



FILED

10 DEC -2 AM 11:45

**CANDIDATE COMMITTEE
COVER PAGE**

CARHELLA 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.

3. This Statement covers From: 10/18/2010 To: 11/22/2010
Mo Day Year Mo Day Year

1. Committee I.D. Number

013853-3

2. Committee Name

Mark Hackel for County Executive

4. Candidate Last Name

Hackel

First Name

Mark A

M.I.

4a. Office Sought Including District # or Community Served (If applicable)

County Executive

12

4b. County of Residence

Macomb

Driver License # (Optional)

5. Committee's Mailing Address

12900 Hall Rd

Suite 500

Sterling Heights

MI 48313

Area Code and Phone (586) 803-3686

6. Treasurer's Name & Residential Address

Harold J Burns

1460 Kinney Road

Memphis

MI

48041

Area code & Phone (586) 206-8110

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

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

Driver License # (Optional)

9. TYPE OF STATEMENT

9a. ☐ Pre-Election

OR

9b. ☒ Post-Election

Pre-Election or Post-Election Statement relates to:

☐ Primary

☒ General

☐ Convention

☐ School

☐ Special

☐ Caucus

Date of Election, Convention or Caucus

11/02/2010

Month Day Year

9c. ☐ Annual Statement (Coverage Year)

9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e. ☐ 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 Harold J Burns

Type or Print Name

Signature

Date 12/01/2010

Mo Day Year

Candidate Mark A. Hackel

Type or Print Name

Signature

Date 12/01/2010

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

Ments 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>8820.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>0.00</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>8820.00</u>	(18.) \$ <u>472556.43</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u>0.29</u>	(19.) \$ <u>3.10</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>8820.29</u>	(20.) \$ <u>472559.53</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>0.00</u>	(21.) \$ <u>7468.77</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>32820.05</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>32820.05</u>	(23.) \$ <u>456431.29</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>27917.81</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) +	<u>8820.29</u>	
	(15.) =	<u>36738.10</u>	
15. SUBTOTAL Add Lines 13 and 14			
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) -	<u>32820.05</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>3918.05</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>10/19/2010</u> Name: <u>Mr. J. Lewis Cooper</u> Address: <u>5 Rathbone Pl</u> <u>Grosse Pointe MI 48230-1914</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>President and CEO</u> Employer <u>J. Lewis Cooper Co.</u> Business <u>3101 S. Gulley Rd., #H</u> Address <u>Dearborn MI 48124</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>2</u> PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>10/25/2010</u> Name: <u>CMS Energy Employees for Better Govt.-State</u> Address: <u>1 Energy Plaza Dr</u> <u>Jackson MI 49201-2357</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	250.00	250.00
3. Contribution # <u>3</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/25/2010</u> Name: <u>Mr. Edward Deeb</u> Address: <u>27700 Hoover Rd</u> <u>Warren MI 48093-4551</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>President and CEO</u> Employer <u>Michigan Food and Beverage Ass</u> Business <u>27700 Hoover Rd</u> Address <u>Warren MI 48093-4551</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>4</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/25/2010</u> Name: <u>Mr. Ronald L Peckham</u> Address: <u>4018 Pawnee Dr.</u> <u>Liverpool NY 13088</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>C&S Companies</u> Business <u>38777 Six Mile Rd.</u> Address <u>Ste. 202 Livonia MI 48152</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	1050.00	
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>5</u> PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>10/27/2010</u> Name: <u>Blue Cross Blue Shield of Michigan PAC</u> Address: <u>602 W. Ionia St. - B102</u> <u>Lansing MI 48933</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	5000.00	5000.00
3. Contribution # <u>6</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/27/2010</u> Name: <u>Mr. Joseph T Naughton</u> Address: <u>6240 Oak Ridge</u> <u>Washington MI 48094</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	20.00	20.00
3. Contribution # <u>7</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/28/2010</u> Name: <u>Mr. Carl Markusic</u> Address: <u>43538 Sweetwood</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 type="checkbox"/> Fund Raiser	100.00	100.00
3. Contribution # <u>8</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/28/2010</u> Name: <u>Mr. Robert M Paganas</u> Address: <u>16206 Millar Rd.</u> <u>Cinton Township MI 48036</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Tubby's Sub Shops Inc.</u> Business Address <u>35807 Moravian Dr.</u> <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	5320.00	
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>9</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/28/2010</u> Name: <u>DONALD TARNOWSKI</u> Address: <u>37129 Nottingham Dr</u> <u>Sterling Heights MI 48312-2369</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>INTERNAL AUDITOR</u> Employer <u>MACOMB COUNTY</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>10</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/29/2010</u> Name: <u>Mr. John Krakowiak</u> Address: <u>47015 Merion Cir.</u> <u>Northville Twp. MI 48168</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Partner</u> Employer <u>DeRoy & Devereaux</u> Business Address <u>26777 Central Park Blvd</u> <u>Ste 180</u> <u>Southfield MI 48076-4163</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>11</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/02/2010</u> Name: <u>Chris Amey</u> Address: <u>41200 Scarborough Ct</u> <u>Clinton Township MI 48038-2195</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>12</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/02/2010</u> Name: <u>Mr. Eugene A Gargaro</u> Address: <u>22 Renaud Rd.</u> <u>Grosse Pointe Shores MI 48236</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Chairman</u> Employer <u>Detroit Institute of Arts</u> Business Address <u>5200 Woodward Ave.</u> <u>Detroit MI 48202</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	1450.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

