



CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: <u>07/19/2010</u> To: <u>08/23/2010</u> Mo Day Year Mo Day Year	
1. Committee I.D. Number <u>013853-3</u>	4. Candidate Last Name <u>Hackel</u> First Name <u>Mark A</u> M.I. _____
2. Committee Name <u>Mark Hackel for County Executive</u>	4a. Office Sought Including District # or Community Served (If applicable) County Executive <u>12</u>
	4b. County of Residence <u>Macomb</u> Driver License # (Optional) _____
5. Committee's Mailing Address <u>50704 Schoenherr Road</u> <u>Shelby Twp.</u> MI <u>48315</u> Area Code and Phone <u>(586) 803-3686</u>	6. Treasurer's Name & Residential Address <u>Harold J Burns</u> <u>1460 Kinney Road</u> <u>Memphis</u> MI <u>4804</u> Area code & Phone <u>(586) 206-8110</u> Driver License # (Optional) _____
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.	
7. Treasurer's Business Address <u>12900 Hall Road</u> <u>Suite 500</u> <u>Sterling Heights</u> MI <u>48313</u> Area Code and Phone <u>(586) 254-1040</u>	8. Designated Recordkeeper's Name and Mailing Address (If the committee has a Designated Recordkeeper) Area Code and Phone _____ Driver License # (Optional) _____
9. TYPE OF STATEMENT 9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> School <input type="checkbox"/> Special <input type="checkbox"/> Caucus Date of Election, Convention or Caucus <u>08/03/2010</u> Month Day Year 9c. <input type="checkbox"/> Annual Statement (____ Coverage Year) 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended) 9e. <input type="checkbox"/> Dissolution of Candidate Committee Effective Date of Dissolution _____ Mon Day Year By checking this item, I certify that the committee has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	
A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived.	
10. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete.	
Current Treasurer or Designated Recordkeeper <u>Harold J Burns</u> Type or Print Name	<u>Harold J Burns</u> Signature Date <u>09/02/2010</u> Mo Day Year
Candidate <u>Mark A. Hackel</u> Type or Print Name	<u>Mark A. Hackel</u> Signature Date <u>09/02/2010</u> Mo Day Year

Authority granted under P.A. 388 of 1976



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

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

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>33307.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>0.00</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>33307.00</u>	(18.) \$ <u>425326.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>1.98</u>	(19.) \$ <u>1.98</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>33308.98</u>	(20.) \$ <u>425327.98</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>1750.00</u>	(21.) \$ <u>7210.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>49543.03</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>49543.03</u>	(23.) \$ <u>369405.78</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>72156.25</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + <u>33308.98</u>	
	(15.) = <u>105465.23</u>	
15. SUBTOTAL Add Lines 13 and 14		
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - <u>49543.03</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>55922.20</u> *	

NOTE: Direct contributions, in-Kind contributions, loans, expenditures and outstanding debts count against the \$1,000.00 Reporting Waiver threshold.
All required schedules must be included with this statement. *If your ending balance is negative, please recheck your math.



**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 is 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 # <u>1</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/26/2010</u> Name: <u>Mr. Anday Arabo</u> Address: <u>30415 W 13 Mile Rd</u> <u>Farmington Hills MI 48334-2211</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100.00	100.00
3. Contribution # <u>2</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/26/2010</u> Name: <u>Mr. John G Arcori</u> Address: <u>756 Majestic</u> <u>Rochester Hills MI 48306-3571</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>Retired</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	300.00	300.00
3. Contribution # <u>3</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/26/2010</u> Name: <u>Mr. James D Bardy</u> Address: <u>2658 Birch Harbor Ln</u> <u>West Bloomfield MI 48324-1904</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Business Development</u> Employer <u>Continental Services</u> Business Address <u>35710 Mound Rd</u> <u>Sterling Heights MI 48310-4726</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	1000.00	1000.00
3. Contribution # <u>4</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/26/2010</u> Name: <u>Mr. Timothy H Bedenis</u> Address: <u>12467 Beacon Hill Dr</u> <u>Plymouth MI 48170-3006</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Senior Engineer</u> Employer <u>SME</u> Business Address <u>43980 Plymouth Oaks Blvd</u> <u>Plymouth MI 48170-2584</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	300.00	300.00
Page Subtotal	1700.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

Enter this total on
line 3a of
Summary Page



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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 is 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 # <u>5</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/26/2010</u> Name: <u>Mr. Robert L Blamer</u> Address: <u>574 6 Mile Rd</u> <u>Whitmore Lake MI 48189-9235</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	100.00	100.00
3. Contribution # <u>6</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/26/2010</u> Name: <u>Mr. Lorenzo Cavaliere</u> Address: <u>90 Deeplands Ct</u> <u>Grosse Pointe Shores MI 48236-2612</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Contractor</u> Employer <u>Boulder Companies</u> Business Address <u>30078 Schoenherr Rd</u> <u>Ste 300</u> <u>Warren MI 48088-3178</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	300.00	300.00
3. Contribution # <u>7</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/26/2010</u> Name: <u>Mr. Joseph Cipriano, Jr.</u> Address: <u>85 Deeplands Ct</u> <u>Grosse Pointe Shores MI 48236-2612</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Construct Team</u> Business Address <u>85 Deeplands Ct.</u> <u>Grosse Pointe Shores MI 48236-2612</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	300.00	300.00
3. Contribution # <u>8</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/26/2010</u> Name: <u>Mr. Derek J Dickow</u> Address: <u>30415 W 13 Mile Rd</u> <u>Farmington Hills MI 48334-2211</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	100.00	100.00
Page Subtotal	800.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

Enter this total on
line 3a of
Summary Page



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is 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 # <u>9</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/26/2010</u> Name: <u>Mr. Robert W Esper</u> Address: <u>32446 Newcastle Dr</u> <u>Warren MI 48093-6151</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	25.00	25.00
3. Contribution # <u>10</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/26/2010</u> Name: <u>Mr. Timothy S Ferrand</u> Address: <u>53728 Oakview Dr</u> <u>Shelby Township MI 48315-1923</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Cummings McClorey Davis & Acho</u> Business Address <u>43409 Schoenherr Rd</u> <u>Sterling Heights MI 48313-1961</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	500.00	500.00
3. Contribution # <u>11</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/26/2010</u> Name: <u>Mr. Tony Gallo</u> Address: <u>37425 Bellagio Ct</u> <u>Clinton Township MI 48036-1687</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Gallo Properties</u> Business Address <u>30555 Hoover</u> <u>Warren MI 48089</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	3400.00	3400.00
3. Contribution # <u>12</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/26/2010</u> Name: <u>Mr. Michael J George</u> Address: <u>4737 Wendrick Dr</u> <u>West Bloomfield MI 48323-3652</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>George Enterprises</u> Business Address <u>30777 Northwestern Hwy</u> <u>Suite 300</u> <u>Farmington MI 48334</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	500.00	500.00
Page Subtotal	4425.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

Enter this total on
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CANDIDATE COMMITTEE**

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2. Committee Name Mark Hackel for County Executive

Enter contributor's name and address. If contribution is 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 # <u>13</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/26/2010</u> Name: <u>Mr. Michael G Junga</u> Address: <u>22808 Worthington Ct</u> <u>Saint Clair Shores MI 48081-2637</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>Retired</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	1000.00	1000.00
3. Contribution # <u>14</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/26/2010</u> Name: <u>Mr. Mukhles P Karmo</u> Address: <u>5180 Autumn Ridge Ct</u> <u>West Bloomfield MI 48323-2700</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Self Employed</u> Employer <u>SavaLot</u> Business Address <u>3931 W Jefferson Ave</u> <u>Ecorse MI 48229-1740</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	1000.00	1000.00
3. Contribution # <u>15</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/26/2010</u> Name: <u>Mr. Clinton Llewellyn</u> Address: <u>3419 Alco Dr</u> <u>Waterford MI 48329-2211</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Aqua Group</u> Business Address <u>3419 Alco Dr.</u> <u>Waterford MI 48329-2211</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	300.00	300.00
3. Contribution # <u>16</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/26/2010</u> Name: <u>Ms. Pamela Lombardo</u> Address: <u>11473 Bayberry Dr</u> <u>Bruce Twp MI 48065-3744</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Builder</u> Employer <u>Lombardo Companies</u> Business Address <u>6303 26 Mile Road</u> <u>Suite 200</u> <u>Washington MI 48094</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	300.00	300.00
Page Subtotal	2600.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

Enter this total on
line 3a of
Summary Page



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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 is 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 # <u>17</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/26/2010</u> Name: <u>Mr. Michael A Long</u> Address: <u>13267 Brainbridge Ave</u> <u>Warren MI 48089-1337</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Sales</u> Employer <u>Blaze Contracting, Inc.</u> Business Address <u>5640 St. Jean St., Ste. 270</u> <u>Detroit MI 48213</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	500.00	500.00
3. Contribution # <u>18</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/26/2010</u> Name: <u>Mrs. Lisa Mancini</u> Address: <u>37532 Hidden Valley Ct</u> <u>Clinton Township MI 48036-3669</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Office Manager</u> Employer <u>Boulder Companies</u> Business Address <u>30078 Schoenherr Road</u> <u>#300</u> <u>Warren MI 48088-3179</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	3400.00	3400.00
3. Contribution # <u>19</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/26/2010</u> Name: <u>Mr. Benedetto Marrocco</u> Address: <u>11421 Heatherwood Ct</u> <u>Shelby Township MI 48315-1178</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Contractor</u> Employer <u>Self Employed</u> Business Address <u>11421 Heatherwood Ct.</u> <u>Shelby Township MI 48315-1178</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	300.00	300.00
3. Contribution # <u>20</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/26/2010</u> Name: <u>Mr. M.J. Moroun</u> Address: <u>956 Lake Shore Rd</u> <u>Grosse Pointe Shores MI 48236-1174</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>CenTra, Inc.</u> Business Address <u>12225 Stephens Rd</u> <u>Warren MI 48089-2010</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	1000.00	1000.00
Page Subtotal	5200.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

