



FILED

10 SEP 22 PM 3:27

CARNELLA SADAUGH  
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# CANDIDATE COMMITTEE COVER PAGE

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

3. This Statement covers From: <u>07/19/2010</u> To: <u>08/23/2010</u> <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Mo Day Year</span> <span>Mo Day Year</span> </div>	
1. Committee I.D. Number 013853-3  2. Committee Name Mark Hackel for County Executive	4. Candidate Last Name                      First Name                      M.I. Hackel    Mark A  4a. Office Sought Including District # or Community Served (If applicable) County Executive                      12 4b. County of Residence                      Driver License # (Optional) Macomb
5. Committee's Mailing Address 50704 Schoenherr Road  Shelby Twp.                                      MI 48315 Area Code and Phone    (586) 803-3686  <small>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.</small>	6. Treasurer's Name & Residential Address Harold J Burns 1460 Kinney Road  Memphis    MI 48041 Area code & Phone    (586) 206-8110  Driver License # (Optional) _____
7. Treasurer's Business Address 12900 Hall Road Suite 500 Sterling Heights                                      MI 48313  Area Code and Phone    (586) 254-1040	8. Designated Recordkeeper's Name and Mailing Address (If the committee has a Designated Recordkeeper)   Area Code and Phone    _____ <div style="text-align: right;">Driver License # (Optional) _____</div>
<div> <div style="width: 50%;"> <b>9. TYPE OF STATEMENT</b>             9a. <input type="checkbox"/> Pre-Election                      OR                      9b. <input checked="" type="checkbox"/> Post-Election             Pre-Election or Post-Election Statement relates to:   <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Primary  <input type="checkbox"/> Convention  <input type="checkbox"/> Special               </div> <div> <input type="checkbox"/> General  <input type="checkbox"/> School  <input type="checkbox"/> Caucus               </div> </div> <div style="margin-top: 10px;">                 Date of Election, Convention or Caucus  <div style="display: flex; align-items: center;"> <div style="border-bottom: 1px solid black; width: 100px; text-align: center;">08/03/2010</div> <div style="margin-left: 10px; font-size: x-small;">                   Month    Day    Year                 </div> </div> </div> </div> </div> <div style="width: 50%;">           9c. <input type="checkbox"/> Annual Statement ( _____ Coverage Year)             9d. <input checked="" 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  <div style="display: flex; align-items: center; margin-top: 10px;"> <div style="border-bottom: 1px solid black; width: 100px;"></div> <div style="margin-left: 10px; font-size: x-small;">             Mon                      Day                      Year           </div> </div> </div>	

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.

Authority granted under P.A. 388 of 1976



**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 <u>Attorney</u> Employer <u>O'Reilly Rancilio P.C.</u> Business Address <u>12900 Hall Rd Ste 350 Sterling Heights MI 48313-1174</u> 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 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)		

Enter this total on  
line 3a of  
Summary Page



**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  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.	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- <b>LOAN</b>  Description <u>No specific vendors - food, beverages, paper products</u> <u>miscellaneous.</u> 5. Date OF RECEIPT: <u>07/27/2010</u> 6. VENDOR NAME & ADDRESS: <u>No specific vendors.</u> <u>Items already on hand.</u>	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- <b>LOAN</b>  Description <u>Food &amp; beverages for 8/10 fundraiser</u> 5. Date OF RECEIPT: <u>08/10/2010</u> 6. VENDOR NAME & ADDRESS: <u>Mirage Banquets &amp; 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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on line 6 of  
Summary  
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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  Memo - itemization below	844.80
Expenditure # 2 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	07/22/2010  Memo - itemization	(844.80)
Expenditure # 3 Name: Burwood Business Machines Address: 32401 Edward Madison Heights MI 48071 <input type="checkbox"/> Fund Raiser	Purpose: <u>copier rental agreement 7/20-7/10-8/19/10</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 # 4 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 # 5 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
Subtotal this page			1393.57
Grand Total of all Schedules 1B (Complete on last page of Schedule)			

Enter this total  
on line 8a of  
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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: 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
Expenditure # 7 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 # 8 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 # 9 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 # 10 Name: Carrie Ryckman Address: 18647 Mayfield St Livonia MI 48152-3239 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>fundraising commission</u> Expenditure Code <u>commission paid for fundraising.</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/27/2010	120.00
Subtotal this page			4579.64
Grand Total of all Schedules 1B (Complete on last page of Schedule)			

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on line 8a of  
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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 commission</u> Expenditure Code <u>commission paid for fundraising</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/27/2010	260.00
Expenditure # 12 Name: Carrie Ryckman Address: 18647 Mayfield St Livonia MI 48152-3239 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>fundraising commission</u> Expenditure Code <u>commission paid for fundraising</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/27/2010	17.00
Expenditure # 13 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 # 14 Name: Pay Systems Address: 31100 Northwestern Hwy. Farmington MI 48334 <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 # 15 Name: Pay Systems Address: 31100 Northwestern Hwy. Farmington MI 48334 <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
Subtotal this page			6644.04
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: 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)
Expenditure # 82 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 # 83 Name: Carrie Ryckman Address: 18647 Mayfield St Livonia MI 48152-3239 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>fundraising commission</u> Expenditure Code <u>commission paid for fundraising</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/12/2010	185.00
Expenditure # 84 Name: Carrie Ryckman Address: 18647 Mayfield St Livonia MI 48152-3239 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>fundraising commission</u> Expenditure Code <u>commission paid for fundraising</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/12/2010	63.00
Expenditure # 85 Name: Carrie Ryckman Address: 18647 Mayfield St Livonia MI 48152-3239 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>fundraising commission</u> Expenditure Code <u>commission paid for fundraising</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/12/2010	45.00
Subtotal this page			293.00
Grand Total of all Schedules 1B (Complete on last page of Schedule)			

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on line 8a of  
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