contribution # 417 PAC Receipt?   YES 4. Date of Receipt 06/09/2010   | 1000.00   | 1000.00  |
| Name: Mr. David Stephanoff Address: 35751 Moravian Dr  | 1000.00   | 1000.00  |
| Clinton Township MI 48035-2192 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation <u>owner</u> Employer <u>Steptron Technologies, Inc.</u>  |           |  |
| Business PO Box 389 Address Fraser Mt 48026-0389   |           |  |
| Type of Contribution: 🛛 Direct 🔲 Loan from a person 🔲 Fund Raiser  |           |  |
| 3. Contribution # 418 PAC Receipt? ☐ YES 4. Date of Receipt 06/09/2010  Name: Mr. Vince Viviano  | 411.00    | 611.00   |
| Address: 6705 St. Andrews Dr.  |           |  |
| Shelby Township MI 48316 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Finance Director Employer Mark Hackel for County Executi  |           |  |
| Business 50704 Schoenherr Rd Address Shelby Township MI 48315-3137   |           |  |
| Type of Contribution: 🛛 Direct 🔲 Loan from a person 🔲 Fund Raiser  |           |  |
| 3. Contribution # 419 PAC Receipt? ☐ YES 4. Date of Receipt 06/10/2010   | 1000.00   | 3500.00  |
| Name: Jeffrey Carter Address: 1490 Oxford Road   | 1000.00   | 3300.00  |
| Grosse Pointe MI 48236 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Sales Employer GCH Tool Group   |           |  |
| Business 13265 E. Eight Mile Road  |           |  |
| Address Warren MI 48092  |           |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser  3. Contribution # 420 PAC Receipt? ☐ YES 4. Date of Receipt ☐ 06/10/2010  |           |  |
| · —  | 1000.00   | 1000.00  |
| Name: Mr. Michael Ferrantino Address: 48000 Ann Arbor Rd.  |           |  |
| Plymouth MI 48170 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation <u>CEO/Shareholder</u> Employer <u>The Environmental Quality Comp</u>   |           |  |
| Business 36255 Michigan Ave  |           |  |
| Address Wayne MI 48184-1652  Type of Contribution:  Direct   |           |  |
| Type of Containdation, 22 Direct Li Coan nom a person Li Funa Raiser   |           |  |
| Page Subtotal  | 3411.00   |  |
| Grand Total of All Schedules 1A<br>(Complete on last page of Schedule)   |           |  |

### SCHEDULE 1A CANDIDATE COMMITTEE

| 1. Committee I.D. Number | 013853-3 |  |
|--------------------------|----------|--|
|                          |          |  |

2. Committee Name Mark Hackel for County Executive

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
|---|-----------|--|
| 3. Contribution # 421 PAC Receipt? ☐ YES 4. Date of Receipt 06/11/2010  | 300.00    | 1300.00  |
| Name: Gary D Alessandro   | 300.00    | 1300.00  |
| Address: 17455 Iris Circle  |           |  |
| Clinton Township MI 48036  5. If over \$100.00 cumulative, please provide:  Occupation Chairperson Employer Lanzo Holding Co.   |           |  |
| Business 28135 Groesbeck Hwy  |           |  |
| Address Roseville MI_48066-2344   |           |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser  3. Contribution # 422 PAC Receipt? ☐ YES 4. Date of Receipt  |           |  |
|   | 1000.00   | 1000.00  |
| Name: Mr. Lauren S Best   |           |  |
| Address:2344 Brewer Rd  |           |  |
| Howell MI 48855-8759 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Owner Employer National Element, Inc.  |           |  |
|   |           |  |
| Business 7939 Lochlin Drive   |           |  |
| Address <u>Brighton Mt 48116</u> Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  |           |  |
| 3. Contribution # 423 PAC Receipt?   YES 4. Date of Receipt 06/11/2010  |           |  |
|   | 300.00    | 300.00   |
| Name: Mr. Paul Borg Address: 4211 Briar   | :         |  |
|   |           |  |
| Shelby Township MI 48316  5. If over \$100.00 cumulative, please provide:  Occupation Self Employed Employer Paul Borg Construction   |           |  |
| Business 17515 Ryan   |           |  |
| Address Shelby TownshipMI 48315   |           |  |
| Type of Contribution: Direct  |           |  |
| 3. Contribution # 424 PAC Receipt? ☐ YES 4. Date of Receipt 06/11/2010  | 4000.00   | 4000 00  |
| Name: Mr. Thomas J Callan III   | 1000.00   | 1000.00  |
| Address: 1117 Edgewood Dr   |           |  |
| Royal Oak MI 48067-1291 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation CPA Employer UHY Advisors, Inc.  | ·         |  |
| Business Address Address 26200 American Dr Ste 500 Southfield MI 48034-6101   |           |  |
| Type of Contribution: Direct Loan from a person Fund Raiser   |           |  |
| Page Subtotal   | 2600.00   |  |
| Grand Total of All Schedules 1A (Complete on last page of Schedule)   |           |  |

| 1. Committee I.D. Number | 013853-3 |
|--------------------------|----------|
|--------------------------|----------|

2. Committee Name Mark Hackel for County Executive

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
|---|-----------|--|
| 3. Contribution # 425 PAC Receipt? ☐ YES 4. Date of Receipt 06/11/2010  | 1000.00   | 1000.00  |
| Name: Mr. James C Carson<br>Address:1154 Ridgeway Dr  |           |  |
| Rochester MI 48307-1771 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Sales Employer Allstate Financial  |           |  |
| Business 42770 Van Dyke Ave Ste 1 Address Sterling Heights MI 48314-3330  |           |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser  3 Contribution # 426 PAC Receipt? ☐ YES 4. Date of Receipt ☐ 06/11/2010 ☐  |           |  |
| U. Community 420  | 2000.00   | 2300.00  |
| Name: Anthony V Catenacci Address: 38529 River Park Dr  |           |  |
| Sterling Heights MI 48313-5779 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Owner Employer Pine Knob   |           |  |
| Business 5580 Waldon Rd. Address Clarkston MI 48348   |           |  |
| Address Clarkston MI 48348  Type of Contribution:  Direct   |           |  |
| 3. Contribution # 427 PAC Receipt? D YES 4. Date of Receipt 06/11/2010  | 1000.00   | 1000.00  |
| Name: Mr. Timothy Caughlin  | 1000.00   | 1000.00  |
| Address: 183 Longford Dr  |           |  |
| Rochester Hills MI 48309-2029  5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation CPA Employer UHY Advisors, Inc.  |           |  |
| Business 26200 American Dr<br>Ste 500<br>Address Southfield ML 48034-6101   |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 428 PAC Receipt?   YES 4. Date of Receipt 06/11/2010  | 300.00    | 300.00   |
| Name: Mr. B. P Conforto Address: 20331 Huron Drive  |           |  |
| Clinton Township MI 48038   |           |  |
| If over \$100.00 cumulative, please provide:  Occupation Contractor Employer Self Employed  |           |  |
|   |           |  |
| Business 20331 Huron Dr Address Clinton Township MI 48038-5559  |           |  |
| Address Clinton Township ML 48038-5559.  Type of Contribution:  Direct  |           |  |
| Page Subtotal   | 4300.00   |  |
| Grand Total of All Schedules 1A   | 7500.00   |  |
| (Complete on last page of Schedule)   |           |  |

| 1. Committee I.D. Number | 013853-3 |  |
|--------------------------|----------|--|
| _                        |          |  |

| 2. Committee Name_ | Mark Hackel for County Executive |   |
|--------------------|----------------------------------|---|
|                    |                                  | _ |

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
|---|-----------|--|
| 3. Contribution # 429 PAC Receipt? ☐ YES 4. Date of Receipt 06/11/2010  | 600.00    | 600.00   |
| Name: Eugene D'Agostini, Esq., Esq.   |           |  |
| Address:10900 Melia Dr  |           |  |
| Shelby Township MI 48315-6699 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Attorney Employer Self Employed  |           |  |
| Business Address 38700 Van Dyke Ave Ste 200 Sterling Hts MI 48312-1175  |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 430 PAC Receipt? ☐ YES 4. Date of Receipt 06/11/2010  | 300.00    | 1200.00  |
| Name: Mr. Luigi R D'Agostini  | 300.00    | 1300.00  |
| Address: 2281 Pond Vallee Dr.   |           |  |
| Oakland MI 48363 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Contractor Employer Self Employed  |           |  |
| Business 2281 Pond Vallee Dr  |           |  |
| Address Oakland MI 48363-2946  Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  |           |  |
| 3. Contribution # 431 PAC Receipt?   YES 4. Date of Receipt 06/11/2010  |           | <u></u>  |
| Name: Mr. Frank T DiPonio   | 300.00    | 300.00   |
| Address:43900 Garfield Rd   |           |  |
| Clinton Township MI 48038-1128 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Owner Employer DiPonio Contracting   |           |  |
| Business 51173 Simone Industrial Dr   |           |  |
| Address Shelby Township MI 48316-4403   |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 432 PAC Receipt? ☐ YES 4. Date of Receipt 06/11/2010  | 1000.00   | 1000.00  |
| Name: Mr. Jeremy Fife   | 1000.00   | 1000.00  |
| Address: 1965 Webster St  |           |  |
| Birmingham MI 48009-7814 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Manager Employer SLF   |           |  |
| Business 28411 Northwestern Hwy, Ste. 1   |           |  |
| Address Southfield MI 48034-5544  |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| Page Subtotal   | 2200.00   |  |
| Grand Total of All Schedules 1A<br>(Complete on last page of Schedule)  |           |  |

| 1. Committee I.D. Nur | nber | 013853-3                    |  |
|-----------------------|------|-----------------------------|--|
| 2. Committee Name_    | Mark | Hackel for County Executive |  |

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount  | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
|---|--|--|
| 3. Contribution # 433 PAC Receipt? ☐ YES 4. Date of Receipt 06/11/2010  |  | date of receipt )  |
| Name: Mr. A. Joseph Garofalo<br>Address:16655 Millar Rd   | 3000.00  | 3000.00  |
| Clinton Township MI 48036-1639 5. If over \$100.00 cumulative, please provide:  |  |  |
| Occupation Sales Employer Self Employed   |  |  |
| Business 22845 Hoover Rd Address Warren Mt 48089-2541   |  |  |
| Type of Contribution:   Direct    Loan from a person    Fund Raiser   |  |  |
| 3. Contribution # 434 PAC Receipt?   YES 4. Date of Receipt 06/11/2010  | <del>                                     </del> |  |
| Name: Mr. Anthony J Giacalone<br>Address:55660 Apple Ln   | 1000.00  | 1000.00  |
| Shelby Township MI 48316-5337 5. If over \$100.00 cumulative, please provide:   |  |  |
| Occupation Sales Employer GCH Tool Group  |  |  |
| Business Address  Address  Type of Contribution:   13265 East 8 Mile Road  Warren MI 48089-3275  Loan from a person  Fund Raiser  |  |  |
| 3. Contribution # 435 PAC Receipt?   YES  4. Date of Receipt  06/11/2010  | <del></del>                                      |  |
| Name: Mr. Joseph Giacalone<br>Address:56390 Tatton Park Dr  | 1000.00  | 1000.00  |
| Macomb MI 48042-1198 5. If over \$100.00 cumulative, please provide:  |  |  |
| Occupation Owner Employer GCH Machinery Division  |  |  |
| Business 13301 E 8 Mile Rd Address Warran MI 48080 2248   |  |  |
| Type of Contribution M. Aprilo-32 IO.   |  |  |
| Type of Contribution:  ☐ Direct ☐ Loan from a person ☐ Fund Raiser ☐ Contribution # 436 PAC Receipt? ☐ YES ☐ 4. Date of Receipt ☐ 06/11/2010  |  |  |
| Name: Mrs. Karen R Kirchner   | 1000.00  | 1000.00  |
| Address: 8055 Benny Ln  |  |  |
| White Lake MI 48386-3537  5. If over \$100.00 cumulative, please provide:   |  |  |
| Occupation Homemaker Employer Self Employed   |  |  |
|   |  |  |
| Business Address  |  |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser   |  |  |
| Page Subtotal   | 6000.00  |  |
| Grand Total of All Schedules 1A<br>(Complete on last page of Schedule)  |  |  |

| 1. Committee I.D. Number | 013853-3                    |
|--------------------------|-----------------------------|
| 2. Committee Name Mark   | Hackel for County Executive |

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.  | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
|--|-----------|--|
| 3. Contribution # 437 PAC Receipt?   YES 4. Date of Receipt 06/11/2010   |           | Take of receipt )  |
| Name: Mr. Bruce G Knapp  | 2000.00   | 2000.00  |
| Address: 4210 Derry Ct   |           |  |
| Rochester MI 48306-4666 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation <u>CPA</u> Employer <u>Self Employed</u>  |           |  |
|  |           |  |
| Business 755 W Big Beaver Rd<br>Address Troy MI 48084-4900   |           |  |
| Transfer to the state of the st |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  3. Contribution # 438 PAC Receipt? ☐ YES 4. Date of Receipt ☐ 06/11/2010  |           |  |
| 3. Bale of Necespt 007 1720 10   | 1000.00   | 1000.00  |
| Name: Mr. Geoffrey R Langdon   | 1000.00   | 1000,00  |
| Address:1028 Yarmouth Rd   |           |  |
| Bloomfield Hills MI 48301-2337   | ĺ         |  |
| 5. If over \$100.00 cumulative, please provide:  Occupation Finance/CRE Employer Alidade Capital LLC   |           |  |
| Occupation Finance/CRE Employer Alidade Capital, LLC   |           |  |
| Business 36400 Woodward Ave  |           |  |
| Address Bloomfield Hills ML 48304-0911   |           |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser  3. Contribution # 439 PAC Receipt? ☐ YES 4 Date of Receipt ☐ 06/11/2010   |           |  |
|  | 200.00    |  |
| Name: Mr. Michael G Mancini  | 300.00    | 300.00   |
| Address: 2017 Hickory Trail Dr   |           |  |
| Rochester Hills MI 48309-4507 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Engineering Contractor Employer Man Con   |           |  |
| Business 5225 22 Mile Rd Address Shelby Township Mt 48317-1525   |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  |           |  |
| 3. Contribution # 440 PAC Receipt? ☐ YES 4. Date of Receipt 06/11/2010   |           |  |
| Name: Mr. Aldo Marrocco  | 100.00    | 100.00   |
| Address:42822 Garfield   |           |  |
| Clinton Twp. MI 48038  |           |  |
| 5. If over \$100.00 cumulative, please provide:  | Ì         |  |
| OccupationEmployer   |           |  |
| Business<br>Address  |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  |           |  |
|  |           |  |
| Page Subtotal  |           |  |
|  | 3400.00   |  |
| Grand Total of All Schedules 1A<br>(Complete on last page of Schedule)   |           |  |
| (Complete of hast page of Schedule)  |           |  |

| 1. Committee I.D. Number | 013853-3                    |
|--------------------------|-----------------------------|
| 2. Committee Name Mark   | Hackel for County Executive |

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.   | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through |
|---|-----------|--|
| 3. Contribution # 441 PAC Receipt? D YES 4. Date of Receipt 06/11/2010  |           | date of receipt)   |
| Name: Mr. Stephen L Messina   | 300.00    | 300.00   |
| Address:54990 Sherwood Ln   |           |  |
| Shelby Township MI 48315-1550 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Owner Employer Messina Trucking  | •         |  |
| Business 6386 Auburn Rd Address Shelby Township MI 48317-5202   |           |  |
| Type of Contribution:  Direct   |           |  |
| 3. Contribution # 442 PAC Receipt?   YES 4. Date of Receipt 06/11/2010  |           |  |
| Name: Mr. Louis Mollicone<br>Address:37130 Willow Lane  | 300.00    | 300.00   |
| Clinton Township MI 48036<br>5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Owner Employer State Barricades, Inc.  |           |  |
| Business 24907 Schoenherr Rd Address Warren MI 48089-4778   |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  3. Contribution # 443 PAC Receipt? ☐ YES 4 Date of Receipt ☐ PAC PAC RECEIPT ☐ PAC PAC PAC PAC PAC PAC PAC PAC PAC PAC |           |  |
| 4. Bate of Neceipt 06/11/2010   | 1000.00   | 0500   |
| Name: Dennis P Nicholas Address: 1675 Maple Creek CT  | 1000.00   | 3500.00  |
|   |           |  |
| Rochester MI 48306 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation CEO Employer GCH Tool Group  |           |  |
| Business 13265 E. Eight Mile Road   |           |  |
| Type of Contribution M. P. D.   |           |  |
| 3. Contribution # 444 PAC Receipt? ☐ YES 4. Date of Receipt 06/11/2010  |           |  |
| Name: Mr. Cecil S Pierre  | 600.00    | 600.00   |
| Address; 32595 Sabrina Ct   |           | 000.00   |
| Warren MI 48093-8142 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Attorney Employer Law Office of Cecil St. Pierre   |           | ļ  |
| 20 L Di   |           |  |
| Business 2 Crocker Blvd Ste 202 Address Mount Clemens MI 48043-2558   |           |  |
| Type of Contribution: M. Direct   | İ         |  |
| Type of Contribution. Was Direct Li Loan from a person Li Fund Raiser   |           |  |
| Page Subtotal   | 2200.00   |  |
| Grand Total of All Schedules 1A<br>(Complete on last page of Schedule)  | 2200.00   |  |
|   |           |  |

| 1. Committee I.D. Number | 013853-3 |   |
|--------------------------|----------|---|
|                          |          | _ |

| 2. Committee Name_ | Mark Hackel for County Executive |
|--------------------|----------------------------------|

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
|---|-----------|--|
| 3. Contribution # 445 PAC Receipt?   YES 4. Date of Receipt 06/11/2010  |           | date of receipt )  |
| Name: Michael Pittiglio   | 300.00    | 600.00   |
| Address:61522 Wagon Wheel Ct.   |           |  |
| Washington Township MI 48094 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation CONSTRUCTION WORKER Employer FLORENCE CEMENT CO.   |           |  |
| Business 12585 23 Mile Rd. Address Shelby Mt 48315  |           |  |
| Type of Contribution: Direct Loan from a person Direct  |           |  |
| 3. Contribution # 446 PAC Receipt?   YES  4. Date of Receipt  06/11/2010  |           |  |
| Name: Robert A Rotondo Address;4149 Berkshire   | 300.00    | 600.00   |
| Sterling Heights MI 48314   |           |  |
| If over \$100.00 cumulative, please provide:  Occupationowner Employer The Box  |           |  |
| - THO DOX   | ļ         |  |
| Business 41570 Garfield Rd Address Clinton Tournelin Mt. 40000 4000   |           |  |
| Type of Contribution M. 48038-1960  |           |  |
| 3 Contribution # 447 PAO Particle Francisco Francisco Fund Raiser   |           |  |
| Name: Mr. William J Scalabrino  | 100.00    | 100.00   |
| Address: 2848 Northeast 32nd Street   | .00.00    | 100.00   |
| Pompano Beach FL 33064  |           |  |
| 5. If over \$100.00 cumulative, please provide:   |           |  |
| OccupationEmployer_   |           |  |
| Business<br>Address   |           |  |
| Type of Contribution, M. D  |           |  |
| 3. Contribution# 448 PAC Receipt? □ YES 4. Date of Receipt 06/11/2010   |           |  |
| Name: Mr. Erik S Stamell  | 1000.00   | 1000.00  |
| Address:4350 Stoneleigh Rd  |           | 7000.00  |
| Bloomfield Hills MI 48302-2156  |           |  |
| 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Partner Employer Alidade Capital   |           |  |
| Business 36400 Woodward Ave.  |           |  |
| Type of Contribution: M. Stocker  |           |  |
| Type of economisation. We Direct Loan from a person Fund Raiser   |           |  |
| Page Subtotal   |           |  |
|   | 1700.00   |  |
| Grand Total of All Schedules 1A<br>(Complete on last page of Schedule)  |           |  |
| · · · · · · · · · · · · · · · · · · ·   |           |  |

| 1. Committee I.D. Number | 013853-3                    |
|--------------------------|-----------------------------|
| 2. Committee Name Mark   | Hackel for County Executive |

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
|---|-----------|--|
| 3. Contribution # 449 PAC Receipt?   YES 4. Date of Receipt 06/11/2010  |           | date of receipt )  |
| Name: Mr. Thomas Vittiglio Address:48111 Ryan Rd.   | 300.00    | 300.00   |
| Shelby Twp. MI 48317<br>5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation <u>Developer</u> Employer <u>Thomas Anthony Homes</u>  |           |  |
| Business 48111 Ryan Rd Address Shelby Township Mt 48317-2882  |           |  |
| Type of Contribution:   Direct  |           |  |
| 3. Contribution # 450 PAC Receipt? ☐ YES 4. Date of Receipt 06/11/2010  |           |  |
| Name: Mr. Zbigniew A Wozniacki  | 1000.00   | 1000.00  |
| Address:5299 Baronette Ln   |           |  |
| Commerce Township MI 48382-4867 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation CFO Employer Roush Industries  |           |  |
| Business 12445 Levan Rd   | :         |  |
| Address Livonia MI 48150-1405  Type of Contribution: Direct   |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  3. Contribution # 451 PAC Receipt? ☐ YES 4. Date of Receipt  |           |  |
| Name: Mr. Daniel Allen  | 20.00     | 20.00  |
| Address: 16422 Benbar Ct.   |           | 20,00  |
|   |           |  |
| Roseville MI 48066 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Employer   |           |  |
| Business  |           |  |
| Address   |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  3. Contribution # 452 PAC Receipt? ☐ YES 4. Date of Receipt 06/14/2010   |           |  |
| 1. Date of receipt  | 1000.00   | 1000.00  |
| Name: Mr. Art Ammori  | 1000.00   | 1000.00  |
| Address: 5755 Middle Branch Dr  |           |  |
| Shelby Township MI 48316-3200  5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Self Employed Employer BB's Liquor   |           |  |
| Business 13595 21 Mile Rd Address Shelby Township ML 48315-5306   |           |  |
| Type of Contribution: M. Direct   |           |  |
| Type of Contribution.   Loan from a person  Lifect  Loan from a person  Lifett  Fund Raiser   |           |  |
| Page Subtotal   | 2320.00   |  |
| Grand Total of All Schedules 1A (Complete on last page of Schedule)   |           |  |

| 1. Committee I.D. Nur | nber _ | 013853-3                    |  |
|-----------------------|--------|-----------------------------|--|
| 2. Committee Name_    | Mark   | Hackel for County Executive |  |

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
|---|-----------|--|
| 3. Contribution # 453 PAC Receipt?   YES 4. Date of Receipt 06/14/2010  | 20.00     |  |
| Name: Mr. David Arnold Address: 18523 Elm Ct  | 20.00     | 20.00  |
| Macomb MI 48044-3436 5. If over \$100.00 cumulative, please provide:  |           |  |
| OccupationEmployer_   |           |  |
| Business<br>Address   |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 454 PAC Receipt? ☐ YES 4. Date of Receipt 06/14/2010  |           |  |
| Name: Mr. Ted Banach<br>Address:53176 Cripple Creek Dr  | 20.00     | 20.00  |
| Chesterfield MI 48047-5961  |           |  |
| 5. If over \$100.00 cumulative, please provide:   |           |  |
| OccupationEmployer  |           |  |
| Business Address  |           |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser  3. Contribution # 455 PAC Receipt? ☐ YES 4. Date of Receipt  |           |  |
| 1 3 d. 3 d. Nescript 00/14/2010   | 20.00     | 00.00  |
| Name: Mr. William Blondheim   | 20.00     | 20.00  |
| Address: 36565 Audrey Rd.   |           |  |
| New Baltimore MI 48047 5. If over \$100.00 cumulative, please provide:  |           |  |
|   |           |  |
| Business Address  |           |  |
| T   |           |  |
| 3. Contribution # 456 PAC Receipt? □ YES 4. Date of Receipt 06/14/2010  |           |  |
| Name: Mr. Henry Bone  | 20.00     | 20.00  |
| Address: 38581 Golfview Dr W  |           |  |
| Clinton Township MI 48038-3447 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Employer   | İ         |  |
| Business<br>Address   |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
|   |           |  |
| Page Subtotal   | 90.00     |  |
| Grand Total of All Schedules 1A<br>(Complete on last page of Schedule)  | 80.00     |  |
| (30 inhote on last page of Scriedule)   |           |  |



| 1. Committee I.D. Number | 013853-3 |  |
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|                          |          |  |

| 2. Committee Name_ | Mark Hackel for County Executive |
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|                    | main racker for County Executive |

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|---|-----------|--|
| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through |
| 3. Contribution # 457 PAC Receipt?   YES 4. Date of Receipt 06/14/2010  |           | date of receipt )  |
| Name: Mr. Martin Brodzik Address:6902 Palms Rd  | 20.00     | 20.00  |
| lra MI 48023-2214 5. If over \$100.00 cumulative, please provide:  OccupationEmployer   |           |  |
| Business<br>Address   |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           | ļ  |
| 3. Contribution # 458 PAC Receipt?   YES 4. Date of Receipt 06/14/2010  |           |  |
| Name: Mr. Lawrence Burton Address: 16555 Veronica   | 20.00     | 20.00  |
| Eastpointe MI 48021  5. If over \$100.00 cumulative, please provide:  OccupationEmployer  |           |  |
| Business<br>Address   |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   | :         |  |
| 3. Contribution # 459 PAC Receipt?   YES 4. Date of Receipt 06/14/2010  |           |  |
| Name: Mr. Donald Casier Address: 25640 Cortez St  | 20.00     | 20.00  |
| Harrison Township MI 48045-2029  5. If over \$100.00 cumulative, please provide:  | ļ         |  |
| OccupationEmployer  |           |  |
| Business<br>Address   |           |  |
|   |           |  |
| Type of Contribution:     ☑     Direct     ☐     Loan from a person     ☐     Fund Raiser       3. Contribution # 460     PAC Receipt?     ☐     YES     4. Date of Receipt     06/14/2010  |           |  |
| Name: Mr. John H Clements Address:41640 Brandywine Dr   | 20.00     | 20.00  |
| ·   |           |  |
| Clinton Township MI 48038-2110 5. If over \$100.00 cumulative, please provide:  |           |  |
| OccupationEmployer  |           |  |
| Business<br>Address   |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   | 1         |  |
|   |           |  |
| Page Subtotal   | 80.00     |  |
| Grand Total of All Schedules 1A<br>(Complete on last page of Schedule)  |           |  |

| 1. Committee I.D. Number | 013853-3 |
|--------------------------|----------|
|                          |          |

2. Committee Name \_\_Mark Hackel for County Executive

| Enter contributor's name and address. If contribution if from an individual and the ammore, enter last name, first name, middle initial. Check box to indicate if contribution Committee or an Independent Committee. (PAC) Report all contributions from commamount. | is from a Political | 5. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt ) |
|---|---------------------|-----------|---|
| 3. Contribution # 461 PAC Receipt? ☐ YES 4. Date of Receipt   | 06/14/2010          |           | and of recorpt )  |
| Name: Mr. Robert Cory<br>Address:4953 Fairmont Ct   |                     | 20.00     | 20.00   |
| Sterling Heights MI 48310-5637  5. If over \$100.00 cumulative, please provide:   |                     |           |   |
| OccupationEmployer  |                     |           |   |
| Business<br>Address   |                     |           |   |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐   | Fund Raiser         |           |   |
| 3. Contribution # 462 PAC Receipt?   YES  4. Date of Receipt  | 06/14/2010          | 22.00     |   |
| Name: Mr. James Fortunato   |                     | 20.00     | 20.00   |
| Address:41112 Hidden Oaks Dr  |                     |           |   |
| Clinton Township MI 48038-4531  5. If over \$100.00 cumulative, please provide:   |                     |           |   |
| OccupationEmployer  |                     |           |   |
| Business<br>Address   |                     |           |   |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐   | Fund Raiser         |           |   |
|   | 06/14/2010          |           |   |
| Name: Mr. Daniel Gossard  |                     | 10.00     | 10.00   |
| Address: 43321 Rivergate Dr   |                     |           |   |
| Clinton Township MI 48038-1353 5. If over \$100.00 cumulative, please provide:  |                     |           |   |
| Occupation Employer   |                     |           |   |
| Business  |                     |           |   |
| Address   |                     |           |   |
|   | Fund Raiser         |           |   |
| 3. Contribution # 464 PAC Receipt? D YES 4. Date of Receipt   | 06/14/2010          | 00.00     |   |
| Name: Mr. John Hedtler  |                     | 20.00     | 20.00   |
| Address: 20664 Gaberty Dr   |                     |           |   |
| Clinton Township MI 48038-6438 5. If over \$100.00 cumulative, please provide:  |                     |           |   |
| Occupation Employer   |                     |           |   |
| Business<br>Address   |                     | -         |   |
| Type of Contribution:  Direct   | Fund Daisse         |           |   |
| Loan non a bridge Loan non a person   | Fund Raiser         |           |   |
|   | Page Subtotal       | 70.00     |   |
| Grand Total of Al<br>(Complete on last pag  | 1                   |           |   |

| 1. Committee I.D. Number | 013853-3 | _ |
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| 2. Committee Name | Mark Hackel for | County Executive |  |
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|                   |                 |                  |  |

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount. | 6. Amount   | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
|--|-------------|--|
| 3. Contribution # 465 PAC Receipt? ☐ YES 4. Date of Receipt 06/14/2010   |             |  |
| Name: Mr. Ray G Jolly<br>Address:45950 Hillsboro Dr  | 20.00       | 20.00  |
| Macomb MI 48044-3568 5. If over \$100.00 cumulative, please provide:   |             |  |
| Occupation Employer  |             |  |
| Business<br>Address  |             |  |
| Type of Contribution: 🗵 Direct 🔲 Loan from a person 🔲 Fund Raiser  |             |  |
| 3. Contribution # 466 PAC Receipt?  YES 4. Date of Receipt 06/14/2010  |             |  |
| Name: Mr. Chet Keller  | 20.00       | 20.00  |
| Address:46880 Jewel  |             |  |
| Macomb Mi 48044-5466 5. If over \$100.00 cumulative, please provide:   |             |  |
| Occupation Employer  |             |  |
|  |             |  |
| Business<br>Address  |             |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser  |             |  |
| 3. Contribution # 467 PAC Receipt? ☐ YES 4. Date of Receipt 06/14/2010   | 20.00       | 20.00  |
| Name: Mr. Thomas Klucka  | 20.00       | 20.00  |
| Address: 38484 James Dr  |             |  |
| Clinton Township MI 48036-1837  5. If over \$100.00 cumulative, please provide:  |             | :  |
| Occupation Employer  |             |  |
|  |             |  |
| Business<br>Address  |             |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  |             |  |
| 3. Contribution # 468 PAC Receipt? I YES 4. Date of Receipt 06/14/2010   |             |  |
| Name: Mr. James K Krause   | 20.00       | 20.00  |
| Address: 6746 Chirco Ct  |             |  |
| Shelby Township MI 48316-3416  5. If over \$100.00 cumulative, please provide:   |             |  |
| Occupation Employer  |             |  |
|  |             |  |
| Business<br>Address  |             |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  |             |  |
| Page Subtotal  | 80.00       |  |
| Grand Total of All Schedules 1A (Complete on last page of Schedule)  |             |  |
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| 1. Committee I.D. Number | 013853-3 |
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|                          |          |

2. Committee Name Mark Hackel for County Executive

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
|---|-----------|--|
| 3. Contribution # 469 PAC Receipt? D YES 4. Date of Receipt 06/14/2010  |           |  |
| Name: Mr. John M Krzesimowski<br>Address:32531 New York St.   | 25.00     | 25.00  |
| Saint Clair Shores MI 48082 5. If over \$100.00 cumulative, please provide:   |           |  |
| OccupationEmployer  |           |  |
| Business<br>Address   |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 470 PAC Receipt? ☐ YES 4. Date of Receipt 06/14/2010  |           |  |
| Name: Mr. Andrew H Kupusta, Jr., Jr.<br>Address:42530 Terry St  | 20.00     | 20.00  |
| Clinton Township MI 48038-1796  5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Employer   |           |  |
| проус   |           |  |
| Business Address  |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 471 PAC Receipt?   YES 4. Date of Receipt 06/14/2010  | 20.00     | 20.00  |
| Name: Mr. Alphonse LaFata   | 20.00     | 20.00  |
| Address:49392 Monte Rd  |           |  |
| Chesterfield MI 48047-4877  5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Employer   | :         |  |
| Linployei   |           |  |
| Business<br>Address   |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 472 PAC Receipt? II YES 4. Date of Receipt 06/14/2010   |           |  |
| Name: Mr. Robert Lamarre  | 20.00     | 20.00  |
| Address: 17334 Grettel  |           |  |
| Fraser MI 48026   |           |  |
| 5. If over \$100.00 cumulative, please provide:   |           |  |
| OccupationEmployer  |           |  |
| Business<br>Address   |           |  |
| Type of Contribution: Direct  |           |  |
| Page Subtotal   | 85.00     |  |
| Grand Total of All Schedules 1A   | 03.00     |  |
| (Complete on last page of Schedule)   |           |  |

| 1. Committee I.D. Number | 013853-3 |  |
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2. Committee Name Mark Hackel for County Executive

| Enter contributor's name and address. If contribution if from an individual and to more, enter last name, first name, middle initial. Check box to indicate if contributions from committee or an Independent Committee. (PAC) Report all contributions from camount. | ution is from a Political                       | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt ) |
|---|---|-----------|---|
| 3. Contribution # 473 PAC Receipt?   YES 4. Date of Receipt  A page 1. Date of Receipt  | 06/14/2010                                      |           |   |
| Name: Mr. Gerald H Medley<br>Address:26212 Annagrove  |   | 20.00     | 20.00   |
| Chesterfield MI 48051  5. If over \$100.00 cumulative, please provide:  Occupation Employer   |   |           |   |
| Business<br>Address   |   |           |   |
| Type of Contribution: 🗵 Direct 🔲 Loan from a person   | ☐ Fund Raiser                                   |           |   |
| 3. Contribution # 474 PAC Receipt?   YES 4. Date of Receipt   | 06/14/2010                                      |           |   |
| Name: Mr. Martin Mileski Address: 17830 Cedarlawn Dr  |   | 20.00     | 20.00   |
| Clinton Township MI 48035-2415 5. If over \$100.00 cumulative, please provide:  |   |           |   |
| Occupation Employer   | ·   |           | ,   |
| Business<br>Address   |   |           |   |
| Type of Contribution: ☐ Direct ☐ Loan from a person  3. Contribution # 475 PAC Receipt? ☐ YES 4. Date of Receipt  | Fund Raiser                                     |           |   |
| 3. Contribution # 475 PAC Receipt? ☐ YES 4. Date of Receipt   | 06/14/2010                                      | 20.00     | 20.00   |
| Shelby Township MI 48315-1215 5. If over \$100.00 cumulative, please provide:   |   |           |   |
| OccupationEmployer  |   |           |   |
| Business<br>Address   |   |           |   |
| Type of Contribution: 🗵 Direct 🔲 Loan from a person   | ☐ Fund Raiser                                   |           |   |
| 3. Contribution # 476 PAC Receipt?   YES 4. Date of Receipt  A page 1. Date of Receipt  A page 2. Date of Receipt   | 06/14/2010                                      | 20.00     | 20.00   |
| Name: Mr. Bernie Pieper   |   |           | 20.00   |
| Address:12342 Willow Tree Ln. E  Clinton Twp. MI 48038  |   |           |   |
| 5. If over \$100.00 cumulative, please provide:   |   |           |   |
| Occupation Employer   |   |           |   |
| Business<br>Address   |   |           |   |
| Type of Contribution:   Direct   Loan from a person   | ☐ Fund Raiser                                   |           |   |
|   | Page Subtotal                                   | 80.00     |   |
|   | ll of All Schedules 1A<br>ast page of Schedule) |           |   |

| 1. Committee I.D. Number | 013853-3 |
|--------------------------|----------|
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| CANDIDATE COMMITTEE  | 2. Committee Name Mark      | Hackel for County E | xecutive   |
|--|-----------------------------|---------------------|--|
| Enter contributor's name and address. If contribution if from an individual and more, enter last name, first name, middle initial. Check box to indicate if contributions from amount. | ibution is from a Political | 6. Amount           | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3. Contribution # 477 PAC Receipt?   YES  4. Date of Receipt   | 06/14/2010                  |                     | date of receipt)   |
| Name: Mr. Thomas Plotzke<br>Address: 16738 Fieldstone Rdg  |                             | 20.00               | 20.00  |
| Macomb MI 48042-1114  5. If over \$100.00 cumulative, please provide:  Occupation Employer   |                             |                     |  |
| Business<br>Address  |                             |                     |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person  3. Contribution # 478 PAC Receipt? ☐ YES 4. Date of Receipt   | Fund Raiser                 |                     |  |
| 3. Contribution # 478 PAC Receipt?   YES 4. Date of Receipt  Name: Mr. Fred A Riebel  Address: 48501 E. Ranch Dr.  | 06/14/2010                  | 25.00               | 25.00  |
| New Baltimore MI 48051  5. If over \$100.00 cumulative, please provide:  Occupation Employer   |                             |                     |  |
| Business<br>Address  |                             |                     |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person  3. Contribution # 479 PAC Receipt? ☐ YES 4. Date of Receipt   | Fund Raiser                 |                     |  |
| 3. Contribution # 479 PAC Receipt?  YES 4. Date of Receipt Name: Mr. Mark Sedlar Address:36551 Audrey  | 06/14/2010                  | 200.00              | 200.00   |
| New Baltimore MI 48047 5. If over \$100.00 cumulative, please provide:   |                             |                     |  |
| Occupation Sales Employer John's Cutlery   |                             |                     |  |
| Business 47506 Jefferson Ave Address Chesterfield MI 48047-2238  |                             |                     |  |
| Type of Contribution: Direct   | ☐ Fund Raiser               |                     |  |
| 3. Contribution # 480 PAC Receipt? ☐ YES 4. Date of Receipt  | 06/14/2010                  | 20.00               | 20.00  |
| Address:45721 Trenton Dr   |                             |                     |  |
| Macomb MI 48044-3554  5. If over \$100.00 cumulative, please provide:  |                             |                     |  |
| OccupationEmployer   |                             |                     |  |
| Business<br>Address  |                             | ;                   |  |
| Type of Contribution: Direct   | ☐ Fund Raiser               |                     |  |
|  | Page Subtotal               | 265.00              |  |
| Grand Tota   | al of All Schedules 1A      |                     |  |

Enter this total on line 3a of Summary Page

(Complete on last page of Schedule)

| 1. Committee I.D. Nun | nber _ | 013853-3                    |  |
|-----------------------|--------|-----------------------------|--|
| 2. Committee Name_    | Mark   | Hackel for County Executive |  |

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
|---|-----------|--|
| 3. Contribution # 481 PAC Receipt? ☐ YES 4. Date of Receipt 06/14/2010  | 20.00     | 20.00  |
| Name: Mr. Michael L Vernier   | 20.00     | 20.00  |
| Address: 19406 Gaynon Dr  |           |  |
| Clinton Township MI 48035-3964 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Employer   |           |  |
| Business<br>Address   |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 482 PAC Receipt? ☐ YES 4. Date of Receipt 06/14/2010  |           |  |
| Name: Mr. James A Verschaeve  | 25.00     | 25.00  |
| Address: 23101 Francis St. Apt. 4   |           |  |
| Saint Clair Shores MI 48082 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Employer   |           |  |
| Business<br>Address   |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 483 PAC Receipt?   YES 4. Date of Receipt 06/15/2010  |           |  |
| Name: Mr. George Adams Address:3360 26 Mile Rd.   | 100.00    | 100.00   |
| Shelby Twp. MI 48316 5. If over \$100.00 cumulative, please provide:  |           |  |
| OccupationEmployer  |           |  |
| Business<br>Address   |           |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 484 PAC Receipt?   YES 4. Date of Receipt 06/15/2010  |           |  |
| Name: Michael Belletini   | 600.00    | 600.00   |
| Address: 6721 Taylor Dr   |           |  |
| Caseville MI 48725-9689   |           |  |
| 5. If over \$100.00 cumulative, please provide:  Occupation Director of Sales & Employer Total HR Services  |           |  |
| 447 M. Alb. Ct  |           |  |
| Business 117 W 4th St<br>Address Rochester ML 48307-2025  |           |  |
| Type of Contribution: Direct Doan from a person D Fund Raiser   |           |  |
| Page Subtotal   | 745.00    |  |
| Grand Total of All Schedules 1A   | , 10.00   |  |
| (Complete on last page of Schedule)   |           |  |

| 1. Committee I.D. Number | 013853-3 |
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|                          |          |

2. Committee Name Mark Hackel for County Executive

|   |           | <del></del>   |
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| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt ) |
| 3. Contribution # 485 PAC Receipt? I YES 4. Date of Receipt 06/15/2010  | 000.00    |   |
| Name: Robert Bielski  | 800.00    | 800.00  |
| Address: 55180 Parkview Dr  |           |   |
| Shelby Township MI 48316-1066 5. If over \$100.00 cumulative, please provide:   |           |   |
| Occupation Retired Employer Retired   |           |   |
| Business 55180 Parkview Dr.   |           |   |
| Address Shelby Township Mt 48316-1066   |           |   |
| Type of Contribution: Direct Loan from a person Fund Raiser   |           |   |
| 3. Contribution # 486 PAC Receipt? X YES 4. Date of Receipt 06/15/2010  | 0000.00   |   |
| Name: Comerica Incorporated Political Action Committee Address: P.O. Box 75000  | 2000.00   | 2600.00   |
| Detroit MI 48275-2250   |           |   |
| 5. If over \$100.00 cumulative, please provide:   |           |   |
| OccupationEmployer  |           |   |
| Business<br>Address   |           |   |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |   |
| 3. Contribution # 487 PAC Receipt? II YES 4. Date of Receipt 06/15/2010   |           |   |
| Name: Joseph Duster   | 200.00    | 200.00  |
| Address: 1180 Torrey Rd   |           |   |
| Grosse Pointe Woods MI 48236-2359 5. If over \$100.00 cumulative, please provide:   |           |   |
| Occupation Retired Employer Retired   |           |   |
| 4400 7  |           |   |
| Address -   |           |   |
| Address Grosse Pointe Woods 48236-2359  Type of Contribution: Direct Loan from a person Fund Raiser   |           |   |
| 3. Contribution # 488 PAC Receipt? PYES 4. Date of Receipt 06/15/2010   |           |   |
| Name: Pat Fuelling  | 800.00    | 800.00  |
| Address: 8675 Eastway   |           |   |
| <u> </u>  |           |   |
| White Lake MI 48386 5. If over \$100.00 cumulative, please provide:   |           |   |
| Occupation CPA Employer Doeren Mayhew   |           | ·   |
|   |           |   |
| Business 755 W Big Beaver Rd Ste. 2300 Address Troy Mi 48084-4907   |           |   |
| Type of Contribution: Direct  |           |   |
|   |           | <del></del>   |
| Page Subtotal   | 3800.00   |   |
| Grand Total of All Schedules 1A (Complete on last page of Schedule)   | ,         |   |
| (complete of fact page of Schedule)   |           |   |

| 1. Committee I.D. Number | 013853-3                    |
|--------------------------|-----------------------------|
| 2. Committee Name Mark   | Hackel for County Executive |