Enter this total on
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3. Contribution # <u>21</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/26/2010</u> Name: <u>Mr. Frank Petruzzello</u> Address: <u>2497 Fairway Drive</u> <u>Birmingham MI 48009</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Petruzzello Banquet & Catering</u> Business <u>6950 Rochester Road</u> Address <u>Troy MI 48065</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	200.00	200.00
3. Contribution # <u>22</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/26/2010</u> Name: <u>Mr. David Scharrer, Jr.</u> Address: <u>3915 Orchard Hill</u> <u>Bloomfield Hills MI 48304</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>General Manager</u> Employer <u>Monroe PMP</u> Business <u>1030 Doris Rd</u> Address <u>Auburn Hills MI 48326-2613</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	1000.00	1000.00
3. Contribution # <u>23</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/26/2010</u> Name: <u>Ms. Jane Shallal</u> Address: <u>30415 W 13 Mile Rd</u> <u>Farmington Hills MI 48334-2211</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business _____ Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	100.00	100.00
3. Contribution # <u>24</u> PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>07/26/2010</u> Name: <u>Singh PAC-State</u> Address: <u>7125 Orchard Lake Rd</u> <u>Ste 200</u> <u>West Bloomfield MI 48322-5306</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business _____ Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	200.00	200.00
Page Subtotal	1500.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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3. Contribution # <u>25</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/26/2010</u> Name: <u>Anthony L Soave</u> Address: <u>423 Lake Shore Rd</u> <u>Grosse Pointe Farms MI 48236-3046</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>President/CEO</u> Employer <u>Soave Enterprises</u> Business <u>3400 E Lafayette St</u> Address <u>Detroit MI 48207-4962</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	300.00	3300.00
3. Contribution # <u>26</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/26/2010</u> Name: <u>Ms. Shirley T Trewyn Corkins</u> Address: <u>8513 Kennedy Cir</u> <u>Unit 2</u> <u>Warren MI 48093-2230</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Learning Center</u> Employer <u>Small Wonders Inc.</u> Business <u>29603 S Civic Center Blvd</u> Address <u>Warren MI 48093-2305</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	200.00	200.00
3. Contribution # <u>27</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/26/2010</u> Name: <u>Mr. Giuseppe A Vitale</u> Address: <u>52381 Forest Grv</u> <u>Shelby Township MI 48315-2316</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Self Employed Builder</u> Employer <u>Renaissance Building Company</u> Business <u>52381 Forest Grove</u> Address <u>Shelby Township MI 48315-2316</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	400.00	400.00
3. Contribution # <u>28</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/26/2010</u> Name: <u>Mr. Vince Viviano</u> Address: <u>6705 St. Andrews Dr.</u> <u>Shelby Township MI 48316</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Finance Director</u> Employer <u>Mark Hackel for County Executi</u> Business <u>50704 Schoenherr Rd</u> Address <u>Shelby Township MI 48315-3137</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	300.00	1401.00
Page Subtotal	1200.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

Enter this total on
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**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 is 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 # <u>29</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/26/2010</u> Name: <u>Mr. Jerry Yono</u> Address: <u>4120 Pontiac Trl</u> <u>Orchard Lake MI 48323-1657</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Southfield Funeral Home</u> Business <u>18338 W 12 Mile Rd</u> Address <u>Southfield MI 48076-2670</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	1000.00	1000.00
3. Contribution # <u>30</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/26/2010</u> Name: <u>Mr. Frank Yousif</u> Address: <u>3563 Walnut Brook Dr.</u> <u>Rochester MI 48309</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>M-97 Auto Dealer</u> Business <u>26395 Groesbeck Hwy</u> Address <u>Warren MI 48089-4151</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	200.00	200.00
3. Contribution # <u>31</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/27/2010</u> Name: <u>Mr. Carl Dallo</u> Address: <u>41544 Red Oak Dr</u> <u>Sterling Heights MI 48314-3744</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>17th Street Bar & Grill</u> Business <u>3905 17 Mile Rd</u> Address <u>Sterling Heights MI 48310-6834</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	300.00	300.00
3. Contribution # <u>32</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/27/2010</u> Name: <u>Mr. Gerald C Davis</u> Address: <u>22798 Vacri Ln</u> <u>Farmington Hills MI 48335-3860</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business _____ Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	100.00	100.00
Page Subtotal	1600.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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Summary Page



**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 is 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 # <u>33</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/27/2010</u> Name: <u>Ms. Haifa Fakouri</u> Address: <u>2794 Timberwyck Trail Dr</u> <u>Troy MI 48098-5424</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>American Chaldean Council</u> Business Address <u>28551 Southfield Rd</u> <u>Ste 204</u> <u>Lathrup Village MI 48076-2723</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	300.00	300.00
3. Contribution # <u>34</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/27/2010</u> Name: <u>Ms. Victoria C Palazzolo</u> Address: <u>854 Moorland Dr</u> <u>Grosse Pointe Woods MI 48236-1131</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	100.00	100.00
3. Contribution # <u>35</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/27/2010</u> Name: <u>Ms. Nida R Samona</u> Address: <u>4035 Blackthorn Ct</u> <u>Bloomfield Hills MI 48301-1700</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>State of Michigan</u> Business Address <u>PO Box 30005</u> <u>Lansing MI 48909-7505</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	200.00	200.00
3. Contribution # <u>36</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/27/2010</u> Name: <u>Mr. T. Joseph Seward</u> Address: <u>39900 Schoolcraft</u> <u>Livonia MI 48150</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	100.00	100.00
Page Subtotal	700.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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**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 is 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 # <u>37</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/27/2010</u> Name: <u>Mr. Joseph Shallal</u> Address: <u>24960 S. Cromwell</u> <u>Franklin MI</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Mekani Orow P.C.</u> Business Address <u>21711 W 10 Mile Rd</u> <u>Ste 237</u> <u>Southfield MI 48075-1015</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	100.00	200.00
3. Contribution # <u>38</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/27/2010</u> Name: <u>Mr. Joseph Shallal</u> Address: <u>24960 S. Cromwell</u> <u>Franklin MI</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Mekani Orow P.C.</u> Business Address <u>21711 W 10 Mile Rd</u> <u>Ste 237</u> <u>Southfield MI 48075-1015</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	100.00	200.00
3. Contribution # <u>39</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/28/2010</u> Name: <u>Mr. William Kole</u> Address: <u>11420 Racine Rd</u> <u>Warren MI 48093-6566</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	15.00	15.00
3. Contribution # <u>40</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/29/2010</u> Name: <u>Mr. Michael Calcaterra</u> Address: <u>36900 Schoenherr Rd</u> <u>Sterling Heights MI 48312-3370</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Funeral Director</u> Employer <u>Calcaterra Wujek Funeral Home</u> Business Address <u>36900 Schoenherr Rd</u> <u>Sterling Heights MI 48312-3370</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	300.00	300.00
Page Subtotal	515.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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**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 is 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 # <u>41</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/29/2010</u> Name: <u>Mr. Steven C Gold</u> Address: <u>13340 Balfour Ave</u> <u>Huntington Woods MI 48070-1703</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Director/Health Officer</u> Employer <u>Macomb County</u> Business <u>43525 Elizabeth St</u> Address <u>Mount Clemens MI 48043-1034</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	100.00	200.00
3. Contribution # <u>42</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/29/2010</u> Name: <u>Mr. Giuseppe Vitale</u> Address: <u>19883 Emerald Ln N</u> <u>Clinton Township MI 48038-4747</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>General Manager</u> Employer <u>Vince & Joe's Gourmet Market</u> Business <u>55178 Van Dyke Ave</u> Address <u>Shelby Township MI 48316-5302</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	300.00	300.00
3. Contribution # <u>43</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/03/2010</u> Name: <u>Maria Silamianos</u> Address: <u>49573 Regatta St</u> <u>Chesterfield MI 48047-4341</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>President</u> Employer <u>Omega Solutions</u> Business <u>48621 Hayes Rd</u> Address <u>Shelby Township MI 48315-4403</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	120.00	120.00
3. Contribution # <u>44</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/05/2010</u> Name: <u>Mr. Joseph Kowynia</u> Address: <u>29442 Old North River Rd.</u> <u>Harrison Township MI 48045</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Self Employed</u> Employer <u>Dentbusters, Inc.</u> Business <u>19751 15 Mile Road</u> Address <u>Clinton Township MI 48035</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	200.00	200.00
Page Subtotal	720.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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**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 is 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 # <u>45</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/05/2010</u> Name: <u>Carey Wolschlager</u> Address: <u>22702 Brantingham Rd</u> <u>Macomb MI 48044-6223</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	65.00	65.00
3. Contribution # <u>46</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/06/2010</u> Name: <u>Stephen R Saph, Jr.</u> Address: <u>68 Clinton</u> <u>Mount Clemens MI 48043</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Insurance Agent</u> Employer <u>Nickel & Saph Insurance, Inc.</u> Business Address <u>44 Macomb Place</u> <u>P.O. Box 46907</u> <u>Mount Clemens MI 48043</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	150.00	350.00
3. Contribution # <u>47</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/09/2010</u> Name: <u>Ms. Shari A Raby</u> Address: <u>31962 Williamsburg St.</u> <u>Saint Clair Shores MI 48082</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>Retired</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	250.00	250.00
3. Contribution # <u>48</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/09/2010</u> Name: <u>Mr. John Yaldoo</u> Address: <u>7479 Muerdale</u> <u>West Bloomfield MI 48322-3300</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	100.00	100.00
Page Subtotal	565.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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**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 is 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 # <u>49</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/11/2010</u> Name: <u>Gary D Alessandro</u> Address: <u>17455 Iris Circle</u> <u>Clinton Township MI 48036</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Chairperson</u> Employer <u>Lanzo Holding Co.</u> Business <u>28135 Groesbeck Hwy</u> Address <u>Roseville MI 48066-2344</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	200.00	1500.00
3. Contribution # <u>50</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/11/2010</u> Name: <u>Mr. Greg Andrzejewski</u> Address: <u>52438 Stag Ridge Dr</u> <u>Macomb MI 48042-3480</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Sales</u> Employer <u>Pittsburg Paint</u> Business <u>52438 Stag Ridge Dr</u> Address <u>Macomb MI 48042-3480</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	200.00	200.00
3. Contribution # <u>51</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/11/2010</u> Name: <u>Mr. John H Becker</u> Address: <u>20129 Windham Dr</u> <u>Macomb MI 48044-3538</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>Retired</u> Business _____ Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	200.00	200.00
3. Contribution # <u>52</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/11/2010</u> Name: <u>Michael Blum</u> Address: <u>38378 Huron Pointe Dr.</u> <u>Harrison Township MI 48045</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Foster Swift Collins & Smith,</u> Business <u>32300 Northwestern Hwy</u> Address <u>Suite 230 Farmington MI 48334</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	150.00	150.00
Page Subtotal	750.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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**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 is 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 # <u>53</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/11/2010</u> Name: <u>Mrs. Cynthia Bucci</u> Address: <u>49279 Dunhill Dr</u> <u>Macomb MI 48044-1738</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	50.00	50.00
3. Contribution # <u>54</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/11/2010</u> Name: <u>Committee to Elect Tom McVicar</u> Address: <u>53840 Luzerne Dr</u> <u>Macomb MI 48042-5770</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	200.00	200.00
3. Contribution # <u>55</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/11/2010</u> Name: <u>Robert E Costa</u> Address: <u>24790 Camille</u> <u>Harrison Township MI 48045</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>President</u> Employer <u>Continental Industrial Service</u> Business Address <u>2711 E. Jefferson</u> <u>Detroit MI 48207</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	150.00	250.00
3. Contribution # <u>56</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/11/2010</u> Name: <u>Sante Ferrante</u> Address: <u>6626 Gratiot</u> <u>Detroit MI 48207</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Ferrnate Manufacturing Co.</u> Business Address <u>6626 Gratiot</u> <u>Detroit MI 48207</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	150.00	150.00
Page Subtotal	550.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

