

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: 08/23/16 to 10/23/16

Committee I.D. Number  
77657

Committee Name  
CTE Paul Pirrone

4. Candidate Last Name Pirrone First Name Paul M.I.  
4a. Office Sought Including District # or Community Served (If applicable)  
Supervisor

4b. County of Residence Monroe

Committee's Mailing Address  
PO Box 55  
Samana, MI 48177

Area Code and Phone 7403570236

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  
Emily Hafer  
10515 Orchard  
Samana, MI 48177

Area Code & Phone 7403570236

7. Treasurer's Business Address

Area Code and Phone \_\_\_\_\_

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

Area Code and Phone \_\_\_\_\_

9. TYPE OF STATEMENT

9a.  Pre-Election OR 9b.  Post-Election

9c.  Annual Statement ( \_\_\_\_\_ Coverage Year)

Pre-Election or Post-Election Statement relates to:

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

- Primary
- Convention
- Special
- General
- School
- Caucus

9e.  Dissolution of Candidate Committee

Effective Date of Dissolution \_\_\_\_\_

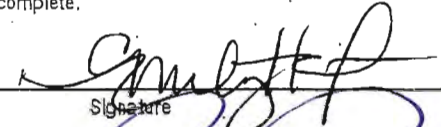
Date of Election, Convention or Caucus  
Nov 8 2016

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 Emily Hafer  Date 10/27/16

Type or Print Name Signature

Candidate Paul Pirrone  Date 10/27/16

Type or Print Name Signature



1. Committee I.D. Number 77657

2. Committee Name CTE Paul Pirrone

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

**RECEIPTS**

**3. Contributions**

a. Itemized (Schedule 1A - Column 6) (3a.) \$ 8300.00  
 b. Unitemized (less than \$20.01 each - no Schedule) (3b.) \$ NOT APPLICABLE  
 c. Subtotal of "Contributions" (3c.) \$ 8300.00

4. Other Receipts (Schedule 1A -1, Column 6) (4.) \$ 0

5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4) (5.) \$ 8300.00

**IN-KIND CONTRIBUTIONS & EXPENDITURES**

6. In-Kind Contributions (Schedule 1-IK, Column 7) (6.) \$ 2647.87

7. In-Kind Expenditures (Schedule 1B-IK, Column 6) (7.) \$ 0

**EXPENDITURES**

**8. Expenditures**

a. Itemized (Schedule 1B, Column 6) (8a.) \$ 5724.00

b. Itemized Get-Out-the-Vote (Schedule 1B-G) (8b.) \$ 0

c. Unitemized (less than \$50.01 each - no Schedule) (8c.) \$ 0

9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c) (9.) \$ 5724.00

**INCIDENTAL EXPENSE DISBURSEMENTS  
(Officeholders Only)**

10. Disbursements  
a. Itemized (Schedule 1C, Column 6) (10a.) \$ 200.00

b. Unitemized (less than \$50.01 each - no Schedule) (10b.) \$ 0

11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b) (11.) \$ 200.00

**DEBTS AND OBLIGATIONS**

12. Debts and Obligations  
a. Owed by the Committee (Schedule 1E) (12a.) \$ 0

b. Owed to the Committee (Schedule 1E) (12b.) \$ 0

**BALANCE STATEMENT**

13. Ending Balance of last report filed (13.) \$ 1736.95  
(Enter zero if no previous reports have been filed.)

14. Amount received during reporting period (14.) + \$ 8300.00  
(Line 5, Total Contributions & Other Receipts)

(15.) = \$ 10036.95

15. SUBTOTAL Add lines 13 and 14  
16. Amount expended during reporting period (16.) - \$ 5924.00  
(Add lines 9 and 11)

17. ENDING BALANCE (17.) \$ 4112.95  
(Subtract line 16 from line 15)

Column I  
This Period

Column II  
Cumulative this election cycle

(18.) \$ 16924.00

(19.) \$ 0

(20.) \$ 16924.00

(21.) \$ 3733.99

(22.) \$ 0

(23.) \$ 11311.05

(24.) \$ 1500.00



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 77657  
2. Committee Name CTE Paw Pirrone