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through |
|---|-----------|--|
| 3. Contribution # 489 PAC Receipt? D YES 4. Date of Receipt 06/15/2010  |           | date of receipt )  |
| Name: Paul M Hurley   | 600.00    | 600.00   |
| Address:5945 Lakepoint Ct   |           |  |
| Washington MI 48094-2692 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Retired Employer Retired   |           |  |
| Business 5945 Lakepoint Ct. Address Washington MI 48094-2692  |           |  |
| Type of Contribution: Direct  |           |  |
| 3. Contribution # 490 PAC Receipt?   YES  4. Date of Receipt  06/15/2010  |           |  |
| Name: Beth A Job  | 600.00    | 600.00   |
| Address: 32942 33 Mile Rd   |           |  |
| Richmond MI 48062-4721  |           |  |
| 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Retired Employer Retired   |           |  |
| Business 32942 33 Mile Rd   |           |  |
| Address Richmond MI 48062-4721  |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  3. Contribution # 491 PAC Receipt? ☐ YES 4 Date of Receipt ☐ Co. 15/2010   |           |  |
| 7. But of Necespi 00/13/2010  | 400.00    |  |
| Name: Robert C Kotz   | 400.00    | 400.00   |
| Address:311 Touraine Rd   |           |  |
| Grosse Pointe Farms MI 48236-3310 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Attorney Employer Kotz, Sangster, Wysocki & Berg   |           |  |
| Business 400 Renaissance Centre Suite 2555 Detroit MI 48243   |           |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 492 PAC Receipt? ☐ YES 4. Date of Receipt 06/15/2010  |           |  |
| Name: Gregory G Pease   | 400.00    | 400.00   |
| Address: 2508 Tower Hill Ln   |           |  |
| Rochester Hills MI 48306-3060<br>5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Sales Employer Michigan CAT  |           |  |
|   |           |  |
| Business 2550 23 Mile Road Address <u>Utica MI 48315</u>  | İ         |  |
| Type of Contribution M. Division  |           |  |
| Type of Contribution: La Direct Li Loan from a person Li Fund Raiser  |           | <u> </u>   |
| Page Subtotal   | 2000.00   |  |
| Grand Total of Alf Schedules 1A<br>(Complete on last page of Schedule)  |           |  |
|   |           |  |



| 1. Committee I.D. Number | 013853-3                    |
|--------------------------|-----------------------------|
| 2. Committee Name Mark   | Hackel for County Executive |

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
|---|-----------|--|
| 3. Contribution # 493 PAC Receipt?   YES 4. Date of Receipt 06/15/2010  |           | - date of receipt)   |
| Name: David Pytlowany   | 400.00    | 700.00   |
| Address: 18900 26 Mile Rd   |           |  |
| Macomb MI 48042-1202 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation General Manager Employer AIS CONSTRUCTION EQUIPMENT/EQU  |           |  |
| Business 65809 Gratiot  |           |  |
| Address Lenox MI 48050  |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  3. Contribution # 494 PAC Receipt? ☐ YES 4 Date of Receipt ☐ 06/15/2010  | _         | -  |
| 3. Contribution # 494 PAC Receipt?   YES  4. Date of Receipt  06/15/2010  | 100.00    |  |
| Name: Robert A Rotondo  | 400.00    | 1000.00  |
| Address:4149 Berkshire  |           |  |
| Sterling Heights MI 48314   |           |  |
| 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation owner Employer The Box   | •         |  |
| Business 41570 Garfield Rd  |           |  |
| Address Clinton Township MI 48038-1960  |           |  |
| Type of Contribution:   Direct    Loan from a person    Fund Raiser   |           |  |
| 3. Contribution # 495 PAC Receipt? D YES 4. Date of Receipt 06/15/2010  |           |  |
| Name: Mr. Jeffrey Sangster  | 400.00    | 400.00   |
| Address: 22674 Bayview Dr   |           |  |
| ·   |           |  |
| Saint Clair Shores MI 48081-2447  5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Attorney Employer Kutz,Sangster  |           |  |
| Business 400 Renaissance Ctr Ste 3400   |           |  |
| Address Detroit MI 48243-1618   |           |  |
| Type of Contribution:  Direct   |           |  |
| 3. Contribution # 496 PAC Receipt? ☐ YES 4. Date of Receipt 06/15/2010  |           |  |
| Name: Stephen R Saph, Jr., Jr.  | 200.00    | 200.00   |
| Address: 68 Clinton   |           |  |
| Mount Clemens MI 48043 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Insurance Agent Employer Nickel & Saph Insurance, Inc.   |           |  |
|   |           |  |
| Business 44 Macomb Place Address Mount Clemens MI 48043   |           |  |
| Type of Contribution: 🔯 Direct 🔲 Loan from a person 🔲 Fund Raiser   |           |  |
|   |           |  |
| Page Subtotal   | 4400.00   |  |
|   | 1400.00   |  |
| Grand Total of All Schedules 1A<br>(Complete on last page of Schedule)  |           |  |
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| 1. Committee I.D. Number _ | 013853-3                    |
|----------------------------|-----------------------------|
| 2. Committee Name _ Mark   | Hackel for County Executive |

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt ) |
|---|-----------|---|
| 3. Contribution # 497 PAC Receipt? ☐ YES 4. Date of Receipt 06/15/2010  | 400.00    |   |
| Name: Kevin Shamblin  | 400.00    | 400.00  |
| Address: 57159 Mooncreek Ct   |           |   |
| Washington MI 48094-4232 5. If over \$100.00 cumulative, please provide:  |           |   |
| Occupation Financial Advisor Employer Merrill Lynch   |           |   |
| Business 45000 River Ridge Dr Address Clinton Township MI 48038-5587  |           |   |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser  3. Contribution # 498 PAC Receipt? ☐ YES 4. Date of Receipt  | <u> </u>  |   |
| Name: Dean R Weaver Address:530 W 3rd St  | 800.00    | 800.00  |
| Rochester MI 48307-1914  5. If over \$100.00 cumulative, please provide:  Occupation Financial Advisor Employer UBS Financial Services  |           |   |
| Business 2301 West Big Beaver Road  Address Troy MI 48084  Type of Contribution:  Direct  |           |   |
| 3. Contribution # 499 PAC Receipt? ☐ YES 4. Date of Receipt 06/18/2010  | 2000.00   | 0000.00   |
| Name: Mr. Charles Thornton, Jr., Jr. Address: 550 Shelden Rd  | 3000.00   | 3000.00   |
| Grosse Pointe Shores Mi 48236-2623 5. If over \$100.00 cumulative, please provide:  |           |   |
| Occupation President Employer PFI Industries  |           |   |
| Business 22340 10 Mile Road #1 Address Saint Clair Shores MI 48080  |           |   |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |   |
| 3. Contribution # 500 PAC Receipt? ☐ YES 4. Date of Receipt 06/21/2010  | 4000.00   | 1000.00   |
| Name: Mrs. Andrea E Wudyka<br>Address:473 Puritan Ave   | 1000.00   | 1000.00   |
| Birmingham MI 48009-4633 5. If over \$100.00 cumulative, please provide:  |           |   |
| Occupation Homemaker Employer Homemaker   |           |   |
| Business<br>Address   |           |   |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   | ;         |   |
|   |           |   |
| Page Subtotal   | 5200.00   |   |
| Grand Total of All Schedules 1A<br>(Complete on last page of Schedule)  |           |   |
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| 1. Committee I.D. Nu | mber _ | 013853-3                    |
|----------------------|--------|-----------------------------|
| 2. Committee Name_   | Mark   | Hackel for County Executive |

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|---|-----------|--|
| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3. Contribution # 501 PAC Receipt? ☐ YES 4. Date of Receipt 06/22/2010  Name: Mr. Michael Hale  | 1000.00   | 1000.00  |
| Address: 48210 Binghampton Ct.  |           |  |
|   |           | :  |
| Northville MI 48167 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation President & CEO Employer Cambridge Propety & Casualty  |           |  |
| Business 15415 Middlebelt Road Address Livonia MI 4814  |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 502 PAC Receipt? ☐ YES 4. Date of Receipt 06/22/2010  |           |  |
| Name: Mr. James Ibrahim   | 1000.00   | 1000.00  |
| Address: 20856 S Miles St   |           |  |
|   |           |  |
| Clinton Township MI 48036-1950 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Owner Employer Professional Furniture Service  |           |  |
| 75 C D Ct   |           |  |
| Business 75 Rose St Address Mount Clemens Mt 48043-2179   |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 503 PAC Receipt?   YES 4. Date of Receipt 06/22/2010  |           |  |
| Name: Mr. Jack Kaufman  | 1000.00   | 1000.00  |
| Address: 13312 Lincoln Dr   |           |  |
|   |           |  |
| Huntington Woods MI 48070-1406 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Accountant Employer Jack Kaufman, C.P.A.   |           |  |
| OCDAA IMaaalaanad Aasa  |           |  |
| Business 20311 Woodward Ave Address Huntington Woods Mt. 48070-1331   |           |  |
| Type of Contribution: Direct  |           |  |
| 3. Contribution # 504 PAC Receipt? ☐ YES 4. Date of Receipt 06/22/2010  |           |  |
| Name: Mr. K. Dino Kostopoulos   | 1000.00   | 1000.00  |
| Address: 2640 Bradway Blvd.   |           |  |
| Bloomfield Hills MI 48301   |           |  |
| 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Attorney Employer Padilla Kostopoulos  |           |  |
| 400434141-034   |           |  |
| Business 1821 W Maple Rd Address Birmingham Mt 48009-1546   |           | ŀ  |
| Type of Contribution: Direct  |           |  |
|   |           |  |
| Page Subtotal   | 4000.00   |  |
| Grand Total of All Schedules 1A   |           |  |
| (Complete on last page of Schedule)   |           |  |

| 1. Committee I.D. Number | 013853-3 |  |
|--------------------------|----------|--|
| -                        |          |  |

2. Committee Name \_\_Mark Hackel for County Executive

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
|---|-----------|--|
| 3. Contribution # 505 PAC Receipt?   YES 4. Date of Receipt 06/22/2010  | 1000.00   | 4000.00  |
| Name: Mr. Michael J O'Donnell, Jr.<br>Address:42551 Kollmorgen Dr   | 1000.00   | 1000.00  |
| Clinton Township MI 48038-6432 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Owner Employer O'Donnell Brothers Professiona  |           |  |
| Business 75 S Rose St Mount Clemens. Ml. 48043-2179   |           |  |
| Type of Contribution: Direct  |           |  |
| 3. Contribution # 506 PAC Receipt?   YES 4. Date of Receipt 06/22/2010  | 1000.00   | 1000.00  |
| Name: Mr. Daniel O'Donnell Address:16144 Marguerite St  |           |  |
| Beverly Hills MI 48025-5508  5. If over \$100.00 cumulative, please provide:  Occupation Contents Restoration/- Employer O'Donnell Brothers Professiona   |           |  |
| Business Address  |           |  |
| 3. Contribution # 507 PAC Receipt? D YES 4. Date of Receipt 06/22/2010  | 4000.00   | 1000.00  |
| Name: Mr. Jeffrey C Snyder<br>Address:3518 Winterberry Dr   | 1000.00   | 1000.00  |
| West Bloomfield MI 48324-2568 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Co-Founder Employer Huntington Cleaners  |           |  |
| Business Address Huntington Woods MI 48070-1007   |           |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser  3. Contribution # 508 PAC Receipt? ☐ YES 4. Date of Receipt ☐ 06/22/2010 ☐   |           |  |
| Name: Mr. Michael Szczotka Address: 3529 25 Mile Rd   | 1000.00   | 1000.00  |
| Shelby Township MI 48316-1494 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation President Employer Eagle Star Equipment  |           |  |
| Business 2329 Alger Dr Address Troy Mt 48083-2052   |           |  |
| Type of Contribution: Direct  |           |  |
| Page Subtotal   | 4000.00   |  |
| Grand Total of All Schedules 1A (Complete on last page of Schedule)   |           | 1  |

| 1. Committee I.D. Nur | nber _ | 013853-3                    |
|-----------------------|--------|-----------------------------|
| 2. Committee Name     | Mark   | Hackel for County Executive |

|   |           | <del></del>  |
|---|-----------|--|
| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3. Contribution # 509 PAC Receipt?   YES 4. Date of Receipt 06/22/2010  | 1000.00   | 1000.00  |
| Name: Mr. Edwin A Wudyka  |           |  |
| Address: 1927 Sparrow Ct  |           |  |
| Troy MI 48084-1436 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Vice President Finance Employer Huntington Cleaners  |           |  |
| Business 26822 Coolidge Hwy Address Huntington Woods ML 48070-1007  |           |  |
| Type of Contribution: Direct  | ·         |  |
| 3. Contribution # 510 PAC Receipt? ☐ YES 4. Date of Receipt 06/23/2010  |           |  |
| Name: Mr. Clark A Andrews   | 100.00    | 100.00   |
| Address:53985 Sutherland Ln   |           |  |
| Shelby Township MI 48316-1217 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Employer   |           |  |
| LITIDIOYEI  |           |  |
| Business<br>Address   |           |  |
| Type of Contribution: Direct Loan from a person Fund Raiser   | <u> </u>  |  |
| 3. Contribution # 511 PAC Receipt?   YES 4. Date of Receipt 06/23/2010  | 100.00    | 400.00   |
| Name: Jeffrey A Bahorski  |           | 100.00   |
| Address: 3210 Farmdale Dr.  |           |  |
| Sterling Heights MI 48314 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Attorney Employer O'Reilly Rancilio  |           |  |
| Business Address  |           |  |
| Address Sterling Heights MI 48313  Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  |           |  |
| 3. Contribution # 512 PAC Receipt? ☐ YES 4. Date of Receipt 06/23/2010  |           |  |
| Name: Mr. John D Bartley  | 100.00    | 100.00   |
| Address: 38330 Pine Dr  | !         | :  |
| Clinton Township MI 48038-3253 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Employer   |           |  |
| Business  |           | ;  |
| Address  Type of Contribution: Direct   |           |  |
| Type of Contribution: Direct Doan from a person D Fund Raiser   |           |  |
| Page Subtotal   | 1300.00   |  |
| Grand Total of All Schedules 1A (Complete on last page of Schedule)   |           |  |
| (Complete of last page of conedule)   | <u> </u>  | l  |

| 1. Committee I.D. Nur | mber _ | 013853-3                      |
|-----------------------|--------|-------------------------------|
| 2. Committee Name     | Mark   | k Hackel for County Executive |

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
|---|-----------|--|
| 3. Contribution # 513 PAC Receipt?   YES 4. Date of Receipt 06/23/2010  | 400.00    |  |
| Name: Ms. Linda M Belau<br>Address:43561 Salt Creek Dr  | 100.00    | 100.00   |
| Clinton Township MI 48038-4488 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Employer   |           |  |
| Business<br>Address   |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 514 PAC Receipt? ☐ YES 4. Date of Receipt 06/23/2010  |           |  |
| Name: William L Britt II, II Address:57493 Willow Way Ct  | 50.00     | 50.00  |
| Washington MI 48094-4220 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Employer   |           |  |
| Business Address  |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 515 PAC Receipt?   YES 4. Date of Receipt 06/23/2010  |           | · · · · · · · · · · · · · · · · · · ·  |
| Name: Mr. Gregory A Buss  | 100.00    | 100.00   |
| Address: 38133 Woodcrest St   |           |  |
| Clinton Township MI 48036-4057 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Employer   |           |  |
| Business<br>Address   |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 516 PAC Receipt? ☐ YES 4. Date of Receipt 06/23/2010  | 100.00    |  |
| Name: Matthew K Casey   | 100.00    | 400.00   |
| Address: 6960 Kirkridge Ct.   |           |  |
| Shelby Township MI 48316 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Attorney Employer O'Reilly Rancilio  |           |  |
| Business 12900 Hall Rd Ste 350 Address Sterling Heights MI 48313-1174   |           |  |
| Type of Contribution:  Direct  Loan from a person  Fund Raiser  |           |  |
|   |           |  |
| Page Subtotal   | 350.00    |  |
| Grand Total of All Schedules 1A   |           |  |
| (Complete on last page of Schedule)   |           |  |
|   |           |  |

| 1. Committee I.D. Nu | mber _ | 013853-3                    |  |
|----------------------|--------|-----------------------------|--|
| 2. Committee Name    | Mark   | Hackel for County Executive |  |

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|---|-----------|--|
| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3. Contribution # 517 PAC Receipt? ☐ YES 4. Date of Receipt 06/23/2010  | 100.00    |  |
| Name: Mr. Ralph Colasuonno  | 100.00    | 100.00   |
| Address: 1379 Thames Dr   |           |  |
| Rochester Hills MI 48307-5746 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Employer   |           |  |
| Business Address  |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 518 PAC Receipt? D YES 4. Date of Receipt 06/23/2010  |           |  |
| Name: Mr. Donald P Denault, Jr., Jr. Address:15731 Marcie   | 100.00    | 100.00   |
| Fraser MI 48026-2632 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Employer   |           |  |
| Business Address  |           |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 519 PAC Receipt?   YES 4. Date of Receipt 06/23/2010  | 100.00    | 400.00   |
| Name: Mr. Jayson Duval Address: 6769 Rickett  | 100.00    | 100.00   |
| Washington MI 48094-2175 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Employer   |           |  |
| Business<br>Address   |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 520 PAC Receipt?   YES 4. Date of Receipt 06/23/2010  |           | ·  |
| Name: Mr. Charles T Galvin  | 100.00    | 100.00   |
| Address: 48824 Golden Oaks Ln   |           |  |
| Shelby Township MI 48317-2617 5. If over \$100.00 cumulative, please provide:   |           |  |
| OccupationEmployer_   | :         |  |
| Business<br>Address   |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
|   |           |  |
| Page Subtotal   | 400.00    |  |
| Grand Total of All Schedules 1A   | 100.00    |  |
| (Complete on last page of Schedule)   |           |  |

| 1. Committee I.D. Number _ |      | 013853-3                    |  |
|----------------------------|------|-----------------------------|--|
| 2. Committee Name          | Mark | Hackel for County Executive |  |

|  | <del>,</del> |   |
|--|--------------|---|
| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount. | 6. Amount    | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt ) |
| 3. Contribution # 521 PAC Receipt?   YES 4. Date of Receipt 06/23/2010   | 400.00       | <del></del>   |
| Name: Mr. Steven C Gold  | 100.00       | 100.00  |
| Address: 13340 Balfour Ave   |              |   |
| Huntington Woods MI 48070-1703  5. If over \$100.00 cumulative, please provide:  |              |   |
| Occupation Employer  |              |   |
| Business<br>Address  |              |   |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  | i            |   |
| 3. Contribution # 522 PAC Receipt? ☐ YES 4. Date of Receipt 06/23/2010   | 400.00       |   |
| Name: Mr. Bruce Hoffman<br>Address:4952 Surrey Dr  | 100.00       | 100.00  |
| Sterling Heights MI 48310-5191 5. If over \$100.00 cumulative, please provide:   |              |   |
| OccupationEmployer   |              |   |
| Business<br>Address  |              |   |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  | 1            |   |
| 3. Contribution # 523 PAC Receipt?   YES  4. Date of Receipt  06/23/2010   |              |   |
| Name: Ms. Laura A Kaszubski  | 100.00       | 100.00  |
| Address:14848 Westpoint Dr   |              |   |
| Sterling Heights MI 48313-3679  5. If over \$100.00 cumulative, please provide:  |              |   |
| OccupationEmployer   |              |   |
| Business<br>Address  |              |   |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  |              |   |
| 3. Contribution # 524 PAC Receipt?   YES 4. Date of Receipt 06/23/2010   |              |   |
| Name: Mr. Leo C Kujawa<br>Address:20818 Summerfield Dr   | 100.00       | 100.00  |
| Macomb MI 48044-2220 5. If over \$100.00 cumulative, please provide:   |              |   |
| Occupation Employer  |              |   |
| Business<br>Address  |              |   |
| Type of Contribution: Direct   |              |   |
| Page Subtotal  | 400.00       | _   |
| Grand Total of All Schedules 1A (Complete on last page of Schedule)  |              |   |

| 1. Committee I.D. Nu | mber _ | 013853-3                |      |
|----------------------|--------|-------------------------|------|
| 2. Committee Name_   | Mark   | Hackel for County Execu | tive |

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
|---|-----------|--|
| 3. Contribution # 525 PAC Receipt? ☐ YES 4. Date of Receipt 06/23/2010  |           |  |
| Name: Mr. Santo Landa<br>Address: 16043 23 Mile Rd  | 100.00    | 100.00   |
| Macomb MI 48042-4003 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Employer   |           |  |
| Business<br>Address   |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 526 PAC Receipt?   YES 4. Date of Receipt 06/23/2010  |           |  |
| Name: Anthony Lombardo Address:6303 26 Mile Rd  | 100.00    | 3100.00  |
| Washington MI 48094 5. If over \$100.00 cumulative, please provide:  Occupation Owner/Builder Employer LOMBARDO HOMES   |           |  |
| Business 6303 26 Mile Rd., Ste 200 Address Washington MI 48094  Type of Contribution: Direct Loan from a person Fund Raiser   |           |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser  3. Contribution # 527 PAC Receipt? ☐ YES 4. Date of Receipt 06/23/2010   |           |  |
| Name: Ms. Michelle M Lundquist Address: 39526 Macomber St   | 100.00    | 100.00   |
|   |           |  |
| Harrison Township MI 48045-1866 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Employer   |           |  |
| Business<br>Address   |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 528 PAC Receipt? [] YES 4. Date of Receipt 06/23/2010   |           |  |
| Name: Mr. David W MacDonald   | 100.00    | 100.00   |
| Address:32958 Whispering Ln   |           |  |
| Chesterfield MI 48047-3389  5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Employer   |           |  |
| Business Address  | ,         |  |
| Type of Contribution: Direct Loan from a person Fund Raiser   |           |  |
| Page Subtotal   | 400.00    |  |
| Grand Total of All Schedules 1A   | 400.00    |  |
| (Complete on last page of Schedule)   |           |  |

| 1. Committee I.D. Nu | mber | 013853-3                      |   |
|----------------------|------|-------------------------------|---|
| 2. Committee Name_   | Marl | K Hackel for County Executive | ) |

|   | <del></del> |  |
|---|-------------|--|
| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount   | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3. Contribution # 529 PAC Receipt? ☐ YES 4. Date of Receipt 06/23/2010  | 100.00      | 100.00   |
| Name: Mr. Daniel P Markey   |             | 100.00   |
| Address: 12900 Hall Rd Ste 500 Sterling Heights MI 48313-1153  5. If over \$100.00 cumulative, please provide:  |             |  |
| Occupation Employer   |             |  |
|   |             |  |
| Business<br>Address   |             |  |
|   |             | •  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser  3. Contribution # 530 PAC Receipt? ☐ YES 4. Date of Receipt ☐ 06/23/2010   |             |  |
|   | 1600.00     | 1600.00  |
| Name: Tim McConaghy   |             | 1000.00  |
| Address: 1981 Crosswick Rd  |             |  |
| Bloomfield Hills MI 48301-4155  |             |  |
| 5. If over \$100.00 cumulative, please provide:   |             |  |
| Occupation Attorney Employer Hardy Lewis & Page P.C.  |             |  |
| Business Address Address  401 S Old Woodward Ave Ste 400 Birmingham MI 48009-6613   |             |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |             |  |
| 3. Contribution # 531 PAC Receipt? ☐ YES 4. Date of Receipt 06/23/2010  |             |  |
| Name: Mr. Andrew S McKinnon   | 100.00      | 100.00   |
|   |             |  |
| Address:7888 Glacier Club Dr  |             |  |
| Washington MI 48094-2222  |             |  |
| 5. If over \$100.00 cumulative, please provide:   |             |  |
| Occupation Employer   |             |  |
| Business Address  |             |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   | j           |  |
| 3. Contribution # 532 PAC Receipt?   YES 4. Date of Receipt 06/23/2010  | ·           |  |
| Name: Mr. Nijad G Mehanna   | 100.00      | 100.00   |
| Address: 31431 Mill St  |             |  |
|   |             |  |
| Roseville MI 48066-1216 5. If over \$100.00 cumulative, please provide:   |             |  |
| Occupation Employer   |             |  |
| Business<br>Address   |             |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |             |  |
| a rand Nation   |             |  |
| Page Subtotal   | 4000.00     |  |
| · · · · · · · · · · · · · · · · · · ·   | 1900.00     |  |
| Grand Total of All Schedules 1A   |             |  |
| (Complete on last page of Schedule)   | <u> </u>    |  |

| 1. Committee I.D. Number | 013853-3 |  |
|--------------------------|----------|--|
|                          |          |  |

2. Committee Name Mark Hackel for County Executive

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or   | 6. Amount | 7. Cumulative for  |
|--|-----------|--|
| more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. |           | Election Cycle for Each<br>Contributor (Through<br>date of receipt ) |
| 3. Contribution # 533 PAC Receipt? ☐ YES 4. Date of Receipt 06/23/2010   | 100.00    | 400.00   |
| Name: G. Timothy Moore   | 100.00    | 400.00   |
| Address:37201 Willow Lane  |           |  |
| Clinton Township MI 48036 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Attorney Employer O'Reilly Rancilio   |           |  |
| Business 12900 Hall Rd Ste 350 Sterling Heights MI 48313-1174  |           |  |
| Type of Contribution: Direct    Loan from a person    Fund Raiser  |           |  |
| 3. Contribution # 534 PAC Receipt? ☐ YES 4. Date of Receipt 06/23/2010   | 100.00    | 700.00   |
| Name: Mr. John A Nitz  | 100.00    | 100.00   |
| Address:57477 Willow Way Court   |           |  |
| Washington MI 48094-4220 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Attorney Employer O'Reilly Rancilio   |           |  |
|  |           |  |
| Business Address Address Address Address   |           |  |
| Type of Contribution: Direct   |           |  |
| 3. Contribution # 535 PAC Receipt?   YES 4. Date of Receipt 06/23/2010   | 1800.00   | 1900.00  |
| Name: Robert Nyovich   | 1800.00   | 1800.00  |
| Address: 2535 Ridgecrest Dr  |           |  |
| Shelby Township MI 48316-3865  5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Attorney Employer Hardy Lewis & Page P.C.   |           |  |
| Business 401 S Old Woodward Ave<br>Ste 400   |           |  |
| Address Birmingham MI 48009-6613   |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  3. Contribution # 536 PAC Receipt? ☐ YES 4. Date of Receipt   |           |  |
|  | 100.00    | 100.00   |
| Name: Mr. Brandon P Ott Address: 53588 Oak Grv   |           |  |
|  |           |  |
| Shelby Township MI 48315-2057  5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Employer  |           |  |
| Business   |           |  |
| Address  |           |  |
| Type of Contribution: Direct Dean from a person Defined Raiser   |           |  |
| Page Subtotal  | 2100.00   |  |
| Grand Total of All Schedules 1A  | 2100.00   |  |
| (Complete on last page of Schedule)  |           |  |

| 1. Committee I.D. Nu | mber _ | 013853-3              |         |
|----------------------|--------|-----------------------|---------|
| 2. Committee Name_   | Mark   | Hackel for County Exe | ecutive |

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
|---|-----------|--|
| 3. Contribution # 537 PAC Receipt? ☐ YES 4. Date of Receipt 06/23/2010  | 100.00    | 100.00   |
| Name: Mr. Joseph R Owens Address: 17861 Troon Trl   | 100.00    | 100.00   |
| Macomb MI 48042-1181  |           |  |
| 5. If over \$100.00 cumulative, please provide:  Occupation Employer  |           |  |
| Employer  |           |  |
| Business Address  |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 538 PAC Receipt? D YES 4. Date of Receipt 06/23/2010  |           |  |
| Name: Mr. James Sarconi   | 100.00    | 100.00   |
| Address:48540 Vintage Ln  |           |  |
| Macomb MI 48044-2154 5. If over \$100.00 cumulative, please provide:  |           |  |
| OccupationEmployer  |           |  |
|   |           |  |
| Business Address  |           |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 539 PAC Receipt?   YES  4. Date of Receipt  06/23/2010  | 100.00    | 4.4.5.   |
| Name: Mr. William Schaufler, Jr.  | 100.00    | 1100.00  |
| Address: 339 Puritan Ave.   |           |  |
| Birmingham MI 48009-1263 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation President Employer MRC Industries  |           |  |
| Business 28117 Groesbeck Hwy  |           |  |
| Address Roseville MI 48066  |           |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 540 PAC Receipt? ☐ YES 4. Date of Receipt 06/23/2010  | 100.00    | 400.00   |
| Name: Mr. Craig S Schoenherr Sr.  | 100.00    | 400.00   |
| Address: 27655 Old Colony   |           |  |
| Farmington Hills MI 48334 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Attorney Employer O'Reilly Rancilio  |           |  |
| Business 12900 Hall Road<br>Suite 350   | i<br>I    |  |
|   |           |  |
| Type of Contribution: M Direct  |           |  |
| Page Subtotal   | 400.00    |  |
| Grand Total of All Schedules 1A   |           |  |
| (Complete on last page of Schedule)   |           |  |

| 1. Committee I.D. Nur | mber _ | 013853-3                      | · · · · · · · · · · · · · · · · · · · |
|-----------------------|--------|-------------------------------|---------------------------------------|
| 2. Committee Name_    | Mark   | k Hackel for County Executive |                                       |

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
|---|-----------|--|
| 3. Contribution # 541 PAC Receipt? ☐ YES 4. Date of Receipt 06/23/2010  | 100.00    |  |
| Name: Lawrence M Scott  | 100.00    | 400.00   |
| Address: 38447 Huron Pointe Dr  |           |  |
| Harrison Township MI 48045-2840 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Attorney Employer O'Reilly Rancilio  |           |  |
| Business 12900 Hall Rd Ste 350 Address Sterling Heights Mt 48313-1174   | :         |  |
| Type of Contribution:  Direct   |           |  |
| 3. Contribution # 542 PAC Receipt?   YES 4. Date of Receipt 06/23/2010  |           |  |
| Name: Howard Shifman  | 1600.00   | 1600.00  |
| Address: 29317 Lake Park Dr   |           |  |
| Farmington Hills MI 48331-2638 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Attorney Employer Howard L. Shifman P.C.   |           |  |
| 270 F Maria DJ  |           |  |
| Business Address Address Birmingham ML 48009-6303   |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 543 PAC Receipt? ☐ YES 4. Date of Receipt 06/23/2010  |           |  |
| Name: Mr. Donald R Torline  | 100.00    | 100.00   |
| Address: 5129 S Genesee Rd  |           |  |
| Grand Blanc Mi 48439-7913  5. If over \$100.00 cumulative, please provide:  |           |  |
| OccupationEmployer_   |           |  |
| штроусі   |           |  |
| Business<br>Address   |           |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 544 PAC Receipt?   YES 4. Date of Receipt 06/23/2010  |           |  |
| Name: Charles E Turnbull  | 100.00    | 700.00   |
| Address: 53957 Sutherland Court   |           |  |
| Shelby Township MI 48316  |           |  |
| 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Attorney Employer O'Reilly Rancilio  |           |  |
| Business 12900 Hall Road  |           |  |
| Address Suite 350 Steding Heights Mt 48313  |           |  |
| Type of Contribution: Direct  |           |  |
|   |           |  |
| Page Subtotal   | 1900.00   |  |
| Grand Total of All Schedules 1A   |           |  |
| (Complete on last page of Schedule)   |           |  |

| 1. Committee I.D. Nur | nber _ | 013853-3                      |
|-----------------------|--------|-------------------------------|
| 2. Committee Name _   | Mark   | k Hackel for County Executive |

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
|---|-----------|--|
| 3. Contribution # 545 PAC Receipt? ☐ YES 4. Date of Receipt 06/23/2010  | 100.00    | 100.00   |
| Name: John Urquhart   |           | , 55.55  |
| Address: 34911 Van Dyke Ave   |           |  |
| Sterling Heights MI 48312-4662 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Employer   |           |  |
| Business<br>Address   |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 546 PAC Receipt? II YES 4. Date of Receipt 06/23/2010   | 100.00    | 400.00   |
| Name: David E Weber   | 100.00    | 400.00   |
| Address:7177 Frampton W.  |           |  |
| Washington MI 48095  5. If over \$100.00 cumulative, please provide:  Occupation Self Employed Employer Harvest Homes LLC   |           |  |
| Business 7177 Frampton W.   |           |  |
| Address Washington MI 48095   |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  3. Contribution # 547 PAC Receipt? ☐ YES 4. Date of Receipt 06/24/2010   |           |  |
|   | 1000.00   | 1000.00  |
| Name: Mr. John Link<br>Address: 38867 Winkler St  |           |  |
| Harrison Township MI 48045-6305  5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Owner Employer Recovery Construction Services  |           |  |
| Business 44720 Macomb Industrial Dr Address Clinton Township, MI 48036-1145   |           |  |
| Address Clinton Township MI 48036-1145  Type of Contribution:   Direct D Loan from a person D Fund Raiser   |           |  |
| 3. Contribution # 548 PAC Receipt?   YES 4. Date of Receipt 06/25/2010  |           |  |
| Name: Ms. Sharon L Ciaramitaro Address: 56319 Heathrow Dr   | 100.00    | 100.00   |
| Shelby Township MI 48316-5509  5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Employer   |           |  |
| Business  |           |  |
| Address  Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  |           |  |
| Type of Containuation. Iza Direct L. Loan from a person L. Fario Naisei   |           |  |
| Page Subtotal   | 1300.00   |  |
| Grand Total of All Schedules 1A (Complete on last page of Schedule)   |           |  |

| 1. Committee I.D. Num | ber 013853-3                     |  |
|-----------------------|----------------------------------|--|
| 2. Committee Name     | Mark Hackel for County Executive |  |

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| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3. Contribution # 549 PAC Receipt? ☐ YES 4. Date of Receipt 06/25/2010   | 50.00     | 100.00   |
| Name: Joann Eschenburg Address:18989 Carmelo Dr N  | 30.00     | 100.00   |
| Clinton Twp MI 48038-2210 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Employer  |           |  |
| Business<br>Address  |           |  |
| Type of Contribution:   Direct   Loan from a person   Fund Raiser  |           |  |
| 3. Contribution # 550 PAC Receipt? ☐ YES 4. Date of Receipt 06/30/2010   | 100.00    |  |
| Name: Mr. Patrick H Allison<br>Address:30887 Hickory Ln  | 400.00    | 400.00   |
| Franklin MI 48025-1591 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Owner Employer Gold's Gym   |           |  |
| Business Address Dearhorn MI 48126  Type of Contribution: Direct Down person Fund Raiser   |           |  |
| 3. Contribution # 551 PAC Receipt?   YES 4. Date of Receipt 06/30/2010   |           |  |
| Name: Shane L Anders Address:8801 Middleton Ct.  | 500.00    | 800.00   |
| Grosse Ile MI 48138 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Owner Employer S.L.A. & Associates, LLC   |           |  |
| Business PO Box 74025  |           |  |
| Address Romulus MI 48174-0025  Type of Contribution:  Direct   |           |  |
| 3. Contribution # 552 PAC Receipt?   YES 4. Date of Receipt 06/30/2010   |           |  |
| Name: Mr. Brandon E Astrauckas   | 100.00    | 100.00   |
| Address: 1331 Hampton Rd  Grosse Pointe Woods MI 48236-1301  |           |  |
| 5. If over \$100.00 cumulative, please provide:  Occupation Employer   |           |  |
| Business<br>Address  |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  |           | <u>-</u>   |
| Page Subtotal  | 1050.00   |  |
| Grand Total of All Schedules 1A (Complete on last page of Schedule)  |           |  |

| 1. Committee I.D. Number |      | 013853-3                    |
|--------------------------|------|-----------------------------|
| 2. Committee Name        | Marl | Hackel for County Executive |

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
|---|-----------|--|
| 3. Contribution # 553 PAC Receipt? II YES 4. Date of Receipt 06/30/2010   | 500.00    | 500.00   |
| Name: Mr. Sam B Attisha   | 300.00    | 500.00   |
| Address:6518 Whispering Woods Dr  |           |  |
| West Bloomfield MI 48322-5200 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Manager Employer Atrient   |           |  |
| Business 185 Oakland Ave Ste 210 Address Almingham MI 48009-3479  |           |  |
| Type of Contribution: 🔯 Direct 🔲 Loan from a person 🔲 Fund Raiser   |           |  |
| 3. Contribution # 554 PAC Receipt? ☐ YES 4. Date of Receipt 06/30/2010  | 500.00    | 500.00   |
| Name: Mr. Michael A Aubrey II, II   | 300.00    | 500.00   |
| Address:3118 Trafford Rd  |           |  |
| Royal Oak MI 48073-6821 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation President Employer Park Rite   |           |  |
| Business 1426 Times Sq  |           |  |
| Address Detroit Mt 48226-1519   |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 555 PAC Receipt?   YES 4. Date of Receipt 06/30/2010  | 500.00    | 500.00   |
| Name: Mr. Brent R Battiata  | 00.00     | 500.00   |
| Address:1650 Chieftan Cir   |           |  |
| Oxford MI 48371-6095 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation CPA Employer Stuart, Francy, Matthews & Cha  |           |  |
| Business 28525 Orchard Lake Rd  |           |  |
| Address Farmington Hills MI 48334-2906  |           |  |
| Type of Contribution:  Direct    Loan from a person    Fund Raiser  |           |  |
| 3. Contribution # 556 PAC Receipt?   YES 4. Date of Receipt 06/30/2010  | 1000.00   | 1000.00  |
| Name: Mr. Brad Batur  | 1000.00   | 1000.00  |
| Address:1751 Oakland Dr   |           |  |
| Madison Heights MI 48071-2254  5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Financial Advisor Employer New England Financial   |           |  |
| Business Address Address 3000 Town Ctr Ste 550 Southfield MI 48075-1136   |           |  |
| Type of Contribution: Direct Dean from a person Fund Raiser   |           |  |
|   |           |  |
| Page Subtotal   | 2500.00   |  |
| Grand Total of All Schedules 1A<br>(Complete on last page of Schedule)  |           |  |
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| 1. Committee I.D. Number | 013853-3 |  |
|--------------------------|----------|--|
|                          |          |  |

2. Committee Name Mark Hackel for County Executive

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
|---|-----------|--|
| 3. Contribution # 557 PAC Receipt?   YES 4. Date of Receipt 06/30/2010  | 1000.00   | 1000.00  |
| Name: Mr. Ronnie J Boji<br>Address:5334 Trillium Ct   |           | 1000.00  |
| Orchard Lake MI 48323-1577  5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation President Employer Boji Group  |           |  |
| Business 124 W Allegan  |           |  |
| Address Lansing MI 48933  Type of Contribution:  Direct   |           |  |
| 3. Contribution # 558 PAC Receipt? ☐ YES 4. Date of Receipt 06/30/2010  |           |  |
| Name: Mr. Lloyd E Brown<br>Address: 31330 Mound Rd  | 100.00    | 100.00   |
| Warren MI 48092-1654  5. If over \$100.00 cumulative, please provide:  Occupation Employer  |           |  |
| Linployer   |           |  |
| Business Address  |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 559 PAC Receipt? II YES 4. Date of Receipt 06/30/2010   | 500.00    | 1500.00  |
| Name: Mr. Thomas J Callan III Address:1117 Edgewood Dr  |           |  |
| Royal Oak MI 48067-1291 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation <u>CPA</u> Employer <u>UHY Advisors, Inc.</u>  | 1         |  |
| Business Address Address 26200 American Dr Ste 500 Southfield MI 48034-6101   |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 560 PAC Receipt? X YES 4. Date of Receipt 06/30/2010  | 500.00    | 500.00   |
| Name: Citizens for Michigan's Environment Address: 3319 Wall St   | 500.00    | 500.00   |
| Canton MI 48188-8900 5. If over \$100.00 cumulative, please provide:  |           |  |
| OccupationEmployer  |           |  |
| Business<br>Address   |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| Page Subtotal   | 2100.00   |  |
| Grand Total of All Schedules 1A<br>(Complete on last page of Schedule)  | 2100.00   |  |

| 1. Committee I.D. Nu | mber _ | 013853-3                      |  |
|----------------------|--------|-------------------------------|--|
| 2. Committee Name_   | Marl   | k Hackel for County Executive |  |

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|---|-------------|--|
| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount   | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3. Contribution # 561 PAC Receipt? ☐ YES 4. Date of Receipt 06/30/2010  |             | units of roscipt y   |
| Name: Mr. Robert G Clancy Sr.   | 500.00      | 500.00   |
| Address: 52823 Base St  |             |  |
| New Baltimore MI 48047-4173 5. If over \$100.00 cumulative, please provide:   |             |  |
| Occupation President Employer Robert Clancy Contracting, Inc  |             |  |
| 200501:84- 84- 4. A.  |             |  |
| Business 29900 Little Mack Ave Address Roseville ML 48066-2272  |             |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser   |             |  |
| 3. Contribution # 562 PAC Receipt?   YES 4. Date of Receipt 06/30/2010  |             |  |
|   | 100.00      | 100.00   |
| Name: Mr. Edward Deeb   |             |  |
| Address: 27700 Hoover Rd  |             |  |
| Warren MI 48093-4551  |             |  |
| 5. If over \$100.00 cumulative, please provide:   |             |  |
| Occupation Employer   |             |  |
| Business  |             |  |
| Address   |             |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |             |  |
| 3. Contribution # 563 PAC Receipt? ☐ YES 4. Date of Receipt 06/30/2010  |             |  |
| Name; Mr. Robert A Dohn   | 500.00      | 500.00   |
| Address: 13822 Adams Ave.   |             |  |
|   |             |  |
| Warren MI 48088 5. If over \$100.00 cumulative, please provide:   |             |  |
| ·   |             |  |
| Occupation Sales Rep Employer HD SUPPLY WATERWORKS  |             |  |
| Business 6575 23 Mile Rd  |             |  |
| Address Shelby Township MI 48316-4407   |             |  |
| Type of Contribution: 🗵 Direct 🔲 Loan from a person 🔲 Fund Raiser   |             |  |
| 3. Contribution # 564 PAC Receipt?   YES 4. Date of Receipt 06/30/2010  |             |  |
| Name: Mr. Paul A Doppke   | 1500.00     | 1500.00  |
| Address: 21646 Erben St   |             |  |
| Saint Clair Shores MI 48081-2841  |             |  |
| 5. If over \$100.00 cumulative, please provide:   | :           |  |
| Occupation Owner Employer Landscape Services  |             |  |
|   |             | -  |
| Business 22932 Rasch Dr.  |             |  |
| Address Clinton Township MI 48035   | j           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |             |  |
|   |             | . <del>_</del>   |
| Page Subtotal   | 2600.00     |  |
| Grand Total of All Schedules 1A   |             |  |
| (Complete on last page of Schedule)   |             |  |
|   | <del></del> |  |

| 1. Committee I.D. Number _ |      | 013853-3                    |  |
|----------------------------|------|-----------------------------|--|
| 2. Committee Name          | Mark | Hackel for County Executive |  |