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3. Contribution # <u>57</u> PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>08/11/2010</u> Name: <u>GCSI 21st Century PAC</u> Address: <u>3711 Beechtree Lane</u> <u>Okemos MI 48864</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	150.00	1350.00
3. Contribution # <u>58</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/11/2010</u> Name: <u>Steven G Gordon</u> Address: <u>One Town Square</u> <u>#1200</u> <u>Southfield MI 48076</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>President</u> Employer <u>Signature Associates</u> Business Address <u>One Town Square</u> <u>#1200</u> <u>Southfield MI 48076</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	150.00	150.00
3. Contribution # <u>59</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/11/2010</u> Name: <u>Mr. Marcello A Iannucci</u> Address: <u>57037 Juliann</u> <u>Washington MI 48094-4224</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>Retired</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	200.00	200.00
3. Contribution # <u>60</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/11/2010</u> Name: <u>Mr. Roger Iannucci</u> Address: <u>23386 Angel Park Dr</u> <u>Macomb MI 48042-5021</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>Retired</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	200.00	200.00
Page Subtotal	700.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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**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 is 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 # <u>61</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/11/2010</u> Name: <u>Mr. Waleed H Jadan</u> Address: <u>7210 Woodlore Dr</u> <u>West Bloomfield MI 48323-1388</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>Retired</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	200.00	200.00
3. Contribution # <u>62</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/11/2010</u> Name: <u>Mr. Joseph G Kerry</u> Address: <u>7617 Holiday Rd</u> <u>Lexington MI 48450-9760</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Kerry Bros. Trucking</u> Business Address <u>5255 Tillman St</u> <u>Detroit MI 48208-1943</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	400.00	400.00
3. Contribution # <u>63</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/11/2010</u> Name: <u>Judith Kucway</u> Address: <u>5774 Crystal Creek Ln.</u> <u>Washington MI 48094-2614</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>President & CEO</u> Employer <u>Motor City Stamping, Inc.</u> Business Address <u>47783 Gratiot Ave</u> <u>Chesterfield MI 48051-2721</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	95.00	595.00
3. Contribution # <u>64</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/11/2010</u> Name: <u>Mr. David C Manardo</u> Address: <u>422 Moran Rd</u> <u>Grosse Pointe Farms MI 48236-3213</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	100.00	100.00
Page Subtotal	795.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

Enter this total on
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**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 is 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 # <u>65</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/11/2010</u> Name: <u>Mr. Kenneth J Marchetti</u> Address: <u>188 Ridgemont Rd</u> <u>Grosse Pointe Farms MI 48236-3044</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	75.00	75.00
3. Contribution # <u>66</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/11/2010</u> Name: <u>Aline E Muawad</u> Address: <u>7626 Acorn Hill Ct.</u> <u>West Bloomfield MI 48323</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Homemaker</u> Employer <u>Homemaker</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	300.00	300.00
3. Contribution # <u>67</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/11/2010</u> Name: <u>Mr. Elias Muawad</u> Address: <u>7626 Acorn Hill Ct.</u> <u>West Bloomfield MI 48323</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>24-7 Criminal Attorneys</u> Business Address <u>36700 Woodward</u> <u>Bloomfield Hills MI 48304</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	300.00	300.00
3. Contribution # <u>68</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/11/2010</u> Name: <u>Benny N Napoleon</u> Address: <u>12210 Monica St.</u> <u>Detroit MI 48204</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Sheriff</u> Employer <u>Wayne County</u> Business Address <u>12210 Monica St.</u> <u>Detroit MI 48204</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	150.00	150.00
Page Subtotal	825.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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**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 is 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 # <u>69</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/11/2010</u> Name: <u>Mr. Norman Newton</u> Address: <u>47762 Lighthouse Dr</u> <u>Macomb MI 48044-5914</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Sales</u> Employer <u>McKenna Heating & Cooling</u> Business <u>6417 Center Dr</u> Address <u>Sterling Heights MI 48312-2600</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	400.00	400.00
3. Contribution # <u>70</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/11/2010</u> Name: <u>Mrs. Alecia M Palazzolo</u> Address: <u>21402 Tee Box Dr</u> <u>Macomb MI 48042-4325</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Homemaker</u> Employer <u>Homemaker</u> Business Address Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	400.00	400.00
3. Contribution # <u>71</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/11/2010</u> Name: <u>Mr. Rocco Patamia</u> Address: <u>18350 Tara</u> <u>Clinton Twp. MI 48036</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>Retired</u> Business Address Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	500.00	1725.00
3. Contribution # <u>72</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/11/2010</u> Name: <u>Mr. Jeffrey B Rademacher</u> Address: <u>3638 Covert Rd</u> <u>Waterford MI 48328-1320</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Sales/Management</u> Employer <u>Sherwin-Williams Co.</u> Business <u>13241 Northend Ave</u> Address <u>Oak Park MI 48237-3212</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	400.00	400.00
Page Subtotal	1700.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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**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 is 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 # <u>73</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/11/2010</u> Name: <u>Ms. Deanna J Rizzo</u> Address: <u>8705 Inverness Dr</u> <u>Washington MI 48095-2838</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Homemaker</u> Employer <u>Homemaker</u> Business <u>51410 Milano Dr</u> Address <u>Ste 114</u> <u>Macomb MI 48042-4015</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	200.00	200.00
3. Contribution # <u>74</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/11/2010</u> Name: <u>Gaetano Rizzo</u> Address: <u>37516 Hidden Valley Ct</u> <u>Clinton Twp MI 48036-3669</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Builder</u> Employer <u>Garland Construction, LLC</u> Business <u>44899 Centre Ct</u> Address <u>Ste 101</u> <u>Clinton Township MI 48038-5510</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	200.00	1550.00
3. Contribution # <u>75</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/11/2010</u> Name: <u>Mike Rizzo</u> Address: <u>63334 Turnberry Way</u> <u>Washington MI 48095-2831</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Express Builders</u> Business <u>51410 Milano Dr</u> Address <u>Ste 114</u> <u>Macomb MI 48042-4015</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	200.00	220.00
3. Contribution # <u>76</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/11/2010</u> Name: <u>Mr. Salvatore Rizzo</u> Address: <u>14880 Shady Ln</u> <u>Shelby Township MI 48315-1672</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>S & R Land Holding</u> Business <u>51410 Milano Dr</u> Address <u>Ste 114</u> <u>Macomb MI 48042-4015</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	200.00	200.00
Page Subtotal	800.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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**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 is 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 # <u>77</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/11/2010</u> Name: <u>Kevin Southway</u> Address: <u>38372 Huron Pointe Dr.</u> <u>Harrison Township MI 48045</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>CRNA</u> Employer <u>Mt. Clemens Regional Medical C</u> Business <u>1000 Harrington</u> Address <u>Mount Clemens MI 48043</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	150.00	150.00
3. Contribution # <u>78</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/11/2010</u> Name: <u>Mr. Michael A Strace</u> Address: <u>37548 Fiore Trl</u> <u>Clinton Township MI 48036-2034</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Business Manager</u> Employer <u>Bob Thibodeau Ford</u> Business <u>26333 Van Dyke Ave</u> Address <u>Center Line MI 48015-1233</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	200.00	200.00
3. Contribution # <u>79</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/11/2010</u> Name: <u>Mr. Esley Thomas</u> Address: <u>18777 Hampshire St</u> <u>Lathrup Village MI 48076-4409</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Modern World Coatings</u> Business <u>18429 W 8 Mile Rd</u> Address <u>Detroit MI 48219-1520</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	200.00	200.00
3. Contribution # <u>80</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/11/2010</u> Name: <u>Charles M Towner</u> Address: <u>39757 Brylor Ct.</u> <u>Clinton Township MI 48038</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Towner & Towner</u> Business <u>38770 Garfield Road</u> Address <u>#100 Clinton Township MI 48038</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	150.00	150.00
Page Subtotal	700.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