Enter contributor's name and address. If contribution is from an individual, 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 regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: <u>Lawrence W vande Velde</u> <u>6618 Summerlyn Blvd</u> <u>Lambertville, MI 48144</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/21/16</u>	\$ <u>50.00</u>	\$ <u>50.00</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		Click Here for Memo Itemization	
3. Contribution #2 Name & Address: <u>U.A. Local 50 Plumbers &amp; Steamfitters</u> <u>7570 Cople Blvd.</u> <u>Northwood, OH 43069</u>	PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>09/21/16</u>	\$ <u>250.00</u>	\$ <u>750.00</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		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: <u>Marci Rose Sinay</u> <u>PO Box 209</u> <u>Lambertville, MI 48144</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/26/16</u>	\$ <u>600.00</u>	\$ <u>1000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Lily Ann Cabinets</u> Business Address <u>2075 Beecher Adrian, MI 49221</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: <u>William Decker Jr.</u> <u>2798 Dean Rd.</u> <u>Lambertville, MI 48144</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/26/16</u>	\$ <u>1000.00</u>	\$ <u>8000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Self-Employed</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

1900.00

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

8300.00

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 77657  
2. Committee Name CTE Paul Pirrone

Enter contributor's name and address. If contribution is from an individual, 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 regardless of amount.		6. Amount	7. Cumulative for Each Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: <u>John Jones</u> <u>PO Box 278</u> <u>Temperance, MI 48182</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/27/16</u>	
5. If over \$100.00 cumulative, please provide: Occupation <u>Self-Employed</u> Employer <u>Decker Building Co.</u> Business Address <u>7370 Lewis Temperance, MI 48182</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$ <u>800.00</u>	\$ <u>1000.00</u>
		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 2 Name & Address: <u>Bradley Greeley</u> <u>3002 Lennox Ct.</u> <u>Lambertville, MI 48144</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/5/16</u>	
5. If over \$100.00 cumulative, please provide: Occupation <u>Supervisor</u> Employer <u>Decker Building Co.</u> Business Address <u>7370 Lewis Temperance, MI 48182</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$ <u>1000.00</u>	\$ <u>1000.00</u>
		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 3 Name & Address: <u>Bradley Greeley</u> <u>3002 Lennox Ct.</u> <u>Lambertville, MI 48182</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/5/16</u>	
5. If over \$100.00 cumulative, please provide: Occupation <u>Supervisor</u> Employer <u>Decker Building Co.</u> Business Address <u>7370 Lewis Temperance, MI 48182</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$ <u>1000.00</u>	\$ <u>2000.00</u>
		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 4 Name & Address: <u>Ryan Waltz</u> <u>1608 Coining Dr.</u> <u>Toledo, OH 43612</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/5/16</u>	
5. If over \$100.00 cumulative, please provide: Occupation <u>Property Maintenance</u> Employer <u>Perfect Site Property Maintenance LLC</u> Business Address <u>1608 Coining Dr. Toledo, OH 43612</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$ <u>200.00</u>	\$ <u>200.00</u>
		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal 3000.00

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

8300.00

Enter this total on  
line 3a of Summary  
Page.





**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 73657  
2. Committee Name CTE Paul Pirrone

Enter contributor's name and address. If contribution is from an individual, 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 regardless of amount.

3. Contribution # 1 PAC Receipt?  YES 4. Date of Receipt 10/5/16  
Name & Address:  
Sivasupiramaniam Srihanan  
6624 Summerlyn Blvd.  
Lambertville, MI 48144 \$ 200.00 \$ 300.00  
5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)  
Occupation Surgeon Employer St. Vincent Medical Center  
Business Address 2213 Chery St Toledo, OH 43608  
Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution # 2 PAC Receipt?  YES 4. Date of Receipt 10/6/16  
Name & Address:  
Patricia Lyden  
2740 Conscar  
Lambertville, MI 48144 \$ 1000.00 \$ 1000.00  
5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)  
Occupation Attorney Employer Lyden, Chappell & Dewhirst  
Business Address 5565 Airport Hwy Toledo, OH 43615  
Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution # 3 PAC Receipt?  YES 4. Date of Receipt 10/6/16  
Name & Address:  
Scott Bolin  
6622 Summerlyn Blvd  
Lambertville, MI 48144 \$ 400.00 \$ 1000.00  
5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)  
Occupation Developer Employer Summerlyn Builders  
Business Address 6622 Summerlyn Blvd Lambertville, MI 48144  
Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution # 4 PAC Receipt?  YES 4. Date of Receipt 10/6/16  
Name & Address:  
Robert Kay  
6666 S. Summerway Ct.  
Lambertville, MI 48144 \$ 250.00 \$ 250.00  
5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)  
Occupation Retired Employer \_\_\_\_\_  
Business Address \_\_\_\_\_  
Type of Contribution:  Direct  Loan from a person  Fund Raiser