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
|---|-----------|--|
| 3. Contribution # 565 PAC Receipt? □ YES 4. Date of Receipt 06/30/2010  | 500.00    |  |
| Name: Mr. Doraid Elder<br>Address:22768 Heinze St   | 500.00    | 500.00   |
| Dearborn MI 48128-1326 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Attorney Employer Doraid Elder P.C.  |           |  |
| Business 13530 Michigan Ave Address Dearborn, MI 48126-3574   |           |  |
| Type of Contribution:  Direct   |           |  |
| 3. Contribution # 566 PAC Receipt? ☐ YES 4. Date of Receipt 06/30/2010  |           |  |
| Name: Mr. Leonard S Evans, Jr., Jr. Address: 4502 Saint Albans Dr   | 300.00    | 300.00   |
| Sterling Heights MI 48314-1968  5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Sales Employer Michigan CAT  |           |  |
| Business 12550 23 Mile Rd Address Shelby Township Mt 48315-2600   |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 567 PAC Receipt?   YES 4. Date of Receipt 06/30/2010  | 4000.00   |  |
| Name: Mr. Nader Fakhouri  | 1000.00   | 1000.00  |
| Address: 1855 Squirrel Valley Dr  |           |  |
| Bloomfield Hills MI 48304-1145  5. If over \$100.00 cumulative, please provide:  Occupation Assistant County Exectory  Employer Wayne County  |           |  |
| Business 500 Griswold St<br>Wayne County<br>Address Detroit M 48226-3480  |           |  |
| Type of Contribution: Direct Loan from a person Fund Raiser   |           |  |
| 3. Contribution # 568 PAC Receipt? X YES 4. Date of Receipt 06/30/2010  Name: Ficano PAC  | 2500.00   | 2500.00  |
| Address: 65 Cadillac Sq Ste 2929 Detroit MI 48226-2880  5. If over \$100.00 cumulative, please provide:   |           |  |
| OccupationEmployer_   |           |  |
| Business  |           |  |
| Address   |           |  |
| Type of Contribution: Direct  |           |  |
| Page Subtotal   | 4300.00   |  |
| Grand Total of All Schedules 1A   |           |  |



| 1. Committee I.D. Nur | mber _ | 013853-3                    |   |
|-----------------------|--------|-----------------------------|---|
| 2. Committee Name_    | Mari   | Hackel for County Executive | ) |

| Enter contributor's name and address. If contribution if from an individual and more, enter last name, first name, middle initial. Check box to indicate if contr Committee or an Independent Committee. (PAC) Report all contributions from amount. | ibution is from a Polificat | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt ) |
|--|-----------------------------|-----------|---|
| 3. Contribution # 569 PAC Receipt? ☐ YES 4. Date of Receipt_   | 06/30/2010                  |           |   |
| Name: Mr. William J Fitzpatrick<br>Address:32850 Barclay Sq  |                             | 20.00     | 20.00   |
| Warren MI 48093-1125 5. If over \$100.00 cumulative, please provide:   |                             |           |   |
| Occupation Employer  |                             |           |   |
| Business Address   |                             |           |   |
| Type of Contribution: Direct Loan from a person  | ☐ Fund Raiser               |           |   |
| 3. Contribution # 570 PAC Receipt? D YES 4. Date of Receipt_   | 06/30/2010                  |           |   |
| Name: Mr. James R Fox<br>Address:6694 Church Rd  |                             | 500.00    | 500.00  |
| Ira MI 48023-1902 5. If over \$100.00 cumulative, please provide:  |                             |           |   |
| Occupation Land Clearing Employer Harry Fox Inc.   |                             |           |   |
| Business 28150 Hayes Rd Address Roseville MI 48066-5049  | _                           |           |   |
| Type of Contribution:  Direct  | ☐ Fund Raiser               |           |   |
| 3. Contribution # 571 PAC Receipt? ☐ YES 4. Date of Receipt  | 06/30/2010                  |           |   |
| Name: Mr. Eric R Fritz   | 33,00,2010                  | 1500.00   | 1500.00   |
| Address:17724 Bailey Rd  |                             |           |   |
| Romulus MI 48174-9542  5. If over \$100.00 cumulative, please provide:  Occupation   |                             |           |   |
| Occupation esident Employer Fritz Enterprises/H  | uron Valley                 |           |   |
| Business 1650 W Jefferson Ave Address Trenton MI 48183-2136  |                             |           |   |
| Type of Contribution: Direct   | ☐ Fund Raiser               |           |   |
| 3. Contribution # 572 PAC Receipt? ☐ YES 4. Date of Receipt_   | 06/30/2010                  |           |   |
| Name: Ms. Jennifer Giering   |                             | 100.00    | 100.00  |
| Address: 23636 Buckingham St   |                             |           |   |
| Dearborn MI 48128-1715  5. If over \$100.00 cumulative, please provide:  |                             |           |   |
| OccupationEmployer   |                             |           |   |
| Business<br>Address  |                             |           |   |
| Type of Contribution: Direct Loan from a person  | ☐ Fund Raiser               |           |   |
|  |                             |           |   |
|  | Page Subtotal               | 2120.00   |   |
|  | al of All Schedules 1A      |           |   |

| 1. Committee I.D. Nui | mber _ | 013853-3                   |   |
|-----------------------|--------|----------------------------|---|
| 2. Committee Name     | Marl   | Hackel for County Executiv | e |

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.  | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
|--|-----------|--|
| 3. Contribution # 573 PAC Receipt? ☐ YES 4. Date of Receipt 06/30/2010  Name: Mr. Terry Griffin  | 500.00    | 500.00   |
| Address: 35698 Castlemeadow Dr   |           |  |
| Farmington Hills MI 48335-3816 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation President Employer Griffin, Smalley & Wilkerson, I  |           |  |
| Business Addre |           |  |
| Type of Contribution: 🛛 Direct 🔲 Loan from a person 🔲 Fund Raiser  |           |  |
| 3. Contribution # 574 PAC Receipt?   YES 4. Date of Receipt 06/30/2010   | 200.00    | 200.00   |
| Name: Mr. Adel A Harb  |           |  |
| Address: 24619 Ford Rd   |           |  |
| Dearborn MI 48128-1132 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Attorney Employer Harb & Associates   |           |  |
| Pusiness 10356 W. Warren Ave   |           |  |
| Business Address Dearborn Mt 48126   |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  |           |  |
| 3. Contribution # 575 PAC Receipt? ☐ YES 4. Date of Receipt 06/30/2010   | 350.00    | 850.00   |
| Name: Mr. Christopher Holsbeke   |           |  |
| Address:43103 Riverway   |           |  |
| Clinton Township MI 48038  5. If over \$100.00 cumulative, please provide:  Occupation Concrete Sales Employer Holsbeke Construction   |           |  |
| Business 325 North Avenue  |           |  |
| Address Mount Clemens MI 48043   |           |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser  |           |  |
| 3. Contribution # 576 PAC Receipt? ☐ YES 4. Date of Receipt 06/30/2010   | 200.00    | 200.00   |
| Name: Mr. Robert D Jones Address: 2595 Summerlin Ct  | 200.00    |  |
| Rochester MI 48306-2290 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Retired Employer Retired  |           |  |
| Business Address   |           |  |
| Type of Contribution: Direct Loan from a person Fund Raiser  |           |  |
| Page Subtotal  | 1250.00   |  |
| Grand Total of All Schedules 1A (Complete on last page of Schedule)  |           |  |

| 1. Committee I.D. Nur | mber _ | 013853-3                    | <br> |
|-----------------------|--------|-----------------------------|------|
| 2. Committee Name     | Mark   | Hackel for County Executive |      |

|   |           | <del></del>  |
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| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3. Contribution # 577 PAC Receipt? ☐ YES 4. Date of Receipt 06/30/2010  | 222.22    |  |
| Name: Mr. Mel Joseph<br>Address: 33816 Jefferson Ave  | 200.00    | 200.00   |
| Saint Clair Shores MI 48082-1171 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation General Manager Employer Kem-Tec Professional Engineers  |           |  |
| Business 22556 Gratiot Ave. Address Eastpointe ML 48021   |           |  |
| Type of Contribution: Direct  |           | ·  |
| 3. Contribution # 578 PAC Receipt? ☐ YES 4. Date of Receipt 06/30/2010  Name: Mr. J. M Jung   | 500.00    | 500.00   |
| Address: 963 Lake Park Drive  |           |  |
| Birmingham MI 48009  5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Owner Employer Michigan CAT  |           |  |
| Business 24800 Novi Rd. Address Novi Mt 48375   |           |  |
| Type of Contribution: Direct  |           |  |
| 3. Contribution # 579 PAC Receipt? D YES 4. Date of Receipt 06/30/2010  | 500.00    | 500.00   |
| Name: Mr. Robert S Kehrig Address: 9691 Dixie Hwy   | 300.00    | 500.00   |
| Fair Haven MI 48023-2323 5. If over \$100.00 cumulative, please provide:  |           | -  |
| Occupation Owner Employer Kehrig Steel  |           |  |
| Business 9729 Marine City Highway   |           |  |
| Address <u>Fair Haven MI 48023</u> Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  |           |  |
| 3. Contribution # 580 PAC Receipt? ☐ YES 4. Date of Receipt 06/30/2010  |           |  |
| Name: Mr. Nafa M Khalaf<br>Address:6522 John R. Rd.   | 500.00    | 500.00   |
| Troy MI 48085 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Owner Employer Detroit Contracting Inc.  |           |  |
|   |           |  |
| Business Address 535 Griswold St Ste 2550 Detroit MI_48226-9702   |           |  |
| Type of Contribution: Direct D Loan from a person D Fund Raiser   | -         |  |
| Page Subtotal   | 1700.00   |  |
| Grand Total of All Schedules 1A (Complete on last page of Schedule)   |           |  |

| 1. Committee I.D. Number | 013853-3 |
|--------------------------|----------|
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2. Committee Name Mark Hackel for County Executive

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|---|-----------|--|
| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt ) |
| 3. Contribution # 581 PAC Receipt? D YES 4. Date of Receipt 06/30/2010  | 070.00    |  |
| Name: Nineveh Korkis  | 250.00    | 250.00   |
| Address: 38316 Yonkers Dr   |           |  |
| Sterling Heights MI 48310-3459 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Attorney Employer Korkis Law Group   |           |  |
| Business Ste 322 Address Dearborn MI 48126-3584   |           |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 582 PAC Receipt? ☐ YES 4. Date of Receipt 06/30/2010  Name: Mr. Larry M Kuzak   | 500.00    | 500.00   |
| Address: 2544 Summerlin Ct  |           |  |
| Rochester MI 48306-2290 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation CFO Employer Contemporary Medical Informati  | •         |  |
|   |           |  |
| Business 5640 Saint Jean St<br>Ste 270<br>Address Detroit MI 48213-3415   |           |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 583 PAC Receipt?   YES 4. Date of Receipt 06/30/2010  |           |  |
| Name: Mr. Fred Lowry  | 50.00     | 50.00  |
| Address: 29536 Bonnie Dr  |           |  |
| Warren MI 48093-3550  |           |  |
| 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Employer   |           |  |
| Business<br>Address   |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 584 PAC Receipt? D YES 4. Date of Receipt 06/30/2010  |           |  |
| Name: Mrs. Patricia A Martin  | 500.00    | 500.00   |
| Address: 17756 Smith St   |           |  |
| Riverview MI 48193-4743   |           |  |
| 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Owner Employer 21 Century  |           |  |
| Business<br>Address   |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
|   |           |  |
| Page Subtotal   | 1300.00   |  |
| Grand Total of All Schedules 1A   |           |  |
| (Complete on last page of Schedule)   |           |  |

| 1. Committee I.D. Nui | mber _ | 013853-3                    |
|-----------------------|--------|-----------------------------|
| 2. Committee Name     | Marl   | Hackel for County Executive |

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt ) |
|--|-----------|---|
| 3. Contribution # 585 PAC Receipt? X YES 4. Date of Receipt 06/30/2010  Name: Michigan Regional Council of Carpenters (M.R.C.C.)  Address: 3800 Woodward Ave Ste 1200 Detroit MI 48201-2062  5. If over \$100.00 cumulative, please provide:   | 2000.00   | 2000.00   |
| OccupationEmployer   |           |   |
| 3. Contribution # 586 PAC Receipt? □ YES 4. Date of Receipt 06/30/2010  Name: Mr. Patrick L Mullin  Address: 3040 Cady Dr  Brighton MI 48114-8690  5. If over \$100.00 cumulative, please provide:  Occupation Sales Rep Employer Michigan CAT  Business 12550 23 Mile Rd  | 500.00    | 500.00  |
| Address Shelby Township MI 48315-2600.  Type of Contribution:  Direct  | 500.00    | 500.00  |
| White Lake MI 48346  5. If over \$100.00 cumulative, please provide:  Occupation Sales Employer Mark Industries  Business Address Address White Lake MI 48346  |           |   |
| Type of Contribution: Direct Dean from a person Defined Raiser  3. Contribution # 588 PAC Receipt? PYES 4. Date of Receipt O6/30/2010  Name: Ms. Carol Rivetto Address: 32836 Rugby Dr  Warren MI 48088-1365  5. If over \$100.00 cumulative, please provide: Occupation Employer  | 100.00    | 100.00  |
| Business Address  Type of Contribution:  Direct  |           |   |
| Page Subtotal  Grand Total of All Schedules 1A  (Complete on last page of Schedule)  | 3100.00   |   |

| 1. Committee I.D. Number | 013853-3 |  |
|--------------------------|----------|--|
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2. Committee Name Mark Hackel for County Executive

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|--|-------------|--|
| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount. | 6. Amount   | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3. Contribution # 589 PAC Receipt? D YES 4. Date of Receipt 06/30/2010   | 300.00      | 300.00   |
| Name: Mr. Mark Salvatore Address: 28379 Emerald Ct   |             |  |
| Chesterfield MI 48047-5254  5. If over \$100.00 cumulative, please provide:  |             |  |
| Occupation Owner Employer Salvator Excavating  |             |  |
| Business 29850 Little Mack Ave Address Roseville Mt. 48066-2256  |             |  |
| Type of Contribution: Direct Loan from a person Fund Raiser  |             |  |
| 3. Contribution # 590 PAC Receipt? II YES 4. Date of Receipt 06/30/2010  Name: Mr. Jeffrey Sangster  | 500.00      | 900.00   |
| Address: 22674 Bayview Dr  |             |  |
| Saint Clair Shores MI 48081-2447 5. If over \$100.00 cumulative, please provide:   |             |  |
| Occupation Attorney Employer Kutz, Sangster  |             |  |
| Business Address 400 Renaissance Ctr . Ste 3400 . Detroit MI 48243-1618  |             |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  |             |  |
| 3. Contribution # 591 PAC Receipt? ☐ YES 4. Date of Receipt 06/30/2010   | 500.00      | 500.00   |
| Name: Mr. Michael Santi  |             |  |
| Address:4936 Deepwood Dr   |             |  |
| Troy Mi 48098-4198 5. If over \$100.00 cumulative, please provide:   |             |  |
| Occupation Owner Employer Nagle Paving   |             |  |
| Business 39525 W 13 Mile Rd Address Novi MI 48377-2363   |             |  |
| Type of Contribution: 🛛 Direct 🔲 Loan from a person 🔲 Fund Raiser  |             |  |
| 3. Contribution # 592 PAC Receipt? ☐ YES 4. Date of Receipt 06/30/2010   | 500.00      | 500.00   |
| Name: Mr. Frank Torre Address: 850 Featherstone St   | 300.00      | 300.00   |
| Pontiac MI 48342-1723 5. If over \$100.00 cumulative, please provide:  |             |  |
| Occupation President Employer Torre & Bruglio  |             |  |
| Business 850 Featherstone St   |             |  |
| Address Pontiac MI 48342-1723  |             |  |
| Type of Contribution: Direct Loan from a person Fund Raiser  |             |  |
| Page Subtotal  | 1800.00     |  |
| Grand Total of All Schedules 1A<br>(Complete on last page of Schedule)   |             |  |

| 1. Committee I.D. Num | nber _ | 013853-3                      | ····· |
|-----------------------|--------|-------------------------------|-------|
| 2. Committee Name     | Mark   | K Hackel for County Executive |       |

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
|---|-----------|--|
| 3. Contribution # 593 PAC Receipt? ☐ YES 4. Date of Receipt 06/30/2010  | 180.00    | 791.00   |
| Name: Mr. Vince Viviano   | 100.00    | 797.00   |
| Address:6705 St. Andrews Dr.  |           |  |
| Shelby Township MI 48316 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Finance Director Employer Mark Hackel for County Executi   |           |  |
| Business 50704 Schoenherr Rd Address Shelby Township MI 48315-3137  |           |  |
| Type of Contribution: Direct  |           |  |
| 3. Contribution # 594 PAC Receipt? ☐ YES 4. Date of Receipt 06/30/2010  | 500.00    | E00.00   |
| Name: Mr. Matthew J Wenzler   | 00.00     | 500.00   |
| Address:410 Hillcrest Ave   |           |  |
| Grosse Pointe Farms MI 48236-2920  5. If over \$100.00 cumulative, please provide:  Occupation Vice President Sales/- Employer Secure-24 Inc.   |           |  |
| Business 29355 Northwestern Hwy Address Southfield Mt 48034-1053  |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 595 PAC Receipt? ☐ YES 4. Date of Receipt 06/30/2010  | 50.00     | 50.00  |
| Name: Mr. Bob W Zacklan<br>Address:11363 Coolidge Ave   | 50.00     | 50.00  |
|   |           |  |
| Warren MI 48089-1806 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Employer   |           |  |
| Business<br>Address   |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 596 PAC Receipt?   YES 4. Date of Receipt 07/01/2010  |           |  |
| Name: Mr. Keith J Alexander Address: 2655 Lake George Rd  | 300.00    | 300.00   |
| 1   |           |  |
| Oxford MI 48370-2406 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Owner Employer Wholesale Trees LLC   |           |  |
| Business 17 S Washington St Ste 2   |           |  |
| Address Oxford MI 48371-6422  Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| Typo of Ostratosaton. 22 Direct. L. Contribute a person. L. Fund Naiser   |           |  |
| Page Subtotal   | 1030.00   |  |
| Grand Total of All Schedules 1A   |           |  |
| (Complete on last page of Schedule)   | L         | 1  |

| 1. Committee I.D. Nur | mber _ | 013853-3                      |  |
|-----------------------|--------|-------------------------------|--|
| 2. Committee Name_    | Mark   | K Hackel for County Executive |  |

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|---|-----------|--|
| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3. Contribution # 597 PAC Receipt? ☐ YES 4. Date of Receipt 07/01/2010  | 200.00    | 200.00   |
| Name: Mr. Philip M Brecht   | 200.00    | 200.00   |
| Address:890 Harding Ave   |           |  |
| Rochester Hills MI 48307-2510 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Owner Employer Green Giant Lawn Enhancement L  |           |  |
| Business 52759 Lembke Dr Address Littica Mt 48315   |           |  |
| Type of Contribution:  Direct   |           | '  |
| 3. Contribution # 598 PAC Receipt? ☐ YES 4. Date of Receipt 07/01/2010  | 400.00    | 100.00   |
| Name: Mr. J. Martin Brennan   | 100.00    | 100.00   |
| Address:515 Old Perch Rd  |           |  |
| Rochester Hills MI 48309-2143 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Employer   |           |  |
| Business<br>Address   |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 599 PAC Receipt? ☐ YES 4. Date of Receipt 07/01/2010  | 500.00    | E00.00   |
| Name: Mr. James A Brown Jr., Jr. Address:30100 Rock Creek Dr  | 300.00    | 500.00   |
| Southfield MI 48076-5356 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Manager Employer Cannon Engineering & Equipment  |           |  |
| Business 51761 Danview Technology Ct  |           |  |
| Address Shelby Township ML 48315-2752   |           |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser  3. Contribution # 600 PAC Receipt? ☐ YES 4. Date of Receipt 07/01/2010   |           |  |
| · · · · · · · · · · · · · · · · · · ·   | 100.00    | 100.00   |
| Name: Mr. Anthony Dabaldo   |           |  |
| Address: 60038 Cottage Mill Dr  |           |  |
| Washington MI 48094-3778  5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Employer   |           |  |
| Business<br>Address   |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| Page Subtotal   | 900.00    |  |
| Grand Total of All Schedules 1A   |           |  |
| (Complete on last page of Schedule)   |           |  |

| 1. Committee I.D. Nun | nber _ | 013853-3                      |  |
|-----------------------|--------|-------------------------------|--|
| 2. Committee Name     | Mark   | k Hackel for County Executive |  |

|  | [         |  |
|--|-----------|--|
| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3. Contribution # 601 PAC Receipt? X YES 4. Date of Receipt 07/01/2010   | 000.00    | 000.00   |
| Name: Fifth Third Bancorp PAC Address:500 E Walnut St  | 200.00    | 200.00   |
| Columbus OH 43215-5321  5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Employer  |           |  |
| Business<br>Address  |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  |           |  |
| 3. Contribution # 602 PAC Receipt? ☐ YES 4. Date of Receipt 07/01/2010   | 75.00     | 75.00  |
| Name: Mr. Bryan Kearis Address:46914 Woodbend Ct   |           |  |
| Northville MI 48167-1785  5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Employer  |           |  |
| Business<br>Address  |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  |           |  |
| 3. Contribution # 603 PAC Receipt? ☐ YES 4. Date of Receipt 07/01/2010   | 1700.00   | 1700.00  |
| Name: Mr. Salvatore Lagrasso Address:53920 Dominique Ct  | 1100.00   | 1700.00  |
| Shelby Township MI 48315-1782  5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation President Employer United Lawnscape, Inc.   |           |  |
| Business 62170 Van Dyke Rd   |           |  |
| Address Washington ML 48094-1639   |           |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser  |           |  |
| 3. Contribution # 604 PAC Receipt?   YES  4. Date of Receipt  07/01/2010   | 100.00    | 100.00   |
| Name: Mr. Mark G Langwerowski  |           |  |
| Address: 5135 Kierstan Dr  |           |  |
| Brighton MI 48114-6015 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Employer  | 1         |  |
| Business Address   |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  |           |  |
| Page Subtotal  | 2075.00   |  |
| Grand Total of All Schedules 1A (Complete on last page of Schedule)  |           |  |

### SCHEDULE 1A CANDIDATE COMMITTEE

| 1. Committee I.D. Number _ |      | 013853-3              |        |
|----------------------------|------|-----------------------|--------|
| 2. Committee Name          | Mark | Hackel for County Exe | cutive |

|  | Ī         |  |
|--|-----------|--|
| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.  | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3. Contribution # 605 PAC Receipt?   YES 4. Date of Receipt 07/01/2010   | 300.00    | 300.00   |
| Name: Mr. James J Matusik  |           |  |
| Address:4168 Oak Tree Cir  |           |  |
| Rochester MI 48306-4661 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Owner Employer Tree Connection Inc.   |           |  |
| Business 4168 Oak Tree Cir Address Rochester Mt 48306-4661   |           | :  |
| Address Rochester MI 48306-4661  Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 606 PAC Receipt?  YES 4. Date of Receipt 07/01/2010  |           |  |
| •  | 50.00     | 50.00  |
| Name: Mr. Keith G Maziasz  |           |  |
| Address: 5306 Greendale Dr   |           |  |
| Troy MI 48085-3476 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Employer  |           |  |
| Business<br>Address  |           | :  |
| Type of Contribution:  Direct  Loan from a person  Fund Raiser   |           |  |
| 3. Contribution # 607 PAC Receipt? ☐ YES 4. Date of Receipt 07/01/2010   |           |  |
| Name: Mr. Lawrence E Pfahlert, Jr.   | 200.00    | 500.00   |
| Address: 53777 Regency Hills Ct  |           |  |
|  |           |  |
| Shelby Township MI 48316-2048  5. If over \$100.00 cumulative, please provide:  Occupation   Independent Insurance   Employer   Lucido Insurance   |           |  |
| Business 39999 Garfield Rd Ste 100 Cliato Two MI 48038-4098  |           |  |
| Califical 1 (4) - 1(1) - 7(1)(1) - 7 |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  3. Contribution # 608 PAC Receipt? ☐ YES 4. Date of Receipt 07/01/2010  |           |  |
|  | 250.00    | 250.00   |
| Name: Mr. Jim Riehl  |           |  |
| Address: 49446 Goulette Pointe Dr  |           |  |
| New Baltimore Mi 48047-4330 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Owner Employer Jim Riehl Friendly Auto Group  |           |  |
| Business 18900 Hall Rd   |           |  |
| Address Clinton Township MI 48038-6909   |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  |           |  |
| Page Subtotal  | 800.00    |  |
| Grand Total of All Schedules 1A<br>(Complete on last page of Schedule)   |           |  |
| (Complete of least page of conducte)   |           | J  |

| 1. Committee I.D. Number | 013853-3 |             |
|--------------------------|----------|-------------|
|                          |          | <del></del> |

2. Committee Name Mark Hackel for County Executive

|   | <del></del> | , <del></del>  |
|---|-------------|--|
| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount   | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3. Contribution # 609 PAC Receipt? ☐ YES 4. Date of Receipt 07/01/2010  | 50.00       | 50.00  |
| Name: Mr. Steven A Siman  | 00.00       | 30.00  |
| Address: 3801 Lincoln Rd  |             |  |
| Bloomfield Hills MI 48301-3962 5. If over \$100.00 cumulative, please provide:  |             |  |
| OccupationEmployer  |             |  |
| Business<br>Address   |             |  |
| Type of Contribution: Direct  |             |  |
| 3. Contribution # 610 PAC Receipt? ☐ YES 4. Date of Receipt 07/01/2010  | 500.00      | 500.00   |
| Name: Mr. John P Sinishtaj  | 500.00      | 500.00   |
| Address:54218 Lily Dr   |             |  |
| Macomb MI 48042-2256  |             |  |
| 5. If over \$100.00 cumulative, please provide:   |             |  |
| Occupation Owner Employer MJ Natural INC DBA Natural Pai  |             |  |
| Business 11280 Pemberton Dr   |             |  |
| Address Sterling Heights MI 48312-2067  | 1           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   | ·           |  |
| 3. Contribution # 611 PAC Receipt? II YES 4. Date of Receipt 07/01/2010   |             |  |
| Name: Mr. Gregory T Sudderth  | 150.00      | 150.00   |
| Address: 67260 Hidden Oak Ln  |             | 1  |
| 150   |             |  |
| Washington MI 48095-1833 5. If over \$100.00 cumulative, please provide:  |             |  |
| Occupation Owner Employer Sterling Financial Group Servi  |             | 1  |
| Business 42855 Garfield Rd  |             |  |
| Address Ste 117 Clinton Township Mt 48038-5027  |             |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |             |  |
| 3. Contribution # 612 PAC Receipt? ☐ YES 4. Date of Receipt 07/01/2010  |             |  |
| Name: Terry Trost   | 100.00      | 100.00   |
| Address: 215 Brown Rd   |             |  |
| Lake Orion MI 48359-2122  |             |  |
| 5. If over \$100.00 cumulative, please provide:   |             |  |
| OccupationEmployer_   |             |  |
|   |             |  |
| Business Address  |             |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |             |  |
| Page Subtotal   | 800.00      |  |
| -   | 000.00      |  |
| Grand Total of All Schedules 1A (Complete on last page of Schedule)   |             |  |
|   |             |  |

| 1. Committee I.D. Number | 013853-3 |   |
|--------------------------|----------|---|
|                          |          | _ |

2. Committee Name Mark Hackel for County Executive

|   | T 21/ 12  |  |
|---|-----------|--|
| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.   | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through |
| 3. Contribution # 613 PAC Receipt?   YES  4. Date of Receipt  07/01/2010  |           | date of receipt )  |
| Name: Mr. John A Wernis   | 1700.00   | 1700.00  |
| Address: 7242 Franpton Dr. W.   | ]         |  |
| Washington MI 48095 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation President Employer United Lawnscape, Inc.  |           |  |
| C0470.V D. I D. I   |           |  |
| Business 62170 Van Dyke Rd<br>Address Washington MI 48094-1630  |           |  |
|   |           |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser  3. Contribution # 614 PAC Receipt? ☐ YES 4. Date of Receipt ☐ 07/01/2010   |           |  |
| 3. Contribution # 614 PAC Receipt?   YES 4. Date of Receipt 07/01/2010  | 200.00    | 200.00   |
| Name: Mr. Raymond Wiegand Jr., Jr.  | 200.00    | 200.00   |
| Address:66201 Lowe Plank Rd   |           |  |
| Lenox MI 48050-1819   |           |  |
| 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Owner/Management Employer Ray Wiegand's Nursery Inc.   |           |  |
|   | :         |  |
| Business 47747 Romeo Plank Road   |           |  |
| Address Macomb MI 48044   |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 615 PAC Receipt? ☐ YES 4. Date of Receipt 07/02/2010  |           |  |
| Name: Mr. Devin Benner  | 500.00    | 500.00   |
| Address:41 Oakdale Blvd   |           |  |
| Pleasant Ridge MI 48069-1033  |           |  |
| 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation CEO Employer Blaze Contracting, Inc.   |           |  |
| Business 23461 Guentler   |           |  |
| Address Warren ML 48091   |           |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 616 PAC Receipt?   YES 4. Date of Receipt 07/02/2010  |           |  |
| Name: Mr. Larry Hudas   | 500.00    | 500.00   |
| ·   |           | 000,00   |
| Address:4621 Twin Fawn Ln   |           |  |
| Orchard Lake MI 48324-3091 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Insurance Sales Employer AON Risk Services   |           |  |
|   |           |  |
| Business 3000 Town Ctr Address Southfield Mt 48075-1102   |           |  |
| Taracto de la constanta de la |           |  |
| Type of Contribution: Direct  |           |  |
|   |           |  |
| Page Subtotal   | 2900.00   |  |
| Grand Total of All Schedules 1A   |           |  |
| (Complete on last page of Schedule)   |           |  |
| •   |           |  |

| 1. Committee I.D. Nu | mber _ | 013853-3                    |  |
|----------------------|--------|-----------------------------|--|
| 2. Committee Name    | Mark   | Hackel for County Executive |  |

|   | ï         |  |
|---|-----------|--|
| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3. Contribution # 617 PAC Receipt?   YES 4. Date of Receipt 07/02/2010  | E00.00    | F00.00   |
| Name: Ms. Stephanie Najor<br>Address:28598 Bristol Ct   | 500.00    | 500.00   |
| Farmington Hills MI 48334-2911  5. If over \$100.00 cumulative, please provide:  Occupation Insurance/Credit Card Employer Najor Financial Group  |           |  |
| Business Address Farmington Hills MI 48334-2911   |           |  |
| Type of Contribution: Direct Loan from a person Fund Raiser   |           |  |
| 3. Contribution # 618 PAC Receipt? X YES 4. Date of Receipt 07/02/2010  | 400.00    | 3400.00  |
| Name: Plunkett Cooney P.C. Political Action Committee   |           | 0.00,00  |
| Address:38505 Woodward Ave  |           |  |
| Ste 2000 Bloomfield Hills MI 48304-5096 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Employer   |           |  |
| Business Address  |           |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 619 PAC Receipt? ☐ YES 4. Date of Receipt 07/06/2010  | 100.00    | 100.00   |
| Name: Mr. James L Cattaneo  | 100.50    | 100.00   |
| Address: 20360 Drummond Bay   |           |  |
| Clinton Township MI 48038-1468 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Employer   |           |  |
| Business<br>Address   |           |  |
| Type of Contribution: 🛛 Direct 🔲 Loan from a person 🔲 Fund Raiser   |           |  |
| 3. Contribution # 620 PAC Receipt? D YES 4. Date of Receipt 07/06/2010  | 400.00    | 400.00   |
| Name: Mr. Gerald Chyz<br>Address: 19015 Bedford Dr  | 100.00    | 100.00   |
| Clinton Township MI 48038-4973  5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Employer   |           |  |
|   |           |  |
| Business Address  |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| Page Subtotal   | 1100.00   |  |
| Grand Total of All Schedules 1A (Complete on last page of Schedule)   |           |  |

| 1. Committee I.D. Number | 013853-3                      |  |
|--------------------------|-------------------------------|--|
| 2. Committee NameMar     | k Hackel for County Executive |  |

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
|--|-----------|--|
| 3. Contribution # 621 PAC Receipt? ☐ YES 4. Date of Receipt 07/06/2010  Name: Mr. Neal Crain   | 100.00    | 100.00   |
| Address: 37891 Huron Pt.   |           |  |
| Harrison Township MI 48045  5. If over \$100.00 cumulative, please provide:  |           |  |
| OccupationEmployer   |           |  |
| Business<br>Address  |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  |           |  |
| 3. Contribution # 622 PAC Receipt? D YES 4. Date of Receipt 07/06/2010   | 1000.00   | 1000.00  |
| Name: Mr. Frederick R Darter   | 1000.00   | 1000.00  |
| Address: 2083 Bonnie Brae St   |           |  |
| Rochester Hills MI 48309-2973  5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation CEO Employer Rave Computer Association  |           |  |
| Business 7171 Sterling Ponds Ct Address Sterling Heights MI 48312-5813   |           |  |
| Address Sterling Heights MI 48312-5813  Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  |           |  |
| 3. Contribution # 623 PAC Receipt? D YES 4. Date of Receipt 07/06/2010   |           |  |
| Name: Mr. James E Friedrich Address: 37908 Huron Pointe Dr   | 25.00     | 25.00  |
| Harrison Township MI 48045-2829 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Employer_   |           |  |
| Business<br>Address  |           |  |
| Type of Contribution: 🖾 Direct 🔲 Loan from a person 🔲 Fund Raiser  |           |  |
| 3. Contribution # 624 PAC Receipt? ☐ YES 4. Date of Receipt 07/06/2010   | 50.00     | 50.00  |
| Name: Mr. Gregory Grenier Address:16706 Forestview Dr  | 50.00     | 50.00  |
| Clinton Township MI 48036-1611   |           |  |
| 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Employer  |           |  |
| Business<br>Address  |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  |           |  |
| Page Subtotal  | 1175.00   |  |
| Grand Total of All Schedules 1A (Complete on last page of Schedule)  |           |  |

| 1. Committee I.D. Nur | nber _ | 013853-3                      |
|-----------------------|--------|-------------------------------|
| 2. Committee Name _   | Marl   | k Hackel for County Executive |

|   | 1 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 | 1  |
|---|---|--|
| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount                               | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3. Contribution # 625 PAC Receipt? ☐ YES 4. Date of Receipt 07/06/2010  | 100.00                                  | 100.00   |
| Name: Mr. Darrell L Johnson   | 100.00                                  | 100.00   |
| Address: 29486 Ashland Ave Apt 304 Harrison Township MI 48045-2298  5. If over \$100.00 cumulative, please provide:   |   |  |
| Occupation Employer   |   |  |
|   |   |  |
| Business<br>Address   |   |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |   |  |
| 3. Contribution # 626 PAC Receipt? ☐ YES 4. Date of Receipt 07/06/2010  | 4000.00                                 | 4000.00  |
| Name: Mr. Ronald C Lamparter  | 1000.00                                 | 1000.00  |
| Address:665 Lake Shore Rd.  |   |  |
| Sterling Heights MI 48236 5. If over \$100.00 cumulative, please provide:   |   |  |
| Occupation President Employer L-Tech Holdings   |   |  |
| Business 7205 Sterling Ponds Ct   |   |  |
| Address Sterling Heights ML 48312-5813  |   |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |   |  |
| 3. Contribution # 627 PAC Receipt? ☐ YES 4. Date of Receipt 07/06/2010  | 200.00                                  | 200.00   |
| Name: Mr. Amante Lanzon   |   |  |
| Address:37741 Huron Pointe Dr   |   |  |
| Harrison Township MI 48045-2826 5. If over \$100.00 cumulative, please provide:   |   |  |
| Occupation President Employer Detroit Boiler Co.  |   |  |
| Business 2931 Beaufait St   |   |  |
| Address Detroit MI 48207-3401   |   |  |
| Type of Contribution: Direct  | <u></u>                                 |  |
| 3. Contribution # 628 PAC Receipt? ☐ YES 4. Date of Receipt 07/06/2010  | 100.00                                  | 100,00   |
| Name: Ms. Victoria Mattia   | :                                       |  |
| Address:41531 Belvidere St  |   |  |
| Harrison Township MI 48045-1407  5. If over \$100.00 cumulative, please provide:  |   |  |
| Occupation Employer   |   |  |
| Business<br>Address   |   |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |   |  |
| Page Subtotal   | 1400.00                                 |  |
| Grand Total of All Schedules 1A   |   |  |
| (Complete on last page of Schedule)   |   | J  |

Type of Contribution: 

Direct

3. Contribution # 632

Business Address

Address

Occupation

Business Address

#### **ITEMIZED CONTRIBUTIONS** SCHEDULE 1A CANDIDATE COMMITTEE

Loan from a person

Harrison Township MI 48045-2802

5. If over \$100.00 cumulative, please provide:

| 1. Committee I.D. Number | 013853-3 |
|--------------------------|----------|
|                          |          |

| CANDIDATE COLLEGE   | nittee I.D. Number 013853-3  nittee Name Mark Hackel for County | Executive  |
|---|---|--|
| Enter contributor's name and address. If contribution if from an individual and the amount more, enter last name, first name, middle initial. Check box to indicate if contribution is for Committee or an Independent Committee. (PAC) Report all contributions from committee amount. | rom a Political   | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt ) |
| 3. Contribution # 629 PAC Receipt? ☐ YES 4. Date of Receipt 07  | 7/06/2010   | data of receipt )  |
| Name: Mr. James A Ratza<br>Address:38357 Huron Pointe Dr  | 40.00   | 40.00  |
| Harrison Township MI 48045-2838  5. If over \$100.00 cumulative, please provide:  |   |  |
| Occupation Employer   |   |  |
| Business Address  |   |  |
| Type of Contribution: 🛛 Direct 🔲 Loan from a person 🔲 Fe  | und Raiser  |  |
|   | 7/06/2010   |  |
| Name: Mr. Ralph T Rogers Address:37901 Huron Pte. Dr. Harrison Twp. Ml 48045 5. If over \$100.00 cumulative, please provide:  | 10.00   | 10.00  |
| Occupation Employer_  |   |  |
| Business<br>Address   |   |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fu  | und Raiser  |  |
|   | /06/2010  |  |
| Name: Mr. Roy C Rose<br>Address:55620 Woodridge Rd.   | 300.00  | 1000.00  |
| Shelby Township MI 48316 5. If over \$100.00 cumulative, please provide:  |   |  |
| Occupation Civil Engineer Employer Anderson, Eckstein & West  | rick,   |  |
| Business 51301 Schoenherr Rd Address Shelby Township Mt. 48315-2733   |   |  |
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   | ınd Raiser  |  |
|   | /06/2010  |  |
| Name: Mr. Daniel R Shunk  | 50.00   | 50.00  |
| Address:38863 E Archer Dr   |   |  |

Page Subtotal 400.00 Grand Total of All Schedules 1A (Complete on last page of Schedule)

☐ Fund Raiser

Enter this total on line 3a of Summary Page

\_Employer\_

| 1. Committee I.D. Number _ | 013853-3                    |
|----------------------------|-----------------------------|
| 2. Committee Name Mark     | Hackel for County Executive |

|  | <del>2</del> |  |
|--|--------------|--|
| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.  | 6. Amount    | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through |
| 3. Contribution # 633 PAC Receipt?   YES 4. Date of Receipt 07/06/2010   |              | date of receipt )  |
| Name: Mr. Art Sommers  | 200.00       | 200.00   |
| Address:32681 N River Rd   |              |  |
| Harrison Township MI 48045-1487  5. If over \$100.00 cumulative, please provide:  Occupation Self Employed Employer Sommers Marine   |              |  |
| Business 41700 Conger Bay Dr Address Harrison Turn MI 40045 4400   |              |  |
| Tallian   Wp   M  48/145-1432  |              |  |
| 2 Contribution # 004   |              |  |
| 1. Bate of Necespt 07700/2010  | 310.00       | 1404.00  |
| Name: Mr. Vince Viviano Address:6705 St. Andrews Dr.   | 310.00       | 1101.00  |
|  |              |  |
| Shelby Township MI 48316 5. If over \$100.00 cumulative, please provide:   |              |  |
|  |              |  |
| Face to the second seco |              |  |
| Business 50704 Schoenherr Rd Address Shelby Toyrophia MI 48245 2427  | İ            |  |
| Time of Control (17) (17) (17) (17) (17) (17) (17) (17)  |              |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  3. Contribution # 635 PAC Receipt? ☐ YES 4. Date of Receipt ☐ 07/06/2010  |              |  |
| Name: Mr. Angelo G Zervos  | 300.00       | 300.00   |
| Address: 1805 S Eton St.   |              | 300.00   |
|  |              |  |
| Birmingham MI 48009-7287  5. If over \$100.00 cumulative, please provide:  |              |  |
| Occupationinsurance Company Own EmployerZervos Group Inc.  |              |  |
| 04704 5  |              |  |
| Business 24724 Farmbrook Rd Address Southfield MI 48034-1211   |              | ·  |
| Tipo of O-administration (vi) 490.54-171]  |              |  |
| 3. Contribution # 636 PAC Receipt? □ YES 4. Date of Receipt 07/09/2010   |              |  |
| Name: Mr. Paul C Jankowski, Jr.  | 100.00       | 100.00   |
| Address:6939 19 Mile Rd  |              | 100.00   |
| Sterling Heights MI 48314-3209 5. If over \$100.00 cumulative, please provide:   |              |  |
|  |              |  |
| OccupationEmployer   |              |  |
| Business Address   |              |  |
| Type of Contribution:  Direct  |              |  |
|  |              | <u>-</u>   |
| Page Subtotal  | 910.00       |  |
| Grand Total of All Schedules 1A  |              |  |
| (Complete on last page of Schedule)  |              |  |
|  | •            |  |

| 1. Committee I.D. Number | 013853-3                    |
|--------------------------|-----------------------------|
| 2. Committee Name Mark   | Hackel for County Executive |