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3. Contribution # <u>81</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/11/2010</u> Name: <u>Mr. Peter N Zingas</u> Address: <u>18400 Tara Dr</u> <u>Clinton Township MI 48036-3635</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Simon, Stella & Zingas, P.C.</u> Business <u>422 W Congress St</u> Address <u>Ste 400</u> <u>Detroit MI 48226-3137</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	400.00	400.00
3. Contribution # <u>82</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/17/2010</u> Name: <u>Mr. Steven C Gold</u> Address: <u>13340 Balfour Ave</u> <u>Huntington Woods MI 48070-1703</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Director/Health Officer</u> Employer <u>Macomb County</u> Business <u>43525 Elizabeth St</u> Address <u>Mount Clemens MI 48043-1034</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	100.00	300.00
3. Contribution # <u>83</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/18/2010</u> Name: <u>Mr. John A Conti</u> Address: <u>203 Lake Shore Rd</u> <u>Grosse Pointe Farms MI 48236-3741</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Conti Electric</u> Business <u>6417 Center Dr</u> Address <u>Sterling Heights MI 48312-2600</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	200.00	200.00
3. Contribution # <u>84</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/18/2010</u> Name: <u>Mr. Peter Hanewich</u> Address: <u>4645 Commerce Woods Dr</u> <u>Commerce Township MI 48382-3880</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Restoration</u> Employer <u>Chez Core</u> Business <u>2000 Division St</u> Address <u>Detroit MI 48207-2104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	200.00	200.00
Page Subtotal	900.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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**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 is 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 # <u>85</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/18/2010</u> Name: <u>Dr. Frank Ruffino</u> Address: <u>56536 Edgewood Dr.</u> <u>Shelby Twp. MI 48316</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	50.00	50.00
3. Contribution # <u>86</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/19/2010</u> Name: <u>Mr. Dennis McCarron</u> Address: <u>49230 Gratiot Ave.</u> <u>New Baltimore MI 48051</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>D.E. McCarron & Associates</u> Business Address <u>49230 Gratiot Ave</u> <u>Chesterfield MI 48051-2520</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	500.00	500.00
3. Contribution # <u>87</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/23/2010</u> Name: <u>Mrs. Deborah Brillati</u> Address: <u>54358 Aurora Park</u> <u>Shelby Township 48316</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Homemaker</u> Employer <u>Homemaker</u> Business Address <u>54358 Aurora Park</u> <u>Shelby Township 48316</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	500.00	500.00
3. Contribution # <u>88</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/23/2010</u> Name: <u>Michael Ciaffone</u> Address: <u>31771 Sherman Ave.</u> <u>Madison Heights MI 48071</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	39.00	39.00
Page Subtotal	1089.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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**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 is 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 # <u>89</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/23/2010</u> Name: <u>Bob Clancy</u> Address: <u>325 North Ave</u> <u>Mount Clemens MI 48043</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	36.00	36.00
3. Contribution # <u>90</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/23/2010</u> Name: <u>John Colgrove</u> Address: <u>44035 N. Groesbeck</u> <u>Clinton Township MI 48036</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	72.00	72.00
3. Contribution # <u>91</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/23/2010</u> Name: <u>Donna Congemi</u> Address: <u>11235 Hemlock Drive</u> <u>Sterling Heights MI 48312</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	60.00	60.00
3. Contribution # <u>92</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/23/2010</u> Name: <u>CTE Richard Notte</u> Address: <u>44291 Constellation Dr.</u> <u>Sterling Heights MI 48314</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	39.00	39.00
Page Subtotal	207.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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**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 is 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 # <u>93</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/23/2010</u> Name: <u>Ray Debuck</u> Address: <u>4735 22 Mile Road</u> <u>Utica MI 48317</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	39.00	39.00
3. Contribution # <u>94</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/23/2010</u> Name: <u>Mark F Deldin</u> Address: <u>22934 Edgewater</u> <u>Saint Clair Shores MI 48082</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	60.00	60.00
3. Contribution # <u>95</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/23/2010</u> Name: <u>Mr. Donald P Denault, Jr.</u> Address: <u>15731 Marcie</u> <u>Fraser MI 48026-2632</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	39.00	139.00
3. Contribution # <u>96</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/23/2010</u> Name: <u>Mr. Tony Ferlito</u> Address: <u>37335 Casa Bella</u> <u>Clinton Twp. MI 48036</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Ferlito Construction</u> Business Address <u>27085 Gratiot Ave</u> <u>Roseville MI 48066-2984</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	120.00	1820.00
Page Subtotal	258.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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**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 is 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 # <u>97</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/23/2010</u> Name: <u>James Fitzgibbons</u> Address: <u>1301 W. Long Lake Road</u> <u>Suite 250</u> <u>Troy MI 48098</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	36.00	36.00
3. Contribution # <u>98</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/23/2010</u> Name: <u>Jennifer Fitzgibbons</u> Address: <u>1301 W. Long Lake Road</u> <u>Suite 250</u> <u>Troy MI 48098</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	36.00	36.00
3. Contribution # <u>99</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/23/2010</u> Name: <u>Eric C Foster</u> Address: <u>41700 Conger Bay Dr.</u> <u>Harrison Township MI 48045</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	72.00	72.00
3. Contribution # <u>100</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/23/2010</u> Name: <u>Donna Gambaro</u> Address: <u>41300 Windmill</u> <u>Harrison Township MI 48045</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	39.00	39.00
Page Subtotal	183.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

Enter this total on
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**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 is 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 # <u>101</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/23/2010</u> Name: <u>Mario Giannandrea</u> Address: <u>P.O. Box 268</u> <u>Milford MI 48381</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	39.00	39.00
3. Contribution # <u>102</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/23/2010</u> Name: <u>Kimberly J Green</u> Address: <u>28781 Berwick Ct.</u> <u>New Baltimore MI 48047</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	39.00	39.00
3. Contribution # <u>103</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/23/2010</u> Name: <u>Adam Hassig</u> Address: <u>37363 Fiore Trail</u> <u>Clinton Township MI 48036</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	72.00	72.00
3. Contribution # <u>104</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/23/2010</u> Name: <u>Thomas A Hernandez</u> Address: <u>49405 Compass Pt. Dr.</u> <u>New Baltimore MI 48047</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	39.00	39.00
Page Subtotal	189.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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line 3a of
Summary Page



**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 is 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 # <u>105</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/23/2010</u> Name: <u>Mr. Christopher Holsbeke</u> Address: <u>43103 Riverway</u> <u>Clinton Township MI 48038</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Concrete Sales</u> Employer <u>Holsbeke Construction</u> Business <u>325 North Avenue</u> Address <u>Mount Clemens MI 48043</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	36.00	886.00
3. Contribution # <u>106</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/23/2010</u> Name: <u>Theresa Jones</u> Address: <u>40210 Hayes Road</u> <u>Clinton Township MI 48038</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business _____ Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	39.00	39.00
3. Contribution # <u>107</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/23/2010</u> Name: <u>Dino Juncevic</u> Address: <u>52756 Blueridge Dr.</u> <u>Utica MI 48316</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Utica Van Dyke Services</u> Business <u>4925 22 Mile Road</u> Address <u>Utica MI 48317</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	117.00	117.00
3. Contribution # <u>108</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/23/2010</u> Name: <u>Donald Kehrig</u> Address: <u>34950 E. Islandview Dr.</u> <u>Harrison Township MI 48045</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business _____ Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	39.00	39.00
Page Subtotal	231.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