Page Subtotal 1850.00  
Grand Total of All Schedules 1A 8300.00  
(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 77657  
2. Committee Name CTE Pauli Pirrone

Enter contributor's name and address. If contribution is from an individual, 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 regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
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3. Contribution # 1 PAC Receipt?  YES 4. Date of Receipt 10/6/16  
Name & Address:  
International Ironworkers Local 55  
1080 Atlantic Ave  
Toledo, OH 43609

6. Amount: \$ 250.00 7. Cumulative: \$ 250.00

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution # 2 PAC Receipt?  YES 4. Date of Receipt 10/8/16  
Name & Address:  
Steven Lennex  
7261 Forest Valley Rd  
Lambertville, MI 48144

6. Amount: \$ 100.00 7. Cumulative: \$ 200.00

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)

Occupation Broker Employer Lennex Realty Company, LLC

Business Address 7116 Summerfield Rd Ste 1E Lambertville, MI 48144

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution # 3 PAC Receipt?  YES 4. Date of Receipt 10/10/16  
Name & Address:  
Joe Wehrle  
6877 Forest Run Rd.  
Temperance, MI 48182

6. Amount: \$ 250.00 7. Cumulative: \$ 500.00

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)

Occupation Owner Employer Wehrle Development LTD

Business Address 6877 Forest Run Rd Temperance, MI 48182

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution # 4 PAC Receipt?  YES 4. Date of Receipt 10/11/16  
Name & Address:  
Eric Cukierski  
7542 Nottingham St.  
Lambertville, MI 48144

6. Amount: \$ 25.00 7. Cumulative: \$ 25.00

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

Page Subtotal 625.00  
Grand Total of All Schedules 1A 8300.00  
(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 77657  
2. Committee Name CTE Paul Pirrone

Enter contributor's name and address. If contribution is from an individual, 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 regardless of amount.

3. Contribution # 1 PAC Receipt?  YES 4. Date of Receipt 10/10/16  
Name & Address:  
Anthony Brescol  
7237 Hidden Lane Ct.  
Lambertville, MI 48144  
5. If over \$100.00 cumulative, please provide:  
Occupation Attorney Employer Self  
Business Address \_\_\_\_\_  
Type of Contribution:  Direct  Loan from a person  Fund Raiser

6. Amount  
7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

\$ 200.00 \$ 200.00

[Click Here for Memo Itemization](#)

3. Contribution # 2 PAC Receipt?  YES 4. Date of Receipt 10/14/16  
Name & Address:  
Rick Blackwood  
3509 Deepwood Dr.  
Lambertville, MI 48144  
5. If over \$100.00 cumulative, please provide:  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Business Address \_\_\_\_\_  
Type of Contribution:  Direct  Loan from a person  Fund Raiser

\$ 100.00 \$ 100.00

[Click Here for Memo Itemization](#)

3. Contribution # 3 PAC Receipt?  YES 4. Date of Receipt 10/14/16  
Name & Address:  
Bret Hicks  
7355 Lewis STED  
Temperance, MI 48182  
5. If over \$100.00 cumulative, please provide:  
Occupation Owner Employer Hicks Insurance  
Business Address 7355 Lewis Av. Suite D Temperance, MI 48182  
Type of Contribution:  Direct  Loan from a person  Fund Raiser

\$ 200.00 \$ 300.00

[Click Here for Memo Itemization](#)

3. Contribution # 4 PAC Receipt?  YES 4. Date of Receipt 10/14/16  
Name & Address:  
James Nyhan  
8277 Argyle  
Lambertville, MI 48144  
5. If over \$100.00 cumulative, please provide:  
Occupation Consultant Employer Self-Employed  
Business Address PO Box 279 Temperance, MI 48182  
Type of Contribution:  Direct  Loan from a person  Fund Raiser

\$ 225.00 \$ 425.00

[Click Here for Memo Itemization](#)

Page Subtotal 725.00  
Grand Total of All Schedules 1A (Complete on last page of Schedule) 8300.00

Enter this total on line 3a of Summary Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 77657  
2. Committee Name CTE Paul Pirrone

Enter contributor's name and address. If contribution is from an individual, 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 regardless of amount.

