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CANDIDATE COMMITTEE COVER PAGE

CARMELLA SABAUGH MACOMB COUNTY CLERK MT. CLEMENS. MICHIGAN FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	2 This Chalassaul	overs From: 07/19/201	0 то:	08/23/2010	
the treasurer (or designated record keeper) and candidate.	3. This Statement c		ear M		
1. Committee I.D. Number 013853-3	4. Candidate Last		Name	M.I.	
2. Committee Name	Hackel	Mar	kΑ		
Mark Hackel for County Executi-	4a. Office Sought In	cluding District # or Community	Served (If appl	licable)	
ve	County Exe	cutive 12			
	4b. County of Resid	lence Driver Licen	se # (Optional	l) 	
5. Committee's Mailing Address 50704 Schoenherr Road	6. Treasurer's Name Harold J Burns 1460 Kinney Roa	e & Residential Address d			
Shelby Twp. MI 48315 Area Code and Phone (586) 803-3686	Memphis Area code & Phone	(586) 206-8110 MI	48041		
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.	Driver License # (0	Optional)			
7. Treasurer's Business Address 12900 Hall Road	8. Designated Rec Designated Rec	ordkeeper's Name and Mailing A ordkeeper)	ddress (If the	committee has a	
Suite 500 Sterling Heights MI 48313					
Area Code and Phone (586) 254-1040	Area Code and Ph	one			
7700 0000 dila 171010 1000/ 204 1040		one	iver License #	(Optional)	
9. TYPE OF STATEMENT					
	ost-Election	9c. Annual Statement (,	
Pre-Election or Post-Election Statement relates to:		9d. X Amendment to Campai 9c or 9e to indicate whi	ign Statement	(Complete Item 9a, 9b is being amended)	٥,
☐ Gen	eral	9e. Dissolution of Candida		to boing amondou,	
☐ Convention ☐ Sch	ool	Effective Date of Diss			
☐ Special ☐ Cau	cus	Mon Da	v Year	·	
Date of Election, Convention or Caucus		By checking this item, I certify to outstanding debts, including late	-	ttee has no assets or	_
08/03/2010	_	residual funds must be reported	d on Schedule	1B and the Summary	л
Month Day Year		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 filling deadline of a required campaign statement, that campaign statement can not be waived.					
					,
Verification: I certify that all reasonable diligence was used my knowledge and belief the contents are true, accurate a second contents.	in the preparation of and complete.	this statement and attached sche	edules (if any)	and to the best of	
Current Treasurer or Designated Recordkeeper Harold J Burns	1 Hould	1/4	Date _	09/21/2010	
Type or Print Name	Signature	. !!		Mo Day Ye	ar
Candidate Mark A. Hackel	Ma	AMOUR	Date	09/21/2010	
Type or Print Name	Signature nority granted under P			Mo Day Ye	ar
Aut	ionity granited under P	.n. 550 OF 1570			

ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Number	013853-3	

2. Committee Name Mark Hackel for County Executive

Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 93 PAC Receipt? YES 4. Date of Receipt 08/23/2010	20.00	30.00
Name: Ray Debuck	39.00	39.00
Address:4735 22 Mile Road		
Utica MI 48317 5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		
3. Contribution # 94 PAC Receipt? ☐ YES 4. Date of Receipt 08/23/2010	60.00	60.00
Name: Mark F Deldin		·
Address:22934 Edgewater		
Saint Clair Shores Mi 48082 5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser		
3. Contribution # 95 PAC Receipt? ☐ YES 4. Date of Receipt 08/23/2010	39.00	139.00
Name: Mr. Donald P Denault, Jr.		100.00
Address: 15731 Marcie		
Fraser MI 48026-2632 5. If over \$100.00 cumulative, please provide:		
Occupation Attorney Employer O'Reilly Rancilio P.C.		
Business 12900 Hall Rd Ste 350 Address Sterling Heights MI 48313-1174		
Address Sterling Heights MI 48313-1174 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 96 PAC Receipt? PYES 4. Date of Receipt 08/23/2010	400.00	1000.00
Name: Mr. Tony Ferlito	120.00	1820.00
Address: 37335 Casa Bella		
Clinton Twp. MI 48036 5. If over \$100.00 cumulative, please provide:		
Occupation Owner Employer Ferlito Construction	1	
Business 27085 Gratiot Ave		
Address Roseville MI 48066-2984		
Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser		
Page Subtotal	258.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