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3. Contribution # <u>109</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/23/2010</u> Name: <u>Jason Lambiris</u> Address: <u>35296 Mound Road</u> <u>Sterling Heights MI 48310</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	39.00	39.00
3. Contribution # <u>110</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/23/2010</u> Name: <u>Henry J Luks</u> Address: <u>18738 Rockport</u> <u>Roseville MI 48066</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	39.00	39.00
3. Contribution # <u>111</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/23/2010</u> Name: <u>Mr. Bob Mann</u> Address: <u>51145-D Washington St.</u> <u>New Baltimore MI 48047</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	39.00	39.00
3. Contribution # <u>112</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/23/2010</u> Name: <u>Mr. John A Nitz</u> Address: <u>57477 Willow Way Court</u> <u>Washington MI 48094-4220</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>O'Reilly Rancilio</u> Business Address <u>12900 Hall Road Suite 350 Sterling Heights MI 48313</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	39.00	739.00
Page Subtotal	156.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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Summary Page



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

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3. Contribution # <u>113</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/23/2010</u> Name: <u>Michael O'Donnell</u> Address: <u>41000 Executive Drive</u> <u>Harrison Township MI 48045</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	72.00	72.00
3. Contribution # <u>114</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/23/2010</u> Name: <u>Lt. Col. Donald E Odell</u> Address: <u>31810 N. River Road</u> <u>Harrison Township MI 48045</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	39.00	39.00
3. Contribution # <u>115</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/23/2010</u> Name: <u>Wayne O Oehmke</u> Address: <u>17610 21 Mile Road</u> <u>Macomb MI 48044</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	78.00	78.00
3. Contribution # <u>116</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/23/2010</u> Name: <u>Mr. Rocco Patamia</u> Address: <u>18350 Tara</u> <u>Clinton Twp. MI 48036</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>Retired</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	210.00	1935.00
Page Subtotal	399.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

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3. Contribution # <u>117</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/23/2010</u> Name: <u>David B Patrician</u> Address: <u>3140 Baypoint Dr.</u> <u>Rochester MI 48309</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	39.00	39.00
3. Contribution # <u>118</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/23/2010</u> Name: <u>Ken Pearl</u> Address: <u>38316 Santa Barbara</u> <u>Clinton Township MI 48036</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	39.00	39.00
3. Contribution # <u>119</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/23/2010</u> Name: <u>Michael C Phy</u> Address: <u>19708 Tanglewood Circle</u> <u>Clinton Township MI 48038</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	39.00	39.00
3. Contribution # <u>120</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/23/2010</u> Name: <u>Mr. Cecil S Pierre</u> Address: <u>32595 Sabrina Ct</u> <u>Warren MI 48093-8142</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Law Office of Cecil St. Pierre</u> Business Address <u>2 Crocker Blvd Ste 202 Mount Clemens MI 48043-2558</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	78.00	678.00
Page Subtotal	195.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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**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 is 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 # <u>121</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/23/2010</u> Name: <u>Jeff Pretzer</u> Address: <u>50490 Central Industries Dr.</u> <u>Utica MI 48315</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	72.00	72.00
3. Contribution # <u>122</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/23/2010</u> Name: <u>Donald P Prue</u> Address: <u>4756 NW 3rd Street</u> <u>Deerfield Beach FL 33442</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	78.00	78.00
3. Contribution # <u>123</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/23/2010</u> Name: <u>Dean Reynolds</u> Address: <u>38150 Woodcrest</u> <u>Clinton Township MI 48036</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	39.00	39.00
3. Contribution # <u>124</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/23/2010</u> Name: <u>Mr. Jim Riehl</u> Address: <u>49446 Goulette Pointe Dr</u> <u>New Baltimore MI 48047-4330</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Jim Riehl Friendly Auto Group</u> Business Address <u>18900 Hall Rd</u> <u>Clinton Township MI 48038-6909</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	72.00	322.00
Page Subtotal	261.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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**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 is 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 # <u>125</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/23/2010</u> Name: <u>Deborah A Robinson</u> Address: <u>2775 Acorn Rd.</u> <u>Bloomfield Hills MI 48302</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	72.00	72.00
3. Contribution # <u>126</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/23/2010</u> Name: <u>Thomas Rombach</u> Address: <u>43597 Hillsboro Dr.</u> <u>Clinton Township MI 48038</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Law offices of Thomas Rombach</u> Business Address <u>51249 Washington St</u> <u>New Baltimore MI 48047-1564</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	45.00	345.00
3. Contribution # <u>127</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/23/2010</u> Name: <u>Ronald Rossell</u> Address: <u>342 Brook</u> <u>Romeo MI 48065</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	39.00	39.00
3. Contribution # <u>128</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/23/2010</u> Name: <u>Ray Stewart</u> Address: <u>15910 26 Mile Road</u> <u>Macomb MI 48042</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	72.00	72.00
Page Subtotal	228.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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**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 is 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 # <u>129</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/23/2010</u> Name: <u>Vito K Strolis</u> Address: <u>19874 Westchester Dr.</u> <u>Clinton Township MI 48038</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Ruehles Towing</u> Business Address <u>205 Northbound Gratiot Ave</u> <u>Mount Clemens MI 48043-5732</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	39.00	539.00
3. Contribution # <u>130</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/23/2010</u> Name: <u>Paul M Thoen</u> Address: <u>42850 Garfield</u> <u>Suite 101</u> <u>Clinton Township MI 48038</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	45.00	45.00
3. Contribution # <u>131</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/23/2010</u> Name: <u>Nick Vagnetti</u> Address: <u>37809 S. Groesbeck</u> <u>Clinton Township MI 48036</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	36.00	36.00
3. Contribution # <u>132</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/23/2010</u> Name: <u>Sam Vagnetti</u> Address: <u>37809 S. Groesbeck</u> <u>Clinton Township MI 48036</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	36.00	36.00
Page Subtotal	156.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 013853-3

2. Committee Name Mark Hackel for County Executive

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3. Contribution # <u>133</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/23/2010</u> Name: <u>Carol A Verhaeghe</u> Address: <u>49502 Regatta St.</u> <u>New Baltimore MI 48047</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	36.00	36.00
3. Contribution # <u>134</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/23/2010</u> Name: <u>Edward J Verhaeghe</u> Address: <u>49502 Regatta St.</u> <u>New Baltimore MI 48047</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	36.00	36.00
3. Contribution # <u>135</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/23/2010</u> Name: <u>Alan D Whitman</u> Address: <u>18639 Warwick St.</u> <u>Beverly Hills MI 48025</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	39.00	39.00
3. Contribution # <u>136</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/23/2010</u> Name: <u>Denise Williams</u> Address: <u>29410 Grandview St.</u> <u>Harrison Township MI 48045</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	72.00	72.00
Page Subtotal	183.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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**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 is 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 # <u>137</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/23/2010</u> Name: <u>Jeffrey W Williams</u> Address: <u>29440 Rose St.</u> <u>Madison Heights MI 48071</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	72.00	72.00
3. Contribution # <u>138</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/23/2010</u> Name: <u>Wayne M Wudyka</u> Address: <u>433 Puritan Ave</u> <u>Birmingham MI 48009-4633</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Founder</u> Employer <u>Certified Restoration Dryclean</u> Business Address <u>2060 Coolidge Hwy</u> <u>Berkley MI 48072-1546</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	39.00	3039.00
3. Contribution # <u>139</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/23/2010</u> Name: <u>Mario Yono</u> Address: <u>51715 Baker</u> <u>New Baltimore MI 48047</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	72.00	72.00
3. Contribution # <u>140</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/23/2010</u> Name: <u>Mark Yono</u> Address: <u>47174 Jefferson</u> <u>New Baltimore MI 48047</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	72.00	72.00
Page Subtotal	255.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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**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 <u>all</u> contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # <u>141</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/23/2010</u></p> <p>Name: <u>Mike Yono</u> Address: <u>47391 Jefferson</u> <u>New Baltimore MI 48047</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>	72.00	72.00

Page Subtotal

72.00

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

33307.00

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

1. Committee I.D. Number 013853-3

2. Committee Name Mark Hackel for County Executive

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt # 1 Name: The Huntington National Bank Address: 29333 Hoover Rd Warren MI 48903 <input type="checkbox"/> Fund Raiser	Date of Receipt <u>07/22/2010</u>	<input type="checkbox"/> Loan from a Lending Institution <input checked="" type="checkbox"/> Interest <input type="checkbox"/> Refund \ Rebate <input type="checkbox"/> Other (Specify)	1.98
Page Subtotal			1.98
Grand Total of All Schedules 1A-1 (Complete on last page of Schedule)			1.98

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

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

3. Name and Address from whom received <small>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 <u>all</u> in-kind contributions.</small>	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 Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name: William L Jarvis Address: 49557 Compass Point Dr Chesterfield MI 48047-4352 If over \$100.00 cumulative, please provide: Occupation: Owner Employer: Jarvis Restoration Business Address: 41800 Executive Drive Harrison Township MI 48045 <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>No specific vendors - used items already</u> 5. Date OF RECEIPT: <u>07/27/2010</u> 6. VENDOR NAME & ADDRESS: _____ _____	525.00	1525.00
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name: Mr. Rocco Patamia Address: 18350 Tara Clinton Twp. MI 48036 If over \$100.00 cumulative, please provide: Occupation: Retired Employer: Retired Business Address: <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Food & beverages for 8/10 fundraiser</u> 5. Date OF RECEIPT: <u>08/10/2010</u> 6. VENDOR NAME & ADDRESS: <u>Mirage Banquets & Catering</u> <u>16980 18 Mile Road</u> <u>Clinton Township MI 48036</u>	1225.00	1225.00