Enter this total on
line 3a of
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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>13</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/03/2010</u> Name: <u>Ms. Gloria Dimitrijevic</u> Address: <u>95 Groesbeck</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 type="checkbox"/> Fund Raiser	100.00	100.00
3. Contribution # <u>14</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/04/2010</u> Name: <u>Mr. Carl Markusic</u> Address: <u>43538 Sweetwood</u> <u>Sterling Heights MI 48314</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	900.00	900.00
Page Subtotal		1000.00
Grand Total of All Schedules 1A (Complete on last page of Schedule)		8820.00

Enter this total on
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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>10/29/2010</u>	<input type="checkbox"/> Loan from a Lending Institution <input checked="" type="checkbox"/> Interest <input type="checkbox"/> Refund \ Rebate <input type="checkbox"/> Other (Specify)	0.29

Page Subtotal

0.29

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

0.29

Enter this total on
line 4 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: 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	10/21/2010	4601.69
Expenditure # 2 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	10/22/2010	1514.79
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	10/25/2010	168.53
Expenditure # 4 Name: Committee to Elect Justice Alton Thomas Davis Address: P.O. Box 10120 Lansing MI 48901 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>fund raiser ticket</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/25/2010	100.00
Expenditure # 5 Name: Consumers Energy Address: Consumers Energy Lansing MI 48937-0001 <input type="checkbox"/> Fund Raiser	Purpose: <u>gas - 9/9 to 10/7/10</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/25/2010	11.65
Subtotal this page			6396.66
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: Print Masters Printing Company Address: 26039 Dequindre Madison Heights MI 48071 <input type="checkbox"/> Fund Raiser	Purpose: <u>pole cards</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/25/2010	689.00
Expenditure # 7 Name: Carrie Ryckman Address: 18647 Mayfield St Livonia MI 48152-3239 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>fundraising commission</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/25/2010	56.00
Expenditure # 8 Name: Carrie Ryckman Address: 18647 Mayfield St Livonia MI 48152-3239 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>fundraising commission</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/25/2010	962.00
Expenditure # 9 Name: Carrie Ryckman Address: 18647 Mayfield St Livonia MI 48152-3239 <input type="checkbox"/> Fund Raiser	Purpose: <u>contribution commission - Detroit Chambe</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/25/2010	40.00
Expenditure # 10 Name: Carrie Ryckman Address: 18647 Mayfield St Livonia MI 48152-3239 <input type="checkbox"/> Fund Raiser	Purpose: <u>commission - D'Allesandro co-ntributions</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/25/2010	1400.00
Subtotal this page			3147.00
Grand Total of all Schedules 1B (Complete on last page of Schedule)			