ITEMIZED IN-KIND CONTRIBUTIONS SCHEDULE 1-IK CANDIDATE COMMITTEE

1. Committee I. D. Num	ber013853-3	_
2. Committee Name	Mark Hackel for County Executive	

3.Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-kind Contribution (Check applicable box)5. Date of Receipt6. 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? ☐ 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 ☑ Fund Raiser Contribution	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others- LOAN Description No specific vendors - food, beverages, paper presimiscellareous. 5. Date OF RECEIPT: 07/27/2010 6. VENDOR NAME & ADDRESS: No Specific vendors. Items already on hand.	525.00 oducts	1525.00
Contribution # 2 PAC Receipt? Yes Name: Mr. Rocco Patamia Address: 18350 Tara Clinton Twp. Ml 48036 If over \$100.00 cumulative, please provide: Occupation: Retired Employer: Retired Business Address:	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description Food & beverages for 8/10 fundraiser 5. Date OF RECEIPT: 08/10/2010 6. VENDOR NAME & ADDRESS: Mirage Banquets & Catering 16980 18 Mile Road Clinton Township MI 48036	1225.00	1225.00

Page Subtotal Grand Total of all Schedules 1-IK 1750.00 1750.00



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

3. Name a	and address of person or vendor to whom paid	Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditu	re # 1		07/22/2010	844.80
Name:	Michael Radtke, Jr.	Purpose: stamps	01,22,2010	311.00
Address:	34205 Barrett Drive			
	Sterling Heights MI 48312	Expenditure Code		
	•	Check box if this expenditure is payment of debt or obligation reported on previous		
☐ Fund F	Raiser	statement statement	Memo - i	temization below
Expenditu	re # 2		07/22/2010	(844.80)
Name:	United States Post Office	Purpose: stamps		(,
Address:	7755 22 Mile Road			
	Utica MI 48317	Expenditure Code		
		☐ Check box if this expenditure is payment		
☐ Fund F	taiser	of debt or obligation reported on previous statement	Memo - i	temization
Expenditu	re # 3		07/27/2010	271.82
Name:	Burwood Business Machines	Purpose: copier rental agreement 7/20-	0172172010	211.02
Address:	32401 Edward	/10-8/19/10		
	Madison Heights MI 48071	Expenditure Code		
	Madison Holgins IIII 40077	☐ Check box if this expenditure is payment		
☐ Fund R	Raiser	of debt or obligation reported on previous statement		
Expenditu	re#4		07/27/2010	265.30
Name:	Comcast	Purpose:phone, internet, cable	0//2//2010	200.50
Address:	P.O. Box 3005			
	Southeastern PA 19398-3005	Expenditure Code		
	Journeastern 17 19590-5005	☐ Check box if this expenditure is payment		
☐ Fund R	taiser	of debt or obligation reported on previous statement		
Expenditu	re#5		07/27/2010	11.65
Name:	Consumers Energy	Purpose: gas 6/8/10-7/7/10	0/12/12010	11.00
Address:	Consumers Energy			
	Lansing MI 48937-0001	Expenditure Code		
	Landing III 40007 0001	☐ Check box if this expenditure is payment		
☐ Fund R	aiser	of debt or obligation reported on previous statement		
		Subtotal this	page	1393.57
		Grand Total of all Schedule		
		(Complete on last page of Sche	uul e)	



1. Committee I.D. Number ___013853-3

2. Committee Name Mark Hackel for County Executive

3. Name a	nd address of person or vendor to whom paid	Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditu	re#6	•	07/27/2010	239.39
Name:	DTE Energy	Purpose: electric - June 2010	37,21,2313	233.33
Address:	P.O. Box 740786			
	Cincinnati OH 45274	Expenditure Code		
		Check box if this expenditure is payment		
☐ Fund R	aiser	of debt or obligation reported on previous statement		
Expenditu	re # 7		07/27/2010	3670.25
Name:	JAH Lion Graphics	Purpose: deposit for signs	0172772010	0010.20
Address:	23561 Lakepointe Drive			
	Clinton Township MI 48036	Expenditure Code		
	Olitical Foundaria Anni Access	☐ Check box if this expenditure is payment		
☐ Fund R	daiser	of debt or obligation reported on previous statement		
Expenditu	re#8		07/27/2010	50.00
Name:	Miss St. Clair Shores Scholarship	Purpose: 1/4 page ad	0//2//2010	00.00
Address:	Program 27885 Riviera St.			
	Harrison Township MI 48045	Expenditure Code		
	Transon Township IVII 40045	☐ Check box if this expenditure is payment		
☐ Fund R	taiser	of debt or obligation reported on previous statement		
Expenditu	re # 9		07/07/0040	500.00
Name:	Mr. Gregory Suma	Purpose: August lease payment	07/27/2010	500.00
Address:	24080 Old Kent Rd N			
	Warren MI 48091-1667	Expenditure Code		
	Waiten Wii 40091-1007	☐ Check box if this expenditure is payment		
☐ Fund R	taiser	of debt or obligation reported on previous statement		
Expenditu	re # 10		07/27/2010	120.00
Name:	Carrie Ryckman	Purpose: fundraising commission	0772772010	120.00
Address:	18647 Mayfield St			
	Livonia MI 48152-3239	Expenditure Code <u>Lommission</u> Paid		
		Oheck box if this expenditure is payment		
⊠ Fund R	aiser	of debt or obligation reported on previous statement		
		Subtotal this	page	4579.64
		Grand Total of all Schedule (Complete on last page of Sche		
		(Outspiele of last page of Sofie	uuie/	Cutouthia tatal