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

1750.00

1750.00

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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

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 may assign an Expenditure Code)	5. Date	6. Amount
Expenditure # 1 Name: Michael Radtke, Jr. Address: 34205 Barrett Drive Sterling Heights MI 48312 <input type="checkbox"/> Fund Raiser	Purpose: <u>stamps</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/22/2010	844.80
Expenditure # 2 Name: Burwood Business Machines Address: 32401 Edward Madison Heights MI 48071 <input type="checkbox"/> Fund Raiser	Purpose: <u>copier rental agreement 7/20-10-8/19/10</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/27/2010	271.82
Expenditure # 3 Name: Comcast Address: P.O. Box 3005 Southeastern PA 19398-3005 <input type="checkbox"/> Fund Raiser	Purpose: <u>phone, internet, cable</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/27/2010	265.30
Expenditure # 4 Name: Consumers Energy Address: Consumers Energy Lansing MI 48937-0001 <input type="checkbox"/> Fund Raiser	Purpose: <u>gas 6/8/10-7/7/10</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/27/2010	11.65
Expenditure # 5 Name: DTE Energy Address: P.O. Box 740786 Cincinnati OH 45274 <input type="checkbox"/> Fund Raiser	Purpose: <u>electric - June 2010</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/27/2010	239.39
Subtotal this page			1632.96
Grand Total of all Schedules 1B (Complete on last page of Schedule)			

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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I.D. Number 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 may assign an Expenditure Code)	5. Date	6. Amount
Expenditure # 6 Name: JAH Lion Graphics Address: 23561 Lakepointe Drive Clinton Township MI 48036 <input type="checkbox"/> Fund Raiser	Purpose: <u>deposit for signs</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/27/2010	3670.25
Expenditure # 7 Name: Miss St. Clair Shores Scholarship Program Address: 27885 Riviera St. Harrison Township MI 48045 <input type="checkbox"/> Fund Raiser	Purpose: <u>1/4 page ad</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/27/2010	50.00
Expenditure # 8 Name: Mr. Gregory Suma Address: 24080 Old Kent Rd N Warren MI 48091-1667 <input type="checkbox"/> Fund Raiser	Purpose: <u>August lease payment</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/27/2010	500.00
Expenditure # 9 Name: Carrie Ryckman Address: 18647 Mayfield St Livonia MI 48152-3239 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>fundraising</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/27/2010	120.00
Expenditure # 10 Name: Carrie Ryckman Address: 18647 Mayfield St Livonia MI 48152-3239 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>fundraising</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/27/2010	260.00
Subtotal this page			4600.25
Grand Total of all Schedules 1B (Complete on last page of Schedule)			

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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I.D. Number 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 may assign an Expenditure Code)	5. Date	6. Amount
Expenditure # 11 Name: Carrie Ryckman Address: 18647 Mayfield St Livonia MI 48152-3239 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>fundraising</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/27/2010	17.00
Expenditure # 12 Name: Verizon Wireless Address: P.O. Box 553 Warrendale PA 15086 <input type="checkbox"/> Fund Raiser	Purpose: <u>cell phone 6/19-7/18</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/27/2010	297.23
Expenditure # 13 Name: Pay Systems Address: 50704 Schoenherr Rd Shelby Township MI 48315 <input type="checkbox"/> Fund Raiser	Purpose: <u>Payroll</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/30/2010	4601.69
Expenditure # 14 Name: Pay Systems Address: 50704 Schoenherr Rd Shelby Township MI 48315 <input type="checkbox"/> Fund Raiser	Purpose: <u>payroll taxes</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/30/2010	1468.12
Expenditure # 15 Name: Pay Systems Address: 50704 Schoenherr Rd Shelby Township MI 48315 <input type="checkbox"/> Fund Raiser	Purpose: <u>service fee</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/31/2010	133.68
Subtotal this page			6517.72
Grand Total of all Schedules 1B (Complete on last page of Schedule)			

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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I.D. Number 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 may assign an Expenditure Code)	5. Date	6. Amount
Expenditure # 16 Name: JAH Lion Graphics Address: 23561 Lakepointe Drive Clinton Township MI 48036 <input type="checkbox"/> Fund Raiser	Purpose: <u>balance of sign order # 7545</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/02/2010	2587.50
Expenditure # 17 Name: The Huntington National Bank Address: 29333 Hoover Rd Warren MI 48903 <input type="checkbox"/> Fund Raiser	Purpose: <u>credit card charges</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/03/2010	34.54
Expenditure # 18 Name: Damian Kassab Address: 1040 W. Snell Rd Rochester MI 48306 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>valet service, food, etc for fundraiser</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/06/2010	2524.28
Expenditure # 19 Name: Costco Address: 45460 Market Street Utica MI 48315 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>fundraiser items</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/19/2010	(31.23)
Expenditure # 20 Name: Bloomfield Party Rentals Address: 2390 Franklin Road Bloomfield Hills MI 48302 <input checked="" type="checkbox"/> Fund Raiser	Purpose: _____ Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/20/2010	(230.00)
Subtotal this page			5146.32
Grand Total of all Schedules 1B (Complete on last page of Schedule)			

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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I.D. Number 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 may assign an Expenditure Code)	5. Date	6. Amount
Expenditure # 21 Name: CBJ Enterprises, Inc. Address: 33624 Clipper Ct. New Baltimore MI 48047 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Valet for fundraiser</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/20/2010 Memo - itemization	(475.00)
Expenditure # 22 Name: Peter's Palate Pleaser, Inc. Address: 1087 West Long Lake Road Bloomfield Hills MI 48302 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>food for fundraiser</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/20/2010 Memo - itemization	(1788.05)
Expenditure # 23 Name: Damian Kassab Address: 1040 W. Snell Rd Rochester MI 48306 <input type="checkbox"/> Fund Raiser	Purpose: <u>health ins, NGP software for PAC, webpag</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/06/2010 Memo - itemization below	1524.29
Expenditure # 24 Name: NGP Software Address: 1225 Eye Street NW Suite 1225 Washington DC 20005 <input type="checkbox"/> Fund Raiser	Purpose: <u>add PAC</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/21/2010 Memo - itemization	(300.00)
Expenditure # 25 Name: Blue Cross Blue Shield of Michigan Address: P.O. Box 2467 Detroit MI 48231 <input type="checkbox"/> Fund Raiser	Purpose: <u>health insurance - Damian Kassab</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/25/2010 Memo - itemization	(955.45)
Subtotal this page			1524.29
Grand Total of all Schedules 1B (Complete on last page of Schedule)			

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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I.D. Number 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 may assign an Expenditure Code)	5. Date	6. Amount
Expenditure # 26 Name: Roma Cafe Address: 3401 Riopelle st. Detroit MI 48207 <input type="checkbox"/> Fund Raiser	Purpose: <u>campaign</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/28/2010 Memo - itemization	(43.90)
Expenditure # 27 Name: Georgio's Apple Orchard Inn Address: 62840 Van Dyke Washington MI 48094 <input type="checkbox"/> Fund Raiser	Purpose: <u>campaign</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/29/2010 Memo - itemization	(41.57)
Expenditure # 28 Name: Squarespace Address: 187 lafayette Street #4 New York NY 10013 <input type="checkbox"/> Fund Raiser	Purpose: <u>webpage</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/29/2010 Memo - itemization	(30.00)
Expenditure # 29 Name: Old Stone Bar & Grill Address: 60730 Van Dyke Rd. Washington MI 48094 <input type="checkbox"/> Fund Raiser	Purpose: <u>campaign</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/30/2010 Memo - itemization	(153.37)
Expenditure # 30 Name: Roxanne Naas Address: 50704 Schoenherr Rd Utica MI 48315 <input type="checkbox"/> Fund Raiser	Purpose: <u>office supplies, postage</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/06/2010 Memo - itemization below	332.82
Subtotal this page			332.82
Grand Total of all Schedules 1B (Complete on last page of Schedule)			

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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I.D. Number 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 may assign an Expenditure Code)	5. Date	6. Amount
Expenditure # 31 Name: VG's Grocery Address: 50820 Schoenherr Road Utica MI 48315 <input type="checkbox"/> Fund Raiser	Purpose: <u>Office supplies</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/06/2010 Memo - itemization	(15.67)
Expenditure # 32 Name: VG's Grocery Address: 50820 Schoenherr Road Utica MI 48315 <input type="checkbox"/> Fund Raiser	Purpose: <u>Stamps</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/06/2010 Memo - itemization	(44.00)
Expenditure # 33 Name: VG's Grocery Address: 50820 Schoenherr Road Utica MI 48315 <input type="checkbox"/> Fund Raiser	Purpose: <u>Stamps</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/06/2010 Memo - itemization	(44.00)
Expenditure # 34 Name: Dollar Tree Stores, Inc. Address: 2753 S. Rochester Road Rochester MI 48307 <input type="checkbox"/> Fund Raiser	Purpose: <u>Office supplies</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/07/2010 Memo - itemization	(2.12)
Expenditure # 35 Name: Macy's Address: 14200 Lakeside Circle Sterling Heights MI 48313 <input type="checkbox"/> Fund Raiser	Purpose: <u>Viviano & Bologna</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/07/2010 Memo - itemization	(42.55)
Subtotal this page			0.00
Grand Total of all Schedules 1B (Complete on last page of Schedule)			