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.  3. Contribution # 637 PAC Receipt?   YES 4. Date of Receipt 07/12/2010 | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
|---|-----------|--|
| Name: Mrs. Jacklyn A Ellis  PAC Receipt?  YES  4. Date of Receipt  07/12/2010   | 50.00     |  |
| Address:85 S Wilson Blvd  | 30.00     | 50.00  |
| Mount Clemens MI 48043-2147  5. If over \$100.00 cumulative, please provide:  OccupationEmployer  |           |  |
| Business<br>Address   |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  3. Contribution # 638 PAC Receipt? ☐ YES 4. Date of Receipt 07/13/2010   |           |  |
| Name: Mr. John F MacArthur  Address: 40 W Breitmeyer Pl   | 25.00     | 25.00  |
| Mount Clemens Mi 48043-2137  5. If over \$100.00 cumulative, please provide:  Occupation Employer   |           |  |
| Business<br>Address   |           |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser  3. Contribution # 639 PAC Receipt? ☐ YES A Pate of Receipt ☐ O7/43/9349  |           |  |
| 3. Contribution # 639 PAC Receipt?   YES 4. Date of Receipt 07/13/2010  Name: Mr. James T Mestdagh  Address; 380 Provencal Rd   | 150.00    | 150.00   |
| Grosse Pointe Farms MI 48236-2959  5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Owner/Management Employer Landquest Properties, Inc.   |           |  |
| Business 100 Maple Park Blvd., Ste. 116 Address Saint Clair Shores MI 48081-2200  |           |  |
| Type of Contribution:  Direct   |           |  |
| Name: Mr. Joseph G Arcori   | 300.00    | 300.00   |
| Address:47507 Milonas Dr Shelby Township MI 48315-5037  |           |  |
| 5. If over \$100.00 cumulative, please provide:  OccupationRetiredEmployerRetired   |           |  |
| Business<br>Address MI  |           |  |
| Type of Contribution:   Direct    Loan from a person    Fund Raiser   |           |  |
| Page Subtotal   | 525.00    |  |
| Grand Total of All Schedules 1A<br>(Complete on last page of Schedule)  |           |  |

| 1. Committee I.D. Number | 013853-3 |
|--------------------------|----------|
|                          |          |

| CANDIDATE COMMITTEE 2. Committee Name Mark  | Hackel for County E | xecutive   |
|---|---------------------|--|
| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount           | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3. Contribution # 641 PAC Receipt? D YES 4. Date of Receipt 07/15/2010  |                     | date of receipt )  |
| Name: Mr. Jesse C Berger  | 500.00              | 500.00   |
| Address: 26351 25 Mile Rd   |                     |  |
| Chesterfield MI 48051-1005  5. If over \$100.00 cumulative, please provide:   |                     |  |
| Occupation President Employer Eastern Michigan Kenworth   |                     |  |
| Business 43320 N Gratiot Ave Address Clinton Township Mi 48036-3325   |                     |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser  3. Contribution # 642 PAC Receipt? ☐ YES 4. Date of Receipt 07/15/2010   |                     |  |
| 77 1372010  | 600.00              | 4000.00  |
| Name: James W Galloway, Jr.   | 000.00              | 1800.00  |
| Address:61624 Bunker Hill   |                     |  |
| Washington MI 48094   | [                   |  |
| 5. If over \$100.00 cumulative, please provide:  Occupation Owner Employer Jet's America  |                     |  |
| Occupation Owner Employer Jet's America   |                     |  |
| Business 37501 Mound  |                     |  |
| Address Sterling Heights ML 48310   |                     |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  3. Contribution # 643 PAC Receipt? ☐ YES 4 Date of Receipt ☐ O7/15/2010  |                     |  |
| 7. Date of Necespi  | 200.00              |  |
| Name: Mr. Lawrence G Hurst  | 300.00              | 300.00   |
| Address: 20383 Sunningdale Park   |                     |  |
| Grosse Pointe Woods MI 48236-1663  5. If over \$100.00 cumulative, please provide:  |                     |  |
| Occupation Owner Employer MBM Check cashing   |                     |  |
| Business 11817 E. 8 Mile Rd Address Warren Mt 48089   |                     |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser   |                     |  |
| 3. Contribution # 644 PAC Receipt? ☐ YES 4. Date of Receipt 07/15/2010  |                     |  |
| Name: Robert W Kirk   | 300.00              | 1500.00  |
| Address:37539 Hidden Valley Court   |                     |  |
| Clinton Township MI 48036 5. If over \$100.00 cumulative, please provide:   |                     |  |
| Occupation Attorney Employer Kirk & Huth, P.C.  |                     |  |
| Business 19500 Hall Road Suite 100 Address Clinton Township MI 48038  |                     |  |
| Type of Contributions M. 4003h  |                     |  |
| Type of Contribution: Ma Direct Li Loan from a person   |                     | <u>.</u>   |
| Page Subtotal   | 1700.00             |  |
| Grand Total of All Schedules 1A<br>(Complete on last page of Schedule)  |                     |  |

| 1. Committee I.D. Nun | nber _ | 013853-3       |              |    |
|-----------------------|--------|----------------|--------------|----|
| 2. Committee Name     | Mark   | Hackel for Cou | unty Executi | ve |

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.  | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
|--|-----------|--|
| 3. Contribution # 645 PAC Receipt? ☐ YES 4. Date of Receipt 07/15/2010   |           | date of receipt /  |
| Name: Michael Marcial  | 300.00    | 600.00   |
| Address:42875 Rivergate Dr.  |           |  |
| Clinton Township MI 48038  5. If over \$100.00 cumulative, please provide:  Occupation Self Employed Employer Visions of Paradise Landscapin   |           |  |
| Business 54001 Van Dyke Ave  | İ         |  |
| Address Shelby Township MI 48316-1872  |           |  |
| Type of Contribution: Direct   |           |  |
| 3. Contribution # 646 PAC Receipt? ☐ YES 4. Date of Receipt 07/15/2010   | 200.00    |  |
| Name: Mr. Rodney A Mersino, Jr., Jr.<br>Address:5847 Paderock Rd   | 600.00    | 600.00   |
| Ortonville MI 48462-9607   |           |  |
| 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Owner Employer Mersino Dewatering   |           |  |
| Business 10162 East Coldwater Road Address Davison MI 48423 9509   |           |  |
| Uavisur Wi -40423-0090   |           |  |
| Type of Contribution:     ☑     Direct     ☐     Loan from a person     ☐     Fund Raiser       3. Contribution # 647     PAC Receipt?     ☐     YES     4. Date of Receipt     07/15/2010   |           | <del></del>  |
| Name: Mr. Kurt J Saldana   | 1000.00   | 1000.00  |
| Address: 61347 Miriam Dr   |           |  |
|  |           |  |
| Washington MI 48094-1419 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation President Employer DTI Logo   |           |  |
|  |           |  |
| Business 32969 Glendale Avenue Address Livopia MI 48150  |           |  |
| The state of the s |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  3. Contribution # 648 PAC Receipt? ☐ YES 4. Date of Receipt ☐ 07/15/2010  |           |  |
| 1.54.0 07.103.0 pt. 07779/2010   | 300.00    | 1300.00  |
| Name: Mr. Paul J Torres  | 000.00    | 1300.00  |
| Address:37230 Willow Lane  |           |  |
| Clinton Township MI 48036 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Vice President Employer MRC Industries  |           |  |
| Business 28117 Groesbeck Hwy. Address Roseville MI 48066   |           |  |
| Type of Contribution:  Direct  |           |  |
| Tunu Kalser  |           |  |
| Page Subtotal  | 2000.00   |  |
|  | 2200.00   |  |
| Grand Total of All Schedules 1A (Complete on last page of Schedule)  |           |  |
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| 1. Committee I.D. Nur | nber _ | 013853-3                    |
|-----------------------|--------|-----------------------------|
| 2. Committee Name     | Mark   | Hackel for County Executive |

|   | 1         | I   |
|---|-----------|---|
| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
| 3. Contribution # 649 PAC Receipt? ☐ YES 4. Date of Receipt 07/15/2010  | 000.00    | F=0.00  |
| Name: Mr. Joseph Vicari   | 300.00    | 550.00  |
| Address: 37523 Hidden Valley Ct.  |           |   |
| Clinton Twp. MI 48036 5. If over \$100.00 cumulative, please provide:   |           |   |
| Occupation Owner Employer Andiamo Restaurant Group  |           |   |
| Business 7096 East 14 Mile Road Address Warren MI 48092   |           |   |
| Type of Contribution:  Direct  Loan from a person  Fund Raiser  |           |   |
| 3. Contribution # 650 PAC Receipt? ☐ YES 4. Date of Receipt 07/16/2010  |           |   |
| Name: Mr. Michael A Basone  | 300.00    | 300.00  |
| Address:53980 Trent River Dr.   |           |   |
| Utica MI 48315 5. If over \$100.00 cumulative, please provide:  |           |   |
| Occupation President Employer Tony Dee Inc.   |           |   |
| Durling   |           |   |
| Business Address  |           |   |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |   |
| 3. Contribution # 651 PAC Receipt?   YES 4. Date of Receipt 07/16/2010  | 300.00    | 300.00  |
| Name: Mr. Alexander V Bogaerts  | 300.00    | 300.00  |
| Address: 100 Woodland Villa Ct  |           |   |
| Birmingham MI 48009-1632 5. If over \$100.00 cumulative, please provide:  |           |   |
| Occupation Architect Employer Alexander V. Bogaerts & Associ  |           |   |
| Business 2445 Franklin Road   |           |   |
| Address Bloomfield Hills ML 48302-0336  |           |   |
| Type of Contribution: Direct Loan from a person Fund Raiser   |           |   |
| 3. Contribution # 652 PAC Receipt? ☐ YES 4. Date of Receipt 07/16/2010  | 300.00    | 300.00  |
| Name: Mrs. Fara Cavaliere Address:715 Lake Shore Rd   | 300.00    | 000.00  |
| Grosse Pointe Shores MI 48236-1754  |           |   |
| 5. If over \$100.00 cumulative, please provide:   |           |   |
| Occupation Homemaker Employer Homemaker   |           |   |
| Business Address  |           |   |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |   |
| Page Subtotal   | 1200.00   |   |
| Grand Total of All Schedules 1A   |           |   |
| (Complete on last page of Schedule)   |           |   |

| 1. Committee I.D. Nu | mber | 013853-3                    |  |
|----------------------|------|-----------------------------|--|
| 2. Committee Name    | Marl | Hackel for County Executive |  |

|   | I         |   |
|---|-----------|---|
| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt ) |
| 3. Contribution # 653 PAC Receipt?   YES 4. Date of Receipt 07/16/2010  |           |   |
| Name: Mr. Mario Evangelista, Jr., Jr.<br>Address:57997 Robroy   | 300.00    | 300.00  |
| Washington MI 48094-3148  5. If over \$100.00 cumulative, please provide:   |           |   |
| Occupation <u>Developer</u> Employer <u>Cassino Building &amp; Development</u>  |           |   |
| Business 42732 Van Dyke Ave Address Sterling Heights MI 48314-3330  |           |   |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |   |
| 3. Contribution # 654 PAC Receipt? ☐ YES 4. Date of Receipt 07/16/2010  | 300.00    | 000.00  |
| Name: Mr. Frank Ferro Address: 67768 Chesapeake Ct  | 300.00    | 300.00  |
| Washington MI 48095-1474  |           |   |
| 5. If over \$100.00 cumulative, please provide:   |           |   |
| Occupation Sales Employer Tile and Stone Works  |           |   |
| Business 12876 23 Mile Road<br>Address Shelby Two Mt. 48315   |           |   |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |   |
| 3. Contribution # 655 PAC Receipt? ☐ YES 4. Date of Receipt 07/16/2010  |           |   |
| Name: Mr. Frank J Gallo   | 300.00    | 300.00  |
| Address: 39497 Vinnie Ct  |           |   |
| Clinton Township MI 48038-4022  | ,         |   |
| 5. If over \$100.00 cumulative, please provide:   |           |   |
| Occupation Owner/Barber Employer Mr. G's Cut & Style Barber Sho   |           |   |
| Business 18262 13 Mile  |           | ;   |
| Address Roseville MI 48066  |           |   |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser  3. Contribution # 656 PAC Receipt? ☐ YES 4. Date of Receipt ☐ 07/16/2010   |           |   |
|   | 300.00    | 300.00  |
| Name: Mr. Jeffrey J Galloway  | 000.00    | 300,00  |
| Address:61495 Beacon Hill Dr  |           |   |
| Washington MI 48094-1222 5. If over \$100.00 cumulative, please provide:  |           |   |
| Occupation Owner/Management Employer Jet's America  |           |   |
| Rusiness 37501 Mound Rd   |           |   |
| Business 37501 Mound Rd Address Sterling Heights Mt 48310-4124  |           |   |
| Type of Contribution: Direct  |           |   |
| I did traisel   |           |   |
| Page Subtotal   | 1200.00   |   |
| Grand Total of All Schedules 1A   | 1200.00   |   |
| (Complete on last page of Schedule)   |           | ų.  |
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| 1. Committee I.D. Nu | mber _ | 013853-3                    |          |
|----------------------|--------|-----------------------------|----------|
| 2. Committee Name_   | Mark   | Hackel for County Executive | <b>;</b> |

| Enter contributor's name and address. If contribution if from an individual and the more, enter last name, first name, middle initial. Check box to indicate if contributions from committee or an Independent Committee. (PAC) Report all contributions from community. | ition is from a Political ormmittees regardless of | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
|--|--|-----------|--|
| 3. Contribution # 657 PAC Receipt? ☐ YES 4. Date of Receipt  | 07/16/2010   | 75.00     |  |
| Name: Eric Herppich<br>Address:49433 Flint Ct  |  | 75.00     | 75.00  |
| Macomb MI 48044-1775  5. If over \$100.00 cumulative, please provide:  |  | !         |  |
| Occupation Employer  |  |           |  |
| Business<br>Address  |  |           |  |
| Type of Contribution: 🗵 Direct 🔲 Loan from a person  | ☐ Fund Raiser                                      |           |  |
| 3. Contribution # 658 PAC Receipt? ☐ YES 4. Date of Receipt  | 07/16/2010   |           |  |
| Name: Mr. Sam Lacaria  |  | 300.00    | 300.00   |
| Address: 42049 Farm Lane Ct  |  |           |  |
|  |  |           |  |
| Sterling Heights MI 48313-2433 5. If over \$100.00 cumulative, please provide:   |  |           |  |
| Occupation Owner Employer Lacaria Concrete Co  | onstruction  |           |  |
| Business 3720 Central Street Address Detroit MI 48210  |  |           |  |
| Type of Contribution:  Direct  | ☐ Fund Raiser                                      |           |  |
| 3. Contribution # 659 PAC Receipt?   YES 4. Date of Receipt  | 07/16/2010   |           | ·  |
| Name: Mr. David Lakin  |  | 300.00    | 300.00   |
| Address:4610 Luisa   |  |           |  |
|  |  |           |  |
| Troy MI 48098 5. If over \$100.00 cumulative, please provide:  |  |           |  |
| Occupation Civil Engineer Employer Spalding DeDecker   | Accoriates   |           |  |
|  | Associates,  |           |  |
| Business 905 South Boulevard East  |  |           |  |
| Address Rochester MI 48307   |  |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person  3. Contribution # 660 PAC Receipt? ☐ YES 4. Date of Receipt   | ☐ Fund Raiser<br>07/16/2010                        |           |  |
| •  | 0771072010   | 300.00    | 300.00   |
| Name: Mr. Richard L Levin  |  |           |  |
| Address:24684 Riverwood Dr   |  |           |  |
| Franklin MI 48025-2207  5. If over \$100.00 cumulative, please provide:  |  |           |  |
| Occupation Attorney Employer Self Employed   |  |           |  |
| Business 24684 Riverwood Dr.   |  |           |  |
| Address Eranklin ML 48025  |  |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person  | ☐ Fund Raiser                                      |           |  |
|  |  |           |  |
|  | Page Subtotal                                      | 975.00    |  |
|  | of All Schedules 1A                                |           |  |

| 1. Committee I.D. Nun | nber _ | 013853-3                      |
|-----------------------|--------|-------------------------------|
| 2. Committee Name     | Marl   | k Hackel for County Executive |

|   |           | 4 <del></del>  |
|---|-----------|--|
| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3. Contribution # 661 PAC Receipt? II YES 4. Date of Receipt 07/16/2010   | 200.00    | 200.00   |
| Name: Mr. Paul Miller   | 300.00    | 300.00   |
| Address:43394 Hillsboro Dr  |           |  |
| Clinton Township MI 48038-5541 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Owner/Franchisse Employer Jet's Pizza  |           |  |
| Business 37501 Mound Road Address Sterling Heights Mt 48310   |           |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 662 PAC Receipt? D YES 4. Date of Receipt 07/16/2010  | 000.00    |  |
| Name: Mr. David L Potter  | 300.00    | 300.00   |
| Address: 3821 N. Adams Rd.  |           |  |
| Bloomfield Hills MI 48034   |           |  |
| 5. If over \$100.00 cumulative, please provide:  Occupation Civil Engineer Employer Spalding DeDecker Associates.   |           |  |
| Occupation Civil Engineer Employer Spalding DeDecker Associates,  |           |  |
| Business 905 South Boulevard East   |           | :  |
| Address Rochester Mt 48307  |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  3. Contribution # 663 PAC Receipt? ☐ YES 4. Date of Receipt ☐ 07/16/2010   |           |  |
|   | 300.00    | 300.00   |
| Name: Mr. Gnanadesikan Ramanujam<br>Address:8187 Chatham Dr   |           | :  |
| Canton MI 48187-4455  |           |  |
| 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Partner Employer Somat Engineering   |           |  |
| Business 660 Woodward Ave Ste 2430 Address Detrit MI 48236 3502   |           |  |
| Address Detroit MI 48226-3502  Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  |           |  |
| 3. Contribution # 664 PAC Receipt? ☐ YES 4. Date of Receipt 07/16/2010  |           |  |
| Name: Gaetano Rizzo   | 300.00    | 1100.00  |
| Address: 37516 Hidden Valley Ct   |           |  |
| Clinton Twp MI 48036-3669   |           |  |
| 5. If over \$100.00 cumulative, please provide:   |           | :  |
| Occupation Builder Employer Garland Construction, LLC   |           |  |
| Business 44899 Centre Ct<br>Ste 101<br>Address Clinton Township MI 48038-5510   |           |  |
| Type of Contribution: Direct  |           |  |
|   |           | <del></del>  |
| Page Subtotal   | 1200.00   |  |
| Grand Total of All Schedules 1A   |           |  |
| (Complete on last page of Schedule)   |           |  |

### ITEMIZED CONTRIBUTIONS **SCHEDULE 1A**

| 1. Committee I.D. Number | 013853-3 |  |
|--------------------------|----------|--|
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| CANDIDATE COMMITTEE 2. Committee Nam   | 2. Committee Name Mark Hackel for County Executive |  |  |  |
|--|--|--|--|--|
| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.0 more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Pol Committee or an Independent Committee. (PAC) Report all contributions from committees regardle amount. | less of  | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |  |  |
| 3. Contribution # 665 PAC Receipt? PYES 4. Date of Receipt 07/16/20  | 300.00   | 600.00   |  |  |
| Name: John A Russo Address: 37507 Hidden Valley Ct. Clinton Township MI 48036  5. If over \$100.00 cumulative, please provide: Occupation Car Dealer Employer Blue Water Chrysler  |  |  |  |  |
| Business 4080 24th Avenue  |  |  |  |  |
| Address Fort Gratiot MI 48059  | <del></del>  |  |  |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Rais  3. Contribution # 666 PAC Receipt? ☐ YES 4. Date of Receipt ☐ 07/16/20  |  | 300.00   |  |  |
| Name: Mr. Roy G Sera   |  |  |  |  |
| Address:48844 Boardwalk Dr   |  |  |  |  |
| Macomb MI 48044-2228 5. If over \$100.00 cumulative, please provide:   |  |  |  |  |
| Occupation Contractor Employer Glenrio Associates  |  |  |  |  |
| Business Address       37400 Garfield Rd Ste 100 Ste 100 Clinton Township MI 48036-3648         Type of Contribution:       ☑ Direct ☐ Loan from a person ☐ Fund Rai         3. Contribution # 667 PAC Receipt? ☐ YES 4. Date of Receipt ☐ 07/16/20  |  | 1200.00  |  |  |
| Name: Tom Washabaugh<br>Address:232 Athlone Beach  |  |  |  |  |
| Bay City MI 48706  5. If over \$100.00 cumulative, please provide:  Occupation Vice President Employer Northern Concrete Pipe  |  |  |  |  |
| Business 401 Kelton St   |  |  |  |  |
| Address Bay City MI 48706-5345   |  |  |  |  |
| Type of Contribution: Direct   |  | 520.00   |  |  |
| Name: Mr. Robert Watson<br>Address:59539 Romeo Plank Rd  |  |  |  |  |
| Ray MI 48096-3529 5. If over \$100.00 cumulative, please provide:  |  |  |  |  |
| Occupation President Employer A-Ok Precision Prototype Inc.  |  |  |  |  |
| Business 11270 East 9 Mile Road Address Warren MI 48089  |  |  |  |  |
| Type of Contribution: Direct   | aiser  |  |  |  |
| Let I To Table 1   |  | 1  |  |  |

Enter this total on line 3a of Summary Page

1400.00

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

Page Subtotal

| 1. Committee I.D. Number | 013853-3 |
|--------------------------|----------|
|                          |          |

| 2. Committee Name | Mark Hackel for County Executive |  |
|-------------------|----------------------------------|--|
| _                 |                                  |  |

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
|---|-----------|--|
| 3. Contribution # 669 PAC Receipt?   YES 4. Date of Receipt 07/16/2010  |           | <u> </u>   |
| Name: Mr. Chris Yatooma<br>Address: 1335 Tranquility Ct   | 300.00    | 300.00   |
| Rochester Hills MI 48306-3579 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Owner Employer Outdoor Creations Group   |           |  |
| Business 33045 Hamilton Ct Address Earmington MI 48334-3385   |           |  |
| Type of Contribution:  Direct   |           |  |
| 3. Contribution # 670 PAC Receipt? ☐ YES 4. Date of Receipt 07/18/2010  |           |  |
| Name: Cy M Abdo   | 400.00    | 400.00   |
| Address: 42550 Garfield Suite 104A Clinton Township MI 48038 5. If over \$100.00 cumulative, please provide:  | ;<br>;    |  |
| · · · · · · · · · · · · · · · · · · ·   |           |  |
| Occupation Attorney Employer Abdo & Hartkop, PLLC   |           |  |
| Business 42550 Garfield Suite 104A Clinton Township Mt 48038  |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 671 PAC Receipt? D YES 4. Date of Receipt 07/18/2010  | 100.00    |  |
| Name: Paulette M Arietta  | 100.00    | 100.00   |
| Address: 23060 Recreation St.   |           |  |
| Saint Clair Shores MI 48082 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Employer   |           |  |
| Business<br>Address   |           |  |
| Type of Contribution: 🗵 Direct 🔲 Loan from a person 🔲 Fund Raiser   |           |  |
| 3. Contribution # 672 PAC Receipt?   YES 4. Date of Receipt 07/18/2010  |           |  |
| Name: Joseph R Arnone   | 200.00    | 200.00   |
| Address:622 Canterbury Rd.  |           |  |
| Grosse Pointe MI 48236 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Attorney Employer Arnone Law Offices   |           |  |
| Business 22330 Greater Mack   |           |  |
| Address Saint Clair Shores MI 48080   |           |  |
| Type of Contribution:   Direct  Loan from a person  Fund Raiser   |           |  |
| Page Subtotal   | 1000.00   |  |
| Grand Total of All Schedules 1A<br>(Complete on last page of Schedule)  |           |  |
| (Complete on last page of Scriedile)  |           |  |

| 1. Committee I.D. Number | 013853-3                    |
|--------------------------|-----------------------------|
| 2. Committee Name Mark   | Hackel for County Executive |

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|---|--------------|--|
| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount    | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3. Contribution # 673 PAC Receipt? ☐ YES 4. Date of Receipt 07/18/2010  | 100.00       | 100.00   |
| Name: Christopher R Baratta   | 100.00       | 100.00   |
| Address:700 Lincoln Rd  |              |  |
| Grosse Pointe MI 48230 5. If over \$100.00 cumulative, please provide:  |              |  |
| Occupation Employer   |              |  |
|   |              |  |
| Business<br>Address   |              |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |              |  |
| 3. Contribution # 674 PAC Receipt?   YES  4. Date of Receipt  07/18/2010  |              |  |
| Name: Mr. Ralph Bianchi   | 100.00       | 100.00   |
| Address: 48285 American Elm Dr.   |              |  |
| Macomb MI 48044   |              |  |
| 5. If over \$100.00 cumulative, please provide:   |              |  |
| Occupation Employer   |              |  |
| Business  |              |  |
| Address   |              |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser  3. Contribution # 675 PAC Receipt? ☐ YES 4. Date of Receipt ☐ 07/18/2010   |              |  |
| <u> </u>  | 100.00       | 100.00   |
| Name: Robert E Costa  | 100.00       | 100.00   |
| Address:24790 Camille   |              |  |
| Harrison Township MI 48045 5. If over \$100.00 cumulative, please provide:  |              |  |
| OccupationEmployer_   |              |  |
| Linployei   |              |  |
| Business<br>Address   |              |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |              |  |
| 3. Contribution # 676 PAC Receipt? U YES 4. Date of Receipt 07/18/2010  |              |  |
| Name: Dr. James Denier  | 200.00       | 200.00   |
| Address: 15755 19 Mile Rd.  |              |  |
| Clinton Twp. MI 48038   |              |  |
| 5. If over \$100.00 cumulative, please provide:   |              |  |
| Occupation Radiologist Employer Eastpointe Radiologists   |              |  |
| Business 36175 Harper   |              |  |
| Address Clinton Township MJ 48035   |              | •  |
| Type of Contribution:   Direct  |              |  |
|   |              |  |
| Page Subtotal   | 500.00       |  |
| Grand Total of All Schedules 1A   |              |  |
| (Complete on last page of Schedule)   |              |  |

| 1. Committee I.D. Num | nber _ | 013853-3                    |        |
|-----------------------|--------|-----------------------------|--------|
| 2. Committee Name     | Mark   | Hackel for County Executive | -<br>e |

|   | <del>7 : - : - :</del> - | ,  |
|---|--------------------------|--|
| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount                | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3. Contribution # 677 PAC Receipt? ☐ YES 4. Date of Receipt 07/18/2010  |                          | date of receipt)   |
| Name: Steven R Dobbs  | 100.00                   | 100.00   |
| Address: 6446 Short Cut Rd.   |                          |  |
| Clinton Township MI 48035 5. If over \$100.00 cumulative, please provide:   |                          |  |
| OccupationEmployer  |                          |  |
| Business<br>Address   |                          |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser   |                          | İ  |
| 3. Contribution # 678 PAC Receipt? D YES 4. Date of Receipt 07/18/2010  |                          |  |
| Name: Jack Dolan  | 100.00                   | 100.00   |
| Address:42850 Garfield  |                          |  |
| Suite 101<br>Clinton Township MI 48038  |                          |  |
| 5. If over \$100.00 cumulative, please provide:   |                          |  |
| OccupationEmployer  |                          |  |
| Linployei   |                          |  |
| Business Address  |                          |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |                          |  |
| 3. Contribution # 679 PAC Receipt?   YES 4. Date of Receipt 07/18/2010  |                          |  |
| Name: Mr. Paul A Doppke   | 200.00                   | 1700.00  |
| Address: 21646 Erben St   |                          |  |
|   |                          |  |
| Saint Clair Shores MI 48081-2841 5. If over \$100.00 cumulative, please provide:  |                          |  |
| Occupation Owner Employer Landscape Services  |                          |  |
|   |                          |  |
| Business 22932 Rasch Dr.  |                          |  |
| Address Clinton Township MI 48035   |                          |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser   |                          | _  |
| 3. Contribution # 680 PAC Receipt?   YES  4. Date of Receipt  07/18/2010  | 20.20                    |  |
| Name: Paul A Esposito   | 60.00                    | 60.00  |
| Address: 49419 Compass Point Dr.  |                          |  |
| New Baltimore MI 48047 5. If over \$100.00 cumulative, please provide:  |                          |  |
| OccupationEmployer  |                          |  |
| Business  |                          |  |
| Address   |                          |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |                          |  |
| and religion  |                          |  |
| Page Subtotal   | 100.00                   |  |
|   | 460.00                   |  |
| Grand Total of All Schedules 1A<br>(Complete on last page of Schedule)  |                          |  |
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| 1. Committee I.D. Nun | nber _ | 013853-3                    |                                       |
|-----------------------|--------|-----------------------------|---------------------------------------|
| 2. Committee Name _   | Mark   | Hackel for County Executive | · · · · · · · · · · · · · · · · · · · |

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt ) |
|---|-----------|---|
| 3. Contribution # 681 PAC Receipt? ☐ YES 4. Date of Receipt 07/18/2010  |           |   |
| Name: Ryan C Farnen   | 100.00    | 100.00  |
| Address: 37360 Alpinia  |           |   |
| Clinton Township MI 48036  5. If over \$100.00 cumulative, please provide:  Occupation Employer   |           |   |
| OccupationEmployer  |           |   |
| Business<br>Address   |           |   |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |           |   |
| 3. Contribution # 682 PAC Receipt? ☐ YES 4. Date of Receipt 07/18/2010  | 400.00    |   |
| Name: Jacob M Femminineo, Jr.   | 100.00    | 1800.00   |
| Address: 136 South Wilson Blvd  |           |   |
| Mount Clemens MI 48043  |           |   |
| 5. If over \$100.00 cumulative, please provide:   |           |   |
| Occupation Business Owner Employer Fernminineo Attorneys PLLC   |           |   |
| Business 110 S Main St  |           |   |
| Address Mount Clemens Mt 48043-2380   |           |   |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser   |           |   |
| 3. Contribution # 683 PAC Receipt? ☐ YES 4. Date of Receipt 07/18/2010  | 400.00    | 4-0   |
| Name: Mr. Tony Ferlito  | 100.00    | 1700.00   |
| Address: 37335 Casa Bella   |           |   |
| Clinton Twp. MI 48036 5. If over \$100.00 cumulative, please provide:   |           |   |
| Occupation Owner Employer Ferlito Construction  |           |   |
| Business 27085 Gratiot Ave Address Roseville MI 48065 2084  |           |   |
| A.S. VIII - 40,000-2304   |           |   |
| Type of Contribution:     ☑     Direct     ☐     Loan from a person     ☐     Fund Raiser       3. Contribution # 684     PAC Receipt?     ☐ YES     4. Date of Receipt     07/18/2010  |           |   |
|   | 100.00    | 100.00  |
| Name: Lori Finazzo Address: 50 Crocker  |           | 100.00  |
|   |           |   |
| Mount Clemens MI 48043 5. If over \$100.00 cumulative, please provide:  |           |   |
| Occupation Employer   |           |   |
| Business<br>Address   |           |   |
| Type of Contribution: Direct Loan from a person Fund Raiser   |           |   |
| Li i dilu Maiser  |           |   |
| Page Subtotal   | 400.00    |   |
| Grand Total of All Schedules 1A   | 400.00    |   |
| (Complete on last page of Schedule)   |           |   |
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| 1. Committee I.D. Nur | mber | 013853-3     |           | <u> </u> |  |
|-----------------------|------|--------------|-----------|----------|--|
| 2. Committee Name_    | Marl | Hackel for C | ounty Exe | cutive   |  |

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|---|-------------|--|
| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount   | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3. Contribution # 685 PAC Receipt? ☐ YES 4. Date of Receipt 07/18/2010  |             | data of recorpt )  |
| Name: Christopher Fischer   | 100.00      | 100.00   |
| Address:46 Market Street  |             | :  |
| Mount Clemens MI 48043 5. If over \$100.00 cumulative, please provide:  |             |  |
| Occupation Employer   |             |  |
|   |             |  |
| Business<br>Address   |             |  |
|   |             |  |
| Type of Contribution:     ☑     Direct     ☑     Loan from a person     ☐     Fund Raiser       3. Contribution # 686     PAC Receipt?     ☐     YES     4. Date of Receipt     07/18/2010  |             | <u></u>  |
| Name: Daniel Garon  | 100.00      | 100.00   |
| Address:46 Market Street  |             |  |
|   |             |  |
| Mount Clemens MI 48043 5. If over \$100.00 cumulative, please provide:  |             |  |
| Occupation Employer   |             |  |
| Lniployei   | :           |  |
| Business Address  |             |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser   |             |  |
| 3. Contribution # 687 PAC Receipt?   YES 4. Date of Receipt 07/18/2010  |             |  |
| Name: Mr. James George  | 100.00      | 100.00   |
| Address: 19634 West Chester   | į           |  |
| Clinton Twp. MI 48038   |             |  |
| 5. If over \$100.00 cumulative, please provide:   |             |  |
| OccupationEmployer  |             |  |
| Business<br>Address   | !           |  |
|   |             |  |
| Type of Contribution:     ☑     Direct     ☐     Loan from a person     ☐     Fund Raiser       3. Contribution # 688     PAC Receipt?     ☐ YES     4. Date of Receipt     07/18/2010  |             |  |
| Name: Vincent Hoyumpa   | 100.00      | 100.00   |
| Address: 46 Market Street   |             |  |
| i de la companya de la companya de la companya de la companya de la companya de la companya de la companya de   |             |  |
| Mount Clemens MI 48043<br>5. If over \$100.00 cumulative, please provide:   |             |  |
| Occupation Employer   |             |  |
| Business  |             |  |
| Address  Type of Contribution M. Division III   |             |  |
| Type of Contribution:  Direct    Loan from a person   |             |  |
| <b>5</b>  |             |  |
| Page Subtotal   | 400.00      |  |
| Grand Total of All Schedules 1A   |             |  |
| (Complete on last page of Schedule)   |             |  |

| 1. Committee I.D. Nu | mber _ | 013853-3                      |  |
|----------------------|--------|-------------------------------|--|
| 2. Committee Name_   | Marl   | k Hackel for County Executive |  |

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
|---|-----------|--|
| 3. Contribution # 689 PAC Receipt?   YES 4. Date of Receipt 07/18/2010  | 100.00    | 1000.00  |
| Name: William L Jarvis  |           | 1000.00  |
| Address:49557 Compass Point Dr  |           |  |
| Chesterfield MI 48047-4352 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Owner Employer Jarvis Restoration  |           |  |
| Business 41800 Executive Drive Address Harrison Township, MI 48045  |           |  |
| Hartisch (Owdship IVII 4004)  |           |  |
| Type of Contribution:   Direct □ Loan from a person □ Fund Raiser  Loan from a person □ Fund Raiser  Direct □ YES 4. Date of Receipt 07/18/2010   |           |  |
| Name: Robert W Kirk   | 100.00    | 1600.00  |
| Address:37539 Hidden Valley Court   |           |  |
| Clinton Township MI 48036 5. If over \$100.00 cumulative, please provide:   |           |  |
| Occupation Attorney Employer Kirk & Huth, P.C.  |           |  |
| Business 19500 Hall Road Suite 100 Clinton Township, Mt. 48038  |           |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser   |           |  |
| 3. Contribution # 691 PAC Receipt?   YES 4. Date of Receipt 07/18/2010  |           |  |
| Name: James J Langtry   | 100.00    | 100.00   |
| Address:54841 Congaree Dr.  |           |  |
| Macomb MI 48042 5. If over \$100.00 cumulative, please provide:   |           |  |
| OccupationEmployer  |           |  |
| Business<br>Address   |           |  |
|   |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  3. Contribution # 692 PAC Receipt? ☐ YES 4. Date of Receipt 07/18/2010   |           |  |
| Name: Dov W Lustig  | 200.00    | 200.00   |
| Address: 2820 Woodbine Dr.  |           |  |
| · · · · · · · · · · · · · · · · · · ·   |           |  |
| Waterford MI 48328 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Attorney Employer Dov Lustig Attorney at Law   |           |  |
| Business <sup>240</sup> Daines St.<br>Address <u>Birmingham MI 48009</u>  |           |  |
| Type of Contribution: Direct Loan from a person Fund Raiser   |           |  |
|   |           |  |
| Page Subtotal   | 500.00    |  |
| Grand Total of All Schedules 1A   | 300.00    |  |
| (Complete on last page of Schedule)   |           |  |
|   |           |  |



| 1. Committee I.D. Nui | mber _ | 013853-3                      |
|-----------------------|--------|-------------------------------|
| 2. Committee Name_    | Marl   | k Hackel for County Executive |

|   | <del></del> | <del> </del>  |
|---|-------------|---|
| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount   | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt ) |
| 3. Contribution # 693 PAC Receipt? D YES 4. Date of Receipt 07/18/2010  | 100.00      |   |
| Name: Mr. Vincenzo Manzella   | 100.00      | 100.00  |
| Address: 16614 Ventura Cir  |             |   |
| Clinton Township Mi 48038-7319 5. If over \$100.00 cumulative, please provide:  |             |   |
| OccupationEmployer  |             |   |
| Business<br>Address   |             |   |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |             |   |
| 3. Contribution # 694 PAC Receipt? ☐ YES 4. Date of Receipt 07/18/2010  | 100.00      | 400.00  |
| Name: Delia Martin Address:37335 Fiore Trail  | 100.00      | 100.00  |
| Clinton Township MI 48036 5. If over \$100.00 cumulative, please provide:   |             |   |
| OccupationEmployer  |             |   |
|   |             |   |
| Business Address  |             |   |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |             |   |
| 3. Contribution # 695 PAC Receipt? ☐ YES 4. Date of Receipt 07/18/2010  | 100.00      | 100.00  |
| Name: Dolores Michaels  | 100.00      | 100.00  |
| Address:21600 Quinn Rd.   |             |   |
| Clinton Township MI 48035 5. If over \$100.00 cumulative, please provide:   |             |   |
| Occupation Employer   |             |   |
| Business  |             |   |
| Address   |             |   |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |             |   |
| 3. Contribution # 696 PAC Receipt? ☐ YES 4. Date of Receipt 07/18/2010  | 100.00      | 1000.00   |
| Name: Paul Misukewicz   | 100.00      | 1000.00   |
| Address: 46548 Radison Drive  |             |   |
| Macomb MI 48044 5. If over \$100.00 cumulative, please provide:   |             |   |
| Occupation Attorney Employer Law Office of Paul Misukewicz  |             |   |
| Business 42140 Van Dyke Ave Ste 210   |             |   |
| 7 (0)   |             |   |
| Type of Contribution:   Direct  Loan from a person  Fund Raiser   |             |   |
| Page Subtotal   | 400.00      |   |
| Grand Total of All Schedules 1A (Complete on last page of Schedule)   |             |   |
| •   |             |   |

| 1. Committee I.D. Nur | nber . | 013853-3           |             | · |
|-----------------------|--------|--------------------|-------------|---|
| 2. Committee Name_    | Mari   | K Hackel for Count | y Executive |   |

|   | <del>,</del> |  |
|---|--------------|--|
| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount    | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3. Contribution # 697 PAC Receipt? ☐ YES 4. Date of Receipt 07/18/2010  |              | date of receipt )  |
| Name: Onorio Moscone  | 200.00       | 200.00   |
| Address: 57125 Deer Creek Ct. Suite 425 Washington MI 48094   |              |  |
| 5. If over \$100.00 cumulative, please provide:  Occupation Business Owner / Land Employer Bona Vista, Inc.   |              |  |
| Business 11111 Hall Road Suite 425 Address Ulica Mt 48317   |              |  |
| Type of Contribution:  Direct   |              |  |
| 3. Contribution # 698 PAC Receipt?   YES 4. Date of Receipt 07/18/2010  | 200.00       |  |
| Name: Larry Page<br>Address:9750 St. Clair Hwy.   | 200.00       | 200.00   |
| Casco MI 48064 5. If over \$100.00 cumulative, please provide:  |              |  |
| Occupation Electrical Contractor Employer Electrex  |              |  |
| Business 41775 Production Drive   |              |  |
| Address Harrison Township MI 48045  |              |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser  3. Contribution # 699 PAC Receipt? ☐ YES 4. Date of Receipt 07/18/2010   |              |  |
|   | 400.00       | 400.00   |
| Name: Charles R Pasque Address: 37453 Camellia  | 400.00       | 400.00   |
|   |              |  |
| Clinton Township MI 48036 5. If over \$100.00 cumulative, please provide:   |              |  |
| Occupation Owner Employer Paslin Co.  |              |  |
| Business 25411 Ryan   |              |  |
| Address Warren ML 48091   |              |  |
| Type of Contribution: Direct  |              |  |
| 3. Contribution # 700 PAC Receipt?   YES  4. Date of Receipt  07/18/2010  | 40.00        | 40.00  |
| Name: Dennis M Pomante  | 40.00        | 40.00  |
| Address:57145 Starcreek Ct.   |              |  |
| Washington Mi 48094 5. If over \$100.00 cumulative, please provide:   |              |  |
| Occupation Employer   |              |  |
| Business<br>Address   |              |  |
| Type of Contribution V City   |              |  |
| Type of Contribution:   Direct Loan from a person Fund Raiser   |              |  |
| Page Subtotal   | 840.00       |  |
| Grand Total of All Schedules 1A   |              |  |
| (Complete on last page of Schedule)   |              |  |

| 1. Committee I.D. Nun | nber _ | 013853-3             |         |
|-----------------------|--------|----------------------|---------|
| 2. Committee Name     | Mark   | Hackel for County Ex | ecutive |