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

2 Committee Name	Mark Hackel for County Ex	ecutive
Z. Committee Name	want hacker for county Ex	COULIVE

3. Name a	nd address of person or vendor to whom paid	Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditu	re# 11		07/27/2010	260.00
Name:	Carrie Ryckman	Purpose: fundraising commission	3772772010	200.00
Address:	18647 Mayfield St	Tanana (rina paid		
	Livonia MI 48152-3239	Expenditure Code Commission paid For fundraising		
		Check box if this expenditure is payment of debt or obligation reported on previous		
☑ Fund R	taiser	statement		
Expenditu	re # 12		07/27/2010	17.00
Name:	Carrie Ryckman	Purpose: fundraising commission		
Address:	18647 Mayfield St	- man Acommission Paid		
	Livonia MI 48152-3239	Expenditure Code Commission Raid for fundraising		
		Check box if this expenditure is payment of debt or obligation reported on previous		
☑ Fund R	taiser	statement		
Expenditu	re # 13		07/27/2010	297.23
Name:	Verizon Wireless	Purpose: cell phone 6/19-7/18		
Address:	P.O. Box 553	- III O I		
	Warrendale PA 15086	Expenditure Code		
		Check box if this expenditure is payment of debt or obligation reported on previous		
☐ Fund R	aiser	statement		
Expenditu	re # 14		07/30/2010	4601.69
Name:	Pay Systems	Purpose: Payroll	07700.2010	
Address:	31100 Northwestern Hwy.			
	Farmington MI 48334	Expenditure Code		
		Check box if this expenditure is payment		
☐ Fund R	aiser	of debt or obligation reported on previous statement		
Expenditu	re # 15		07/30/2010	1468.12
Name:	Pay Systems	Purpose: payroll taxes	0.100.2010	
Address:	31100 Northwestern Hwy.			
	Farmington MI 48334	Expenditure Code		
		 Check box if this expenditure is payment of debt or obligation reported on previous 		
☐ Fund R	aiser	statement		
· · · · · · · · · · · · · · · · · · ·		Subtotal this	page	6644.04
		Grand Total of all Schedule	s 1B	
		(Complete on last page of Sche	uule)	



1. Committee I.D. Number 013853-3

2. Committee Name	Mark Hackel for County I	Executive

	nd address of person or vendor to whom paid	Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditu	re # 81		08/05/2010	(200.00)
Name:	Unitrin Direct Auto Insurance	Purpose: auto allowance - insurance		, ,
Address:	P.O. Box 3057	Expenditure Code	:	
	Scranton PA 18505	Expenditure Code		
		Check box if this expenditure is payment of debt or obligation reported on previous		
☐ Fund R		statement	Memo - I	emization
Expenditu	re # 82		08/06/2010	(3.35)
Name:	Lowe's	Purpose: keys		, ,
Address:	15350 Hall Road			
	Clinton Township MI 48038	Expenditure Code		
	·	☐ Check box if this expenditure is payment of debt or obligation reported on previous		
☐ Fund R	Raiser	statement	Memo - i	temization
Expenditu	re # 83		08/12/2010	185.00
Name:	Carrie Ryckman	Purpose: fundraising commission		
Address:	18647 Mayfield St	The American Daid		
	Livonia MI 48152-3239	Expenditure Code Commission Paid For Fundraising		
		Check box if this expenditure is payment of debt or obligation reported on previous		
☑ Fund R	daiser	statement		
Expenditu	re # 84		08/12/2010	63.00
Name:	Carrie Ryckman	Purpose: fundraising commission		
Address:	18647 Mayfield St	Expenditure Code Commission paid		
	Livonia MI 48152-3239	for fundraising		
		Check box if this expenditure is payment of debt or obligation reported on previous		
☑ Fund R	taiser	statement		
Expenditu	re # 85		08/12/2010	45.00
Name:	Carrie Ryckman	Purpose: fundraising commission	:	
Address:	18647 Mayfield St	Expenditure Code Commission Paid		
	Livonia MI 48152-3239	For fundraising		
		Check box if this expenditure is payment of debt or obligation reported on previous		
☑ Fund R	taiser	statement		
·· <u>·</u> ····		Subtotal this	page	293.00
		Grand Total of all Schedule	es 1B	<u> </u>
		(Complete on last page of Sche	uule <i>j</i>	l l