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CARMELLA SABAUGH
MACOMB COUNTY CLERK
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CANDIDATE COMMITTEE COVER PAGE

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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> Mo Day Year Mo Day Year	
1. Committee I.D. Number 013853-3	4. Candidate Last Name <u>Hackel</u> First Name <u>Mark A</u> M.I. 4a. Office Sought Including District # or Community Served (If applicable) County Executive 4b. County of Residence <u>Macomb</u> Driver License # (Optional)
2. Committee Name Mark Hackel for County Executive	5. Committee's Mailing Address 50704 Schoenherr Road Shelby Twp. MI 48315 Area Code and Phone (586) 803-3686 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.
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 Driver License # (Optional)	
9. TYPE OF STATEMENT 9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> School <input type="checkbox"/> Special <input type="checkbox"/> Caucus Date of Election, Convention or Caucus <u>08/03/2010</u> Month Day Year 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 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 <u>Harold J Burns</u> Signature <u>[Signature]</u> Date <u>10/28/2010</u> Type or Print Name Signature Mo Day Year Candidate <u>Mark A. Hackel</u> Signature <u>[Signature]</u> Date <u>10/28/10</u> Type or Print Name Signature Mo Day Year	

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
Expenditure # 6 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 # 7 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 # 8 Name: Summit Corporate Centre LLC Address: 30078 Schoenherr Suite 300 Warren, MI 48315 <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 # 9 Name: Carrie Ryckman Address: 18647 Mayfield St Livonia MI 48152-3239 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>fundraising</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/27/2010	120.00
Expenditure # 10 Name: Carrie Ryckman Address: 18647 Mayfield St Livonia MI 48152-3239 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>fundraising</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/27/2010	260.00
Subtotal this page			4600.25
Grand Total of all Schedules 1B (Complete on last page of Schedule)			

Enter this total
on line 8a of
Summary Page