| Enter contributor's name and address. If contribution if from an individual and more, enter last name, first name, middle initial. Check box to indicate if cont Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from amount. | ribution is from a Political                      | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
|--|---|-----------|--|
| 3. Contribution # 701 PAC Receipt? ☐ YES 4. Date of Receipt  | 07/18/2010  |           | Taile of receipt)  |
| Name: Sharon J Pomante Address: 57145 Starcreek Ct.  |   | 40.00     | 40.00  |
|  |   |           | İ  |
| Washington MI 48094 5. If over \$100.00 cumulative, please provide:  |   |           |  |
| Occupation Employer  |   |           |  |
| Business Address   |   |           |  |
| Type of Contribution: Direct   | ☐ Fund Raiser                                     |           |  |
| 3. Contribution # 702 PAC Receipt? ☐ YES 4. Date of Receipt_   | 07/18/2010  |           |  |
| Name: Leonard Rancilio Address: 5036 Starcreek Ln.   |   | 200.00    | 200.00   |
| Washington MI 48094 5. If over \$100.00 cumulative, please provide:  |   |           |  |
| Occupation Owner Employer Rancilio & Associ  | ates  |           |  |
| Business 36809 Groesbeck   |   |           |  |
| Address Clinton Township MI 48035  Type of Contribution:   | D. Const. Delice                                  |           |  |
| 3. Contribution # 703 PAC Receipt? ☐ YES 4. Date of Receipt  | ☐ Fund Raiser<br>07/18/2010                       |           |  |
| Name: Rachael Rancilio Address:48 Market St.   | 377 (3.23)  | 100.00    | 100.00   |
| Mt. Clemens MI 48043 5. If over \$100.00 cumulative, please provide:   |   |           |  |
| OccupationEmployer   |   |           |  |
| Business<br>Address  |   |           |  |
| Type of Contribution: 🛛 Direct 🔲 Loan from a person  | ☐ Fund Raiser                                     | ;         |  |
| 3. Contribution # 704 PAC Receipt? ☐ YES 4. Date of Receipt_   | 07/18/2010  |           |  |
| Name: Charles Reynolds   |   | 100.00    | 400.00   |
| Address:12414 Forest Glen Lane   |   |           |  |
| Shelby Township MI 48315 5. If over \$100.00 cumulative, please provide:   |   |           |  |
| Occupation President Employer C & R PLUMBING   | <u></u>   |           |  |
| Business 51195 Fischer Park Drive  |   |           |  |
| Address Shelby Twp MI 48316  |   |           |  |
| Type of Contribution: Direct   | ☐ Fund Raiser                                     |           |  |
|  | Page Subtotal                                     | 440.00    |  |
|  | tal of All Schedules 1A<br>last page of Schedule) |           |  |

| 1. Committee I.D. Number | 013853-3                      |
|--------------------------|-------------------------------|
| 2. Committee Name Ma     | k Hackel for County Executive |

| The state of the s | T         |  |
|--|-----------|--|
| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount.   | 6. Amount | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3. Contribution # 705 PAC Receipt?   YES 4. Date of Receipt 07/18/2010   | 050.00    | 4050.00  |
| Name: Gaetano Rizzo Address:37516 Hidden Valley Ct   | 250.00    | 1350.00  |
| Clinton Twp MI 48036-3669 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Builder Employer Garland Construction, LLC  |           |  |
| Business 44899 Centre Ct Ste 101 Clinton Township MI 48038-5510-   |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  |           |  |
| 3. Contribution # 706 PAC Receipt? ☐ YES 4. Date of Receipt 07/18/2010   | 100.00    | 100.00   |
| Name: Mr. Gary Roncelli  |           |  |
| Address:69900 Hicks  |           |  |
| Armada MI 48005 5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Employer  |           |  |
| Durings  |           |  |
| Business Address   |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  |           |  |
| 3. Contribution # 707 PAC Receipt? ☐ YES 4. Date of Receipt 07/18/2010   | 100.00    | 1100.00  |
| Name: Mr. Roy C Rose   | 100.00    | 1100.00  |
| Address:55620 Woodridge Rd.  |           |  |
| Shelby Township MI 48316  5. If over \$100.00 cumulative, please provide:  Occupation Civil Engineer Employer Anderson, Eckstein & Westrick,   |           |  |
| Business 51301 Schoenherr Rd   |           |  |
| Address Shelby Township Mt 48315-2733  |           |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  |           |  |
| 3. Contribution # 708 PAC Receipt? ☐ YES 4. Date of Receipt 07/18/2010   | 100.00    | 700.00   |
| Name: Dr. Alphonse M Santino Address:725 Lake Shore Rd   | 100.00    | 700.00   |
| Grosse Pointe Shores MI 48236-1754  5. If over \$100.00 cumulative, please provide:  |           |  |
| Occupation Physician Employer Michigan Institute of Urology  |           |  |
| Business 20952 E 12 Mile Rd<br>Ste 200   | !         |  |
| Address Saint Clair Shores MI 48081-3203   |           |  |
| Type of Contribution: 🛛 Direct 🔲 Loan from a person 🔲 Fund Raiser  |           |  |
| Page Subtotal  | 550.00    |  |
| Grand Total of All Schedules 1A<br>(Complete on last page of Schedule)   |           |  |
| (Complete on last page of Schedule)  | <b>L</b>  | ı  |



| 1. Committee I.D. Number | 013853-3 |
|--------------------------|----------|
|                          |          |

| 2. Committee Name Mark Hackel for County Executive |
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|   | <del></del> |  |
|---|-------------|--|
| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount   | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3. Contribution # 709 PAC Receipt? ☐ YES 4. Date of Receipt 07/18/2010  |             |  |
| Name: Benedetto Sorrentino  | 100.00      | 100.00   |
| Address: 35520 Forton Ct.   |             |  |
| Clinton Township MI 48038 5. If over \$100.00 cumulative, please provide:   |             |  |
| Occupation Employer   |             |  |
| Business Address  |             |  |
| Type of Contribution:  Direct   | 1           |  |
| 3. Contribution # 710 PAC Receipt? ☐ YES 4. Date of Receipt 07/18/2010  |             |  |
| Name: James J Sullivan  | 200.00      | 200.00   |
| Address: 23100 Jefferson  | }           |  |
| Saint Clair Shores MI 48080 5. If over \$100.00 cumulative, please provide:   |             |  |
| Occupation Attorney Employer James J. Sullivan Attorney at  |             |  |
| Business Address  |             |  |
| Type of Contribution:  Direct   |             |  |
| 3. Contribution # 711 PAC Receipt?   YES  4. Date of Receipt  07/18/2010  |             |  |
| Name: Ronald D Szolack  | 100.00      | 100.00   |
| Address:38371 Huron Pointe  |             |  |
| Harrison Township MI 48045 5. If over \$100.00 cumulative, please provide:  |             |  |
| Occupation Employer   |             |  |
| Business<br>Address   |             |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |             |  |
| 3. Contribution # 712 PAC Receipt?   YES 4. Date of Receipt 07/18/2010  |             |  |
| Name: Tom Tomlinson   | 100.00      | 100.00   |
| Address:42850 Garfield  |             |  |
| Suite 101<br>Clinton Township MI 48038  |             |  |
| 5. If over \$100.00 cumulative, please provide:   |             |  |
| Occupation Employer   | i           |  |
| Business  |             |  |
| Address   |             |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser   |             |  |
| Page Subtotal   | 500.00      |  |
| Grand Total of All Schedules 1A   |             |  |
| (Complete on last page of Schedule)   |             |  |



### ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

| 1. Committee I.D. Number | 013853-3 |  |
|--------------------------|----------|--|
|                          |          |  |

| 2. Committee Name Mari  | k Hackel for County E | xecutive   |
|---|-----------------------|--|
| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.  3. Contribution # 713 PAC Receipt? IT YES 4. Date of Receipt 10.7/49/2040. | 6. Amount             | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 4. Date of Necept 07/16/2010  | 000.00                |  |
| Name: Mr. Donald R Torline Address:5129 S Genesee Rd  | 200.00                | 300.00   |
| Grand Blanc MI 48439-7913  5. If over \$100.00 cumulative, please provide:  Occupation President Employer Baker College   |                       |  |
| 2405 Livi Maria   |                       |  |
| Business 3495 Little Mack Address Clinton Township MI 48035   |                       |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser  3. Contribution # 714 PAC Receipt? ☐ YES 4. Date of Receipt  |                       |  |
| Name: Mr. Anthony J Viviano Address:4751 Lockwood   | 100.00                | 3120.00  |
| Washington MI 48094   |                       |  |
| 5. If over \$100.00 cumulative, please provide:   |                       |  |
| Occupation Owner Employer Sterling Heights Dodge  |                       |  |
| Business 40111 Van Dyke Ave   |                       |  |
| Address Sterling Heights MJ. 48313-3730   |                       |  |
| Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser  3. Contribution # 715 PAC Receipt? ☐ YES 4. Date of Receipt ☐ 07/18/2010   |                       |  |
| Name: Thomas Wickersham   | 100.00                | 100.00   |
| Address: 14863 Towering Oaks Dr.  |                       |  |
| Utica MI 48315 5. If over \$100.00 cumulative, please provide:  |                       |  |
| OccupationEmployer  |                       |  |
| Business Address  |                       |  |
| Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser   |                       |  |
| 3. Contribution # 716 PAC Receipt? D YES 4. Date of Receipt 07/18/2010  | 100                   |  |
| Name: Gordon B Wilson<br>Address:19297 Hickory Ridge Rd   | 100.00                | 800.00   |
| Rose Township MI 48430-8529   |                       |  |
| 5. If over \$100.00 cumulative, please provide:   |                       |  |
| Zimployer Anderson, Eckstein & Westrick,  |                       |  |
| Business 51301 Schoenherr Address Shelby Township Mt. 48315 2722  |                       |  |
| Fig. 10 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |                       |  |
| Type of Contribution:     Direct  |                       |  |
| Page Subtotal   | mag ==                |  |
| Grand Total of All Schedules 1A   | 500.00                |  |
| Signal of All Delication All actions IA   | ľ                     |  |

Enter this total on line 3a of Summary Page

(Complete on last page of Schedule)

### ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

| 1. Committee I.D. Number | 013853-3                    |
|--------------------------|-----------------------------|
| 2. Committee Name Mark   | Hackel for County Executive |

| * * · · · · · · · · · · · · · · · · · ·   |                   |  |
|---|-------------------|--|
| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of |                   |  |
|   | date of receipt ) |  |
| 100.00  | 400.00            |  |
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| -   |                   |  |

Page Subtotal

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

100.00

392019.00

### ITEMIZED IN-KIND CONTRIBUTIONS SCHEDULE 1-IK CANDIDATE COMMITTEE

| 1. Committee I. D. Number | 013853-3                 |
|---------------------------|--------------------------|
| 2. Committee NameMark Hac | kel for County Executive |

| 3.Name and Address from whom received  If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.  Contribution # 1 PAC Receipt? ☐ Yes Name: Mr. Tony Ferlito  Address: 37335 Casa Bella  Clinton Twp. MI 48036  If over \$100.00 cumulative, please provide: Occupation:Owner  Employer: Ferlito Construction  Business Address: 27085 Gratiot Ave  Roseville MI 48066-2984  ☑ Fund Raiser Contribution | 4. Type of In-kind Contribution (Check applicable box)  5. Date of Receipt  6. Name & Address of Vendor from whom goods or services were purchased  4. ☐ Endorsement or Guarantee of Bank Loan  ☐ Goods Donated or Loaned ☐ Services Donated  ☐ Goods or Services Purchased by Candidate or Others  ☐ Goods or Services Purchased by Candidate or Others- LOAN  Description  5. Date OF RECEIPT: | 7. Amount or<br>Fair Market<br>Value | 8. Cumulative for Election Cycle (Through date in Item 5) |
|--|--|--------------------------------------|---|
| Contribution # 2 PAC Receipt? Yes Name: Mr. Chris Hadjisofroniou  Address: 50828 North Avenue  Macomb MI 48042 If over \$100.00 cumulative, please provide: Occupation: Owner  Employer: Tina's Country House  Business Address: 50828 North Ave  Macomb MI 48042-4627  X Fund Raiser Contribution   | 4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description  5. Date OF RECEIPT:   | 1000.00                              | 1000.00   |
| Contribution # 3 PAC Receipt? Yes Name: Mrs. Gloria J Rau Address: 57096 Mooncreek Ct Washington MI 48094-4232 If over \$100.00 cumulative, please provide: Occupation: Homemaker Employer: Homemaker Business Address:  | 4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description  | 2000.00                              | 2000.00   |

Page Subtotal Grand Total of all Schedules 1-IK (Complete on last page of Schedule) 4600.00

### ITEMIZED IN-KIND CONTRIBUTIONS SCHEDULE 1-IK CANDIDATE COMMITTEE

| 1. Committee I. D. Nun | nber013853-3                     |  |
|------------------------|----------------------------------|--|
| 2. Committee Name _    | Mark Hackel for County Executive |  |

| 3.Name and Address from whom received  If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.  Contribution # 4 PAC Receipt? Tyes | 4. Type of In-kind Contribution (Check applicable box)  5. Date of Receipt  6. Name & Address of Vendor from whom goods or services were purchased  | 7. Amount or<br>Fair Market<br>Value | 8. Cumulative for Election Cycle (Through date in Item 5) |
|---|---|--------------------------------------|---|
| Contribution # 4 PAC Receipt? Yes Name: Mr. Keith Lesperance Address: 24200 Dayton  Armada MI 48005 If over \$100.00 cumulative, please provide: Occupation:Owner  Employer: Lee Printing  Business Address: 21222 Cass Ave  Clinton Township MI 48036  Image: Tend Raiser Contribution                     | 4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN  Description  5. Date OF RECEIPT: 06/23/2010 6. VENDOR NAME & ADDRESS:  | 432.00                               | 432.00  |
| Contribution # 5 PAC Receipt?  Yes Name: Jarred Cloin Address: 33624 Clipper Ct.  New Baltimore MI 48047 If over \$100.00 cumulative, please provide: Occupation: Valet  Employer: CBJ Valet Business Address: 33624 Clipper Ct.  New Baltimore MI 48047  Fund Raiser Contribution                          | 4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN  Description  5. Date OF RECEIPT: 07/18/2010  6. VENDOR NAME & ADDRESS: | 190.00                               | 190.00  |
| Contribution # 6 PAC Receipt? Tyes Name: Mr. Butch Hassig Address: 37363 Fiore Trail Clinton Twp. MI 48036 If over \$100.00 cumulative, please provide: Occupation: Plumbing Contractor Employer: Hassig & Sons Pluming & Heatin Business Address: 5700 Frazho Rd Warren MI 48091-1500                      | 4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN  Description  5. Date OF RECEIPT:                                       | 238.00                               | 488.00  |

Page Subtotal Grand Total of all Schedules 1-IK (Complete on last page of Schedule) 860.00 5460.00



1. Committee I.D. Number \_\_\_013853-3

2. Committee Name Mark Hackel for County Executive

| 3. Name and address of person or vendor to whom paid | 4. Purpose (Describe specific purpose and you   |            |             |
|--|---|------------|-------------|
| Expenditure # 1                                      | may assign an Expenditure Code)   | 5. Date    | 6. Amount   |
| Name: Brain Storm                                    | Purpose: consulting   | 01/10/2010 | 5000.00     |
| Address: 1690 East Strasburg Road                    |   |            |             |
| West Chester PA 19380                                | Expenditure Code  |            |             |
| ☐ Fund Raiser  | Check box if this expenditure is payment of debt or obligation reported on previous statement |            |             |
| Expenditure # 2                                      |   |            |             |
| Name: Pay Systems                                    | Purpose: setup fee  | 01/11/2010 | 50.00       |
| Address: 50704 Schoenherr Rd                         |   |            |             |
| Shelby Township MI 48315                             | Expenditure Code  |            |             |
| ☐ Fund Raiser  | Check box if this expenditure is payment of debt or obligation reported on previous statement |            |             |
| Expenditure # 3                                      |   |            | <del></del> |
| Name: KSI  | Purpose: Furniture  | 01/13/2010 | 2101.76     |
| Address: PO Box Number                               |   |            |             |
| Detroit MI 48264-0001                                | Expenditure Code  |            |             |
| ☐ Fund Raiser  | Check box if this expenditure is payment of debt or obligation reported on previous statement |            |             |
| Expenditure # 4                                      |   |            | <del></del> |
| Name: Pay Systems                                    | Purpose: Payroll  | 01/15/2010 | 3361.69     |
| Address: 50704 Schoenherr Rd                         |   |            |             |
| Shelby Township MI 48315                             | Expenditure Code  |            |             |
| ☐ Fund Raiser  | Check box if this expenditure is payment of debt or obligation reported on previous statement |            |             |
| Expenditure # 5                                      |   |            | <del></del> |
| Name: Pay Systems                                    | Purpose: payroll taxes  | 01/15/2010 | 1127.07     |
| Address: 50704 Schoenherr Rd                         |   |            |             |
| Shelby Township MI 48315                             | Expenditure Code  |            |             |
| Fund Raiser  | Check box if this expenditure is payment of debt or obligation reported on previous statement |            | ŀ           |
|  | Subtotal this pa<br>Grand Total of all Schedules<br>(Complete on last page of Schedu          | 1B         | 11640.52    |



| 1. Committee I.D. Number | 013853-3 |  |
|--------------------------|----------|--|
|                          |          |  |

2. Committee Name Mark Hackel for County Executive

| 3. Name   | e and address of person or vendor to whom paid          | Purpose (Describe specific purpose and you  |  |              |
|-----------|---|---|--|--------------|
|           | liture # 6  | may assign an Expenditure Code)   | 5. Date                                      | 6. Amount    |
| Name:     | VR Research   | Purpose: consultant   | 01/15/2010                                   | 10955.00     |
| Address   | s: 1624 Franklin St<br>Ste 901<br>Oakland CA 94612-2824 | Expenditure Code  |  |              |
| ☐ Fund    | l Raiser  | Check box if this expenditure is payment of debt or obligation reported on previous statement |  |              |
| Expendi   | ture # 7  |   | <del> </del>                                 |              |
| Name:     | Pay Systems   | Purpose: payroll  | 01/28/2010                                   | 3361.69      |
| Address:  | : 50704 Schoenherr Rd Shelby Township MI 48315          | Expenditure Code  |  |              |
| ☐ Fund    | Raiser  | Check box if this expenditure is payment of debt or obligation reported on previous statement |  |              |
| Expendit  | ure # 8   |   | <u> </u>                                     |              |
| Name:     | Pay Systems   | Purpose: payroll taxes  | 01/29/2010                                   | 1127.07      |
| Address:  | 50704 Schoenherr Rd                                     |   |  |              |
|           | Shelby Township MI 48315                                | Expenditure Code  |  |              |
| ☐ Fund I  | Raiser  | Check box if this expenditure is payment of debt or obligation reported on previous statement |  |              |
| Expenditu | ure # 9   |   | <u>                                     </u> | <del> </del> |
| Name:     | The Huntington National Bank                            | Purpose: check fee  | 02/02/2010                                   | 106.63       |
| Address:  | 29333 Hoover Rd   | _   |  |              |
|           | Warren MI 48903   | Expenditure Code  |  |              |
| ☐ Fund F  |   | Check box if this expenditure is payment of debt or obligation reported on previous statement |  |              |
| Expenditu | re # 10   |   | <del></del>                                  |              |
| Name:     | Command Janitorial Service                              | Purpose: Janitorial   | 02/03/2010                                   | 363.13       |
| Address:  | 48786 Beacon Square Dr.                                 |   |  |              |
|           | Macomb MI 48044   | Expenditure Code  |  |              |
| ☐ Fund R  | daiser  | Check box if this expenditure is payment of debt or obligation reported on previous statement |  |              |
|           |   | Subtotal this pa<br>Grand Total of all Schedules<br>(Complete on last page of Schedu          | 1B   | 15913.52     |

| 1. Committee I.D. Number | 013853-3 |
|--------------------------|----------|
|                          |          |

2. Committee Name Mark Hackel for County Executive

| 3. Name an        | nd address of person or vendor to whom paid                                    | Purpose (Describe specific purpose and you     may assign an Expenditure Code)   | 5. Date    | 6. Amount |
|-------------------|--|--|------------|-----------|
| Expenditure       | e#11   | may assign an Expenditure Code)  | <u> </u>   |           |
| Address:          | Damian Kassab<br>1040 W. Snell Rd<br>Rochester MI 48306                        | Purpose: moving furniture, meals/fundraising, pai  Expenditure Code  Check box if this expenditure is payment of debt or obligation reported on previous | 02/03/2010 | 1041.76   |
| Expenditure       |  | statement  |            |           |
| Name:<br>Address: | Damian Kassab<br>1040 W. Snell Rd  | Purpose: office supplies, software, printer  Expenditure Code  | 02/03/2010 | 728.38    |
| ☐ Fund Ra         | Rochester MI 48306   | Check box if this expenditure is payment of debt or obligation reported on previous statement  |            |           |
|                   | Roxanne Naas   | Purpose: reimburse exp - postage   | 02/03/2010 | 10.90     |
|                   | 50704 Schoenherr Rd<br>Utica MI 48315<br>iser                                  | Expenditure Code  Check box if this expenditure is payment of debt or obligation reported on previous statement  | ,          |           |
| Address: F        | ADT Security Services P.O. Box 371490 Pittsburgh PA 15250                      | Purpose: Alarm System  Expenditure Code  Check box if this expenditure is payment of debt or obligation reported on previous statement                   | 02/04/2010 | 78.17     |
| Address: 3        | American Graphics Printing Co.<br>34895 Groesbeck<br>Clinton Township MI 48035 | Purpose: Banner printing  Expenditure Code  Check box if this expenditure is payment of debt or obligation reported on previous statement                | 02/04/2010 | 275.60    |
|                   |  | Subtotal this<br>Grand Total of all Schedule<br>(Complete on last page of Sche   | s 1B       | 2134.81   |

| 1. Commi | ttee I.D. N | lumber C | 13853-3 |
|----------|-------------|----------|---------|
|          |             |          |         |

| 2. Committee Name | Mark Hackel for County Executive |
|-------------------|----------------------------------|
|                   |                                  |

| 3. Name a          | and address of person or vendor to whom paid | Purpose (Describe specific purpose and you may assign an Expenditure Code)          | 5. Date    | 6. Amount |
|--------------------|--|---|------------|-----------|
| Expenditu          | re # 16                                      |   | 02/04/2010 | 200.00    |
| Name:              | Burwood Business Machines                    | Purpose: Office Equipment Rental - se-<br>tup and deli                              |            | 200.00    |
| Address:           | 32401 Edward                                 | Expenditure Code  |            |           |
|                    | Madison Heights MI 48071                     |   |            |           |
| _                  |  | Check box if this expenditure is payment of debt or obligation reported on previous |            |           |
| ☐ Fund F           |  | statement   |            |           |
| Expenditu          |  |   | 02/04/2010 | 212.00    |
| Name:              | Burwood Business Machines                    | Purpose: Office Equipment - Rental ag-<br>reement                                   |            |           |
| Address:           | 32401 Edward                                 | Expenditure Code  |            |           |
|                    | Madison Heights MI 48071                     |   |            |           |
| -                  |  | Check box if this expenditure is payment of debt or obligation reported on previous |            |           |
| ☐ Fund F           |  | statement   |            |           |
| Expenditu          |  |   | 02/04/2010 | 75.00     |
| Name:              | Charter Township of Shelby                   | Purpose:Zoning Compliance   |            |           |
| Address:           | 52700 Van Dyke                               | Expenditure Code  |            |           |
|                    | Shelby Township MI 48316                     |   |            |           |
|                    |  | Check box if this expenditure is payment of debt or obligation reported on previous |            |           |
| ☐ Fund F           |  | statement   |            |           |
| Expenditu          | re # 19                                      |   | 02/04/2010 | 364.89    |
| Name:              | Comcast                                      | Purpose: Phone, internet, cable servi-<br>ce  |            |           |
| Address:           | P.O. Box 3005                                | Expenditure Code  |            |           |
|                    | Southeastern PA 19398-3005                   |   |            |           |
| _                  |  | Check box if this expenditure is payment of debt or obligation reported on previous |            |           |
| ☐ Fund F           |  | statement   |            |           |
| Expenditu          |  |   | 02/04/2010 | 45.50     |
| Name:              | The Macomb Daily                             | Purpose: 26 week subscription   |            |           |
| Address:           | PO Box 2315                                  | Expenditure Code  |            |           |
|                    | Mount Clemens MI 48046                       |   |            |           |
|                    |  | Check box if this expenditure is payment of debt or obligation reported on previous |            |           |
| ☐ Fund F           | Raiser                                       | statement   |            |           |
| Subtotal this page |  |   | 897.39     |           |
|                    |  | Grand Total of all Schedule<br>(Complete on last page of Sche                       |            |           |
|                    |  | (2 2pioto ott dati pago of cont   | ,          | 1         |



| 1, Committee I.D. Number | 013853-3 |  |
|--------------------------|----------|--|
|                          |          |  |

2. Committee Name Mark Hackel for County Executive

| 3. Name ar                 | nd address of person or vendor to whom paid                       | Purpose (Describe specific purpose and you may assign an Expenditure Code)   | 5. Date    | 6. Amount        |
|----------------------------|---|--|------------|------------------|
| Expenditure Name: Address: | Blue Cross Blue Shield of Michigan P.O. Box 2467 Detroit MI 48231 | Purpose: Damian Kassab health insurance  Expenditure Code  Check box if this expenditure is payment of debt or obligation reported on previous statement     | 02/09/2010 | 1879.05          |
| Expenditur Name: Address:  | Pay Systems 50704 Schoenherr Rd Shelby Township MI 48315          | Purpose: payroll  Expenditure Code  Check box if this expenditure is payment of debt or obligation reported on previous statement                            | 02/11/2010 | 3288.05          |
| Expenditur Name: Address:  | Pay Systems 50704 Schoenherr Rd Shelby Township MI 48315          | Purpose: payroll taxes  Expenditure Code  Check box if this expenditure is payment of debt or obligation reported on previous statement                      | 02/12/2010 | 1200.71          |
| Expenditu Name: Address:   | Pay Systems 50704 Schoenherr Rd Shelby Township MI 48315          | Purpose: service charge  Expenditure Code  Check box if this expenditure is payment of debt or obligation reported on previous statement                     | 02/12/2010 | 33.16            |
| Expenditu Name: Address:   | The Huntington National Bank 29333 Hoover Rd Warren MI 48903      | Purpose: monthly service fee  Expenditure Code  Check box if this expenditure is payment of debt or obligation reported on previous statement  Subtotal this | 02/16/2010 | 25.50<br>6426.47 |
|                            |   | Grand Total of all Schedu<br>(Complete on last page of Sch   | les 1B     | 0420.41          |



| 1. Committee I.D. Number |  |
|--------------------------|--|
|                          |  |

2. Committee Name Mark Hackel for County Executive

| Name and address of person or vendor to whom paid | Purpose (Describe specific purpose and you may assign an Expenditure Code) | 5. Date     | 6. Amount |
|---|--|-------------|-----------|
| Expenditure # 26                                  |  | 02/18/2010  | 59.00     |
| Name: ADT Security Services                       | Purpose: Alarm System  | 02/16/2010  | 39.00     |
| Address: P.O. Box 371490                          |  |             |           |
| Pittsburgh PA 15250                               | Expenditure Code   | ļ           |           |
| 1 110501g11 17 10200                              | ☐ Check box if this expenditure is payment                                 |             |           |
| ☐ Fund Raiser                                     | of debt or obligation reported on previous<br>statement                    |             |           |
| Expenditure # 27                                  |  | 00/10/0010  | 4050.00   |
| Name: Hunch Free, Inc.                            | Purpose: Website/Social Media  | 02/18/2010  | 4950.00   |
| Address: 135 North Old Woodward Avenue            |  |             |           |
| Dimerinaham MI 40000                              | Expenditure Code   |             |           |
| Birmingham MI 48009                               | ☐ Check box if this expenditure is payment                                 |             |           |
| ☐ Fund Raiser                                     | of debt or obligation reported on previous statement                       |             |           |
| Expenditure # 28                                  |  | 00/10/00/10 | 145.50    |
| Name: Roxanne Naas                                | Purpose: Stamps  | 02/18/2010  | 145.59    |
| Address: 50704 Schoenherr Rd                      |  |             |           |
| 11600 MI 49245                                    | Expenditure Code   |             |           |
| Utica MI 48315                                    | ☐ Check box if this expenditure is payment                                 |             |           |
| ☐ Fund Raiser                                     | of debt or obligation reported on previous<br>statement                    |             |           |
| Expenditure # 29                                  |  | 00/05/0040  | 2000 70   |
| Name: American Graphics Printing Co.              | Purpose:Banners, signs, letterhead,  | 02/25/2010  | 2080.78   |
| Address: 34895 Groesbeck                          | business car   |             |           |
| Olistan Tauraskia, M. 40005                       | Expenditure Code   |             |           |
| Clinton Township MI 48035                         | ☐ Check box if this expenditure is payment                                 |             |           |
| ☐ Fund Raiser                                     | of debt or obligation reported on previous statement                       |             |           |
| Expenditure # 30                                  |  |             | 00.00     |
| Name: Audio Sentry                                | Purpose:2 camera mounts  | 02/25/2010  | 20.00     |
| Address: 31807 Utica Road                         |  |             |           |
| F M. 40000  | Expenditure Code   |             |           |
| Fraser Mi 48026                                   | ☐ Check box if this expenditure is payment                                 |             |           |
| ☐ Fund Raiser                                     | of debt or obligation reported on previous statement                       |             |           |
| Subtotal this page                                |  |             |           |
|   | Subtotal this  | page        | 7255.37   |



| 1. Committee I.D. Number | 013853-3 |
|--------------------------|----------|
|                          |          |

2. Committee Name Mark Hackel for County Executive

| 3. Name    | and address of person or vendor to whom paid | Purpose (Describe specific purpose and you may assign an Expenditure Code)                      | 5. Date    | 6. Amount |
|------------|--|---|------------|-----------|
| Expenditu  | ure # 31                                     | may assign an Expenditure Code)   |            |           |
| Name:      | Blue World Productions                       | Purpose: Audio Visual production serv-  | 02/25/2010 | 2208.00   |
| Address:   | 1185 Chicago Road                            | ices Expenditure Code   |            |           |
|            | Troy MI 48083                                |   |            |           |
| ☐ Fund F   |  | ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement |            |           |
| Expenditu  | re # 32                                      |   | 02/25/2010 | 274.47    |
| Name:      | Comcast                                      | Purpose: Phone, Internet, Cable servi-  | 02/23/2010 | 271.47    |
| Address:   | P.O. Box 3005                                | ce  |            |           |
|            | Southeastern PA 19398-3005                   | Expenditure Code  |            |           |
|            |  | ☐ Check box if this expenditure is payment  |            |           |
| ☐ Fund F   | Raiser                                       | of debt or obligation reported on previous statement  |            |           |
| Expenditu  | re # 33                                      |   | 20/05/00/0 | 40000.00  |
| Name:      | International Market Strategies, LLC         | Purpose: Jennifer Shoha invoice   | 02/25/2010 | 10000.00  |
| Address:   | 1977 Eagle Pointe                            |   |            |           |
|            | Bloomfield Hills MI 48304                    | Expenditure Code  |            |           |
| ☐ Fund R   |  | Check box if this expenditure is payment of debt or obligation reported on previous statement   |            | İ         |
| Expenditur | re # 34                                      | Statement   |            |           |
| Name:      | NGP Software                                 | Purpose: NGP Contribution Software  | 02/25/2010 | 1000.00   |
| Address:   | 1225 Eye Street NW<br>Suite 1225             | Figure 4 th and Control   |            |           |
|            | Washington DC 20005                          | Expenditure Code  |            |           |
| ☐ Fund R   | aiser  | Check box if this expenditure is payment of debt or obligation reported on previous statement   |            |           |
| Expenditur | e#35   |   |            |           |
| Name:      | Pay Systems                                  | Purpose: payroll  | 02/26/2010 | 3311.69   |
| Address:   | 50704 Schoenherr Rd                          | -   |            |           |
|            | Shelby Township MI 48315                     | Expenditure Code  |            |           |
| ☐ Fund Ra  | aiser  | Check box if this expenditure is payment of debt or obligation reported on previous statement   |            |           |
|            |  | Subtotal this p   | age        | 16791.16  |

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

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| 1. Committee I.D. Number | 013853-3 |
|--------------------------|----------|
|                          |          |

2. Committee Name Mark Hackel for County Executive

| 3. Name a   | and address of person or vendor to whom paid | Purpose (Describe specific purpose and you may assign an Expenditure Code) | 5. Date       | 6. Amount |
|-------------|--|--|---------------|-----------|
| Expenditu   | re # 36                                      |  | 02/26/2010    | 1152.99   |
| Name:       | Pay Systems                                  | Purpose: payroll taxes   | 02/20/2010    | 1102.33   |
| Address:    | 50704 Schoenherr Rd                          |  |               |           |
|             | Shelby Township MI 48315                     | Expenditure Code   |               |           |
|             |  | Check box if this expenditure is payment                                   |               |           |
| ☐ Fund R    | Raiser                                       | of debt or obligation reported on previous statement                       |               |           |
| Expenditu   | re # 37                                      |  | 03/04/2010    | 455.00    |
| Name:       | Roxanne Naas                                 | Purpose: phone, office supplies  | 03/04/2010    | 455.82    |
| Address:    | 50704 Schoenherr Rd                          |  |               |           |
|             | Utica MI 48315                               | Expenditure Code   |               |           |
|             |  | ☐ Check box if this expenditure is payment                                 |               |           |
| ☐ Fund R    | aiser  | of debt or obligation reported on previous<br>statement                    |               |           |
| Expenditur  | re # 38                                      |  | 2010710010    | 207.45    |
| Name:       | Command Janitorial Service                   | Purpose: cleaning 2/26/2010  | 03/07/2010    | 307.45    |
| Address:    | 48786 Beacon Square Dr.                      |  |               |           |
|             | Macomb MI 48044                              | Expenditure Code   |               |           |
|             | Middelile Will 40044                         | ☐ Check box if this expenditure is payment                                 |               |           |
| ☐ Fund R    | aiser  | of debt or obligation reported on previous statement                       |               |           |
| Expenditur  | re#39  |  | l             |           |
| Name:       | Gaukler Pointe Communications LLC            | Purpose: internet and public relations                                     | 03/07/2010    | 3800.00   |
| Address:    | 23224 Robert John Road                       | consulting   |               |           |
|             | St. Clair Shores MI 48080                    | Expenditure Code   |               |           |
|             | Gt. Clair Chores Wil 40000                   | ☐ Check box if this expenditure is payment                                 |               |           |
| ☐ Fund Ra   | aiser  | of debt or obligation reported on previous statement                       | i             |           |
| Expenditure | e#40   |  |               |           |
| Name:       | Harold Haugh Leadership Fund 2010            | Purpose: event ticket  | 03/07/2010    | 100.00    |
| Address:    | need to complete                             |  |               |           |
|             |  | Expenditure Code   |               |           |
|             | Sterling Heights MI 48313                    | ☐ Check box if this expenditure is payment                                 |               |           |
| ☐ Fund Ra   | aiser  | of debt or obligation reported on previous statement                       |               |           |
| -           |  | Subtotal this  | page          | 5816.26   |
|             |  | Grand Total of all Schedule<br>(Complete on last page of Sched             | s 1B<br>dule) |           |

| 1. Committee I.D. Number | 013853-3 |  |
|--------------------------|----------|--|
|                          |          |  |

2. Committee Name Mark Hackel for County Executive

| Expenditure # 41  Name: Hunch Free, Inc.  Address: 135 North Old Woodward Avenue  Birmingham MI 48009  Check box if this expenditure is payment of debt or obligation reported on previous statement  Expenditure # 42  Name: International Market Strategies, LLC  Address: 1977 Eagle Pointe  Bloomfield Hills MI 48304  Fund Raiser  Expenditure # 43  Name: Damian Kassab  Purpose: computer, phones, shirts, of-    O3/07/2010   03/07/2010 |
|--|
| Name: Hunch Free, Inc.  Address: 135 North Old Woodward Avenue  Birmingham MI 48009  Check box if this expenditure is payment of debt or obligation reported on previous statement  Expenditure # 42  Name: International Market Strategies, LLC  Address: 1977 Eagle Pointe  Bloomfield Hills MI 48304  Fund Raiser  Expenditure Code  Check box if this expenditure is payment of debt or obligation reported on previous statement  Expenditure Code  Check box if this expenditure is payment of debt or obligation reported on previous statement  Expenditure Code  Source: Transfer website  Expenditure Code  Check box if this expenditure is payment of debt or obligation reported on previous statement  Expenditure # 43  |
| Birmingham MI 48009    Check box if this expenditure is payment of debt or obligation reported on previous statement   |
| Birmingham MI 48009  Great Raiser  Expenditure # 42  Name: International Market Strategies, LLC  Address: 1977 Eagle Pointe  Bloomfield Hills MI 48304  Fund Raiser  Expenditure # 43  Expenditure # 43  Birmingham MI 48009  Check box if this expenditure is payment of debt or obligation reported on previous statement  03/07/2010  8000.00  8000.00  Check box if this expenditure is payment of debt or obligation reported on previous statement  03/07/2010  7223.65  |
| □ Fund Raiser of debt or obligation reported on previous statement statement  Expenditure # 42  Name: International Market Strategies, LLC  Address: 1977 Eagle Pointe  Bloomfield Hills MI 48304  □ Check box if this expenditure is payment of debt or obligation reported on previous statement  Expenditure # 43  □ Check box if this expenditure is payment of debt or obligation reported on previous statement  7223.65   |
| Expenditure # 42 Name: International Market Strategies, LLC Address: 1977 Eagle Pointe  Bloomfield Hills MI 48304  Fund Raiser  Expenditure Code  Check box if this expenditure is payment of debt or obligation reported on previous statement  Expenditure # 43  O3/07/2010  7223.65   |
| Name: International Market Strategies, LLC  Address: 1977 Eagle Pointe  Bloomfield Hills MI 48304  Check box if this expenditure is payment of debt or obligation reported on previous statement  Expenditure # 43  O3/07/2010  80000.00   |
| Name: International Market Strategies, LLC  Address: 1977 Eagle Pointe  Bloomfield Hills MI 48304  Check box if this expenditure is payment of debt or obligation reported on previous statement  Expenditure # 43  O3/07/2010  7223.65  |
| Bloomfield Hills MI 48304  Check box if this expenditure is payment of debt or obligation reported on previous statement  Expenditure # 43  O3/07/2010  7223.65  |
| Bloomfield Hills MI 48304  Check box if this expenditure is payment of debt or obligation reported on previous statement  Expenditure # 43  O3/07/2010  7223.65  |
| Check box if this expenditure is payment of debt or obligation reported on previous statement  Expenditure # 43  O3/07/2010  T223.65   |
| Expenditure # 43    Statement  |
| 03/07/2010 7223.65   |
|  |
|  |
| Address: 1040 W. Snell Rd  |
| Expenditure Code   |
| Rochester MI 48306  Check box if this expenditure is payment   |
| ☐ Fund Raiser of debt or obligation reported on previous statement   |
| Expenditure # 44   |
| Name: Sign Fabricatiors   03/07/2010   1749.00   1749.00   |
| Address: 43984 N Groesbeck Hwy   |
| Expenditure Code   |
| Clinton Twp MI 48036-1107  Check box if this expenditure is payment  |
| ☐ Fund Raiser of debt or obligation reported on previous statement   |
| Expenditure # 45   |
| Name: Mr. Vince Viviano Purpose: Office supplies 03/07/2010 122.52   |
| Address: 6705 St. Andrews Dr.  |
| Sholby Township Mt. 49346  |
| Shelby Township MI 48316  Check box if this expenditure is payment   |
| ☐ Fund Raiser of debt or obligation reported on previous statement   |
| Subtotal this page 17595.17  |
| Grand Total of all Schedules 1B (Complete on last page of Schedule)  |

| 1. Committee I.D. Number |  |
|--------------------------|--|
|                          |  |

2. Committee Name Mark Hackel for County Executive

|                 | and address of person or vendor to whom paid | Purpose (Describe specific purpose and you may assign an Expenditure Code)   | 5. Date    | 6. Amount                             |
|-----------------|--|--|------------|---------------------------------------|
| Expenditu       | re # 46                                      |  |            | 4                                     |
| Name:           | Mr. Gregory Suma                             | Purpose: lease payment - 3 months  | 03/08/2010 | 1500.00                               |
| Address:        | 24080 Old Kent Rd N                          |  | İ          |                                       |
| ,               |  | Expenditure Code   |            |                                       |
|                 | Warren MI 48091-1667                         |  |            |                                       |
|                 |  | ☐ Check box if this expenditure is payment   |            |                                       |
| ☐ Fund R        | Raiser                                       | of debt or obligation reported on previous   |            |                                       |
|                 |  | statement  |            |                                       |
| Expenditu       | re # 4 /                                     |  | 03/08/2010 | 3997.40                               |
| Name:           | Proforma Marketplace                         | Purpose: Tee's   | 00,00,2010 | 0007.10                               |
| A alaba a a a . | P.O. Box 640814                              |  |            |                                       |
| Address:        | P.O. BOX 040614                              | Expenditure Code   |            |                                       |
|                 | Cincinnati OH 45264-0814                     | Experiental o code   |            |                                       |
|                 |  | ☐ Check box if this expenditure is payment   |            |                                       |
| ⊠ Fund R        | Rigor  | of debt or obligation reported on previous   |            |                                       |
| LES FUIIG N     | Adisei                                       | statement  |            |                                       |
| Expenditu       | re # 48                                      |  | 00/00/0040 | 12070.00                              |
| Name:           | VR Research                                  | Purpose: Research  | 03/08/2010 | 13070.62                              |
| 11011101        |  | a poso, research   |            |                                       |
| Address:        | 1624 Franklin St                             |  | j          |                                       |
|                 | Ste 901                                      | Expenditure Code   |            |                                       |
|                 | Oakland CA 94612-2824                        | ☐ Check box if this expenditure is payment   |            |                                       |
|                 |  | of debt or obligation reported on previous   |            |                                       |
| ☐ Fund R        | Raiser                                       | statement  |            |                                       |
| Expenditu       | re # 49                                      |  | <u> </u>   |                                       |
| Name:           | Pay Systems                                  | Durage Payroll   | 03/12/2010 | 3311.69                               |
| Name.           | r ay Gystems                                 | Purpose: payroll   | 1          |                                       |
| Address:        | 50704 Schoenherr Rd                          |  |            |                                       |
|                 | 5. n. =                                      | Expenditure Code   |            |                                       |
|                 | Shelby Township MI 48315                     | ☐ Check box if this expenditure is payment   |            |                                       |
|                 |  | ☐ Check box if this expenditure is payment of debt or obligation reported on previous  |            |                                       |
| ☐ Fund R        | Raiser                                       | statement  |            |                                       |
| Expenditu       | re # 50                                      |  | <u> </u>   | · · · · · · · · · · · · · · · · · · · |
|                 |  | To the state of th | 03/12/2010 | 1083.07                               |
| Name:           | Pay Systems                                  | Purpose: payroll taxes   | <u> </u>   |                                       |
| Address:        | 50704 Schoenherr Rd                          |  |            |                                       |
|                 |  | Expenditure Code   |            |                                       |
|                 | Shelby Township MI 48315                     |  |            |                                       |
|                 |  | Check box if this expenditure is payment   |            |                                       |
| ☐ Fund R        | Raiser                                       | of debt or obligation reported on previous statement   |            |                                       |
| <u>.</u>        |  |  | <u> </u>   |                                       |
|                 |  | Subtotal this  | page       | 22962,78                              |
|                 |  | Grand Total of all Schedule  |            |                                       |

