BUREAU OF ELECTIONS

ORIGINAL OR AMENDED

STATEMENT OF ORGANIZATION FORM FOR CANDIDATE COMMITTEES 10. REPORTING WAIVER REQUEST: If the committees to the committees of the committe

2. Type of Filing: Original Amendment to Items: 8 16 Eff. Date: 6 16 2010 3. Full Name of Committee (must include Candidate's first and last name): Mark Hackel for County Executive 4a. Candidate Full Name (Last, First, M.I.): Hackel, Mark A. 4b. Political Party (if applicable): Democrat 4c. County of Residence: Macomb 4d. Office Sought (Check one): Governor	
Shelby Township, MI 48315 8. Treasurer Name and Complete Address: Harold J. Burns 1460 Kinney Road Memphis, MI 48041 Phone #: (586) 254-8141 E-mail Address: hburns@uhy-us.com 9. Designated Record Keeper Name and Complete Address:	true, accurate and complete to the best of highter throwledge of belief. If filing electronically, we further agree that the signatures below shall serve as the signatures that verify the accuracy and completeness of each statement filed electronically by the committee I/We certify that all reasonable diligence will be used in the preparation of each statement electronically filed by this committee and that the contents of each statement will be true, accurate and complete to the best of my/our knowledge or belief. (Sign Namand Date) Candidate Current Treasurer
Phone #: E-mail Address:	Designated Record Keeper (Required only if filing electronically)