



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.

1. Committee I.D. Number 013853-3		3. This Statement covers From: <u>08/24/2010</u> To: <u>10/17/2010</u> Mo Day Year Mo Day Year	
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) To Be Determined <u>12 County Executive</u> 4b. County of Residence Driver License # (Optional) Macomb	
5. Committee's Mailing Address 50704 Schoenherr Road Shelby Twp. MI 48315 Area Code and Phone <u>(586) 803-3686</u> 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 <u>(586) 206-8110</u> Driver License # (Optional)	
7. Treasurer's Business Address 12900 Hall Road Suite 500 Sterling Heights MI 48313 Area Code and Phone <u>(586) 254-1040</u>		8. Designated Recordkeeper's Name and Mailing Address (If the committee has Designated Recordkeeper) Area Code and Phone Driver License # (Optional)	
9. TYPE OF STATEMENT 9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> Primary <input checked="" 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>11/02/2010</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> Type or Print Name		Signature <u>[Signature]</u> Date <u>11/11/2010</u> Mo Day Year	
Candidate <u>Mark A. Hackel</u> Type or Print Name		Signature <u>[Signature]</u> Date <u>11/11/2010</u> Mo Day Year	

Authority granted under P.A. 388 of 1976



**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 <small>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.</small>	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: Mr. Damian Kassab Address: 1040 W. Snell Rd Rochester MI 48306 If over \$100.00 cumulative, please provide: Occupation: Campaign Manager Employer: Mark Hackel for County Executive Business Address: 50704 Schoenherr Rd Shelby Township MI 48315-3137 <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Beverages</u> 5. Date OF RECEIPT: <u>09/02/2010</u> 6. VENDOR NAME & ADDRESS: <u>Manny's Liquor Shoppe</u> <u>723 N Main St</u> <u>Rochester MI 48307-1434</u>	258.77	258.77

Page Subtotal
Grand Total of all Schedules 1-IK
(Complete on last page of Schedule)

258.77

258.77

Enter this total
on line 6 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 # 76 Name: CTE Jeffery Sprys Address: 18249 Millstone Dr Macomb MI 48044-4195 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>sponsor contribution for 9/18 event ticket to event</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/21/2010	100.00
Expenditure # 77 Name: Macomb County Chamber Address: 28 First Street Suite B Mount Clemens MI 48043 <input type="checkbox"/> Fund Raiser	Purpose: <u>table at Regional Collaboration event 10</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/21/2010	250.00
Expenditure # 78 Name: Re-Elect Judge Sheila Miller Address: 231 Southbound Gratiot Ave. Mount Clemens MI 48043 <input type="checkbox"/> Fund Raiser	Purpose: <u>ticket for 9/22 fundraiser event</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/21/2010	100.00
Expenditure # 79 Name: The Italian Tribune Address: P.O. Box 380407 Clinton Township MI 48038 <input type="checkbox"/> Fund Raiser	Purpose: <u>Columbus Day display ad (10/-1/10)</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/21/2010	512.00
Expenditure # 80 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	09/23/2010	4601.69
Subtotal this page			5563.69
Grand Total of all Schedules 1B (Complete on last page of Schedule)			

Enter this total
on line 8a of
Summary Page