3. Contribution # 1 PAC Receipt?  YES 4. Date of Receipt 10/14/16  
Name & Address:  
Tom Townsend  
PO Box 314  
Lambertville, MI 48144

6. Amount  
7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

\$ 200.00 \$ 200.00

5. If over \$100.00 cumulative, please provide: Occupation Owner Employer Townsend Carpeting Click Here for Memo Itemization  
Business Address PO Box 314 Lambertville, MI 48144  
Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution #2 PAC Receipt?  YES 4. Date of Receipt \_\_\_\_\_  
Name & Address \_\_\_\_\_  
\$ \_\_\_\_\_ \$ \_\_\_\_\_

5. If over \$100.00 cumulative, please provide: Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Click Here for Memo Itemization  
Business Address \_\_\_\_\_  
Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution # 3 PAC Receipt?  YES 4. Date of Receipt \_\_\_\_\_  
Name & Address: \_\_\_\_\_  
\$ \_\_\_\_\_ \$ \_\_\_\_\_

5. If over \$100.00 cumulative, please provide: Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Click Here for Memo Itemization  
Business Address \_\_\_\_\_  
Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution # 4 PAC Receipt?  YES 4. Date of Receipt \_\_\_\_\_  
Name & Address \_\_\_\_\_  
\$ \_\_\_\_\_ \$ \_\_\_\_\_

5. If over \$100.00 cumulative, please provide: Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Click Here for Memo Itemization  
Business Address \_\_\_\_\_  
Type of Contribution:  Direct  Loan from a person  Fund Raiser

Page Subtotal 200.00  
Grand Total of All Schedules 1A 8300.00  
(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.





ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 17657

CANDIDATE COMMITTEE

2. Committee Name CTE Paul Pirrone

Name and Address from whom received contribution is from an individual, enter last name first. Check box to indicate if contribution from a Political Committee or an Independent committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box)	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 Name & Address: <u>Paul Pirrone</u> <u>2652 W. Temperance</u> <u>Temperance, MI 48182</u> If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address: <u>HG1</u> <u>921 Galina St</u> <input 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>Office Supplies - Envelopes</u> 5. Date Of Receipt: <u>09/24/16</u> 6. Vendor Name & Address: <u>Office Depot</u> <u>845 W. Alexis Rd</u> <u>Toledo, OH 43612</u> Click Here for Memo Itemization	\$ 35.38	\$ 1112.10
Contribution # 2 Name & Address: <u>Paul Pirrone</u> <u>2652 W. Temperance</u> <u>Temperance, MI 48182</u> If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: <u>HG1</u> <u>921 Galina St</u> <input 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>Envelopes</u> 5. Date Of Receipt: <u>09/24/16</u> 6. Vendor Name & Address: <u>Office Depot</u> <u>845 W. Alexis Rd.</u> <u>Toledo, OH 43612</u> Click Here for Memo Itemization	\$ 35.38	\$ 1147.48
Contribution # 3 Name & Address: <u>Paul Pirrone</u> <u>2652 W. Temperance</u> <u>Temperance, MI 48182</u> If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: <u>HG1</u> <u>921 Galina St</u> <input 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>Stamps, Ink, Postage</u> 5. Date Of Receipt: <u>09/24/16</u> 6. Vendor Name & Address: <u>Office Depot</u> <u>845 W. Alexis Rd.</u> <u>Toledo, OH 43612</u> Click Here for Memo Itemization	\$ 1867.15	\$ 3014.63

Page Subtotal 1939.91

Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule) 2647.57

Enter this total  
on line 6 of Summary  
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number 77657  
2. Committee Name CTE Paul Pirrone

Name and Address from whom received contribution is from an individual, enter last name first. Check box to indicate if contribution from a Political Committee or an Independent committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box)	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 & Address: <u>Paul Pirrone</u> <u>2652 W. Temperance</u> <u>Temperance, MI 48182</u> If over \$100.00 cumulative, please provide: Occupation:  Employer Name & Business Address: <u>HGI</u> <u>921 Galma St.</u> <input 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>Envelope &amp; Stamps</u> 5. Date Of Receipt <u>10/15/2016</u> 6. Vendor Name & Address: <u>Office Depot</u> <u>845 W. Alexis</u> <u>Toledo, OH 43612</u> Click Here for Memo Itemization	\$ <u>109.36</u>	\$ <u>3723.99</u>
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address:  If over \$100.00 cumulative, please provide: Occupation:  Employer Name & Address:  <input 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 type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address:  Click Here for Memo Itemization	\$ _____	\$ _____
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address:  If over \$100.00 cumulative, please provide: Occupation:  Employer Name & Address:  <input 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 type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address:  Click Here for Memo Itemization	\$ _____	\$ _____