Enter this total
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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 commissions</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/25/2010	89.00
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 _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/25/2010	859.00
Expenditure # 13 Name: Carrie Ryckman Address: 18647 Mayfield St Livonia MI 48152-3239 <input type="checkbox"/> Fund Raiser	Purpose: <u>contribution commission - Go-rcya</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/25/2010	20.00
Expenditure # 14 Name: Carrie Ryckman Address: 18647 Mayfield St Livonia MI 48152-3239 <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	10/25/2010	456.57
Expenditure # 15 Name: American Graphics Printing Co. Address: 34895 Groesbeck Clinton Township MI 48035 <input type="checkbox"/> Fund Raiser	Purpose: <u>kicker cards</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/29/2010	884.04
Subtotal this page			2308.61
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 # 16 Name: C.J. Barrymore's Address: 21750 Hall Road Clinton Township MI 48038 <input type="checkbox"/> Fund Raiser	Purpose: <u>food & beverages for victory party</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/29/2010	3400.00
Expenditure # 17 Name: Gaukler Pointe Communications LLC Address: 23224 Robert John Road St. Clair Shores MI 48080 <input type="checkbox"/> Fund Raiser	Purpose: <u>internet & pr relations for Oct. 2010</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/29/2010	1750.00
Expenditure # 18 Name: Mr. Damian Kassab Address: 1040 W. Snell Rd Rochester MI 48306 <input type="checkbox"/> Fund Raiser	Purpose: <u>health ins., food for meetings, web page</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/29/2010	2562.60
Expenditure # 19 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	10/25/2010	(955.45)
Expenditure # 20 Name: Big Apple Bagel Address: 1911 25 Mile Rd. Shelby Township MI 48316 <input type="checkbox"/> Fund Raiser	Purpose: <u>bagels for volunteer sign crew</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/29/2010	(26.74)
Subtotal this page			7712.60
Grand Total of all Schedules 1B (Complete on last page of Schedule)			