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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I.D. Number 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 may assign an Expenditure Code)	5. Date	6. Amount
Expenditure # 36 Name: United States Post Office Address: 7755 22 Mile Road Utica MI 48317 <input type="checkbox"/> Fund Raiser	Purpose: <u>Stamps</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/07/2010 Memo - itemization	(176.00)
Expenditure # 37 Name: Walmart Address: 51450 Shelby Pkwy Shelby Township MI 48315-1786 <input type="checkbox"/> Fund Raiser	Purpose: <u>Office supplies</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/07/2010 Memo - itemization	(8.48)
Expenditure # 38 Name: NGP Software Address: 1225 Eye Street NW Suite 1225 Washington DC 20005 <input type="checkbox"/> Fund Raiser	Purpose: <u>campaign software</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/06/2010	10.00
Expenditure # 39 Name: UHY Advisors MI, Inc. Address: 12900 Hall Road Suite 500 Sterling Heights MI 48313 <input type="checkbox"/> Fund Raiser	Purpose: <u>accounting services</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/06/2010	440.00
Expenditure # 40 Name: Command Janitorial Service Address: 48786 Beacon Square Dr. Macomb MI 48044 <input type="checkbox"/> Fund Raiser	Purpose: <u>Janitorial for July 2010</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/09/2010	288.00
Subtotal this page			738.00
Grand Total of all Schedules 1B (Complete on last page of Schedule)			

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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I.D. Number 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 may assign an Expenditure Code)	5. Date	6. Amount
Expenditure # 41 Name: DTE Energy Address: P.O. Box 740786 Cincinnati OH 45274 <input type="checkbox"/> Fund Raiser	Purpose: <u>July electric</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/09/2010	281.50
Expenditure # 42 Name: Gaukler Pointe Communications LLC Address: 23224 Robert John Road St. Clair Shores MI 48080 <input type="checkbox"/> Fund Raiser	Purpose: <u>internet PR & consulting - July 2010</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/09/2010	3000.00
Expenditure # 43 Name: Miller, Canfield, Paddock and Stone Address: 150 West Jefferson Suite 2500 Detroit MI 48226 <input type="checkbox"/> Fund Raiser	Purpose: <u>Campaign finance advice</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/09/2010	1209.00
Expenditure # 44 Name: Nightowl Printing Address: 15138 Beech Daly Redford MI 48239 <input type="checkbox"/> Fund Raiser	Purpose: <u>5500 pieces of letterhead</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/09/2010	612.15
Expenditure # 45 Name: Romeo-Washington-Bruce Parks & Recreation Address: 361 Morton St. Romeo MI 48065 <input type="checkbox"/> Fund Raiser	Purpose: <u>1/2 page ad & political entry into parad</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/09/2010	525.00
Subtotal this page			5627.65
Grand Total of all Schedules 1B (Complete on last page of Schedule)			

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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I.D. Number 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 may assign an Expenditure Code)	5. Date	6. Amount
Expenditure # 46 Name: C.J. Barrymore's Address: 21750 Hall Road Clinton Township MI 48038 <input type="checkbox"/> Fund Raiser	Purpose: <u>Victory party</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/12/2010	3000.00
Expenditure # 47 Name: CTE David Leyton Address: P.O. Box 320349 Flint MI 48532 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>For fundraiser on 9/30 at Co-co's Coney I</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/12/2010	50.00
Expenditure # 48 Name: CTE Jocelyn Benson Address: P.O. Box 441181 Detroit MI 48226 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>For 9/2 fundraiser at Coco's Coney Island</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/12/2010	50.00
Expenditure # 49 Name: Michael Radtke, Jr. Address: 34205 Barrett Drive Sterling Heights MI 48312 <input type="checkbox"/> Fund Raiser	Purpose: <u>car allowance, phone, health, volunteer</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/12/2010	1516.57
Expenditure # 50 Name: City of Fraser Address: 33000 Garfield Road Fraser MI 48026 <input type="checkbox"/> Fund Raiser	Purpose: <u>AV List</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/19/2010	(15.00)
Subtotal this page			4616.57
Grand Total of all Schedules 1B (Complete on last page of Schedule)			

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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I.D. Number 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 may assign an Expenditure Code)	5. Date	6. Amount
Expenditure # 51 Name: Office Max Address: 45320 Utica Park Blvd. Utica MI 48315 <input type="checkbox"/> Fund Raiser	Purpose: <u>office supplies - envelopes</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/19/2010 Memo - itemization	(81.82)
Expenditure # 52 Name: Walgreens Address: 13664 23 Mile Rd Shelby Township MI 48315-2952 <input type="checkbox"/> Fund Raiser	Purpose: <u>office supplies - pens</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/19/2010 Memo - itemization	(6.35)
Expenditure # 53 Name: Walgreens Address: 13664 23 Mile Rd Shelby Township MI 48315-2952 <input type="checkbox"/> Fund Raiser	Purpose: <u>office supplies - envelope sealers</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/19/2010 Memo - itemization	(3.19)
Expenditure # 54 Name: Office Max Address: 45320 Utica Park Blvd. Utica MI 48315 <input type="checkbox"/> Fund Raiser	Purpose: <u>office supplies - envelopes</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/20/2010 Memo - itemization	(8.79)
Expenditure # 55 Name: Jet's Pizza Address: 13785 23 Mile Road Utica MI 48315 <input type="checkbox"/> Fund Raiser	Purpose: <u>food for volunteers</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/21/2010 Memo - itemization	(18.00)
Subtotal this page			0.00
Grand Total of all Schedules 1B (Complete on last page of Schedule)			

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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I.D. Number 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 may assign an Expenditure Code)	5. Date	6. Amount
Expenditure # 56 Name: Macomb County Clerk Address: 40 North Main Street Mount Clemens MI 48043 <input type="checkbox"/> Fund Raiser	Purpose: <u>FOIA request</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/21/2010 Memo - itemization	(10.00)
Expenditure # 57 Name: VG's Grocery Address: 50820 Schoenherr Road Utica MI 48315 <input type="checkbox"/> Fund Raiser	Purpose: <u>snacks for volunteers</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/28/2010 Memo - itemization	(60.10)
Expenditure # 58 Name: Aldi Address: 34030 Van Dyke Ave Sterling Heights MI 48312-4643 <input type="checkbox"/> Fund Raiser	Purpose: <u>water</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/30/2010 Memo - itemization	(8.37)
Expenditure # 59 Name: Charter Township of Chesterfield Address: 47275 Sugarbush Rd Chesterfield MI 48047-5156 <input type="checkbox"/> Fund Raiser	Purpose: <u>AV List</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/30/2010 Memo - itemization	(28.00)
Expenditure # 60 Name: Charter Township of Harrison Address: 38151 L'Anse Creuse Harrison Township MI 48045 <input type="checkbox"/> Fund Raiser	Purpose: <u>AV List</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/30/2010 Memo - itemization	(2.10)
Subtotal this page			0.00
Grand Total of all Schedules 1B (Complete on last page of Schedule)			

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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I.D. Number 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 may assign an Expenditure Code)	5. Date	6. Amount
Expenditure # 61 Name: Charter Township of Shelby Address: 52700 Van Dyke Shelby Township MI 48316 <input type="checkbox"/> Fund Raiser	Purpose: <u>AV List</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/30/2010 Memo - itemization	(18.00)
Expenditure # 62 Name: City of Eastpointe Address: 23200 Gratiot Avenue Eastpointe MI 48021 <input type="checkbox"/> Fund Raiser	Purpose: <u>AV List</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/30/2010 Memo - itemization	(10.00)
Expenditure # 63 Name: City of Roseville Address: 29777 Gratiot Avenue Roseville MI 48066 <input type="checkbox"/> Fund Raiser	Purpose: <u>AV List</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/30/2010 Memo - itemization	(6.00)
Expenditure # 64 Name: City of St. Clair Shores Address: 27600 Jefferson Circle Drive Saint Clair Shores MI 48081 <input type="checkbox"/> Fund Raiser	Purpose: <u>AV List</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/30/2010 Memo - itemization	(25.00)
Expenditure # 65 Name: City of Sterling Heights Address: 40555 Utica Road Sterling Heights MI 48313 <input type="checkbox"/> Fund Raiser	Purpose: <u>AV List</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/30/2010 Memo - itemization	(23.00)
Subtotal this page			0.00
Grand Total of all Schedules 1B (Complete on last page of Schedule)			

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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I.D. Number 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 may assign an Expenditure Code)	5. Date	6. Amount
Expenditure # 66 Name: City of Warren Address: One City Square Warren MI 48093 <input type="checkbox"/> Fund Raiser	Purpose: <u>Copying fees</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/30/2010 Memo - itemization	(2.00)
Expenditure # 67 Name: Macomb County Clerk Address: 40 North Main Street Mount Clemens MI 48043 <input type="checkbox"/> Fund Raiser	Purpose: <u>FOIA request</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/30/2010 Memo - itemization	(10.00)
Expenditure # 68 Name: National Coney Island, Inc. Address: 50784 Schoenherr Utica MI 48315 <input type="checkbox"/> Fund Raiser	Purpose: <u>food for volunteers</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/30/2010 Memo - itemization	(10.51)
Expenditure # 69 Name: VG's Grocery Address: 50820 Schoenherr Road Utica MI 48315 <input type="checkbox"/> Fund Raiser	Purpose: <u>snacks for volunteers</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/30/2010 Memo - itemization	(25.73)
Expenditure # 70 Name: Office Depot Address: 44835 Schoenherr Road Sterling Heights MI 48313 <input type="checkbox"/> Fund Raiser	Purpose: <u>HDMI cables</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/31/2010 Memo - itemization	(84.78)
Subtotal this page			0.00
Grand Total of all Schedules 1B (Complete on last page of Schedule)			