Page Subtotal 109.36

Grand Total of all Schedules 1-IK (Complete on last page of Schedule) 2647.87

Enter this total on line 6 of Summary Page

ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE

1. Committee I. D. Number 77657  
2. Committee Name CTE Paul Pirrone

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Office Depot</u> Address <u>845 W. Alexis Rd. Toledo, OH 43612</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Tape &amp; Envelopes</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/24/16</u> Date	<u>\$ 25.76</u>
Expenditure #2 Name <u>Office Depot</u> Address <u>845 W. Alexis Rd. Toledo, OH 43612</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Envelopes</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/24/16</u> Date	<u>\$ 35.38</u>
Expenditure #3 Name <u>HELP Printers</u> Address <u>9673 Lewis Ave Temperance, MI 48182</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Hangers &amp; Post Cards</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/3/16</u> Date	<u>\$ 702.91</u>
Expenditure #4 Name <u>Natalie McCormack</u> Address <u>15077 Todd Rd. Petersburg, MI 49270</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Campaign Photos</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/7/16</u> Date	<u>\$ 75.00</u>
Expenditure #5 Name <u>Office Depot</u> Address <u>845 W. Alexis Rd. Toledo, OH 43612</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Paper</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/7/16</u> Date	<u>\$ 145.86</u>

Subtotal this page 984.91

Grand Total of all Schedules 1B  
(Complete on last page of Schedule) 5724.00

Enter this total  
on line 8a of  
Summary Page

ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE

1. Committee I. D. Number 77657  
2. Committee Name CTE Paul Pirrone

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name: <u>Stock Sports</u> Address: <u>9289 Crabb Rd. Temperance, MI 48182</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Campaign Signs</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/8/16</u> Date	<u>\$ 1696.00</u>
Expenditure #2 Name: <u>Monroe News</u> Address: <u>PO Box 1176 Monroe, MI 48161</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Advertisements</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/10/16</u> Date	<u>\$ 1102.50</u>
Expenditure #3 Name: <u>Office Depot</u> Address: <u>845 W. Alexis Rd. Toledo, OH 43612</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Flyers</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/23/16</u> Date	<u>\$ 20.59</u>
Expenditure #4 Name: <u>Bedford Press</u> Address: <u>3363 Hemmingway Lambertville, MI 48144</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Advertisements</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/25/16</u> Date	<u>\$ 1920.00</u>
Expenditure #5 Name: Address: <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	Date: _____	\$ _____

Subtotal this page 4739.09

Grand Total of all Schedules 1B  
(Complete on last page of Schedule) 5724.00

Enter this total on line 8a of Summary Page



INCIDENTAL OFFICE EXPENSE  
DISBURSEMENTS  
SCHEDULE 1C  
CANDIDATE COMMITTEE  
(For use by officeholders only)

1. Committee I. D. Number 77657  
2. Committee Name CTE Paul Pirone

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: <u>Chris Andrews</u> <u>8820 Newcombe Tr.</u> <u>Temperance, MI 48182</u>	Purpose <u>Stuffing envelopes</u> Disbursement Code <u>00</u> <input type="checkbox"/> Fund Raiser	Date <u>09/28/16</u> Date Click for Memo Itemization Type	\$ <u>200.00</u>
Disbursement # 2 Name & Address:  <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose  Disbursement Code _____ <input type="checkbox"/> Fund Raiser	Date _____ Date Click for Memo Itemization Type	\$ _____
Disbursement # 3 Name & Address:  <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose  Disbursement Code _____ <input type="checkbox"/> Fund Raiser	Date _____ Date Click for Memo Itemization Type	\$ _____
Disbursement # 4 Name & Address:  <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose  Disbursement Code _____ <input type="checkbox"/> Fund Raiser	Date _____ Date Click for Memo Itemization Type	\$ _____
Subtotal this page			<u>200.00</u>
Grand Total of all Schedules 1C (Complete on last page of Schedule)			<u>200.00</u>

Enter this total on line 10a of Summary Page

\*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES  
Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY