



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**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.

3. This Statement covers From: 10/18/10 to 11/22/10

1. Committee I.D. Number

013853-3

4. Candidate Last Name First Name M.I.

Hackel Mark A.

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

County Executive 12

4b. County of Residence Macomb

2. Committee Name

Mark Hackel for County Executive

5. Committee's Mailing Address

12900 Hall Rd
Suite 500
Sterling Heights, MI 48313

6. Treasurer's Name & Residential Address

Harold J. Burns
1460 Kinney Road
Memphis, MI 48041

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.

Area Code & Phone (586) 206-8110

7. Treasurer's Business Address

12900 Hall Road
Suite 500
Sterling Heights, MI 48313

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

Area Code and Phone (586) 254-1040

Area Code and Phone

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

11/02/10

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

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

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 cannot be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper Harold J. Burns

Type or Print Name

Signature

Date

12/9/2010

Candidate Mark A. Hackel

Type or Print Name

Signature

Date

12/9/2010



**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 Memo - itemization below
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) Memo - itemization
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) Memo - itemization
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



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SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I.D. Number 013853-3

2. Committee Name Mark Hackel for County Executive

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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	(30.86)
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)

Enter this total
on line 8a of
Summary Page



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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	(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	(15.31)
Expenditure # 28 Name: Crain's Business Address: 1155 Gratiot Detroit MI 48207 <input type="checkbox"/> Fund Raiser	Purpose: <u>busines 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	(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	(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	(82.36)
Subtotal this page			0.00
Grand Total of all Schedules 1B (Complete on last page of Schedule)			

Enter this total
on line 8a of
Summary Page