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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I.D. Number 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 may assign an Expenditure Code)	5. Date	6. Amount
Expenditure # 71 Name: VG's Grocery Address: 50820 Schoenherr Road Utica MI 48315 <input type="checkbox"/> Fund Raiser	Purpose: <u>water for volunteers</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/01/2010 Memo - itemization	(10.00)
Expenditure # 72 Name: Office Depot Address: 44835 Schoenherr Road Sterling Heights MI 48313 <input type="checkbox"/> Fund Raiser	Purpose: <u>office supplies - address labels</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/02/2010 Memo - itemization	(69.93)
Expenditure # 73 Name: Office Max Address: 45320 Utica Park Blvd. Utica MI 48315 <input type="checkbox"/> Fund Raiser	Purpose: <u>office supplies - address labels</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/02/2010 Memo - itemization	(98.53)
Expenditure # 74 Name: Donut Hole, Inc. Address: 32187 Van Dyke Warren MI 48093 <input type="checkbox"/> Fund Raiser	Purpose: <u>snacks for volunteers</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/03/2010 Memo - itemization	(18.11)
Expenditure # 75 Name: Jimmy Johns Address: 50672 Schoenherr Road Shelby Twp MI 48315 <input type="checkbox"/> Fund Raiser	Purpose: <u>Election day volunteer lunches</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/03/2010 Memo - itemization	(360.98)
Subtotal this page			0.00
Grand Total of all Schedules 1B (Complete on last page of Schedule)			

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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I.D. Number 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 may assign an Expenditure Code)	5. Date	6. Amount
Expenditure # 76 Name: VG's Grocery Address: 50820 Schoenherr Road Utica MI 48315 <input type="checkbox"/> Fund Raiser	Purpose: <u>drinks for volunteers</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/03/2010 Memo - itemization	(9.74)
Expenditure # 77 Name: Jet's Pizza Address: 13785 23 Mile Road Utica MI 48315 <input type="checkbox"/> Fund Raiser	Purpose: <u>food for volunteers</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/04/2010 Memo - itemization	(39.19)
Expenditure # 78 Name: Golden Rule Address: 7440 Woodland Dr. Indianapolis IN 46278 <input type="checkbox"/> Fund Raiser	Purpose: <u>health insurance reimburseme- nt</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/05/2010 Memo - itemization	(150.00)
Expenditure # 79 Name: Sprint Nextel Corporation Address: 6200 Sprint Parkway Overland Park KS 66251 <input type="checkbox"/> Fund Raiser	Purpose: <u>phone reimbursement</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/05/2010 Memo - itemization	(100.00)
Expenditure # 80 Name: Unitrin Direct Auto Insurance Address: P.O. Box 3057 Scranton PA 18505 <input type="checkbox"/> Fund Raiser	Purpose: <u>auto allowance - insurance</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/05/2010 Memo - itemization	(200.00)
Subtotal this page			0.00
Grand Total of all Schedules 1B (Complete on last page of Schedule)			

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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I.D. Number 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 may assign an Expenditure Code)	5. Date	6. Amount
Expenditure # 81 Name: Lowe's Address: 15350 Hall Road Clinton Township MI 48038 <input type="checkbox"/> Fund Raiser	Purpose: <u>keys</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/06/2010 Memo - itemization	(3.35)
Expenditure # 82 Name: Carrie Ryckman Address: 18647 Mayfield St Livonia MI 48152-3239 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>fundraising</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/12/2010	185.00
Expenditure # 83 Name: Carrie Ryckman Address: 18647 Mayfield St Livonia MI 48152-3239 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>fundraising</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/12/2010	63.00
Expenditure # 84 Name: Carrie Ryckman Address: 18647 Mayfield St Livonia MI 48152-3239 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>fundraising</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/12/2010	45.00
Expenditure # 85 Name: John Sparagowski Address: 197 Moross Mount Clemens MI 48043 <input type="checkbox"/> Fund Raiser	Purpose: <u>bonus for summer intern</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/12/2010	1000.00
Subtotal this page			1293.00
Grand Total of all Schedules 1B (Complete on last page of Schedule)			

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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I.D. Number 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 may assign an Expenditure Code)	5. Date	6. Amount
Expenditure # 86 Name: Pay Systems Address: 50704 Schoenherr Rd Shelby Township MI 48315 <input type="checkbox"/> Fund Raiser	Purpose: <u>payroll</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/13/2010	4601.69
Expenditure # 87 Name: Pay Systems Address: 50704 Schoenherr Rd Shelby Township MI 48315 <input type="checkbox"/> Fund Raiser	Purpose: <u>payroll taxes</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/13/2010	1468.12
Expenditure # 88 Name: Committee to Elect Tom McVicar Address: 53840 Luzerne Dr Macomb MI 48042-5770 <input type="checkbox"/> Fund Raiser	Purpose: <u>refund due to being over \$100 contributi</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/18/2010	100.00
Expenditure # 89 Name: Friends of Ken Lampar Address: 43304 Vinsetta Drive Sterling Heights MI 48313 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>For 9/12 event at Dooley's</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/19/2010	100.00
Expenditure # 90 Name: GRT Solutions, Inc. Address: 33228 W. 12 Mile Road Suite 313 Farmington MI 48334 <input type="checkbox"/> Fund Raiser	Purpose: <u>Volunteer phone bank phones</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/19/2010	11243.64
Subtotal this page			17513.45
Grand Total of all Schedules 1B (Complete on last page of Schedule)			49543.03

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**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

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

- USE A SEPARATE SHEET FOR EACH EVENT-

3. Date Event Was Held <u>07/22/2010</u> Month Day Year	4. Number of Individuals Attending or Participating (whichever is greater) 0	5. Type of Fund Raising Activity Richard Sulaka Dinne	6. Address and Name (if any) of the place where the activity was held 30000 Van Dyke Warren MI 48093 <input type="checkbox"/> Private Residence
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7. Total Contributions of \$20.00 or less 0.00

8. Total Contributions of \$20.01 or more 5900.00

9. SUBTOTAL (Add lines 7 and 8) 5900.00

10. Other Receipts 0.00

11. Gross Receipts (Add lines 9 and 10) 5900.00

12. Total Cost of Event* 63.00

*Includes In-Kind Contributions and All
Expenditures Made For the Event

13. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 013853-3

2. Committee Name Mark Hackel for County Executive

- USE A SEPARATE SHEET FOR EACH EVENT-

3. Date Event Was Held <u>07/27/2010</u> Month Day Year	4. Number of Individuals Attending or Participating (whichever is greater) <u>0</u>	5. Type of Fund Raising Activity <u>Jarvis Reception Fun</u>	6. Address and Name (If any) of the place where the activity was held <u>41800 Executive Dr.</u> <u>Harrison Twp.</u> <u>MI 48045</u> <input type="checkbox"/> Private Residence
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7. Total Contributions of \$20.00 or less 0.00

8. Total Contributions of \$20.01 or more 3077.00

9. SUBTOTAL (Add lines 7 and 8) 3077.00

10. Other Receipts 0.00

11. Gross Receipts (Add lines 9 and 10) 3077.00

12. Total Cost of Event* 525.00

*Includes In-Kind Contributions and All
Expenditures Made For the Event

13. ☒ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
CTE Bob Smith	60	60

- 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.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

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

- USE A SEPARATE SHEET FOR EACH EVENT-

3. Date Event Was Held <u>08/19/2010</u> Month Day Year	4. Number of Individuals Attending or Participating (whichever is greater) 0	5. Type of Fund Raising Activity Joe Palazzolo Recept	6. Address and Name (If any) of the place where the activity was held 37140 Camellia Ln. Clinton Twp. MI 48038 <input type="checkbox"/> Private Residence
---	---	--	---

7. Total Contributions of \$20.00 or less 0.00
8. Total Contributions of \$20.01 or more 5620.00
9. SUBTOTAL (Add lines 7 and 8) 5620.00
10. Other Receipts 0.00
11. Gross Receipts (Add lines 9 and 10) 5620.00
12. Total Cost of Event* 1325.00

*Includes In-Kind Contributions and All
Expenditures Made For the Event

13. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

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

- USE A SEPARATE SHEET FOR EACH EVENT-

3. Date Event Was Held <u>08/11/2010</u> Month Day Year	4. Number of Individuals Attending or Participating (whichever is greater) 55	5. Type of Fund Raising Activity Reception Fundraiser	6. Address and Name (If any) of the place where the activity was held 38371 Huron Pointe Dr. Harrison Twp. MI 48045 <input checked="" type="checkbox"/> Private Residence
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7. Total Contributions of \$20.00 or less 0.00

8. Total Contributions of \$20.01 or more 1800.00

9. SUBTOTAL (Add lines 7 and 8) 1800.00

10. Other Receipts 0.00

11. Gross Receipts (Add lines 9 and 10) 1800.00

12. Total Cost of Event* 0.00

*Includes In-Kind Contributions and All
Expenditures Made For the Event

13. ☒ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
CTE Bob Smith	60	60

- 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.