Enter this total
on line 8a of
Summary Page



**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: Big Boy Address: 46991 Van Dyke Utica MI 48317 <input type="checkbox"/> Fund Raiser	Purpose: <u>meeting for campaign solicitation</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/29/2010	(22.89)
Expenditure # 22 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	10/29/2010	(955.45)
Expenditure # 23 Name: Brio Tuscan Grill Address: 17430 Hall Rd Clinton Township MI 48038-6922 <input type="checkbox"/> Fund Raiser	Purpose: <u>interview</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/29/2010	(85.51)
Expenditure # 24 Name: Brio Tuscan Grill Address: 17430 Hall Rd Clinton Township MI 48038-6922 <input type="checkbox"/> Fund Raiser	Purpose: <u>meeting w/ Sheriff & Jdg. Yorkich</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/29/2010	(35.57)
Expenditure # 25 Name: Brio Tuscan Grill Address: 17430 Hall Rd Clinton Township MI 48038-6922 <input type="checkbox"/> Fund Raiser	Purpose: <u>employee interview</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/29/2010	(35.57)
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 # 26 Name: Buffalo Wild Wings Address: 480 Market Street Mt. Clemens MI 48043 <input type="checkbox"/> Fund Raiser	Purpose: <u>meeting to review fundraising</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/29/2010 Memo - itemization	(23.46)
Expenditure # 27 Name: Callaways Address: 6067 26 Mile Washington MI 48316 <input type="checkbox"/> Fund Raiser	Purpose: <u>interview employee</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/29/2010 Memo - itemization	(15.31)
Expenditure # 28 Name: Crain's Business Address: 1155 Gratiot Detroit MI 48207 <input type="checkbox"/> Fund Raiser	Purpose: <u>business database - Crain's Book of Lists</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/29/2010 Memo - itemization	(299.00)
Expenditure # 29 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	10/29/2010 Memo - itemization	(30.00)
Expenditure # 30 Name: The Home Depot Address: 8760 26 Mile Road Utica MI 48316 <input type="checkbox"/> Fund Raiser	Purpose: <u>ties for signs</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/29/2010 Memo - itemization	(82.36)
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 # 31 Name: Carrie Ryckman Address: 18647 Mayfield St Livonia MI 48152-3239 <input type="checkbox"/> Fund Raiser	Purpose: <u>thank you gift Gary Bingaman</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/29/2010	44.99
Expenditure # 32 Name: Cookies by Design Address: 48917 Hayes Road Utica MI 48315 <input type="checkbox"/> Fund Raiser	Purpose: <u>donor thank you</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/29/2010	(44.99)
Expenditure # 33 Name: Randall Denison Address: <input type="checkbox"/> Fund Raiser	Purpose: <u>beverages, donuts, ties, rubber bands, &</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11/03/2010	197.40
Expenditure # 34 Name: Meijer Address: 8401 26 Mile Road Washington MI 48094-2964 <input type="checkbox"/> Fund Raiser	Purpose: <u>water for poll workers</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/23/2010	(7.50)
Expenditure # 35 Name: Target Address: 13221 Hall Road Utica MI 48315 <input type="checkbox"/> Fund Raiser	Purpose: <u>bags for poll workers</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/23/2010	(31.75)
Subtotal this page			242.39
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: Office Max Address: 45320 Utica Park Blvd. Utica MI 48315 <input type="checkbox"/> Fund Raiser	Purpose: <u>rubber bands</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/25/2010	(7.73)
		Memo - itemization	
Expenditure # 37 Name: Target Address: 13221 Hall Road Utica MI 48315 <input type="checkbox"/> Fund Raiser	Purpose: <u>bags for poll workers</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/25/2010	(12.70)
		Memo - itemization	
Expenditure # 38 Name: Target Address: 13221 Hall Road Utica MI 48315 <input type="checkbox"/> Fund Raiser	Purpose: <u>bags for poll workers</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/25/2010	(25.40)
		Memo - itemization	
Expenditure # 39 Name: Dunkin' Donuts Address: 27470 Van Dyke Ave Warren MI 48093-2804 <input type="checkbox"/> Fund Raiser	Purpose: <u>donuts & coffee</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11/03/2010	(48.91)
		Memo - itemization	
Expenditure # 40 Name: Target Address: 13221 Hall Road Utica MI 48315 <input type="checkbox"/> Fund Raiser	Purpose: <u>pop for volunteers</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11/03/2010	(15.77)
		Memo - itemization	
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 # 41 Name: The Home Depot Address: 8760 26 Mile Road Utica MI 48316 <input type="checkbox"/> Fund Raiser	Purpose: <u>ties</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11/03/2010 Memo - itemization	(47.64)
Expenditure # 42 Name: Carrie Ryckman Address: 18647 Mayfield St Livonia MI 48152-3239 <input type="checkbox"/> Fund Raiser	Purpose: <u>contribution commissions</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11/03/2010	284.00
Expenditure # 43 Name: The Huntington National Bank Address: 29333 Hoover Rd Warren MI 48903 <input type="checkbox"/> Fund Raiser	Purpose: <u>credit card fees</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11/03/2010	127.61
Expenditure # 44 Name: Mr. Damian Kassab Address: 1040 W. Snell Rd Rochester MI 48306 <input type="checkbox"/> Fund Raiser	Purpose: <u>union breakfast, meetings, thank you gif</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11/04/2010 Memo - itemization below	1799.83
Expenditure # 45 Name: Dell Address: One Dell Way Round Rock TX 78682 <input type="checkbox"/> Fund Raiser	Purpose: <u>operating recovery dvd</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/22/2010 Memo - itemization	(28.00)
Subtotal this page			2211.44
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: Mr. Damian Kassab Address: 1040 W. Snell Rd Rochester MI 48306 <input type="checkbox"/> Fund Raiser	Purpose: <u>intern expense</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/25/2010 Memo - itemization	(60.00)
Expenditure # 47 Name: Chamberlain Marketing Group Address: 12103 Delta Street Taylor MI 48180 <input type="checkbox"/> Fund Raiser	Purpose: <u>thank you gifts for financial supporters</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/29/2010 Memo - itemization	(148.84)
