



10 OCT 29 AM 11:24

CARNELLA SABAUGH  
MACOMB COUNTY CLERK  
MT. CLEMENS, MICHIGAN

**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.

<b>3. This Statement covers From:</b> <u>08/24/2010</u> <b>To:</b> <u>10/17/2010</u> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Mo Day Year</span> <span>Mo Day Year</span> </div>		
<b>1. Committee I.D. Number</b> 013853-3  <b>2. Committee Name</b> Mark Hackel for County Executive	<b>4. Candidate Last Name</b> <span style="float: right;"><b>First Name</b> <span style="float: right;"><b>M.I.</b></span></span> Hackel <span style="float: right;">Mark A</span>  <b>4a. Office Sought Including District # or Community Served (If applicable)</b> County Executive  <b>4b. County of Residence</b> <span style="float: right;"><b>Driver License # (Optional)</b></span> Macomb	
<b>5. Committee's Mailing Address</b> 50704 Schoenherr Road  Shelby Twp. <span style="float: right;">MI 48315</span> Area Code and Phone <u>(586) 803-3686</u>  <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>	<b>6. Treasurer's Name &amp; Residential Address</b> Harold J Burns 1460 Kinney Road  Memphis <span style="float: right;">MI 48041</span> Area code & Phone <u>(586) 206-8110</u>  Driver License # (Optional) _____	
<b>7. Treasurer's Business Address</b> 12900 Hall Road Suite 500 Sterling Heights <span style="float: right;">MI 48313</span> Area Code and Phone <u>(586) 254-1040</u>	<b>8. Designated Recordkeeper's Name and Mailing Address (If the committee has a Designated Recordkeeper)</b>   Area Code and Phone _____ <div style="text-align: right;">Driver License # (Optional) _____</div>	
<b>9. TYPE OF STATEMENT</b>  <div style="display: flex; justify-content: space-between;"> <span>9a. <input checked="" type="checkbox"/> Pre-Election</span> <span>OR</span> <span>9b. <input type="checkbox"/> Post-Election</span> </div> Pre-Election or Post-Election Statement relates to:  <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Primary  <input type="checkbox"/> Convention  <input type="checkbox"/> Special         </div> <div> <input checked="" type="checkbox"/> General  <input type="checkbox"/> School  <input type="checkbox"/> Caucus         </div> </div> Date of Election, Convention or Caucus <div style="text-align: center;"> <u>11/02/2010</u>  <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Month</span> <span>Day</span> <span>Year</span> </div> </div>		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="text-align: center; margin-top: 10px;">         _____  <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Mon</span> <span>Day</span> <span>Year</span> </div> </div> <p style="font-size: x-small;">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.</p>
<p style="font-size: x-small;">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.</p>		
<b>10. Verification:</b> 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.		
<div style="display: flex; justify-content: space-between;"> <div> <b>Current Treasurer or Designated Recordkeeper</b> <u>Harold J Burns</u>  <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Type or Print Name</span> <span>Signature</span> </div> </div> <div style="text-align: right;">           Date <u>10/28/2010</u>  <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Mo</span> <span>Day</span> <span>Year</span> </div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <b>Candidate</b> <u>Mark A. Hackel</u>  <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Type or Print Name</span> <span>Signature</span> </div> </div> <div style="text-align: right;">           Date <u>10/28/10</u>  <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Mo</span> <span>Day</span> <span>Year</span> </div> </div> </div>		

Authority granted under P.A. 388 of 1976



**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
<b>Expenditure # 31</b> Name: Bloomfield Party Rentals Address: 2390 Franklin Road Bloomfield Hills MI 48302 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>tables &amp; chairs</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/02/2010  Memo - itemization	(237.54)
<b>Expenditure # 32</b> Name: Kroger Address: 4888 Adams Oakland MI 48363 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>food &amp; beverage for fundrais- er</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/02/2010  Memo - itemization	(73.25)
<b>Expenditure # 33</b> Name: Manny's Liquor Shoppe Address: 723 N Main St Rochester MI 48307-1434 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>beverages</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/02/2010  Memo - itemization	(627.75)
<b>Expenditure # 34</b> Name: Party City Address: 1328 S. Rochester Road Rochester MI 48307 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>items for fundraiser</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/02/2010  Memo - itemization	(20.01)
<b>Expenditure # 35</b> Name: Summit Corporate Centre LLC Address: 30078 Schoenherr Suite 300 Warren, MI 48315 <input type="checkbox"/> Fund Raiser	Purpose: <u>September lease payment</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/02/2010	500.00
Subtotal this page			500.00
Grand Total of all Schedules 1B (Complete on last page of Schedule)			

Enter this total  
on line 8a of  
Summary Page



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Expenditure # 111 Name: Filippa's Wine Barrel Address: 45125 Mound Road Utica MI 48317 <input 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	10/17/2010	1908.00
Expenditure # 112 Name: Summit Corporate Centre LLC Address: 30078 Schoenherr Suite 300 Warren, Mi 48315 <input type="checkbox"/> Fund Raiser	Purpose: <u>Oct. rent</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/17/2010	500.00
Expenditure # 113 Name: Carrie Ryckman Address: 18647 Mayfield St Livonia MI 48152-3239 <input 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	10/17/2010	1623.98
Expenditure # 114 Name: Carrie Ryckman Address: 18647 Mayfield St Livonia MI 48152-3239 <input 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	10/17/2010	165.12

Subtotal this page

Grand Total of all Schedules 1B  
(Complete on last page of Schedule)

4197.10

67415.65

Enter this total  
on line 8a of  
Summary Page