Enter this total on line 8a of Summary Page

(Complete on last page of Schedule)

| 1. Committee I.D. Number | 013853-3 |  |
|--------------------------|----------|--|
|                          |          |  |

| Committee Name | County Executive |
|----------------|------------------|
|----------------|------------------|

| 3. Name a | and address of person or vendor to whom paid | Purpose (Describe specific purpose and you may assign an Expenditure Code)   | 5. Date    | 6. Amount |
|-----------|--|--|------------|-----------|
| Expenditu | re # 51                                      | The second secon | 00/40/0040 | 70.40     |
| Name:     | Pay Systems                                  | Purpose:service fee  | 03/12/2010 | 79.16     |
| Address:  | 50704 Schoenherr Rd                          |  |            |           |
| -         | Shelby Township MI 48315                     | Expenditure Code   |            |           |
|           |  | ☐ Check box if this expenditure is payment   |            |           |
| ☐ Fund F  | Raiser                                       | of debt or obligation reported on previous statement   |            |           |
| Expenditu | re # 52                                      |  | 00/40/0040 | 400.00    |
| Name:     | Friends of Sabina Turner                     | Purpose: 4 tickets to fundraiser   | 03/16/2010 | 100.00    |
| Address:  | 290 Northbound Gratiot                       |  |            |           |
|           | Mount Clemens MI 48043                       | Expenditure Code   |            |           |
|           | mount dismand itm 18846                      | ☐ Check box if this expenditure is payment   |            |           |
| ☐ Fund R  | taiser                                       | of debt or obligation reported on previous statement   |            |           |
| Expenditu | re # 53                                      |  |            | 105.00    |
| Name:     | ADT Security Services                        | Purpose: slarm system - 4/1/10-6/30/10   | 03/18/2010 | 105.00    |
| Address:  | P.O. Box 371490                              |  |            |           |
|           | Pittsburgh PA 15250                          | Expenditure Code   |            |           |
|           | T Masaagn T / To200                          | ☐ Check box if this expenditure is payment   |            |           |
| ☐ Fund R  | taiser                                       | of debt or obligation reported on previous statement   |            |           |
| Expenditu | re # 54                                      |  | 22/42/22/2 | 704.04    |
| Name:     | American Graphics Printing Co.               | Purpose: breakfast brochures   | 03/18/2010 | 791.61    |
| Address:  | 34895 Groesbeck                              |  | j          |           |
|           | Clinton Township MI 48035                    | Expenditure Code   |            |           |
|           | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,      | ☐ Check box if this expenditure is payment   |            |           |
| ☑ Fund R  | aiser  | of debt or obligation reported on previous<br>statement  |            |           |
| Expenditu | re # 55                                      |  | 02400040   | 055.45    |
| Name:     | Blue Cross Blue Shield of Michigan           | Purpose: Damian Kassab health insuran-   | 03/18/2010 | 955.45    |
| Address:  | P.O. Box 2467                                | ce   |            |           |
|           | Detroit MI 48231                             | Expenditure Code   |            |           |
|           | Denoit Wil 40251                             | ☐ Check box if this expenditure is payment   |            |           |
| ☐ Fund R  | aiser  | of debt or obligation reported on previous statement   |            |           |
|           |  | Subtotal this  | page       | 2031.22   |
|           |  | Grand Total of all Schedule<br>(Complete on last page of Sche  |            |           |



| 1. Committee I.D. Number | 013853-3 |
|--------------------------|----------|
|                          |          |

2. Committee Name Mark Hackel for County Executive

|           | and address of person or vendor to whom paid | Purpose (Describe specific purpose and you may assign an Expenditure Code)                      | 5. Date    | 6. Amount |
|-----------|--|---|------------|-----------|
| Expenditu | ure # 56                                     |   |            |           |
| Name:     | Burwood Business Machines                    | Purpose: copy machine rental  | 03/18/2010 | 242.14    |
| Address:  | 32401 Edward                                 |   |            |           |
|           | Madison Heights MI 48071                     | Expenditure Code  |            |           |
| ☐ Fund F  | Raiser                                       | ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement |            |           |
| Expenditu | re # 57                                      |   |            |           |
| Name:     | Comcast                                      | Purpose: Phone, internet, cable servi-  | 03/18/2010 | 266.70    |
| Address:  | P.O. Box 3005                                | ce  |            |           |
|           | Couthocotom DA 40200 DDOF                    | Expenditure Code  |            |           |
|           | Southeastern PA 19398-3005                   | ☐ Check box if this expenditure is payment  |            |           |
| ☐ Fund F  | Raiser                                       | of debt or obligation reported on previous statement  |            |           |
| Expenditu | re # 58                                      |   |            |           |
| Name:     | CTS Companies                                | Purpose: phone swap   | 03/18/2010 | 172.25    |
| Address:  | 2065 Franklin Road                           |   |            |           |
|           | Bloomfield Hills MI 48302                    | Expenditure Code  |            |           |
|           | Diconnect files with 46302                   | ☐ Check box if this expenditure is payment  |            |           |
| ☐ Fund R  | Raiser                                       | of debt or obligation reported on previous statement  |            |           |
| Expenditu | re # 59                                      |   |            |           |
| Name:     | LB Office Products                           | Purpose: Office furniture   | 03/18/2010 | 150.00    |
| Address:  | 26150 John R Road                            |   | 1          |           |
|           | Madison Heights MI 48071                     | Expenditure Code  |            |           |
| !         |  | ☐ Check box if this expenditure is payment  |            |           |
| ☐ Fund R  | aiser  | of debt or obligation reported on previous statement  |            |           |
| Expenditu | re # 60                                      |   |            |           |
| Name:     | David LeDuc                                  | Purpose: Ethernet switch & network ca-  | 03/18/2010 | 100.67    |
| Address:  | 3108 Martell                                 | bles  |            |           |
|           | Desker to Mill 1999                          | Expenditure Code  |            |           |
|           | Rochester MI 48309                           | ☐ Check box if this expenditure is payment  |            |           |
| ☐ Fund R  | aiser  | of debt or obligation reported on previous statement  |            |           |
|           |  | Subtotal this   | page       | 931.76    |
|           |  | Grand Total of all Schedule   | s 1B       |           |



1. Committee I.D. Number <u>013853-3</u>

2. Committee Name Mark Hackel for County Executive

| 2 Name and address of                                | <del></del>   |               |           |
|--|---|---------------|-----------|
| 3. Name and address of person or vendor to whom paid | Purpose (Describe specific purpose and you may assign an Expenditure Code)                                  | 5. Date       | 6. Amount |
| Expenditure # 61                                     |   |               |           |
| Name: Pay Systems                                    | Purpose: payroll  | 03/26/2010    | 7195.36   |
| Address: 50704 Schoenherr Rd                         |   |               |           |
| Shelby Township MI 48315                             | Expenditure Code  |               |           |
|  | ☐ Check box if this expenditure is payment  |               |           |
| ☐ Fund Raiser  | of debt or obligation reported on previous statement  |               |           |
| Expenditure # 62                                     |   |               |           |
| Name: Pay Systems                                    | Purpose: payroll taxes  | 03/26/2010    | 2522.26   |
| Address: 50704 Schoenherr Rd                         |   |               |           |
| Shelby Township MI 48315                             | Expenditure Code  |               |           |
| 10010  | Check box if this expenditure is payment  |               |           |
| ☐ Fund Raiser  | of debt or obligation reported on previous statement  |               |           |
| Expenditure # 63                                     |   |               |           |
| Name: American Graphics Printing Co.                 | Purpose: letterhead & envelopes   | 03/29/2010    | 230.02    |
| Address: 34895 Groesbeck                             |   |               |           |
| Clinton Township MI 48035                            | Expenditure Code  |               |           |
| ,  | ☐ Check box if this expenditure is payment  |               |           |
| ☐ Fund Raiser  | of debt or obligation reported on previous statement  |               |           |
| Expenditure # 64                                     |   |               | <u> </u>  |
| Name: Bethlehem Temple Apostolic Faith Ch-           | Dumage 1/2 page ad tribute head   | 03/29/2010    | 75.00     |
| urcn   | Purpose: 1/2 page ad - tribute book   |               |           |
| Address: 22645 Quinn Road                            | Expenditure Code  |               |           |
| Clinton Township MI 48035                            |   |               |           |
|  | <ul> <li>Check box if this expenditure is payment<br/>of debt or obligation reported on previous</li> </ul> |               |           |
| ☐ Fund Raiser  | statement   |               |           |
| Expenditure # 65                                     |   |               |           |
| Name: Care House                                     | Purpose: 1/2 page ad - Fools for Kids   | 03/29/2010    | 175.00    |
| Address: 131 Market Street                           |   |               |           |
| Mount Clemens MI 48043                               | Expenditure Code  |               |           |
| Mount Clemens (VI) 40043                             | ☐ Check box if this expenditure is payment  |               |           |
| ☐ Fund Raiser  | of debt or obligation reported on previous statement  |               |           |
|  | Subtotal this p   | page          | 10197.64  |
|  | Grand Total of all Schedule<br>(Complete on last page of Schedule   | s 1B<br>Jule) |           |



| 1. Committee I.D. Number | 013853-3 |
|--------------------------|----------|
| <del>-</del>             |          |

| 2. Committee Name | Mark Hackel for County Executive |  |
|-------------------|----------------------------------|--|
|-------------------|----------------------------------|--|

| 3. Name and address of person or vendor to whom paid | A Purpose (Densille   |            | , — — — — — — — — — — — — — — — — — — — |
|--|---|------------|---|
|  | Purpose (Describe specific purpose and you may assign an Expenditure Code)          | 5. Date    | 6. Amount                               |
| Expenditure # 66                                     |   | 03/29/2010 | 400.00                                  |
| Name: Care House                                     | Purpose: 8 tickets - Fools for Kids   | 00/25/2010 | 400.00                                  |
| Address: 131 Market Street                           |   |            |   |
| Mount Clemens MI 48043                               | Expenditure Code  |            |   |
| Would Clemens Wii 48043                              | Check box if this expenditure is payment  |            |   |
| ☐ Fund Raiser  | of debt or obligation reported on previous  |            |   |
| Expenditure # 67                                     | statement   |            |   |
|  |   | 03/29/2010 | 198.05                                  |
|  | Purpose: Feb Gas  |            |   |
| Address: Consumers Energy                            | Evenenditure Onde   |            |   |
| Lansing MI 48937-0001                                | Expenditure Code  |            |   |
|  | ☐ Check box if this expenditure is payment  |            |   |
| ☐ Fund Raiser  | of debt or obligation reported on previous statement                                |            |   |
| Expenditure # 68                                     |   |            |   |
| Name: DTE Energy                                     | Purpose: Feb - Electricity  | 03/29/2010 | 172.68                                  |
| Address: P.O. Box 740786                             |   |            |   |
|  | Expenditure Code  |            |   |
| Cincinnati OH 45274                                  | ☐ Check box if this expenditure is payment  |            |   |
| ☐ Fund Raiser  | of debt or obligation reported on previous  |            |   |
| Expenditure # 69                                     | statement   |            |   |
|  |   | 03/29/2010 | 50.00                                   |
| Name: Fraser High School                             | Purpose: 1/2 page ad - Annie  | İ          | 77.00                                   |
| Address: 34270 Garfield Rd.                          |   |            |   |
| Fraser MI 48026                                      | Expenditure Code  |            | İ                                       |
|  | ☐ Check box if this expenditure is payment  |            |   |
| ☐ Fund Raiser  | of debt or obligation reported on previous statement                                |            | İ                                       |
| Expenditure # 70                                     |   |            |   |
| Name: KDN Videoworks, Inc.                           | Purpose:cameras & photographer  | 03/29/2010 | 5372.00                                 |
| Address: 32311 Stephenson Hwy                        | s dipocoli <u>samoras a priotographici</u>  |            |   |
| •  | Expenditure Code  |            |   |
| Madison Heights MI 48071                             |   |            |   |
| ☑ Fund Raiser  | Check box if this expenditure is payment of debt or obligation reported on previous |            | i                                       |
| to ito Malsel  | statement   |            |   |
|  | Subtotal this p   | )age       | 6400.70                                 |
|  | Grand Total of all Schedule   | s 1B       | 6192.73                                 |
|  | (Complete on last page of Scheo   | lule)      |   |

1. Committee I.D. Number \_\_\_013853-3

2. Committee Name Mark Hackel for County Executive

|             | OANDIDATE COMMITTEE  |  |  |           |
|-------------|--|--|--|-----------|
| 3. Name a   | and address of person or vendor to whom paid                     | Purpose (Describe specific purpose and you may assign an Expenditure Code) | 5. Date                                      | 6. Amount |
| Expenditu   | re # 71  |  |  |           |
| Name:       | LSG Insurance Partners   | Purpose: Notary Bond   | 03/29/2010                                   | 55.00     |
| Address:    | 2369 Franklin Road<br>P.O. Box 3000<br>Bloomfield Hills MI 48302 | Expenditure Code  Check box if this expenditure is payment                 |  |           |
| ☐ Fund F    | Raiser   | of debt or obligation reported on previous statement                       |  |           |
| Expenditu   | re # 72  |  |  | 500.00    |
| Name:       | Mr. Gregory Suma   | Purpose: lease payment - April 2010  | 03/29/2010                                   | 500.00    |
| Address:    | 24080 Old Kent Rd N  |  |  |           |
|             | Worren MI 49001 1667   | Expenditure Code   |  |           |
|             | Warren MI 48091-1667   | ☐ Check box if this expenditure is payment                                 |  |           |
| ☐ Fund F    | Raiser   | of debt or obligation reported on previous statement                       |  |           |
| Expenditu   | re # 73  |  | 00,00,000                                    | 000.70    |
| Name:       | Mr. Gregory Suma   | Purpose: january utilities - gas & el-                                     | 03/29/2010                                   | 360.72    |
| Address:    | 24080 Old Kent Rd N  |  |  |           |
|             | Warren MI 48091-1667   | Expenditure Code   |  |           |
|             | Waiter Wii 40031-1007  | ☐ Check box if this expenditure is payment                                 |  |           |
| ☐ Fund R    | aiser  | of debt or obligation reported on previous statement                       |  |           |
| Expenditu   | re # 74  |  | <u>                                     </u> |           |
| Name:       | Roxanne Naas   | Purpose: computer accessories, office                                      | 03/29/2010                                   | 404.52    |
|             |  | supplies   |  |           |
| Address:    | 50704 Schoenherr Rd  | Expenditure Code   |  | !         |
|             | Utica MI 48315   |  |  |           |
|             |  | Check box if this expenditure is payment                                   |  |           |
| ☐ Fund R    | aiser  | of debt or obligation reported on previous<br>statement                    |  |           |
| Expenditu   | re # 75  |  |  |           |
| Name:       | Mr. Vince Viviano  | Purpose: Office supplies   | 03/29/2010                                   | 98.35     |
| Address:    | 6705 St. Andrews Dr.   |  |  | ı         |
|             | <b>_</b>   | Expenditure Code   |  |           |
|             | Shelby Township MI 48316   | ☐ Check box if this expenditure is payment                                 |  |           |
| ☐ Fund R    | aiser  | of debt or obligation reported on previous statement                       |  |           |
| <del></del> |  | Subtotal this  | page   | 1418.59   |
|             |  | Grand Total of all Schedule  | es 1B  |           |
|             |  | (Complete on last page of Sche   | oule) 1                                      |           |



1. Committee I.D. Number 013853-3

| 2. Committee Name | Mark Hackel for County Executive |
|-------------------|----------------------------------|
|                   |                                  |

| Name and address of person or vendor to whom paid |   | ,           |             |
|---|---|-------------|-------------|
|   | Purpose (Describe specific purpose and you may assign an Expenditure Code)                      | 5. Date     | 6. Amount   |
| Expenditure # 76  Name: Burwood Business Machines | Purpose: copy machine rental agreement  | 04/01/2010  | 224.90      |
| Address: 32401 Edward  Madison Heights MI 48071   | Expenditure Code  |             |             |
| ☐ Fund Raiser                                     | of debt or obligation reported on previous statement  |             |             |
| Expenditure # 77                                  |   | <u> </u>    | <u> </u>    |
| Name: CTS Companies                               | Purpose: phone swap   | 04/01/2010  | 172.25      |
| Address: 2065 Franklin Road                       |   |             |             |
| Bloomfield Hills MI 48302                         | Expenditure Code  |             |             |
| ☐ Fund Raiser                                     | ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement |             |             |
| Expenditure # 78                                  |   |             | <del></del> |
| Name: Damian Kassab                               | Purpose: phones, computer, tv & stand,  | 04/01/2010  | 9015.61     |
| Address: 1040 W. Snell Rd                         | health ins  |             |             |
| Rochester MI 48306                                | Expenditure Code  |             |             |
| ☐ Fund Raiser                                     | Check box if this expenditure is payment of debt or obligation reported on previous statement   |             |             |
| Expenditure # 79                                  |   |             |             |
| Name: McCallum Moving Co., Inc.                   | Purpose: moving office furniture  | 04/01/2010  | 330.00      |
| Address: 24576 Grove                              |   |             |             |
| Eastpointe MI 48021                               | Expenditure Code  |             |             |
| ☐ Fund Raiser                                     | Check box if this expenditure is payment of debt or obligation reported on previous statement   |             |             |
| Expenditure # 80                                  |   | <del></del> |             |
| Name: Command Janitorial Service                  | Purpose: March cleaning services  | 04/09/2010  | 321.56      |
| Address: 48786 Beacon Square Dr.                  |   | ĺ           |             |
| Macomb MI 48044                                   | Expenditure Code  |             | ;           |
| ☐ Fund Raiser                                     | ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement | :           |             |
|   | Subtotal this p  Grand Total of all Schedules (Complete on last page of Sched                   | 3 1B        | 10064.32    |

| 1. Committee I.D. | Number | 013853-3 |  |
|-------------------|--------|----------|--|
|                   |        |          |  |

2. Committee Name Mark Hackel for County Executive

|                   | ······································                   | <u>,</u>  |            |             |
|-------------------|--|---|------------|-------------|
|                   | and address of person or vendor to whom paid             | Purpose (Describe specific purpose and you may assign an Expenditure Code)          | 5. Date    | 6. Amount   |
| Expenditu         | re # 81  |   |            |             |
| Name:<br>Address: | Gaukler Pointe Communications LLC 23224 Robert John Road | Purpose: Internet & Public relations consulting  Expenditure Code                   | 04/09/2010 | 3158.81     |
|                   | St. Clair Shores MI 48080                                |   |            |             |
|                   |  | ☐ Check box if this expenditure is payment  |            |             |
| ☐ Fund R          |  | of debt or obligation reported on previous statement                                |            |             |
| Expenditu         | re # 82  |   | 04/09/2010 | 4028.86     |
| Name:             | Pay Systems  | Purpose: payroll  | 04/03/2010 | 4020.00     |
| Address:          | 50704 Schoenherr Rd                                      | Evanditura Codo   |            |             |
|                   | Shelby Township MI 48315                                 | Expenditure Code  |            |             |
|                   | Cholby Township Int 40010                                | ☐ Check box if this expenditure is payment  |            |             |
| ☐ Fund R          | Raiser   | of debt or obligation reported on previous statement                                |            |             |
| Expenditu         | ro # 93  |   | ·L         |             |
| LAperialia        |  |   | 04/09/2010 | 1344.55     |
| Name:             | Pay Systems  | Purpose: payroll taxes  |            |             |
| Address:          | 50704 Schoenherr Rd                                      |   |            |             |
|                   | Challes Taymakin Mt. 40245                               | Expenditure Code  | ]          |             |
|                   | Shelby Township MI 48315                                 | ☐ Check box if this expenditure is payment  |            |             |
|                   |  | of debt or obligation reported on previous  |            |             |
| ☐ Fund R          | Raiser   | statement   |            |             |
| Expenditu         | re # 84  |   |            | 45405.00    |
| Name:             | Penna's of Sterling                                      | Purpose: 2/26/10 breakfast event  | 04/09/2010 | 15105.00    |
| Address:          | 38400 Van Dyke   |   |            |             |
|                   | •  | Expenditure Code  |            |             |
|                   | Sterling Heights MI 48312                                | ☐ Check box if this expenditure is payment  |            |             |
|                   |  | Check box if this expenditure is payment of debt or obligation reported on previous |            |             |
| ☑ Fund R          | daiser   | statement   |            |             |
| Expenditu         | re # 85  |   |            |             |
| Name:             | Sawicki & Son  | Purpose:500 stickers  | 04/09/2010 | 341.32      |
|                   |  | r dipose. ooo odonoro   |            |             |
| Address:          | 1521 W. Lafayette  | Expenditure Code  |            |             |
|                   | Detroit MI 48216   |   |            |             |
|                   |  | ☐ Check box if this expenditure is payment  |            |             |
| ☐ Fund R          | taiser   | of debt or obligation reported on previous statement                                |            |             |
|                   |  | Statement   |            | <del></del> |
|                   |  | Subtotal this   | page       | 23978.54    |
|                   |  | Grand Total of all Schedule   |            |             |
|                   |  | (Complete on last page of Sche  | dule)      |             |



| 1. Committee I.D. Number | 013853-3                              |
|--------------------------|---------------------------------------|
| <del>-</del>             | · · · · · · · · · · · · · · · · · · · |

2. Committee Name Mark Hackel for County Executive

| 3. Name    | and address of person or vendor to whom paid   | 4. Purpose (Describe specific purpose and you   | 5. Date    | 6. Amount           |
|------------|--|---|------------|---------------------|
| Expenditu  | ıre # 86   | may assign an Expenditure Code)   |            |                     |
| Name:      | Verizon Wireless   | Purpose: March cell phone bill  | 04/09/2010 | 516.66 <sup>-</sup> |
| Address:   | P.O. Box 553   | , dipood. Menor son priorio son   |            |                     |
| , 100/000. |  | Expenditure Code  |            |                     |
|            | Warrendale PA 15086  | ☐ Check box if this expenditure is payment  |            |                     |
| ☐ Fund F   | Raiser   | of debt or obligation reported on previous  |            |                     |
| Expenditu  | re # 87  | statement   |            |                     |
|            |  |   | 04/12/2010 | 95.11               |
| Name:      | Pay Systems  | Purpose: service fee  |            |                     |
| Address:   | 50704 Schoenherr Rd  | Expenditure Code  |            |                     |
|            | Shelby Township MI 48315   |   |            |                     |
| <b>.</b>   |  | Check box if this expenditure is payment of debt or obligation reported on previous                         |            |                     |
| ☐ Fund F   |  | statement   |            |                     |
| Expenditu  | re # 88  |   | 04/14/2010 | 43.46               |
| Name:      | Macomb County Treasurer  | Purpose: copies   | 04/14/2010 | 43.40               |
| Address:   | need info  |   |            |                     |
|            | Mount Clemens MI 48043   | Expenditure Code  |            |                     |
|            | 100 TO 10 | ☐ Check box if this expenditure is payment  |            |                     |
| ☐ Fund R   | daiser   | of debt or obligation reported on previous<br>statement   |            |                     |
| Expenditu  | re # 89  |   |            |                     |
| Name:      | American Graphics Printing Co.   | Purpose:Endorsement cards, thank you  | 04/22/2010 | 1005.51             |
| Address:   | 34895 Groesbeck  | cards, enve   |            |                     |
|            |  | Expenditure Code  |            |                     |
|            | Clinton Township MI 48035  | ☐ Check box if this expenditure is payment  |            |                     |
| ☐ Fund R   | aiser  | of debt or obligation reported on previous  |            |                     |
| Expenditur |  | statement   |            |                     |
| ·          | Comcast  |   | 04/22/2010 | 267.23              |
| Name:      |  | Purpose: Cable, internet, phone   |            |                     |
| Address:   | P.O. Box 3005  | Expenditure Code  |            |                     |
|            | Southeastern PA 19398-3005   |   |            |                     |
| _          |  | <ul> <li>Check box if this expenditure is payment<br/>of debt or obligation reported on previous</li> </ul> |            |                     |
| ☐ Fund R   | aiser  | statement   |            |                     |
| -          |  | Subtotal this   | nage       | 1007.07             |
|            |  | Grand Total of all Schedule   | ·          | 1927.97             |
|            |  | (Complete on last page of Scheo   | dule)      |                     |



| <ol> <li>Committee I.D. Number</li> </ol> | 013853-3       |
|---|----------------|
| -   | · <del>-</del> |

2. Committee Name Mark Hackel for County Executive

| 3. Name   | and address of person or vendor to whom paid         | 4. Purpose (Describe specific purpose and you   | T = -      | <del></del> |
|-----------|--|---|------------|-------------|
|           | ture # 91  | may assign an Expenditure Code)   | 5. Date    | 6. Amount   |
| Name:     | Consumers Energy                                     | Purpose: 3/31-4/7/10 gas  | 04/22/2010 | 71.71       |
| Address   | : Consumers Energy                                   |   |            | 1           |
|           | Lansing MI 48937-0001                                | Expenditure Code  |            |             |
| ☐ Fund    |  | Check box if this expenditure is payment of debt or obligation reported on previous statement |            |             |
| Expendit  | ure # 92   |   | <u></u>    |             |
| Name:     | Gownie Golf Club                                     | Purpose: Golf Deposit   | 04/22/2010 | 500.00      |
| Address:  | 24770 S. River Rd.                                   |   |            |             |
|           | Harrison Township MI 48045-1926                      | Expenditure Code  |            |             |
| ☑ Fund    |  | Check box if this expenditure is payment of debt or obligation reported on previous statement |            |             |
| Expendite | ure # 93   |   |            |             |
| Name:     | David LeDuc  | Purpose: Office Equipment - printer   | 04/22/2010 | 354.02      |
| Address:  | 3108 Martell   |   |            |             |
|           | Rochester MI 48309                                   | Expenditure Code  |            |             |
| ☐ Fund F  | Raiser   | Check box if this expenditure is payment of debt or obligation reported on previous statement |            |             |
| Expenditu | re # 94  |   | <u> </u>   |             |
| Name:     | Macomb County Chamber                                | Purpose: Office furniture   | 04/22/2010 | 100.00      |
| Address:  | 28 First Street<br>Suite B<br>Mount Clemens MI 48043 | Expenditure Code  |            |             |
| ☐ Fund F  | Raiser   | Check box if this expenditure is payment of debt or obligation reported on previous statement |            | i           |
| Expenditu | re # 95  |   |            | <del></del> |
| Name:     | Mr. Gregory Suma                                     | Purpose:gas usage - 3/9-3/30/10   | 04/22/2010 | 19.46       |
| Address:  | 24080 Old Kent Rd N                                  |   |            |             |
|           | Warren MI 48091-1667                                 | Expenditure Code  |            |             |
| ☐ Fund R  | aiser  | Check box if this expenditure is payment of debt or obligation reported on previous statement |            |             |
|           |  | Subtotal this p   | age        | 1045,19     |

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

| <ol> <li>Committee I.D. Number</li> </ol> | 013853-3 |  |
|---|----------|--|
|   |          |  |

| 2. Committee Name Mark I | Hackel for Count | y Executive |
|--------------------------|------------------|-------------|
|--------------------------|------------------|-------------|

| <del></del>   | OANDIDATE COMMITTEE                        |   |  |             |
|---------------|--|---|--|-------------|
|               | d address of person or vendor to whom paid | Purpose (Describe specific purpose and you may assign an Expenditure Code)  | 5. Date  | 6. Amount   |
| Expenditure   | # 96                                       |   | <del>                                     </del> | <u> </u>    |
| Name: N       | Michael Radtke                             | Purpose: notary fees, office supplies, car allowa   | 04/22/2010                                       | 525.75      |
| Address: 5    | 50704 Schoenherr Rd                        |   |  |             |
| 5             | Shelby Township MI 48315-3137              | Expenditure Code  |  |             |
| ☐ Fund Rais   | ser  | Check box if this expenditure is payment of debt or obligation reported on previous statement                             |  |             |
| Expenditure   | # 97                                       |   |  |             |
| Name: F       | Pay Systems                                | Purpose:payroll   | 04/23/2010                                       | 4283.24     |
| Address: 5    | 50704 Schoenherr Rd                        |   |  |             |
| S             | Shelby Township MI 48315                   | Expenditure Code  |  |             |
| ☐ Fund Rais   |  | <ul> <li>Check box if this expenditure is payment<br/>of debt or obligation reported on previous<br/>statement</li> </ul> | :  |             |
| Expenditure # | # 98                                       |   |  | <del></del> |
| Name: P       | ay Systems                                 | Purpose: payroll taxes  | 04/23/2010                                       | 1644.75     |
| Address: 50   | 0704 Schoenherr Rd                         |   |  |             |
| s             | helby Township MI 48315                    | Expenditure Code  |  |             |
| ☐ Fund Rais   | er   | <ul> <li>Check box if this expenditure is payment<br/>of debt or obligation reported on previous<br/>statement</li> </ul> |  |             |
| Expenditure # | ‡ 99                                       |   |  |             |
| Name: Pa      | ay Systems                                 | Purpose: payroll  | 04/23/2010                                       | 4028.86     |
| Address: 50   | 0704 Schoenherr Rd                         |   |  |             |
| SI            | helby Township MI 48315                    | Expenditure Code  | :  |             |
| ☐ Fund Raise  | er   | Check box if this expenditure is payment of debt or obligation reported on previous statement                             |  |             |
| Expenditure # | 100  |   | <del></del>                                      | <del></del> |
| Name: Pa      | ay Systems                                 | Purpose: payroll taxes  | 04/23/2010                                       | 1344.55     |
| Address: 50   | 0704 Schoenherr Rd                         | · <del>-</del>  |  |             |
| Sh            | nelby Township MI 48315                    | Expenditure Code  |  |             |
| ☐ Fund Raise  | er   | Check box if this expenditure is payment of debt or obligation reported on previous statement                             |  |             |
|               |  | Subtotal this p<br>Grand Total of all Schedules   | · -  | 11827.15    |
|               |  | (Complete on last page of Sched   | ule)   |             |

1. Committee I.D. Number <u>013853-3</u>

| 2. Committee Name | Mark Hackel for County Executive |  |
|-------------------|----------------------------------|--|
|-------------------|----------------------------------|--|

| 3. Name                    | and address of person or vendor to whom paid                           | Purpose (Describe specific purpose and you may assign an Expenditure Code)                    | 5. Date    | 6. Amount |
|----------------------------|--|---|------------|-----------|
| Expenditu                  | ure # 101  | may assign an Experiuntire Code)  | 1          | <u> </u>  |
| Name:                      | 12th District Young Dems   | Purpose: Candidates Mixer   | 04/30/2010 | 100.00    |
| Address:                   | 25511 Coolidge Hwy Oak Park MI 48237-1305                              | Expenditure Code  Check box if this expenditure is payment                                    |            |           |
| ☐ Fund F                   | Raiser   | of debt or obligation reported on previous statement  |            |           |
| Expenditu                  | ire # 102  |   | 0.4.00.4.0 | 000.00    |
| Name:                      | NGP Software   | Purpose: campaign software  | 04/30/2010 | 930.00    |
| Address:                   | 1225 Eye Street NW<br>Suite 1225<br>Washington DC 20005                | Expenditure Code  |            |           |
| ☐ Fund F                   | Raiser   | of debt or obligation reported on previous statement  |            |           |
| Expenditu                  | re # 103   |   |            |           |
| Name:                      | North Macomb PAC   | Purpose: 5/13 fundraising banquet -   | 04/30/2010 | 300.00    |
| Address:                   | 45451 Fielding St.   | table   |            |           |
|                            | Macomb MI 48042  | Expenditure Code  |            |           |
| ☐ Fund F                   | Raiser   | Check box if this expenditure is payment of debt or obligation reported on previous statement |            |           |
| Expenditu                  | re # 104   |   | 04/00/0040 | 000.54    |
| Name:                      | Rocket Enterprise  | Purpose: flag & flagpole  | 04/30/2010 | 369.54    |
| Address:                   | 30660 Ryan Road  |   |            |           |
|                            | Warren MI 48092  | Expenditure Code  |            |           |
| ☑ Fund R                   | aiser  | Check box if this expenditure is payment of debt or obligation reported on previous statement |            | :         |
| Expenditu                  | re# 105  |   | 04/00/00/0 | 400.00    |
| Name:                      | SCS Parade Council   | Purpose: Full page ad - Memorial Day  | 04/30/2010 | 100.00    |
| Address:                   | P.O. Box 45  | Parade  |            |           |
|                            | Saint Clair Shores MI 48080  | Expenditure Code  |            |           |
| ☐ Fund R                   | aiser  | Check box if this expenditure is payment of debt or obligation reported on previous statement |            |           |
| Subtotal this page 1799.54 |  |   | 1799.54    |           |
|                            | Grand Total of all Schedules 1B<br>(Complete on last page of Schedule) |   |            |           |



| <ol> <li>Committee I.D. Number</li> </ol> | 013853-3 |
|---|----------|
| <del>-</del>                              |          |

2. Committee Name Mark Hackel for County Executive

| 3. Name   | e and address of person or vendor to whom paid               | 4 Purpose (Describe and 15  | 7  |             |
|-----------|--|---|--|-------------|
|           | iture # 106  | Purpose (Describe specific purpose and you may assign an Expenditure Code)                    | 5. Date  | 6. Amount   |
| Name:     | UHY Advisors MI, Inc.  | Purpose: accounting serivces  | 04/30/2010                                       | 435.00      |
| Address   | s: 12900 Hall Road<br>Suite 500<br>Sterling Heights MI 48313 | Expenditure Code  |  |             |
| ☐ Fund    | l Raiser   | Check box if this expenditure is payment of debt or obligation reported on previous statement |  |             |
| Expendi   | ture # 107   |   | <del>                                     </del> |             |
| Name:     | CTE Dana Camphous-Peterson                                   | Purpose: contribution   | 05/04/2010                                       | 100.00      |
| Address   |  | Expenditure Code  |  |             |
| ☐ Fund    | <u> </u>   | Check box if this expenditure is payment of debt or obligation reported on previous statement |  |             |
| Expendit  | ure # 108  |   |  | <del></del> |
| Name:     | Ojibwa PTO   | Purpose: Ice cream social donation  | 05/04/2010                                       | 50.00       |
| Address:  | 46950 Heydenreich Rd   |   |  |             |
|           | Macomb MI 48044-4423   | Expenditure Code  |  |             |
| ☐ Fund I  | Raiser   | Check box if this expenditure is payment of debt or obligation reported on previous statement |  |             |
| Expenditu | ure # 109  |   |  |             |
| Name:     | American Graphics Printing Co.                               | Purpose: breakfast brochures  | 05/05/2010                                       | 1421.04     |
| Address:  | 34895 Groesbeck  | 1   |  |             |
|           | Clinton Township MI 48035                                    | Expenditure Code  |  |             |
| ☑ Fund F  |  | Check box if this expenditure is payment of debt or obligation reported on previous statement |  |             |
| Expenditu | re # 110   |   |  |             |
| Name:     | Burwood Business Machines                                    | Purpose: copy machine rental agreement - 4/20-5/1   | 05/05/2010                                       | 282.01      |
| Address:  | 32401 Edward   |   |  |             |
|           | Madison Heights MI 48071                                     | Expenditure Code  |  |             |
| ☐ Fund R  | laiser   | Check box if this expenditure is payment of debt or obligation reported on previous statement |  |             |
|           |  | Subtotal this p   | _  | 2288.05     |
|           |  | Grand Total of all Schedules<br>(Complete on last page of Sched                               | :1B<br>ule)                                      |             |



1. Committee I.D. Number <u>013853-3</u>

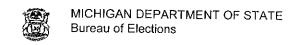
| <ol><li>Committee Name</li></ol> | Mark Hackel for County Executive |
|----------------------------------|----------------------------------|
|----------------------------------|----------------------------------|

| Name and address of person or vendor to whom paid   | 4 Purpose (Describe en crific   | 7 ***      |           |
|---|---|------------|-----------|
| Expenditure # 111                                   | Purpose (Describe specific purpose and you may assign an Expenditure Code)                    | 5. Date    | 6. Amount |
| Name: Damian Kassab  Address: 1040 W. Snell Rd      | Purpose: MI Dem party, hotel, office supplies   | 05/05/2010 | 4673.86   |
| Rochester MI 48306                                  | Expenditure Code  |            |           |
| ☐ Fund Raiser  Expenditure # 112                    | Check box if this expenditure is payment of debt or obligation reported on previous statement |            |           |
| Name: Mr. Gregory Suma Address: 24080 Old Kent Rd N | Purpose: May lease payment  | 05/05/2010 | 500.00    |
| Warren MI 48091-1667                                | Expenditure Code  |            |           |
| ☐ Fund Raiser                                       | Check box if this expenditure is payment of debt or obligation reported on previous statement |            |           |
| Expenditure # 113                                   |   | <u> </u>   |           |
| Name: Mt. Clemens Lion Club                         | Purpose: 5 tickets for charity drawing  | 05/05/2010 | 100.00    |
| Address: need info                                  |   |            |           |
| Mt. Clemens MI need info                            | Expenditure Code  |            |           |
| ☐ Fund Raiser                                       | Check box if this expenditure is payment of debt or obligation reported on previous statement |            |           |
| Expenditure # 114                                   |   |            |           |
| Name: Roxanne Naas                                  | Purpose: stamps, office supplies  | 05/05/2010 | 196.52    |
| Address: 50704 Schoenherr Rd                        |   |            |           |
| Utica MI 48315                                      | Expenditure Code  |            |           |
| ☐ Fund Raiser                                       | Check box if this expenditure is payment of debt or obligation reported on previous statement |            |           |
| Expenditure # 115                                   |   | <u>-  </u> |           |
| Name: Sawicki & Son                                 | Purpose:bumper stickers   | 05/05/2010 | 690.06    |
| Address: 1521 W. Lafayette                          |   |            |           |
| Detroit MI 48216                                    | Expenditure Code  |            |           |
| Fund Raiser   | Check box if this expenditure is payment of debt or obligation reported on previous statement |            |           |
|   | Subtotal this pa  | age        | 6160.44   |
|   | Grand Total of all Schedules<br>(Complete on last page of Schedu                              | 1B<br>ule) |           |

| 1. | Committee | I.D. | Number | 013853-3 |
|----|-----------|------|--------|----------|
|    |           |      |        |          |

2. Committee Name Mark Hackel for County Executive

|                  | ANDIDATE COMMITTEE                     |  |            |           |
|------------------|--|--|------------|-----------|
| 3. Name and add  | dress of person or vendor to whom paid | Purpose (Describe specific purpose and you may assign an Expenditure Code) | 5. Date    | 6. Amount |
| Expenditure # 1  | 16                                     |  |            |           |
| Name: Veriz      | izon Wireless                          | Purpose: cell phone 3/19-4/18/10   | 05/05/2010 | 305.50    |
| Address: P.O.    | . Box 553                              |  |            |           |
|                  | rrendale PA 15086                      | Expenditure Code   |            |           |
| · van            | Tolidale 1 A 19000                     | ☐ Check box if this expenditure is payment                                 |            |           |
| ☐ Fund Raiser    |  | of debt or obligation reported on previous statement                       |            |           |
| Expenditure # 11 | 17                                     |  |            | 200.00    |
| Name: Mr.\       | Vince Viviano                          | Purpose: stamps, Macomb County map   | 05/05/2010 | 202.98    |
| Address: 6705    | 5 St. Andrews Dr.                      | Expenditure Code   |            |           |
| Shel             | lby Township MI 48316                  | Experiantire code  |            |           |
|                  | ,                                      | ☐ Check box if this expenditure is payment                                 |            |           |
| ☐ Fund Raiser    |  | of debt or obligation reported on previous statement                       |            |           |
| Expenditure # 11 | 18                                     |  | İ          |           |
| Name: Pay        | Systems                                | Purpose: payroll   | 05/07/2010 | 6170.48   |
| Address: 5070    | 04 Schoenherr Rd                       |  |            |           |
| <u></u>          |  | Expenditure Code   |            |           |
| Shei             | lby Township MI 48315                  | ☐ Check box if this expenditure is payment                                 |            |           |
| ☐ Fund Raiser    |  | of debt or obligation reported on previous                                 |            |           |
|                  |  | statement  |            |           |
| Expenditure # 11 | 19                                     |  | 05/07/2010 | 2166.93   |
| Name: Pay        | Systems                                | Purpose: payroll taxes   | 03/01/2010 | 2100.93   |
| Address: 5070    | 04 Schoenherr Rd                       |  |            |           |
| Shel             | lby Township Mi 48315                  | Expenditure Code   |            |           |
| Cher             | isy rewriting two 40010                | ☐ Check box if this expenditure is payment                                 |            |           |
| ☐ Fund Raiser    |  | of debt or obligation reported on previous<br>statement                    |            |           |
| Expenditure # 12 | 20                                     | Statement  |            |           |
|                  | e House                                | Purpose: Ad - back cover color - Fools                                     | 05/10/2010 | 225.00    |
|                  |  | for Kids   |            |           |
| Address: 131 l   | Market Street                          | Expenditure Code   |            |           |
| Mou              | ınt Clemens MI 48043                   |  |            |           |
|                  |  | ☐ Check box if this expenditure is payment                                 |            |           |
| ☐ Fund Raiser    |  | of debt or obligation reported on previous statement                       |            |           |
| - · · · · ·      |  | Subtotal this  | page       | 9070.89   |
|                  | Grand Total of all Schedules 1B        |  |            |           |
|                  |  | (Complete on last page of Sche   | uule)      |           |



1. Committee I.D. Number 013853-3

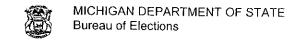
| 2. Committee Name | Mark Hackel for County Executive  |
|-------------------|-----------------------------------|
| 2. Committee Name | Twank Hacker for County Executive |

|               | d address of person or vendor to whom paid | Purpose (Describe specific purpose and you may assign an Expenditure Code)                                  | 5. Date       | 6. Amount |
|---------------|--|---|---------------|-----------|
| Expenditure   |  |   | 05/10/2010    | 434,22    |
|               | DTE Energy                                 | Purpose: Electric - 3/4/10-4/30/10  |               |           |
|               | P.O. Box 740786                            | Expenditure Code  |               |           |
| 1             | Cincinnati OH 45274                        | ☐ Check box if this expenditure is payment  |               | •         |
| ☐ Fund Rai    | iser                                       | of debt or obligation reported on previous statement  |               |           |
| Expenditure   | # 122                                      |   |               |           |
| Name: (       | Gaukler Pointe Communications LLC          | Purpose: Internet & public relations  | 05/10/2010    | 3030.72   |
| Address: 2    | 23224 Robert John Road                     | consulting  |               |           |
| S             | St. Clair Shores MI 48080                  | Expenditure Code  | ]             |           |
| ☐ Fund Rai    | ser  | Check box if this expenditure is payment of debt or obligation reported on previous statement               |               |           |
| Expenditure   | # 123                                      |   |               |           |
| Name: F       | Pay Systems                                | Purpose: Service fee  | 05/12/2010    | 132.70    |
| Address: 5    | 50704 Schoenherr Rd                        |   | İ             |           |
| S             | Shelby Township MI 48315                   | Expenditure Code  |               |           |
| ☐ Fund Rais   |  | Check box if this expenditure is payment of debt or obligation reported on previous statement               |               |           |
| Expenditure a | # 124                                      |   |               |           |
| Name: B       | Brain Storm                                | Purpose: March 2010 consulting  | 05/14/2010    | 5000.00   |
| Address: 1    | 690 East Strasburg Road                    |   |               |           |
| V             | Vest Chester PA 19380                      | Expenditure Code  |               |           |
| ☐ Fund Rais   |  | <ul> <li>Check box if this expenditure is payment<br/>of debt or obligation reported on previous</li> </ul> |               |           |
| Expenditure # |  | statement   |               |           |
|               |  |   | 05/14/2010    | 2045.46   |
|               | roforma Marketplace                        | Purpose: favors (sunglasses w/logo, etc)  |               |           |
| Address: P    | CO. Box 640814                             | Expenditure Code  |               |           |
| С             | incinnati OH 45264-0814                    |   |               |           |
| ☑ Fund Rais   | er   | Check box if this expenditure is payment of debt or obligation reported on previous statement               |               |           |
|               | <del></del>                                | Subtotal this p   | page          | 10643.10  |
|               |  | Grand Total of all Schedule:<br>(Complete on last page of Schedule)   | s 1B<br>lule) |           |

| 1. Committee I.D. Number | 013853-3 |
|--------------------------|----------|
|                          |          |

2. Committee Name Mark Hackel for County Executive

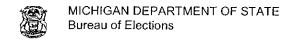
| 3. Name           | and address of person or vendor to whom paid       | 4. Purpose (Describe specific purpose and you   | 5. Date    | 6. Amount |
|-------------------|--|---|------------|-----------|
| Expenditu         | ure # 126  | may assign an Expenditure Code)   |            |           |
| Name:<br>Address: | Michael Radtke<br>50704 Schoenherr Rd              | Purpose: car allowance, phone, health, office sup   | 05/14/2010 | 581.35    |
|                   | Shelby Township MI 48315-3137                      | Expenditure Code  Check box if this expenditure is payment  |            |           |
| ☐ Fund F          | Raiser   | of debt or obligation reported on previous statement  |            |           |
| Expenditu         | ıre # 127  |   |            |           |
| Name:             | STFFU  | Purpose: donation for the benefit of firefighter  | 05/14/2010 | 100.00    |
| Address:          | 41625 Ryan Road Sterling Heights MI 48314          | Expenditure Code  |            |           |
| ☐ Fund F          | The Athers   | ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement                           |            |           |
| Expenditu         | re # 128   |   | 05400040   | 00.00     |
| Name:             | Macomb County Assistant Prosecutors<br>Association | Purpose: 2 tickets  | 05/19/2010 | 80.00     |
| Address:          | need info need info MI need info                   | Expenditure Code  |            |           |
| ☐ Fund R          |  | Check box if this expenditure is payment of debt or obligation reported on previous statement                             |            |           |
| Expenditu         | re # 129   |   | 05/21/2010 | 5.60      |
| Name:             | Macomb County Treasurer                            | Purpose: copies   | 03/21/2010 | 3.60      |
| Address:          | need info  |   |            |           |
|                   | Mount Clemens MI 48043                             | Expenditure Code  |            |           |
| ☐ Fund R          | alser  | <ul> <li>Check box if this expenditure is payment<br/>of debt or obligation reported on previous<br/>statement</li> </ul> |            |           |
| Expenditur        | re # 130   |   | 05/04/0040 | F050 40   |
| Name:             | Pay Systems  | Purpose: payroll  | 05/21/2010 | 5859.46   |
| Address:          | 50704 Schoenherr Rd                                |   |            | j         |
|                   | Shelby Township MI 48315                           | Expenditure Code  |            |           |
| ☐ Fund R          | aiser  | Check box if this expenditure is payment of debt or obligation reported on previous statement                             |            |           |
|                   |  | Subtotal this   | page       | 6626.41   |
|                   |  | Grand Total of all Schedule<br>(Complete on last page of Schedule   |            |           |



| 1. Committee I.D. Number | 013853-3 |
|--------------------------|----------|
| -                        |          |

2. Committee Name \_Mark Hackel for County Executive

| 2 Name    |  |   |               |             |
|-----------|--|---|---------------|-------------|
|           | and address of person or vendor to whom paid | Purpose (Describe specific purpose and you may assign an Expenditure Code)                    | 5. Date       | 6. Amount   |
| Expendit  | ure # 131                                    |   | 1             |             |
| Name:     | Pay Systems                                  | Purpose: payroll taxes  | 05/21/2010    | 1955.48     |
| Address:  | 50704 Schoenherr Rd                          |   |               |             |
|           | Shelby Township MI 48315                     | Expenditure Code  |               |             |
| ☐ Fund I  | Raiser                                       | Check box if this expenditure is payment of debt or obligation reported on previous statement |               |             |
| Expendit  | ure # 132                                    |   | <u> </u>      |             |
| Name:     | Comcast                                      | Purpose: Phone, internet, cable   | 05/24/2010    | 265.64      |
| Address:  | P.O. Box 3005                                |   |               |             |
|           | Southeastern PA 19398-3005                   | Expenditure Code  |               |             |
| ☐ Fund F  |  | Check box if this expenditure is payment of debt or obligation reported on previous statement | :             |             |
| Expenditu | ıre # 133                                    |   |               |             |
| Name:     | Consumers Energy                             | Purpose:gas - 4/8/10-5/7/10   | 05/24/2010    | 56.41       |
| Address:  | Consumers Energy                             |   |               |             |
|           | Lansing MI 48937-0001                        | Expenditure Code  |               |             |
|           |  | ☐ Check box if this expenditure is payment  |               |             |
| ☐ Fund F  | Raiser                                       | of debt or obligation reported on previous statement  |               |             |
| Expenditu | re # 134                                     |   | <u> </u>      |             |
| Name:     | Grinnell Door Company                        | Purpose: door   | 05/24/2010    | 378.53      |
| Address:  | 315 North Avenue                             |   |               |             |
|           | Mount Clemens MI 48043                       | Expenditure Code  |               |             |
|           |  | ☐ Check box if this expenditure is payment  |               |             |
| ☐ Fund R  |  | of debt or obligation reported on previous statement  |               |             |
| Expenditu | re # 135                                     |   | - <del></del> |             |
| Name:     | Hunch Free, Inc.                             | Purpose: website design & setup   | 05/24/2010    | 8250.00     |
| Address:  | 135 North Old Woodward Avenue                |   | ·             |             |
|           | Birmingham MI 48009                          | Expenditure Code  |               |             |
| ☐ Fund R  | aiser  | Check box if this expenditure is payment of debt or obligation reported on previous statement |               |             |
|           |  |   | <del></del>   | <del></del> |
|           |  | Subtotal this p   | age           | 10906,06    |
|           |  | Grand Total of all Schedule<br>(Complete on last page of Sched                                | s 1B<br>Jule) |             |

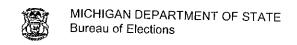


1. Committee I.D. Number 013853-3

|                   | 72                               |  |
|-------------------|----------------------------------|--|
|                   | 9                                |  |
| 2. Committee Name | Mark Hackel for County Executive |  |

| Name and address of person or vendor to whom paid |  | <ol> <li>Purpose (Describe specific purpose and you<br/>may assign an Expenditure Code)</li> </ol> | 5. Date    | 6. Amount                             |
|---|--|--|------------|---------------------------------------|
| Expenditure # 136                                 |  |  |            |                                       |
| Name:   | ABYA (Anchor Bay Yachting Association) | Purpose: Charity Spaghetti dinner  | 05/26/2010 | 250.00                                |
| Address:  | P.O. Box 46426                         |  |            |                                       |
|   | Mount Clemens MI 48046-6426            | Expenditure Code   |            |                                       |
| ☐ Fund F  | Raiser                                 | Check box if this expenditure is payment of debt or obligation reported on previous statement      |            |                                       |
| Expenditu   | re # 137                               |  |            | · · · · · · · · · · · · · · · · · · · |
| Name:   | Outdoor Escorts                        | Purpose: canoe/kayak rental  | 05/26/2010 | 130.00                                |
| Address:  | 916 Highlander St                      |  |            |                                       |
|   | Lake Orion MI 48362-1927               | Expenditure Code   |            |                                       |
|   | Lake Offor 1911 40302-1927             | ☐ Check box if this expenditure is payment   |            |                                       |
| ☐ Fund F  | Raiser                                 | of debt or obligation reported on previous statement   |            |                                       |
| Expenditu   | re # 138                               |  |            |                                       |
| Name:   | CTE Don Brown                          | Purpose: Contribution - pasta dinner   | 05/27/2010 | 100.00                                |
| Address:  | 6515 Old Coach Trail                   |  | :          |                                       |
|   | Washington MI 48094                    | Expenditure Code   |            |                                       |
|   | Washington III 1000 1                  | ☐ Check box if this expenditure is payment   |            |                                       |
| ☐ Fund F  | Raiser                                 | of debt or obligation reported on previous statement   |            |                                       |
| Expenditu   | re # 139                               |  | <u> </u>   |                                       |
| Name:   | Joseph A. Munem                        | Purpose: consulting services - March -   | 05/27/2010 | 4000.00                               |
| Address:  | 29488 Woodward Ave.                    | June   |            |                                       |
|   | Royal Oak MI 48073                     | Expenditure Code   |            |                                       |
|   | •                                      | ☐ Check box if this expenditure is payment   |            |                                       |
| ☐ Fund R  | Paiser                                 | of debt or obligation reported on previous statement   |            |                                       |
| Expenditu   | re # 140                               |  |            | 2007.75                               |
| Name:   | Damian Kassab                          | Purpose: health ins., meals/fundraisi-   | 05/27/2010 | 2827.75                               |
| Address:  | 1040 W. Snell Rd                       |  |            |                                       |
|   | Rochester MI 48306                     | Expenditure Code   |            |                                       |
| ☐ Fund R  |  | Check box if this expenditure is payment of debt or obligation reported on previous statement      |            |                                       |
|   |  | Subtotal this  | page       | 7307.75                               |
|   |  | Grand Total of all Schedule  | · ·        |                                       |

(Complete on last page of Schedule)



| 1. Committee I.D. Number | 013853-3 |
|--------------------------|----------|
| -                        |          |

2. Committee Name Mark Hackel for County Executive

| 3. Nam    | e and address of person or vendor to whom paid | 4. Purpose (Describe specific purpose and you   | 5. Date  | 6. Amount     |
|-----------|--|---|--|---------------|
| Expend    | iture # 141                                    | may assign an Expenditure Code)   |  | o. Amount     |
| Name:     | Roxanne Naas                                   | Purpose: stamps, office supplies  | 05/27/2010                                       | 131.33        |
| Address   | s: 50704 Schoenherr Rd                         |   |  |               |
|           | Utica MI 48315                                 | Expenditure Code  |  |               |
| ☐ Fund    | Raiser   | Check box if this expenditure is payment of debt or obligation reported on previous statement |  |               |
| Expendi   | ture # 142                                     |   | <del>                                     </del> | <del> </del>  |
| Name:     | Brain Storm                                    | Purpose: consulting services  | 06/04/2010                                       | 10000.00      |
| Address   | : 1690 East Strasburg Road                     |   |  |               |
|           | West Chester PA 19380                          | Expenditure Code  |  |               |
| ☐ Fund    |  | Check box if this expenditure is payment of debt or obligation reported on previous statement |  |               |
| Expendit  | ure # 143                                      |   | <del>-</del>                                     | <del></del>   |
| Name:     | Burwood Business Machines                      | Purpose: copier rental agreement - 5/-  | 06/04/2010                                       | 242.64        |
| Address:  | 32401 Edward                                   | 20/10-6/19/1  |  |               |
|           | Madison Heights MI 48071                       | Expenditure Code  |  |               |
| ☐ Fund i  | Raiser   | Check box if this expenditure is payment of debt or obligation reported on previous statement |  |               |
| Expenditu | ure # 144                                      |   | <u>                                       </u>   | -: - <u>-</u> |
| Name:     | Command Janitorial Service                     | Purpose:may Janitorial svcs   | 06/04/2010                                       | 256.00        |
| Address:  | 48786 Beacon Square Dr.                        |   |  |               |
|           | Macomb MI 48044                                | Expenditure Code  |  |               |
| ☐ Fund F  | Raiser   | Check box if this expenditure is payment of debt or obligation reported on previous statement |  | i             |
| Expenditu | re # 145                                       |   |  |               |
| Name:     | Gaukler Pointe Communications LLC              | Purpose:May consulting & PR   | 06/04/2010                                       | 3143.09       |
| Address:  | 23224 Robert John Road                         |   |  |               |
|           | St. Clair Shores MI 48080                      | Expenditure Code  |  |               |
| ☐ Fund R  | aiser  | Check box if this expenditure is payment of debt or obligation reported on previous statement |  |               |
|           |  | Subtotal this p   | age  | 13773.06      |
|           |  | Grand Total of all Schedules (Complete on last page of Sched                                  | : 1B<br>ule)                                     |               |

1. Committee I.D. Number \_\_\_013853-3

|                   |                        | <del></del> |
|-------------------|------------------------|-------------|
|                   |                        |             |
| 2. Committee Name | Mark Hackel for County | / Executive |

| 3. Name   | and address of person or vendor to whom paid | 4. Purpose (Describe specific purpose and you   | <u> T                                   </u> |           |
|-----------|--|---|--|-----------|
|           |  | may assign an Expenditure Code)   | 5. Date                                      | 6. Amount |
| Expendi   | ture # 146                                   |   | 06/04/0040                                   | 4400.00   |
| Name:     | Gownie Golf Club                             | Purpose: golf outing  | 06/04/2010                                   | 4400.00   |
| Address   | : 24770 S. River Rd.                         |   |  |           |
|           | Harrison Township MI 48045-1926              | Expenditure Code  |  |           |
| ☑ Fund    | Raiser                                       | Check box if this expenditure is payment of debt or obligation reported on previous statement |  |           |
| Expendit  | ure # 147                                    | datament  | <del> </del>                                 |           |
| Name:     | Mirage Banquets & Catering                   | Purpose: Deposit for 6/10/10 event  | 06/04/2010                                   | 3500.00   |
| Address:  | •  | r dipose. = oppositor di 10/10/10 event   |  |           |
| 7.007000. | Clinton Township MI 48036                    | Expenditure Code  |  |           |
| ☑ Fund    |  | Check box if this expenditure is payment of debt or obligation reported on previous statement |  |           |
| Expendite | ure # 148                                    |   |  |           |
| Name:     | Pay Systems                                  | Purpose: <u>p</u> ayroll  | 06/04/2010                                   | 5859.46   |
| Address:  | 50704 Schoenherr Rd                          |   |  |           |
|           | Challes Tarrentin All 10015                  | Expenditure Code  |  |           |
| ☐ Fund f  | Shelby Township MI 48315 Raiser              | Check box if this expenditure is payment of debt or obligation reported on previous           |  |           |
| Expenditu |  | statement   |  |           |
|           |  |   | 06/04/2010                                   | 1934.60   |
| Name:     | Pay Systems                                  | Purpose: payroll taxes  | 00/04/2010                                   | 1934.00   |
| Address:  | 50704 Schoenherr Rd                          |   |  |           |
|           | Shelby Township MI 48315                     | Expenditure Code  | :  |           |
| ☐ Fund F  | Delen.                                       | Check box if this expenditure is payment of debt or obligation reported on previous           | :  |           |
|           |  | statement   |  |           |
| Expenditu | re # 150                                     |   | 00.00  |           |
| Name:     | Michael Radtke                               | Purpose: car allowance, phone, health,  | 06/04/2010                                   | 551.78    |
| Address:  | 50704 Schoenherr Rd                          | supplies  |  |           |
|           | Shelby Township MI 48315-3137                | Expenditure Code  |  |           |
|           | 21005 121110111p Wil 40310-3137              | ☐ Check box if this expenditure is payment  |  | İ         |
| ☐ Fund R  | aiser  | of debt or obligation reported on previous statement  |  |           |
|           |  | Subtotal this p   | · -  | 16245.84  |
|           |  | Grand Total of all Schedules<br>(Complete on last page of Sched                               | ; 1B<br>ule)                                 |           |



| 1. Committee I.D. Number | 013853-3 |
|--------------------------|----------|
|                          |          |

|  | CANDIDATE COMMITTEE               | <ol><li>Committee Name Mark Hackel for County Exec</li></ol>                                  | utive      |           |
|--|-----------------------------------|---|------------|-----------|
| 3. Name and address of person or vendor to whom paid |                                   | Purpose (Describe specific purpose and you may assign an Expenditure Code)                    | 5. Date    | 6. Amount |
| Expendi  | ture # 151                        |   |            | <u> </u>  |
| Name:  | Verizon Wireless                  | Purpose: cell phone bill  | 06/04/2010 | 298.48    |
| Address:   | : P.O. Box 553                    |   |            |           |
|  | Warrendale PA 15086               | Expenditure Code  |            |           |
|  |                                   | Check box if this expenditure is payment  |            |           |
| ☐ Fund   | Raiser                            | of debt or obligation reported on previous statement  |            |           |
| Expendit   | ure # 152                         |   |            |           |
| Name:  | Gownie Golf Club                  | Purpose: balance of 5/24 golf outing  | 06/09/2010 | 540.00    |
| Address:   | 24770 S. River Rd.                |   |            |           |
|  | Hamisaa Taasakka Mili (00 (5 (00) | Expenditure Code  |            |           |
|  | Harrison Township MI 48045-1926   | ☐ Check box if this expenditure is payment  |            |           |
| ⊠ Fund≀  | Raiser                            | of debt or obligation reported on previous statement  |            |           |
| Expenditu  | ure # 153                         |   |            |           |
| Name:  | Mr. Gregory Suma                  | Purpose: June lease payment   | 06/11/2010 | 500.00    |
| Address:   | 24080 Old Kent Rd N               |   |            |           |
|  | Warren MI 48091-1667              | Expenditure Code  |            |           |
| ☐ Fund F   | Raiser                            | Check box if this expenditure is payment of debt or obligation reported on previous statement | :          |           |
| Expenditu  | re # 154                          |   |            |           |
| Name:  | North Macomb Democratic Club      | Purpose: 2010 Annual dues   | 06/11/2010 | 10.00     |
| Address:   | 13652 Amanda Court                |   |            |           |
|  | Sterling Heights MI 48313         | Expenditure Code  |            |           |
|  |                                   | ☐ Check box if this expenditure is payment  |            |           |
| ☐ Fund R   | Raiser                            | of debt or obligation reported on previous statement  |            |           |
| Expenditu  | re # 155                          |   |            |           |
| Name:  | Pay Systems                       | Purpose: service fee  | 06/11/2010 | 96.10     |
| Address:   | 50704 Schoenherr Rd               |   |            |           |
|  | Shelby Township MI 48315          | Expenditure Code  |            |           |
|  | , ,                               | ☐ Check box if this expenditure is payment  | Ì          |           |
| ☐ Fund R   | aiser                             | of debt or obligation reported on previous statement  |            |           |
|  |                                   | Subtotal this p   | age        | 1444.58   |

Enter this total on line 8a of Summary Page

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



| 1. Committee I.D. Number | 013853-3 |
|--------------------------|----------|
|                          |          |

2. Committee Name Mark Hackel for County Executive

| 3. Nam   | e and address of person or vendor to whom paid        | 4. Purpose (Describe specific purpose and you   | 7:2:=          | <del></del> |
|--|---|---|----------------|-------------|
|  | liture # 156  | may assign an Expenditure Code)   | 5. Date        | 6. Amount   |
| Name:  | Pay Systems   | Purpose: payroll  | 06/18/2010     | 4355.40     |
| Address  | Shelby Township MI 48315                              | Expenditure Code  |                |             |
| ☐ Fund Raiser  |   | Check box if this expenditure is payment of debt or obligation reported on previous statement                             |                |             |
| Expendi  | ture # 157  |   |                |             |
| Name:  | Pay Systems   | Purpose: payroll taxes  | 06/18/2010     | 1461.97     |
| Address  | : 50704 Schoenherr Rd                                 |   |                |             |
|  | Shelby Township MI 48315                              | Expenditure Code  |                |             |
| ☐ Fund   |   | <ul> <li>Check box if this expenditure is payment<br/>of debt or obligation reported on previous<br/>statement</li> </ul> |                |             |
| Expendit   | ure # 158   |   | <del>   </del> | <del></del> |
| Name:  | DTE Energy  | Purpose: electric   | 06/21/2010     | 260.50      |
| Address:   | P.O. Box 740786                                       |   |                |             |
|  | Cincinnati OH 45274                                   | Expenditure Code  |                |             |
| ☐ Fund Raiser  |   | Check box if this expenditure is payment of debt or obligation reported on previous statement                             |                |             |
| Expendite  | ure # 159   |   | <u> </u>       |             |
| Name:  | Elite Photographic Studios, Inc.                      | Purpose: 45 5x7 photos  | 06/21/2010     | 675.00      |
| Address:   | 14129 Rick Drive                                      |   |                |             |
|  | Utica MI 48315  | Expenditure Code  |                |             |
| ☑ Fund Raiser  |   | Check box if this expenditure is payment of debt or obligation reported on previous statement                             |                |             |
| Expenditu  | re # 160  |   |                | <del></del> |
| Name:  | March of Dimes  | Purpose: 3 tickets to Grosse Pointe Yacht Club Ev   | 06/21/2010     | 300.00      |
| Address:   | 27600 Northwestern Hwy<br>#150<br>Southfield MI 48034 | Expenditure Code  |                |             |
| ☐ Fund Raiser  |   | Check box if this expenditure is payment of debt or obligation reported on previous statement                             |                | i           |
|  |   | Subtotal this p   | · –            | 7052.87     |
| Grand Total of all Schedules 1B<br>(Complete on last page of Schedule) |   |   | ; 1B<br>ule)   |             |



1. Committee I.D. Number 013853-3

| 2. Committee Name | Mark Hackel for County Executive |  |
|-------------------|----------------------------------|--|
|-------------------|----------------------------------|--|

| 3. Name a   | and address of person or vendor to whom paid | 4. Purpose (Describe specific purpose and you   | T & D-4-   | T C A     |
|-------------|--|---|------------|-----------|
|             |  | may assign an Expenditure Code)   | 5. Date    | 6. Amount |
| Expenditu   | re # 161                                     |   | 06/21/2010 | 2505.80   |
| Name:       | Mirage Banquets & Catering                   | Purpose: balance of 6/10/10 event   |            | 2000.00   |
| Address:    | 16980 18 Mile Road                           | Expenditure Code  |            |           |
|             | Clinton Township MI 48036                    |   |            |           |
| ☑ Fund R    | taiser                                       | Check box if this expenditure is payment of debt or obligation reported on previous statement                             |            | · ·       |
| Expenditur  | re # 162                                     |   |            |           |
| Name:       | ADT Security Services                        | Purpose: alarm system 7/1/10-9/30/10  | 06/25/2010 | 105.00    |
| Address:    | P.O. Box 371490                              |   |            |           |
|             | Pittsburgh PA 15250                          | Expenditure Code  |            |           |
|             |  | ☐ Check box if this expenditure is payment  | !          |           |
| Fund Ra     | aiser  | of debt or obligation reported on previous<br>statement   |            |           |
| Expenditure | e# 163                                       |   | 00/05/0040 | 400.00    |
| Name:       | Jeffrey Carter                               | Purpose: reimbursement for \$100 over   | 06/25/2010 | 100.00    |
| Address:    | 1490 Oxford Road                             | contribution  |            |           |
|             | Grosse Pointe MI 48236                       | Expenditure Code  |            |           |
| ☐ Fund Ra   | aiser  | <ul> <li>Check box if this expenditure is payment<br/>of debt or obligation reported on previous<br/>statement</li> </ul> |            |           |
| Expenditure | e # 164                                      |   |            |           |
| Name:       | Comcast                                      | Purpose: phone, internet, cable   | 06/25/2010 | 265.71    |
| Address:    | P.O. Box 3005                                |   |            |           |
|             | Southeastern PA 19398-3005                   | Expenditure Code  | !          |           |
|             |  | ☐ Check box if this expenditure is payment  |            |           |
| ☐ Fund Ra   | aiser  | of debt or obligation reported on previous statement  |            |           |
| Expenditure | e # 165                                      |   |            |           |
| Name:       | Consumers Energy                             | Purpose:gas - 5/8/10-6/7/10   | 06/25/2010 | 31.50     |
| Address:    | Consumers Energy                             |   |            |           |
|             | Lansing MI 48937-0001                        | Expenditure Code  |            |           |
| ☐ Fund Ra   | aiser  | ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement                           |            |           |
|             |  | Subtotal this p   | 2200       | 000001    |
|             |  | Subtotal tills t  | rage       | 3008.01   |

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

1. Committee I.D. Number 013853-3

2. Committee Name Mark Hackel for County Executive

| 4. Purpose (Describe specific purpose and you of Dable 6. Amount  Expenditure # 166  Name: Italian American Cultural Society  Address: 43843 Romeo Plank Road  Clinton Township MI 48038  □ Frank Raiser  Expenditure © code  □ Check box if this expenditure is payment of debt or obligation reported on previous statement  □ Fund Raiser  Expenditure © face in this expenditure is payment of debt or obligation reported on previous statement  □ Fund Raiser  Expenditure © face in this expenditure is payment of debt or obligation reported on previous statement  □ Fund Raiser  Expenditure © face in this expenditure is payment of debt or obligation reported on previous statement  □ Fund Raiser  Expenditure Code  □ Check box if this expenditure is payment of debt or obligation reported on previous statement  □ Fund Raiser  Expenditure Code □ Check box if this expenditure is payment of debt or obligation reported on previous statement  □ Fund Raiser  Expenditure Code □ Check box if this expenditure is payment of debt or obligation reported on previous statement  Expenditure Code □ Check box if this expenditure is payment of debt or obligation reported on previous statement  Expenditure Code □ Check box if this expenditure is payment of debt or obligation reported on previous statement  Expenditure Code □ Check box if this expenditure is payment of debt or obligation reported on previous statement  Expenditure Code □ Check box if this expenditure is payment of debt or obligation reported on previous statement  Expenditure Code □ Check box if this expenditure is payment of debt or obligation reported on previous statement  Expenditure Code □ Check box if this expenditure is payment of debt or obligation reported on previous statement  Expenditure Code □ Check box if this expenditure is payment of debt or obligation reported on previous statement  Expenditure Code □ Check box if this expenditure is payment of debt or obligation reported on previous statement  Expenditure Code □ Check box if this expenditure is payment of debt o |           |   |  |            |           |
|---|-----------|---|--|------------|-----------|
| Name:   Italian American Cultural Society   |           |   |  | 5. Date    | 6. Amount |
| Name:   Italian American Cultural Society   Purpose: political sign   | Expenditu | ıre # 166                               |  | 1          |           |
| Expenditure # 169 Name: Mr. Gregory Suma Address: 24080 Old Kent Rd N Warren MI 48091-1667  Fund Raiser  Fund Raiser  Expenditure # 169 Name: Roxanne Naas Address: 50704 Schoenherr Rd Utica Mi 48315  Fund Raiser  Expenditure # 170 Name: Dennis P Nicholas Address: 1675 Maple Creek CT Rochester MI 48306  Fund Raiser  Expenditure Code    Check box if this expenditure is payment of debt or obligation reported on previous statement    Expenditure B 169   Check box if this expenditure lis payment of debt or obligation reported on previous statement    Expenditure # 169   Purpose: postage, office supplies   Check box if this expenditure is payment of debt or obligation reported on previous statement    Expenditure Code   | Name:     | Italian American Cultural Society       | Purpose: political sign                    | 06/25/2010 | 175.00    |
| Clinton Township MI 48038  □ Check box if this expenditure is payment of debt or obligation reported on previous statement  Expenditure # 167  Name: JAH Lion Graphics  | Address:  | 43843 Romeo Plank Road                  |  |            |           |
| Fund Raiser   |           |   | Expenditure Code                           |            |           |
| Expenditure # 167 Name: JAH Lion Graphics   |           | ·                                       | ☐ Check box if this expenditure is payment |            |           |
| Name: JAH Lion Graphics Address: 23561 Lakepointe Drive Clinton Township MI 48036  Fund Raiser  Expenditure # 168 Name: Mr. Gregory Suma Address: 24080 Old Kent Rd N Warren MI 48091-1667  Fund Raiser  Expenditure # 169 Name: Roxanne Naas Address: 50704 Schoenherr Rd Utica MI 48315  Fund Raiser  Expenditure Code  Utica MI 48315  Fund Raiser  Expenditure Code  Utica MI 48315  Fund Raiser  Expenditure Code  Utica MI 48315  Fund Raiser  Expenditure Code  Utica MI 48315  Fund Raiser  Expenditure Code  Utica MI 48315  Fund Raiser  Expenditure Code  Utica MI 48315  Fund Raiser  Expenditure Code  Utica MI 48315  Check box if this expenditure is payment of debt or obligation reported on previous statement  Expenditure Code  Expenditure Code  Utica MI 48315  Expenditure Code  Expenditure Code  Utica MI 48315  Expenditure Code  Expenditure Code  Check box if this expenditure is payment of debt or obligation reported on previous statement  Expenditure Code  Expenditure Code  Check box if this expenditure is payment of debt or obligation reported on previous statement  Subtotal this page  3633,11  | ☐ Fund F  | Raiser                                  | _ · · · · · · · · · · · · · · · · · · ·    |            |           |
| Address: 23561 Lakepointe Drive Clinton Township MI 48036    Fund Raiser   Check box if this expenditure is payment of debt or obligation reported on previous statement  | Expenditu | re # 167                                |  |            |           |
| Expenditure Code   Check box if this expenditure is payment of debt or obligation reported on previous statement  | Name:     | JAH Lion Graphics                       | Purpose: signs                             | 06/25/2010 | 2587.50   |
| Clinton Township MI 48036  Fund Raiser  Expenditure # 168  Name: Mr. Gregory Suma  Address: 24080 Old Kent Rd N  Warren MI 48091-1667  Fund Raiser  Expenditure # 169  Name: Roxanne Naas  Address: 50704 Schoenherr Rd  Utica MI 48315  Fund Raiser  Expenditure Code  Utica MI 48315  Fund Raiser  Expenditure Code  Check box if this expenditure is payment of debt or obligation reported on previous statement  Expenditure # 170  Name: Dennis P Nicholas  Address: 1675 Maple Creek CT  Rochester MI 48306  Fund Raiser  Check box if this expenditure is payment of debt or obligation reported on previous statement  Subtotal this page  Grand Total of all Schedules 1B   | Address:  | 23561 Lakepointe Drive                  | Evnenditure Codo                           |            |           |
| Gebox box if this expenditure is payment of debt or obligation reported on previous statement   |           | Clinton Township MI 48036               | Experioratione Code                        |            |           |
| Expenditure # 168 Name: Mr. Gregory Suma Address: 24080 Old Kent Rd N Warren MI 48091-1667  Expenditure Code  Expenditure # 169 Name: Roxanne Naas Address: 50704 Schoenherr Rd Utica MI 48315  Fund Ralser  Expenditure # 170 Name: Dennis P Nicholas Address: 1675 Maple Creek CT Rochester MI 48306  Fund Ralser  Subtotal this page Grand Total of all Schedules 1B   |           | , |  |            |           |
| Name: Mr. Gregory Suma  Address: 24080 Old Kent Rd N  Warren MI 48091-1667  □ Check box if this expenditure is payment of debt or obligation reported on previous statement  Expenditure # 169  Name: Roxanne Naas  Address: 50704 Schoenherr Rd  Utica MI 48315 □ Check box if this expenditure is payment of debt or obligation reported on previous statement  Expenditure # 170  Name: Dennis P Nicholas  Address: 1675 Maple Creek CT  Rochester MI 48306 □ Check box if this expenditure is payment of debt or obligation reported on previous statement  Subtotal this page  Grand Total of all Schedules 18   | ☐ Fund F  | Raiser                                  |  |            |           |
| Address: 24080 Old Kent Rd N Warren MI 48091-1667  Fund Raiser  Expenditure # 169 Name: Roxanne Naas Address: 50704 Schoenherr Rd Utica MI 48315  Fund Raiser  Expenditure # 170 Name: Dennis P Nicholas Address: 1675 Maple Creek CT Rochester MI 48306  Fund Raiser  Fund Raiser  Purpose: July lease payment of debt or obligation reported on previous statement    Check box if this expenditure is payment of debt or obligation reported on previous statement    Check box if this expenditure is payment of debt or obligation reported on previous statement    Check box if this expenditure is payment of debt or obligation reported on previous statement    Check box if this expenditure is payment of debt or obligation reported on previous statement    Check box if this expenditure is payment of debt or obligation reported on previous statement    Check box if this expenditure is payment of debt or obligation reported on previous statement    Check box if this expenditure is payment of debt or obligation reported on previous statement   | Expenditu | re # 168                                |  |            |           |
| Warren MI 48091-1667    Check box if this expenditure Is payment of debt or obligation reported on previous statement    Check box if this expenditure Is payment of debt or obligation reported on previous statement    Expenditure # 169   | Name:     | Mr. Gregory Suma                        | Purpose: July lease payment                | 06/25/2010 | 500.00    |
| Warren MI 48091-1667    Check box if this expenditure is payment of debt or obligation reported on previous statement    Expenditure # 169  | Address:  | 24080 Old Kent Rd N                     |  |            |           |
| □ Fund Raiser □ Check box if this expenditure is payment of debt or obligation reported on previous statement  Expenditure # 169  Name: Roxanne Naas Purpose: postage, office supplies 06/25/2010  Address: 50704 Schoenherr Rd Expenditure Code  Utica Mi 48315 □ Check box if this expenditure is payment of debt or obligation reported on previous statement  Expenditure # 170  Name: Dennis P Nicholas Purpose: refund of \$100 due to being over \$3400 l  Expenditure Code  Check box if this expenditure is payment of debt or obligation reported on previous statement  Expenditure Code  O6/25/2010 100.00  Purpose: refund of \$100 due to being over \$3400 l  Expenditure Code  Check box if this expenditure is payment of debt or obligation reported on previous statement  Subtotal this page 3633.11  |           | Warren MI 48091-1667                    | Expenditure Code                           |            |           |
| Expenditure # 169  Name: Roxanne Naas  Address: 50704 Schoenherr Rd  Utica MI 48315  Expenditure Code  Utica MI 48315  Check box if this expenditure is payment of debt or obligation reported on previous statement  Expenditure # 170  Name: Dennis P Nicholas  Address: 1675 Maple Creek CT  Rochester MI 48306  Fund Raiser  Subtotal this page  Grand Total of all Schedules 1B  |           | 7,57,57,                                | ☐ Check box if this expenditure is payment |            |           |
| Name: Roxanne Naas  Address: 50704 Schoenherr Rd  Utica MI 48315  Check box if this expenditure is payment of debt or obligation reported on previous statement  Expenditure # 170  Name: Dennis P Nicholas  Address: 1675 Maple Creek CT  Rochester MI 48306  Fund Raiser  Purpose: refund of \$100 due to being over \$3400 I  Expenditure Code  Check box if this expenditure is payment of debt or obligation reported on previous statement  Subtotal this page Grand Total of all Schedules 1B  | ☐ Fund F  | daiser                                  | 1  |            |           |
| Name: Roxanne Naas  Address: 50704 Schoenherr Rd  Utica MI 48315  Check box if this expenditure is payment of debt or obligation reported on previous statement  Expenditure # 170  Name: Dennis P Nicholas  Address: 1675 Maple Creek CT  Rochester MI 48306  Fund Raiser  Purpose: postage, office supplies  Expenditure Code  Check box if this expenditure is payment of debt or obligation reported on previous statement  O6/25/2010  100.00  Purpose: refund of \$100 due to being over \$3400 I  Expenditure Code  Check box if this expenditure is payment of debt or obligation reported on previous statement  Subtotal this page Grand Total of all Schedules 1B  | Expenditu | re # 169                                |  |            |           |
| Utica MI 48315    Expenditure Code     Check box if this expenditure is payment of debt or obligation reported on previous statement    Expenditure # 170   | · Name:   | Roxanne Naas                            | Purpose: postage, office supplies          | 06/25/2010 | 270.61    |
| Utica MI 48315  Check box if this expenditure is payment of debt or obligation reported on previous statement  Expenditure # 170  Name: Dennis P Nicholas  Address: 1675 Maple Creek CT  Rochester MI 48306  Check box if this expenditure is payment of \$100 due to being over \$3400 l  Expenditure Code  Check box if this expenditure is payment of debt or obligation reported on previous statement  Subtotal this page 3633.11  Grand Total of all Schedules 1B   | Address:  | 50704 Schoenherr Rd                     |  |            |           |
| □ Fund Raiser  Expenditure # 170  Name: Dennis P Nicholas  Address: 1675 Maple Creek CT  Rochester MI 48306  □ Fund Raiser  Subtotal this page  Grand Total of all Schedules 1B   |           | Utica MI 48315                          |  |            |           |
| Expenditure # 170  Name: Dennis P Nicholas  Address: 1675 Maple Creek CT  Rochester MI 48306  Fund Raiser  Subtotal this page  Grand Total of all Schedules 1B  |           |   | — but and experience to paymore            |            |           |
| Name: Dennis P Nicholas  Address: 1675 Maple Creek CT  Rochester MI 48306  Fund Raiser  Purpose: refund of \$100 due to being over \$3400 I  Expenditure Code  Check box if this expenditure is payment of debt or obligation reported on previous statement  Subtotal this page 3633.11  Grand Total of all Schedules 1B   | ☐ Fund R  | aiser                                   |  |            |           |
| Name: Dennis P Nicholas  Address: 1675 Maple Creek CT  Rochester MI 48306  □ Check box if this expenditure is payment of debt or obligation reported on previous statement  Subtotal this page  Grand Total of all Schedules 1B   | Expenditu | re# 170                                 |  |            |           |
| Address: 1675 Maple Creek CT  Rochester MI 48306  Check box if this expenditure is payment of debt or obligation reported on previous statement  Subtotal this page  Grand Total of all Schedules 1B  | Name:     | Dennis P Nicholas                       |  | 06/25/2010 | 100.00    |
| Rochester MI 48306  ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement  Subtotal this page  Grand Total of all Schedules 1B  | Address:  | 1675 Maple Creek CT                     | ·  |            |           |
| □ Fund Raiser of debt or obligation reported on previous statement  Subtotal this page 3633.11  Grand Total of all Schedules 1B   |           | Rochester MI 48306                      | <del></del>                                |            |           |
| Subtotal this page 3633.11  Grand Total of all Schedules 1B   |           | Qipor.                                  | · ·  |            |           |
| Grand Total of all Schedules 1B   | u runa K  | alsel                                   | statement                                  |            |           |
|   |           |   | Subtotal this                              | page       | 3633.11   |
|   |           |   |  |            |           |



1. Committee I.D. Number 013853-3

| 2. Committee Name | Mark Hackel for County Executive |  |
|-------------------|----------------------------------|--|
|                   |                                  |  |

| 3. Name    | and address of person or vendor to whom paid                        | 4. Purpose (Describe specific purpose and you   | 5. Date     | 6. Amount    |
|------------|---|---|-------------|--------------|
| Expendite  | ure # 171   | may assign an Expenditure Code)   |             |              |
| Name:      | Proforma Marketplace  | Purpose: favors for event (sunglasses,  | 06/25/2010  | 372.88       |
| Address:   | P.O. Box 640814   | etc)  |             |              |
|            | Cincinnati OH 45264-0814  | Expenditure Code  Check box if this expenditure is payment                                      |             |              |
| ☑ Fund i   | Raiser  | of debt or obligation reported on previous statement  |             |              |
| Expenditu  | re # 172  |   |             |              |
| Name:      | TC Vineyards  | Purpose: wine for 6/10/10 fundraiser  | 06/25/2010  | 2332.00      |
| Address:   | 42875 Grand River Avenue<br>#201<br>Novi MI 48375                   | Expenditure Code  |             | 9            |
| ☑ Fund F   | Raiser  | of debt or obligation reported on previous statement  |             |              |
| Expenditu  | re # 173  |   |             | <del> </del> |
| Name:      | The Warren Center Line Democrats                                    | Purpose: Silver Sponsor - Democrat of   | 06/25/2010  | 500.00       |
| Address:   | P.O. Box 3197   | the Year Ce   |             |              |
|            | Center Line MI 48015  | Expenditure Code  |             |              |
| ☐ Fund R   | Raiser  | ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement |             |              |
| Expenditu  | re# 174   |   | 00/20/20040 | 000.00       |
| Name:      | Command Janitorial Service  | Purpose: Cleaning Services for April  | 06/28/2010  | 288.00       |
| Address:   | 48786 Beacon Square Dr.   |   |             |              |
|            | Macomb MI 48044   | Expenditure Code  |             |              |
| ☐ Fund R   |   | ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement | ,           |              |
| Expenditur | re# 175   |   |             |              |
| Name:      | Infinity Ovation Yacht Charters                                     | Purpose: balance of 6/15 fundraider   | 06/28/2010  | 4000.00      |
| Address:   | 400 Maple Park Boulevard<br>Ste. 404<br>Saint Clair Shores MI 48081 | Expenditure Code  |             |              |
| ☑ Fund R   | aiser   | of debt or obligation reported on previous statement  |             |              |
|            |   | Subtotal this p   | page        | 7492.88      |

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

Enter this total

on line 8a of Summary Page



1. Committee I.D. Number 013853-3

| 2. Committee Name | Mark Hackel for Count | v Executive |
|-------------------|-----------------------|-------------|
|                   |                       | ,           |

| 3. Name a    | and address of person or vendor to whom paid | 4. Purpose (Describe specific purpose and you                                       | 5. Date    | 6. Amount |
|--------------|--|---|------------|-----------|
|              |  | may assign an Expenditure Code)   | J. Date    | o. Amount |
| Expenditu    | re # 176                                     |   | 06/28/2010 | 6600.00   |
| Name:        | Macomb Leadership                            | Purpose: refund due to being over \$3,-   | 00/20/2010 | 0000.00   |
| Address:     | 6705 St. Andrews Rd.                         | 400 contribu  |            |           |
|              |  | Expenditure Code  |            |           |
| <br> -<br> - | Shelby Township MI 48316                     | G 01 11 15 11 11 11 11 11 11 11 11 11 11 11   |            |           |
| _            |  | Check box if this expenditure is payment of debt or obligation reported on previous |            |           |
| ☐ Fund F     | Raiser                                       | statement   |            |           |
| Expenditu    | re # 177                                     |   |            |           |
| Name:        | Tina's County House                          | Purpose: balance of fundraiser event  | 06/29/2010 | 2125.00   |
| Address:     | -  |   |            |           |
| Address:     | 50828 North Avenue                           | Expenditure Code  |            | ,         |
|              | Macomb MI 48042                              |   |            |           |
|              |  | Check box if this expenditure is payment  | i          |           |
| ☐ Fund F     | Raiser                                       | of debt or obligation reported on previous statement                                |            |           |
| Expenditu    | re # 178                                     |   | <u> </u>   |           |
| Name:        | Pay Systems                                  | Purpose:payroll   | 07/02/2010 | 4601.69   |
|              |  | r dipose payron   |            |           |
| Address:     | 50704 Schoenherr Rd                          | Expenditure Code  |            |           |
|              | Shelby Township MI 48315                     |   |            |           |
|              |  | ☐ Check box if this expenditure is payment  |            |           |
| ☐ Fund R     | taiser                                       | of debt or obligation reported on previous statement                                |            |           |
| Expenditu    | re# 179                                      |   |            |           |
| Name:        | Pay Systems                                  | D powell toward   | 07/02/2010 | 1468.12   |
| ivaille.     |  | Purpose: payroll taxes  |            |           |
| Address:     | 50704 Schoenherr Rd                          | Evnanditura Cada  |            |           |
|              | Shelby Township MI 48315                     | Expenditure Code  |            |           |
|              |  | ☐ Check box if this expenditure is payment  |            |           |
| ☐ Fund R     | aiser  | of debt or obligation reported on previous<br>statement                             | İ          |           |
| Expenditur   | re # 180                                     |   | <u> </u>   |           |
| •            |  | - 7001 10 1   | 07/06/2010 | 312.70    |
| Name:        | Best Western Sterling Inn                    | Purpose: 7/13 breakfast event   |            |           |
| Address:     | 34911 Van Dyke Avenue                        |   |            |           |
|              | Sterling Heights MI 48312                    | Expenditure Code  |            |           |
|              | 0.07. Nii 40072                              | ☐ Check box if this expenditure is payment  |            |           |
| ☐ Fund R     | aiser  | of debt or obligation reported on previous  |            |           |
|              |  | statement   |            |           |
|              |  | Subtotal this   | page       | 15107.51  |
|              | •  | Grand Total of all Schedule   |            |           |
|              |  | (Complete on last page of Schee   | dule)      |           |



| <ol> <li>Committee I.D. Number</li> </ol> | 013853-3 |  |
|---|----------|--|
|   |          |  |

2. Committee Name Mark Hackel for County Executive

|             |  |   |  | <del></del>    |
|-------------|--|---|--|----------------|
|             | nd address of person or vendor to whom paid                | Purpose (Describe specific purpose and you may assign an Expenditure Code)                    | 5. Date  | 6. Amount      |
| Expenditur  | re # 181   | ,   |  | <u> </u>       |
| Name:       | Burwood Business Machines                                  | Purpose: copier rental agreement 6/20-  | 07/06/2010                                       | 252.67         |
| Address:    | 32401 Edward   | /10-7/19/10   |  |                |
|             | Madison Heights MI 48071                                   | Expenditure Code  |  |                |
| ☐ Fund Ra   | aiser  | Check box if this expenditure is payment of debt or obligation reported on previous statement |  |                |
| Expenditure | e#182  |   | <del>                                     </del> | <del>- 2</del> |
| Name:       | NGP Software   | Purpose: remaining balance of campaign  | 07/06/2010                                       | 300.00         |
|             | 1225 Eye Street NW<br>Suite 1225<br>Washington DC 20005    | software i  Expenditure Code  |  |                |
| ☐ Fund Ra   | aiser  | Check box if this expenditure is payment of debt or obligation reported on previous statement |  |                |
| Expenditure | e# 183   |   | <del>-</del> -                                   | <del> </del>   |
| Name:       | Michael Radtke   | Purpose: car allowance, phone, health,  | 07/06/2010                                       | 815.18         |
| Address:    | 50704 Schoenherr Rd  | scanner, o  |  |                |
| ;           | Shelby Township MI 48315-3137                              | Expenditure Code  |  |                |
| ☐ Fund Ra   |  | Check box if this expenditure is payment of debt or obligation reported on previous statement |  |                |
| Expenditure | # 184  |   | <u> </u>   |                |
|             | The Huntington National Bank                               | Purpose: credit card fees various dat-<br>es  | 07/06/2010                                       | 730.44         |
|             | 29333 Hoover Rd  | Expenditure Code  |  |                |
| `           | Warren MI 48903  | Check box if this expenditure is payment  |  |                |
| ☐ Fund Rai  | ser  | Check box if this expenditure is payment of debt or obligation reported on previous statement |  |                |
| Expenditure | # 185  |   |  |                |
| Name: L     | JHY Advisors MI, Inc.                                      | Purpose: accounting services  | 07/06/2010                                       | 685.00         |
| S           | I 2900 Hall Road<br>Suite 500<br>Sterling Heights MI 48313 | Expenditure Code  |  |                |
| ☐ Fund Rais |  | Check box if this expenditure is payment of debt or obligation reported on previous statement |  |                |
|             |  |   |  |                |
|             |  | Subtotal this p  Grand Total of all Schedules (Complete on last page of Sched                 | s 1B   | 2783.29        |

#### **ITEMIZED EXPENDITURES SCHEDULE 1B**

| 1. Committee I.D. Number | 013853-3 |
|--------------------------|----------|
|                          |          |

2. Committee Name Mark Hackel for County Executive

| <del></del> | CANDIDATE COMMITTEE                          |  | <del></del> | <del></del> |
|-------------|--|--|-------------|-------------|
| 3. Name a   | and address of person or vendor to whom paid | Purpose (Describe specific purpose and you may assign an Expenditure Code) | 5. Date     | 6. Amount   |
| Expenditu   | re # 186                                     |  | 07/00/00 40 | 000.74      |
| Name:       | Verizon Wireless                             | Purpose: cell phone - 5/19/10-6/18/10                                      | 07/06/2010  | 303.71      |
| Address:    | P.O. Box 553                                 |  |             |             |
|             | Warrendale PA 15086                          | Expenditure Code   |             |             |
|             | Wallefidate 17A 10000                        | ☐ Check box if this expenditure is payment                                 |             |             |
| ☐ Fund R    | Raiser                                       | of debt or obligation reported on previous statement                       |             |             |
| Expenditu   | re # 187                                     |  | 07/07/0040  | 100.00      |
| Name:       | Clinton River Watershed Council              | Purpose: Walk on the Wildside fundrai-<br>ser - 7/24/1                     | 07/07/2010  | 100.00      |
| Address:    | 101 Main Street                              |  |             |             |
|             | Suite 100 Rochester MI 48307                 | Expenditure Code   |             |             |
|             | 100/100/07                                   | ☐ Check box if this expenditure is payment                                 |             |             |
| ☐ Fund R    | aiser  | of debt or obligation reported on previous statement                       |             |             |
| Expenditu   | re # 188                                     |  |             |             |
| Name:       | Command Janitorial Service                   | Purpose: Janitorial for June 2010  | 07/07/2010  | 308.87      |
| Address:    | 48786 Beacon Square Dr.                      |  |             |             |
|             | Macomb MI 48044                              | Expenditure Code   |             |             |
|             | MICCOMD INI 40044                            | ☐ Check box if this expenditure is payment                                 |             |             |
| ☐ Fund R    | aiser  | of debt or obligation reported on previous statement                       |             |             |
| Expenditur  | re # 189                                     | Salonen  |             |             |
|             | Gaukler Pointe Communications LLC            | B. Ivon Computting 0.1.1   | 07/07/2010  | 3000.00     |
| Name:       |  | Purpose: June Consulting & Internet PR                                     |             |             |
| Address:    | 23224 Robert John Road                       | Expenditure Code   |             |             |
|             | St. Clair Shores MI 48080                    |  |             |             |
|             |  | Check box if this expenditure is payment                                   |             |             |
| ☐ Fund R    | aiser  | of debt or obligation reported on previous statement                       |             |             |
| Expenditur  | e#190  |  |             | 00100       |
| Name:       | Damian Kassab                                | Purpose: conference, health ins., lea-                                     | 07/07/2010  | 2919.51     |
| Address:    | 1040 W. Snell Rd                             | dership lunc   |             | 1           |
|             | D 1 1 1 10000                                | Expenditure Code   |             |             |
|             | Rochester MI 48306                           | ☐ Check box if this expenditure is payment                                 |             |             |
| ☐ Fund Ra   | aiser  | of debt or obligation reported on previous statement                       |             |             |
|             |  | Statement  |             |             |
|             |  | Subtotal this p  | page        | 6632.09     |
|             |  | Grand Total of all Schedule<br>(Complete on last page of Schedule          |             |             |



| 1. Committee I.D. Number | 013853-3 |
|--------------------------|----------|
|                          |          |

2. Committee Name Mark Hackel for County Executive

| 3. Name   | and address of person or vendor to whom paid | 4. Purpose (Describe specific purpose and you   | 5. Date    | 6. Amount   |
|-----------|--|---|------------|-------------|
| Expendit  | ure # 191                                    | may assign an Expenditure Code)   | <u> </u>   |             |
| Name:     | Pay Systems                                  | Purpose:service fee   | 07/12/2010 | 89.12       |
| Address:  | 50704 Schoenherr Rd                          |   |            |             |
|           |  | Expenditure Code  |            |             |
|           | Shelby Township MI 48315                     | ☐ Check box if this expenditure is payment  |            |             |
| ☐ Fund I  | Raiser                                       | of debt or obligation reported on previous statement  |            |             |
| Expenditu | ure # <b>1</b> 92                            |   | <u> </u>   |             |
| Name:     | Postmaster - U.S. Postal Service             | Purpose: stamps for mailing   | 07/12/2010 | 2376.00     |
| Address:  | Post Office                                  |   | :          | !<br>       |
|           | Starling Heights All 40040                   | Expenditure Code  |            |             |
|           | Sterling Heights MI 48313                    | ☐ Check box if this expenditure is payment  |            | i           |
| ☐ Fund f  | Raiser                                       | of debt or obligation reported on previous statement  |            | ı           |
| Expenditu | re# 193                                      |   |            | <del></del> |
| Name:     | The Macomb Daily                             | Purpose: 26 week subscription   | 07/12/2010 | 45.50       |
| Address:  | PO Box 2315                                  |   |            |             |
|           | Mount Clemens MI 48046                       | Expenditure Code  |            |             |
|           | 10040  | ☐ Check box if this expenditure is payment  |            |             |
| ☐ Fund F  | Raiser                                       | of debt or obligation reported on previous statement  |            |             |
| Expenditu | re#194                                       |   |            | 1001.00     |
| Name:     | Pay Systems                                  | Purpose: payroll  | 07/15/2010 | 4601.69     |
| Address:  | 50704 Schoenherr Rd                          |   |            |             |
|           | Shelby Township MI 48315                     | Expenditure Code  |            |             |
|           | ,      | ☐ Check box if this expenditure is payment  |            |             |
| ☐ Fund R  | daiser                                       | of debt or obligation reported on previous statement  |            |             |
| Expenditu | re # 195                                     |   | 07/45/0040 | 400.00      |
| Name:     | The Huntington National Bank                 | Purpose: bank charges   | 07/15/2010 | 168.28      |
| Address:  | 29333 Hoover Rd                              |   |            |             |
|           | Warren MI 48903                              | Expenditure Code  |            |             |
| ☐ Fund R  | aiser  | Check box if this expenditure is payment of debt or obligation reported on previous statement |            |             |
|           |  | 0.31.1.11   |            | <u> </u>    |
|           |  | Subtotal this p<br>Grand Total of all Schedule  | ·          | 7280.59     |
|           |  | (Complete on last page of Sched   | dule)      |             |



1. Committee I.D. Number 013853-3

2. Committee Name Mark Hackel for County Executive

| 3. Name and address of person or vendor to whom paid | 4. Purpose (Describe specific purpose and you   | 5. Date    | 6. Amount    |
|--|---|------------|--------------|
| Expenditure # 196                                    | may assign an Expenditure Code)   | J. Date    | o. Arriount  |
| Name: Pay Systems                                    | Purpose:payroll   | 07/16/2010 | 1468.12      |
| Address: 50704 Schoenherr Rd                         |   |            |              |
| Shelby Township MI 48315                             | Expenditure Code  |            |              |
| ☐ Fund Raiser  | ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement |            |              |
| Expenditure # 197                                    |   |            | <u> </u>     |
| Name: American Graphics Printing Co.                 | Purpose: printing   | 07/18/2010 | 170.00       |
| Address: 34895 Groesbeck                             |   |            |              |
| Clinton Township MI 48035                            | Expenditure Code  |            |              |
| ☑ Fund Raiser  | Check box if this expenditure is payment of debt or obligation reported on previous statement   |            |              |
| Expenditure # 198                                    |   |            |              |
| Name: Mr. Butch Hassig                               | Purpose: Steel drum entertainer   | 07/18/2010 | 120.00       |
| Address: 37363 Fiore Trail                           |   |            |              |
| Clinton Twp. MI 48036                                | Expenditure Code  |            |              |
| ☑ Fund Raiser  | Check box if this expenditure is payment of debt or obligation reported on previous statement   |            |              |
| Expenditure # 199                                    |   |            | <del> </del> |
| Name: J. Baldwins                                    | Purpose: catering for 6/16 event  | 07/18/2010 | 1200.00      |
| Address: 16981 Garfield                              | or or pessel esterning for or to everif   |            |              |
| Clinton Township MI 48038                            | Expenditure Code  |            |              |
| ☑ Fund Raiser  | Check box if this expenditure is payment of debt or obligation reported on previous statement   |            |              |
|  |   | 7          |              |
|  | Subtotal this pa  | age        | 2958.12      |

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



1. Committee I. D. Number

013853-3

2. Committee Name Mark Hackel for County Executive

| Click Here for Memo Itemization Type  Check box if this expenditure is payment of debt or obligation reported on previous statement  Expenditure #4  Name  Address  Purpose:  Click Here for Memo Itemization Type  Click Here for Memo Itemization Type  Check box if this expenditure is payment of debt or obligation reported on previous statement  | 3. Name and address of person or vendor to whom paid | 4. Purpose (Required Information)   | 5. Date                      | 6. Amount         |
|--|--|---|------------------------------|-------------------|
| Address   Purpose   1100 retinal (exceeded constitution limit)   Date   1100 retinal (exceeded constitution limit)   1100 retinal (exceeded constitution limit)   1100 retinal (exceeded constitution limit)   Date   1100 retinal (exceeded constitution limit)   1100 retinal (exceeded constitution limit)   1100 retinal (exceeded constitution limit)   1100 retinal (exceeded constitution limit)   1100 retinal (exceeded constitution limit)   1100 retinal (exceeded constitution limit)   1100 retinal (exceeded constitution limit)   1100 retinal (exceeded constitution limit)   1100 retinal (ex | Expenditure #1                                       |   |                              |                   |
| Address   Purpose   1100 retinal (exceeded constitution limit)   Date   1100 retinal (exceeded constitution limit)   1100 retinal (exceeded constitution limit)   1100 retinal (exceeded constitution limit)   Date   1100 retinal (exceeded constitution limit)   1100 retinal (exceeded constitution limit)   1100 retinal (exceeded constitution limit)   1100 retinal (exceeded constitution limit)   1100 retinal (exceeded constitution limit)   1100 retinal (exceeded constitution limit)   1100 retinal (exceeded constitution limit)   1100 retinal (exceeded constitution limit)   1100 retinal (ex | Name CTE Jeffery Sprys                               |   | 07/18/10                     | . 400.00          |
| 18249 Millistone Dr.  Macomb MI 48044-4195  Fund Raiser  Expenditure #2  Name King Development, Inc.  Address  Fund Raiser  Expenditure #3  Name  Address  Purpose: refund of coporate check  Click Here for Memo Itemization Type  **Total Raiser**  Click He |  | \$100 refund (exceeded contribution limit)  | Date                         | \$ 100.00         |
| Macomb MI 48044-4195  □Fund Raisor  Expenditure #2  Name King Development, Inc.  Address  Purpose: refund of coporate check  Purpose: refund of coporate check  Click Here for Memo Itemization Type  Check box if this expenditure is payment of dott or obligation reported on previous  statement  Click Here for Memo Itemization Type  Check box if this expenditure is payment of dottor or obligation reported on previous  statement  Suppose: Date  Click Here for Memo Itemization Type        |  |   |                              |                   |
| Expenditure #2   Statement   Subtotal this page   Statement   Subtotal this page   Statement   Subtotal this page   Statement   Subtotal this page   Statement   Subtotal this page   Statement   Subtotal this page   Statement   Subtotal this page   Statement   Subtotal this page   Statement   Statement   Subtotal this page   Statement   St   |  | Click I   | tere for Memo                | Itemization Type  |
| Name King Development, Inc.  Address  Address  Address  Click Here for Memo Itemization Type  Check box if this expenditure is payment of debt or obligation reported on previous statement  Click Here for Memo Itemization Type  |  | debt or obligation reported on previous   |                              |                   |
| Address  54358 Aurora Park Shelby Township MI 48316  Fund Raiser  Expenditure #3 Name Address  Purpose: refund of coporate check  Click Here for Memo Itemization Type Statement  Subtotal this page Fund Raiser  Click Here for Memo Itemization Type   | Expenditure #2                                       |   |                              |                   |
| Address  54358 Aurora Park Shelby Township MI 48316  Fund Raiser Expenditure #3  Name  Address  Purpose:   | Name King Development, Inc.                          |   | 07/18/10                     | \$ 500.00         |
| Shelby Township MI 48316  Fund Ralser  Expenditure #3  Name  Address  Purpose: Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous  Statement  Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous  Click Here for Memo Itemization Type  Expenditure #4  Name  Address  Purpose: Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous  Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous  Statement  Expenditure #5  Name  Address  Purpose: Date  Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous  Statement  Subtotal this page \$600.00  Grand Total of all Schedules 18  \$240.000 TE   | Address  | Purpose: refund of coporate check   | Date                         |                   |
| Shelby Township MI 48316  Fund Raiser  Expenditure #3  Name  Address  Purpose:  Click Here for Memo Itemization Type  debt or obligation reported on previous  Statement  Click Here for Memo Itemization Type  Type Statement  Click Here for Memo Itemization Type  Address  Purpose:  Click Here for Memo Itemization Type  Type Statement  Click Here for Memo Itemization Type  Click Here for Memo Itemization Type  Type Statement  Click Here for Memo Itemization Type  Septenditure #5  Name  Address  Subtotal this page  Secon.00  Grand Total of all Schedules 18   |  | Click I   | lere for Memo                | Itemization Type  |
| Fund Raiser  Expenditure #3  Name  Address  Purpose:   | Shelby Township MI 48316                             |   |                              |                   |
| Address Purpose:   | Fund Raiser  | debt or obligation reported on previous   |                              |                   |
| Address  Purpose:  | Expenditure #3                                       |   |                              |                   |
| Address Purpose:   | Name   |   |                              |                   |
| Check box if this expenditure is payment of debt or obligation reported on previous statement  | Address  | Purpose:  | Date                         | \$                |
| Check box if this expenditure is payment of debt or obligation reported on previous statement  |  | Click   | lara for Mama                | ltomainatian Tura |
| Fund Raiser   Statement  |  | <del> </del>  | ere for Memo                 | nemization Type   |
| Expenditure #4 Name  Address  Purpose:   | Fund Raiser  | debt or obligation reported on previous   |                              |                   |
| Address  Purpose:  | Expenditure #4                                       | Statement   |                              |                   |
| Address  Purpose:  | Name   |   |                              |                   |
| Click Here for Memo Itemization Type  Check box if this expenditure is payment of debt or obligation reported on previous statement  Expenditure #5  Name  Address  Purpose:  Click Here for Memo Itemization Type  Click Here for Memo Itemization Type  Click Here for Memo Itemization Type  Check box if this expenditure is payment of debt or obligation reported on previous statement  Subtotal this page  \$600.00  Grand Total of all Schedules 1B  \$240.000.75   |  |   | D-1-                         | \$                |
| Check box if this expenditure is payment of debt or obligation reported on previous statement  Expenditure #5  Name  Address  Purpose:   | Address  | Purpose:  | Date                         |                   |
| Check box if this expenditure is payment of debt or obligation reported on previous statement  Expenditure #5  Name  Address  Purpose:   |  | Click H   | fore for Memo                | Itomization Type  |
| Fund Raiser  Expenditure #5  Name  Address  Purpose:   |  | l <u> </u>  | OF OF MICHIE                 | nomization Type   |
| Address  Purpose: Date   | Fund Raiser  | debt or obligation reported on previous   |                              |                   |
| Address  Purpose:  | Expenditure #5                                       |   |                              |                   |
| Purpose: Date  Click Here for Memo Itemization Type  Check box if this expenditure is payment of debt or obligation reported on previous statement  Subtotal this page \$600.00  Grand Total of all Schedules 1B   | Name   |   |                              |                   |
| Fund Raiser  Check box if this expenditure is payment of debt or obligation reported on previous statement  Subtotal this page \$600.00  Grand Total of all Schedules 1B   | Address  | Purpose:  | Date                         | \$                |
| Fund Raiser  Check box if this expenditure is payment of debt or obligation reported on previous statement  Subtotal this page \$600.00  Grand Total of all Schedules 1B   |  | Click H   | lere for Memo                | Itemization Type  |
| Grand Total of all Schedules 1B #240 862 75  | Fund Raiser  | Check box if this expenditure is payment of debt or obligation reported on previous |                              | ,,,,              |
| Grand Total of all Schedules 1B (Complete on last page of Schedule) \$319,862.75   |  | Subtol  | al this page                 | \$600.00          |
|  |  | Grand Total of all S<br>(Complete on last page                                      | Schedules 1B<br>of Schedule) | \$319,862.75      |



### **FUND RAISER SCHEDULE 1F**

| FUND RAISER SC<br>CANDIDATE CC   | MANTTEE   | Committee I.D. Number013853-3      Committee Name Mark Hackel for County Executive |  |  |  |
|----------------------------------|---|--|--|--|--|
|                                  | - USE A SEPARATE SH   | EET FOR EACH EVENT-  |  |  |  |
| 3. Date Event Was Held           | Number of Individuals Attending or Participating (whichever is greater) | 5.Type of Fund Raising Activity  | Address and Name (If any) of the place where the activity was held       |  |  |
| <u>05/13/2010</u> Month Day Year | 40  | Tony & Noralisa Ferl   | 37335 Casa Bella Ct. Clinton Twp, MI 48036  □ Private Residence          |  |  |
| 7. Total Contributions of \$20.0 | 0 or less   | 0.00   |  |  |  |
| 8. Total Contributions of \$20.0 | 1 or more   | 00.00  |  |  |  |
| 9. SUBTOTAL (Add lines-7-and     | d 8)  | 00.00  |  |  |  |
| 0. Other Receipts                |   | 0.00   |  |  |  |
| 1. Gross Receipts (Add lines 9   | and 10)740  | 00.00  |  |  |  |
| 2. Total Cost of Event*          | 160   |  | ncludes In-Kind Contributions and All<br>Expenditures Made For the Event |  |  |

| I3, ⊔ | Check if | event | was a | joint fund | raiser | and | complete | the | following: |
|-------|----------|-------|-------|------------|--------|-----|----------|-----|------------|
|-------|----------|-------|-------|------------|--------|-----|----------|-----|------------|

| Co-Sponsor(s) | Contribution Split (%) | Expenditure Split<br>(%) |
|---------------|------------------------|--------------------------|
|               |                        | <del></del>              |
|               |                        |                          |
|               |                        |                          |
|               |                        |                          |
|               |                        |                          |
|               |                        |                          |
|               | <del>-</del>           |                          |
|               |                        |                          |

- 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-JK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.



### FUND RAISER SCHEDULE 1F

| FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE   |  |                                       |   | 3853-3 for County Executive  |
|---|--|---------------------------------------|---|--|
|   | - USE A SEI  | PARATE SH                             | EET FOR EACH EVENT-                                   |  |
| 3. Date Event Was Held  05/17/2010  Month Day Year  | 4. Number of Individua<br>or Participating (which<br>greater)  400 | als Attending<br>ever is              | 5.Type of Fund Raising Activity  Mike Magnolli-Santin | 6. Address and Name (If any) of the place where the activity was held 59259 Van Dyke  Washington Twp MI 48094  Private Residence |
| <ul> <li>7. Total Contributions of \$20.00</li> <li>8. Total Contributions of \$20.01</li> <li>9. SUBTOTAL (Add lines 7 and</li> <li>10. Other Receipts</li> <li>11. Gross Receipts (Add lines 9</li> </ul> | or more  | 122                                   | 0.00<br>0.00<br>0.00                                  |  |
| 12. Total Cost of Event*  | and 10)  | · · · · · · · · · · · · · · · · · · · | 0.00 *1   | ncludes In-Kind Contributions and All  |
| 13. □ Check if event was a joint f  | und raiser and com   | plete the foll                        | owing:  | Expenditures Made For the Event  |
| Co-Sponsor(s)   | Со   | ntribution Sp<br>(%)                  | lit   | Expenditure Split<br>(%)   |
|   |  |                                       |   |  |

- 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.



| 1. Committee I.D. Numb | er013853-3                       |
|------------------------|----------------------------------|
| 2. Committee Name      | Mark Hackel for County Executive |

|                          |                          | - Ս         | SE A SEPARATE SH                             | EET FOR EACH EVEN                      |    |  |
|--------------------------|--------------------------|-------------|--|--|----|--|
| 3. Date                  | Event Was Held           | 4. Number   | of Individuals Attending ating (whichever is | 5.Type of Fund Raising Acti            |    | Address and Name (If any) of the place where the activity was held |
| Month                    | 05/20/2010<br>Day Year   |             | 400 Vito Strolis-Mary Jo                     |  |    | 50828 North Ave.  Macomb MI 48042  □ Private Residence             |
| 7. Total                 | Contributions of \$20.0  | 0 or less   |  | 0.00                                   | _  |  |
| 8. Total                 | Contributions of \$20.0  | 1 or more   | 995  | 50.00                                  | _  |  |
| 9. SUB                   | TOTAL (Add lines 7 and   | d 8)        | 995  | 50.00                                  | -  |  |
| 10. Othe                 | er Receipts              |             |  | 0.00                                   |    |  |
| 11. Gros                 | ss Receipts (Add lines 9 | and 10)     | 995  | 0.00                                   |    |  |
| 12. Total Cost of Event* |                          | 3125.00     |  | *Includes In-Kind Contributions and A  |    |  |
| 13. □ Ch                 | eck if event was a joint | fund raiser | and complete the fol                         | lowing:                                | Ex | penditures Made For the Event                                      |
|                          | Co-Sponsor(s)            |             | Contribution Sp<br>(%)                       |  |    | Expenditure Split<br>(%)   |
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- 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.



| 1. Committee I.D. Numb | er013853-3                       |
|------------------------|----------------------------------|
| 2. Committee Name      | Mark Hackel for County Executive |

| - USE A SEPARATE SHEET FOR EACH EVENT-             |  |                       |  |   |  |  |  |
|--|--|-----------------------|--|---|--|--|--|
| 3. Date Event Was Held  05/24/2010  Month Day Year | Number of Individuals Attending or Participating (whichever is greater)  200 |                       | 5.Type of Fund Raising Activit<br>Jim Arnone-Golf Outi | 6. Address and Name (If any) of the place where the activity was held 24770 S. River Rd.  Harrison Twp  MI 48045  □ Private Residence |  |  |  |
| 7. Total Contributions of \$20.00                  | ·  |                       | 0.00   |   |  |  |  |
| 8. Total Contributions of \$20.01                  | or more  | 105                   | 51.00  |   |  |  |  |
| 9. SUBTOTAL (Add lines 7 and                       | l 8) <u> </u>  | 1055                  | 51.00  |   |  |  |  |
| 10. Other Receipts                                 |  | 0.00                  |  |   |  |  |  |
| 11. Gross Receipts (Add lines 9                    | and 10)  | 10551.00              |  |   |  |  |  |
| 12. Total Cost of Event*                           | <del></del> -  | 5440.00               |  | *Includes In-Kind Contributions and Al<br>Expenditures Made For the Event   |  |  |  |
| 13. □ Check if event was a joint                   | fund raiser an   | d complete the fo     | llowing:   | Experiences Made 1 of the Everit  |  |  |  |
| Co-Sponsor(s)                                      |  | Contribution S<br>(%) | plit   | Expenditure Split (%)   |  |  |  |
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- 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.



| 1. Committee I.D. Number_ | 013853-3 |
|---------------------------|----------|
|---------------------------|----------|

Mark Hackel for County Executive

| - USE A SEPARATE SHEET FOR EACH EVENT- |   |                                 |   |  |  |
|--|---|---------------------------------|---|--|--|
| 3. Date Event Was Held                 | Number of Individuals Attending or Participating (whichever is greater) | 5.Type of Fund Raising Activity | 6. Address and Name (If any) of the place where the activity was held |  |  |
|  | 100   | Rauhorn Electric-Inf            |   |  |  |
|  |   |                                 | ☐ Private Residence   |  |  |
| 7. Total Contributions of \$20.00      | or less   | 0.00                            |   |  |  |
| 8. Total Contributions of \$20.01      | or more810  | 00.00                           |   |  |  |
| 9. SUBTOTAL (Add lines 7 and           | 810   | 00.00                           |   |  |  |
| 10. Other Receipts                     |   | 0.00                            |   |  |  |
| 11. Gross Receipts (Add lines 9        | and 10)810  | 0.00                            |   |  |  |
| 12. Total Cost of Event*6000.00        |   |                                 | ncludes In-Kind Contributions and All                                 |  |  |
| 13. □ Check if event was a joint t     | fund raiser and complete the fol  | E                               | Expenditures Made For the Event                                       |  |  |
| Co-Sponsor(s)                          | Contribution Sp<br>(%)  | Dlit                            | Expenditure Split<br>(%)  |  |  |
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2. Committee Name\_

- 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.



| 1. Committee I.D. Numb | er013853-3                       |
|------------------------|----------------------------------|
| 2. Committee Name      | Mark Hackel for County Executive |

| - USE A SEPARATE SHEET FOR EACH EVENT- |   |                                 |  |  |  |
|--|---|---------------------------------|--|--|--|
| 3. Date Event Was Held                 | Number of Individuals Attending<br>or Participating (whichever is<br>greater) | 5.Type of Fund Raising Activity | 6. Address and Name (If any) of the place where the activity was held    |  |  |
| 06/16/2010<br>Month Day Year           | 150   | Butch Hassig & Bob S            | 37363 Flore Trail  Clinton Twp  MI 48036  □ Private Residence            |  |  |
| 7. Total Contributions of \$20.00      | or less   | 0.00                            |  |  |  |
| 8. Total Contributions of \$20.01      | or more604  | 0.00                            |  |  |  |
| 9. SUBTOTAL (Add lines 7 and           | 8)604   | 0.00                            |  |  |  |
| 10. Other Receipts                     |   | 0.00                            |  |  |  |
| 11. Gross Receipts (Add lines 9        | and 10)604  | 0.00                            |  |  |  |
| 12. Total Cost of Event*               |   |                                 | ncludes In-Kind Contributions and All<br>Expenditures Made For the Event |  |  |
|  | fund raiser and complete the fol  |                                 |  |  |  |
| Co-Sponsor(s)                          | Contribution Sp<br>(%)  | olit                            | Expenditure Split<br>(%)   |  |  |
| CTE Bob Smith                          | CTE Bob Smith 40  |                                 | 40   |  |  |
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- 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.



| 1. Committee I.D. Number | or013853-3                       |
|--------------------------|----------------------------------|
| 2. Committee Name        | Mark Hackel for County Executive |

|  | - USE A SEPARATE SH   | EET FOR EACH EVENT-                                   |  |
|--|---|---|--|
| 3. Date Event Was Held  06/10/2010  Month Day Year   | Number of Individuals Attending or Participating (whichever is greater)  50 | 5.Type of Fund Raising Activity  Jim Bologna-Sporting | 6. Address and Name (If any) of<br>the place where the activity was<br>held<br>2775 Oakley Park<br>Walled Lake<br>MI |
| 7. Total Contributions of \$20.00 8. Total Contributions of \$20.01 9. SUBTOTAL (Add lines 7 and 10. Other Receipts 11. Gross Receipts (Add lines 9 12. Total Cost of Event* | or more 3200<br>8) 3200   |   | □ Private Residence  |
| 13. □ Check if event was a joint t<br>Co-Sponsor(s)  | fund raiser and complete the fol<br>Contribution Sp                         | lowing:   | Expenditures Made For the Event  Expenditure Split   |
| - Art  | (%)<br>   |   | (%)<br>  |
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| 1. Committee I.D. Numb | er013853-3                       |
|------------------------|----------------------------------|
| 2. Committee Name      | Mark Hackel for County Executive |

| - USE A SEPARATE SHEET FOR EACH EVENT- |             |  |                                 |   |  |
|--|-------------|--|---------------------------------|---|--|
| 3. Date Event Was Held 4. Number       |             | of Individuals Attending<br>ting (whichever is | 5.Type of Fund Raising Activity | 6. Address and Name (If any) of the place where the activity was held |  |
| 07/15/2010<br>Month Day Year           |             | 0  | Mancini House recept            |   |  |
|  | <u> </u>    |  |                                 | 🛛 Private Residence   |  |
| 7. Total Contributions of \$20.00      | or less     |  | 0.00                            |   |  |
| 8. Total Contributions of \$20.01      | or more     | 91   | 50.00                           |   |  |
| 9. SUBTOTAL (Add lines 7 and           | 18)         | 91   | 50.00                           |   |  |
| 10. Other Receipts                     | _           |  | 0.00                            |   |  |
| 11. Gross Receipts (Add lines 9        | and 10) _   | 915  | 50.00                           |   |  |
| 12. Total Cost of Event*               | _           |  | 0.00                            | ncludes In-Kind Contributions and All                                 |  |
| 13. ☐ Check if event was a joint       | fund raiser | and complete the fo                            |                                 | Expenditures Made For the Event                                       |  |
| Co-Sponsor(s)                          |             | Contribution Sp                                |                                 | Expenditure Split   |  |
|  |             | (%)  |                                 | (%)   |  |
|  |             |  |                                 |   |  |
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| 1. Committee I.D. Numb | er013853-3                       |
|------------------------|----------------------------------|
| 2. Committee Name      | Mark Hackel for County Executive |

|  | - USE A         | SEPARATE SH      | EET FOR EACH EVEN            | T             | <u> </u>  |  |
|--|-----------------|------------------|------------------------------|---------------|---|--|
| Date Event Was Held     A. Number of Individuals Attending or Participating (whichever is greater) |                 |                  | 5.Type of Fund Raising Activ |               | 6. Address and Name (If any) of the place where the activity was held Penna's of Sterling |  |
| 02/24/2010<br>Month Day Year   | ·               |                  | Breakfast Ever               | nt            | 38400 van Dyke<br>Sterlingtheights MI 48312   |  |
|  |                 |                  |                              |               | ☐ Private Residence   |  |
| 7. Total Contributions of \$20.00  | or less         |                  | 0.00                         | _             |   |  |
| 8. Total Contributions of \$20.01  | or more         | 145,95           | 0.00                         | <del></del> - |   |  |
| 9. SUBTOTAL (Add lines 7-and   | 8)              | 145, 95          | 00.0                         |               |   |  |
| 10. Other Receipts   |                 |                  | 0.00                         |               |   |  |
| 11. Gross Receipts (Add lines 9  | and 10)         | 145,950,00       |                              |               |   |  |
| 12. Total Cost of Event*   |                 | 23,05            | 23,059.00                    |               | *Includes In-Kind Contributions and Al  |  |
| 13. □ Check if event was a joint   | fund raiser and | complete the fol | ilowing:                     | E             | xpenditures Made For the Event  |  |
| Co-Sponsor(s)  |                 | Contribution Sp  | olit                         |               | Expenditure Split (%)   |  |
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| 1. Committee I.D. Number | er013853-3                       |
|--------------------------|----------------------------------|
| 2. Committee Name        | Mark Hackel for County Executive |

| - USE A SEPARATE SHEET FOR EACH EVENT-                                    |                      |   |              |   |  |
|---|----------------------|---|--------------|---|--|
| Date Event Was Held     A. Number of Indivior Participating (why greater) |                      | viduals Attending /hichever is 5.Type of Fund Raising Activ |              | the place where the activity was held                         |  |
| <u>06/11/2010</u> Month Day Year  | 0                    | 0 Tony Mancini Fundrai                                      |              | 5225 22 Mile Road Shelby Township MI 48317  Private Residence |  |
| 7. Total Contributions of \$20.00   | or less              | 0.0   | 00           |   |  |
| 8. Total Contributions of \$20.01   | or more              | 4700.0  | 00           |   |  |
| 9. SUBTOTAL (Add-lines 7 and  |                      | 4700.0  | 00           |   |  |
| 10. Other Receipts  |                      | 0.00  |              |   |  |
| 11. Gross Receipts (Add lines 9   | and 10)              | 4700.0  | 0            |   |  |
| 12. Total Cost of Event*  |                      | 0.00  |              | *Includes In-Kind Contributions and All                       |  |
| 13. □ Check if event was a joint  | fund raiser and comp | olete the follow  | ring:        | Expenditures Made For the Event                               |  |
| Co-Sponsor(s)   | Con                  | tribution Split<br>(%)                                      |              | Expenditure Split<br>(%)                                      |  |
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| CANDIDATE CO                             | 2. Con  | Committee NameMark Hackel for County Executive |  |  |
|--|---|--|--|--|
|  | - USE A SEPARATE SH   | EET FOR EACH EVEN                              | ſ-   |  |
| 3. Date Event Was Held                   | Number of Individuals Attending<br>or Participating (whichever is<br>greater) | 5.Type of Fund Raising Acti                    | the place where the activity was                           |  |
| <u>06/21/2010</u> Month Day Year         | 0   | Wayne Wudyka Cocktai                           | 473 Puritan Ave  Birmingham  MI 48009  ☑ Private Residence |  |
| 7. Total Contributions of \$20.00        | or less   | 0.00   |  |  |
| 8. Total Contributions of \$20.01        | or more1100   | 00.00  | -  |  |
| 9. SUBTOTAL (Add lines 7 and 8) 11000.00 |   |  | -  |  |
| 0. Other Receipts                        |   | 0.00   |  |  |
| 1. Gross Receipts (Add lines 9           | and 10)1100   | 0.00   |  |  |
| 2. Total Cost of Event*                  |   | 0.00   | *Includes In-Kind Contributions and All                    |  |
| 3. □ Check if event was a joint          | fund raiser and complete the fol  | lowing:  | Expenditures Made For the Event                            |  |
| Co-Sponsor(s)                            | Contribution Sp<br>(%)  | olit   | Expenditure Split<br>(%)                                   |  |
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| 1. Committee I.D. Numl | per013853-3                      |
|------------------------|----------------------------------|
| 2. Committee Name      | Mark Hackel for County Executive |

|                                     | - USE A SEPARATE SH   | EET FOR EACH EVENT-                                   |   |
|-------------------------------------|---|---|---|
| 3. Date Event Was Held              | Number of Individuals Attending<br>or Participating (whichever is<br>greater) | 5.Type of Fund Raising Activity  John Nitz Cocktail R | 6. Address and Name (If any) of the place where the activity was held 12900 Hall Road Ste 350  Sterling Heights MI 48313  □ Private Residence |
| <u>06/22/2010</u><br>Month Day Year | 0   |   |   |
| 7. Total Contributions of \$20.00   | or less   | 0.00  |   |
| 8. Total Contributions of \$20.01   | or more33   | 50.00   |   |
| 9. SUBTOTAL (Add lines 7 and        | 18)33   | 50.00   |   |
| 10. Other Receipts                  |   | 0.00  |   |
| 11. Gross Receipts (Add lines 9     | and 10) 33  | 50.00   |   |
| 12. Total Cost of Event*            | 4;  | 32,00 *In   | icludes In-Kind Contributions and All<br>Expenditures Made For the Event  |
| 13. ☐ Check if event was a joint    | fund raiser and complete the fo   | llowing:  |   |
| Co-Sponsor(s)                       | Contribution S<br>(%)   | plit  | Expenditure Split (%)   |
|                                     |   |   |   |
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| 1. Committee I.D. Numb | er013853-3                       |
|------------------------|----------------------------------|
| 2. Committee Name      | Mark Hackel for County Executive |

|   | - USE                                 | A SEPARATE SH                            | EET FOR EACH EVENT-            |  |  |
|---|---------------------------------------|--|--------------------------------|--|--|
| 3. Date Event Was Held                              | 4. Number of or Participatin greater) | Individuals Attending<br>g (whichever is | 5.Type of Fund Raising Activit | ty 6. Address and Name (If any) of the place where the activity was held |  |
| 06/29/2010           Month         Day         Year |                                       | 0  | Andy Elder                     | Ti Drivete Devid   |  |
|   | ·                                     |  |                                | ☐ Private Residence  |  |
| 7. Total Contributions of \$20.00                   | or less _                             |  | 0.00                           |  |  |
| 8. Total Contributions of \$20.01                   | f or more _                           | 2550                                     | 00.00                          |  |  |
| 9. SUBTOTAL (Add lines 7 and                        | J_8)                                  | 2550                                     | 00.00                          |  |  |
| 10. Other Receipts                                  |                                       | 0.00                                     |                                |  |  |
| 11. Gross Receipts (Add lines 9 and 10)             |                                       | 25500.00                                 |                                |  |  |
| 12. Total Cost of Event*                            |                                       | 0.00                                     |                                | *Includes In-Kind Contributions and All                                  |  |
| 13. □ Check if event was a joint                    | fund raiser a                         | and complete the fo                      |                                | Expenditures Made For the Event  |  |
|   | TOTAL TEISCHE                         |  |                                |  |  |
| Co-Sponsor(s)                                       |                                       | Contribution Split<br>(%)                |                                | Expenditure Split<br>(%)   |  |
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