Expenditure # 48 Name: Cookies by Design Address: 48917 Hayes Road Utica MI 48315 <input type="checkbox"/> Fund Raiser	Purpose: <u>donor thank you</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11/04/2010 Memo - itemization	(43.99)
Expenditure # 49 Name: Detroit Seafood Address: 1435 Randolph Detroit MI 48226 <input type="checkbox"/> Fund Raiser	Purpose: <u>meeting with Mayor Bing</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11/04/2010 Memo - itemization	(265.45)
Expenditure # 50 Name: Fishbone's Address: 400 Monroe Detroit MI 48226 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>food for union breakfast</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11/04/2010 Memo - itemization	(1041.60)
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 # 51 Name: Jimmy Johns Address: 50672 Schoenherr Road Shelby Twp MI 48315 <input type="checkbox"/> Fund Raiser	Purpose: <u>lunch for campaign meeting</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11/04/2010	(18.29)
Expenditure # 52 Name: Jimmy Johns Address: 50672 Schoenherr Road Shelby Twp MI 48315 <input type="checkbox"/> Fund Raiser	Purpose: <u>lunch for transition meeting</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11/04/2010	(72.60)
Expenditure # 53 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	11/04/2010	(30.00)
Expenditure # 54 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	11/04/2010	(38.07)
Expenditure # 55 Name: AIM Mail Center Address: 50416 Schoenherr Road Utica MI 48315 <input type="checkbox"/> Fund Raiser	Purpose: <u>shipping supplies</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11/05/2010	(52.99)
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: 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	11/04/2010	3519.81
Expenditure # 57 Name: Roxanne Naas Address: 50704 Schoenherr Rd Shelby Township MI 48315 <input type="checkbox"/> Fund Raiser	Purpose: <u>stamps, office supplies, padlocks & refr</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11/05/2010	235.19 Memo - itemization below
Expenditure # 58 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	10/26/2010	(8.80) Memo - itemization
Expenditure # 59 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	10/29/2010	(8.80) Memo - itemization
Expenditure # 60 Name: Dunkin' Donuts Address: 27470 Van Dyke Ave Warren MI 48093-2804 <input type="checkbox"/> Fund Raiser	Purpose: <u>donuts & coffee</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11/02/2010	(20.76) Memo - itemization
Subtotal this page			3755.00
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: Office Depot Address: 44835 Schoenherr Road Sterling Heights MI 48313 <input type="checkbox"/> Fund Raiser	Purpose: <u>tape, cd's & file folder</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11/03/2010 Memo - itemization	(24.35)
Expenditure # 62 Name: The Home Depot Address: 8760 26 Mile Road Utica MI 48316 <input type="checkbox"/> Fund Raiser	Purpose: <u>padlocks</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11/03/2010 Memo - itemization	(17.99)
Expenditure # 63 Name: Target Address: 13221 Hall Road Utica MI 48315 <input type="checkbox"/> Fund Raiser	Purpose: <u>storage bins</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11/04/2010 Memo - itemization	(57.20)
Expenditure # 64 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	11/05/2010 Memo - itemization	(44.00)
Expenditure # 65 Name: VG's Grocery Address: 50820 Schoenherr Road Utica MI 48315 <input type="checkbox"/> Fund Raiser	Purpose: <u>stamps & coffee</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11/05/2010 Memo - itemization	(53.29)
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: 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	11/05/2010	1211.02
Expenditure # 67 Name: Baro Mini Storage Address: 34464 Kelly Rd. Clinton Township MI <input type="checkbox"/> Fund Raiser	Purpose: <u>storage for signs</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11/09/2010	65.33
Expenditure # 68 Name: Command Janitorial Service Address: 48786 Beacon Square Dr. Macomb MI 48044 <input type="checkbox"/> Fund Raiser	Purpose: <u>office cleaning</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11/09/2010	288.00
Expenditure # 69 Name: Verizon Wireless Address: P.O. Box 553 Warrendale PA 15086 <input type="checkbox"/> Fund Raiser	Purpose: <u>cell phones</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11/09/2010	296.00
Expenditure # 70 Name: DTE Energy Address: P.O. Box 740786 Cincinnati OH 45274 <input type="checkbox"/> Fund Raiser	Purpose: <u>electricity</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11/10/2010	194.13
Subtotal this page			2054.48
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: Sign Fabrications Address: 43984 N Groesbeck Hwy Clinton Twp MI 48036-1107 <input type="checkbox"/> Fund Raiser	Purpose: <u>remove signs & take to storage</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11/10/2010	600.00
Expenditure # 72 Name: Pay Systems Address: 31100 Northwestern Hwy. Farmington MI 48334 <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	11/15/2010	178.24
Expenditure # 73 Name: Burnwood Business Machines Address: 32401 Edward Madison Heights MI 48071 <input type="checkbox"/> Fund Raiser	Purpose: <u>copy machine rental</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11/17/2010	90.34
Expenditure # 74 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	11/18/2010	677.89
Expenditure # 75 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	11/19/2010	253.69
Subtotal this page			1800.16
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: American Graphics Printing Co. Address: 34895 Groesbeck Clinton Township MI 48035 <input type="checkbox"/> Fund Raiser	Purpose: <u>Tri-Fold brochures</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11/21/2010	1766.71
Expenditure # 77 Name: UHY Advisors MI, Inc. Address: 12900 Hall Road Suite 500 Sterling Heights MI 48313 <input type="checkbox"/> Fund Raiser	Purpose: <u>Accounting fees</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11/21/2010	1425.00
Subtotal this page			3191.71
Grand Total of all Schedules 1B (Complete on last page of Schedule)			32820.05