



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: 05/23/12 to 07/22/12

1. Committee I.D. Number
77657
2. Committee Name
Pirrone for Bedford Township Trustee

4. Candidate Last Name Pirrone First Name Paul M.I. V
4a. Office Sought Including District # or Community Served (if applicable)
Bedford Township Trustee
4b. County of Residence Monroe

5. Committee's Mailing Address
407 Oak Creek Dr
Temperance MI 48182
Area Code and Phone (734) 224-0462
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
Thomas M. Sexton
407 Oak Creek Dr.
Temperance MI 48182
Area Code & Phone (734) 224-0462

7. Treasurer's Business Address
407 Oak Creek Dr
Temperance MI 48182
Area Code and Phone (734) 224-0462

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
Pre-Election or Post-Election Statement relates to:
 Primary General
 Convention School
 Special Caucus
Date of Election, Convention or Caucus
08/07/12

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 Thomas M. Sexton Signature [Signature] Date 7/22/12
Candidate Paul V. Pirrone Signature [Signature] Date 7/22/12



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number

77657

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name

Pirrone for Bedford Township Trustee

RECEIPTS	Column I This Period	Column II Cumulative (this election cycle)
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>2,375.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$2,375.00</u>	(18.) \$ <u>\$2,375.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>\$2,375.00</u>	(20.) \$ <u>\$2,375.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ _____	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$2,093.44</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ _____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ _____	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ _____	(23.) \$ <u>\$2,093.44</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ _____	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ _____	(24.) \$ _____
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ _____	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _____	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>\$0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$2,375.00</u>	
	(15.) = \$ <u>\$2,375.00</u>	
16. SUBTOTAL Add lines 13 and 14		
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$2,093.44</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$281.56</u>	



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 77657
2. Committee Name Pirrone for Bedford Township Trustee

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Keystone Press Inc Address 1801 Broadway PO Box 9183 Toledo OH 43697-9183 <input type="checkbox"/> Fund Raiser	Purpose: <u>Letterhead and Envelopes</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/28/12</u> Date	<u>\$ 351.10</u>
Expenditure #2 Name Clear Images Address 121 11th St Toledo OH 43604 <input type="checkbox"/> Fund Raiser	Purpose: <u>Campaign Tee Shirts</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/25/12</u> Date	<u>\$ 541.22</u>
Expenditure #3 Name Clear Images Address 121 11th St Toledo OH 43604 <input type="checkbox"/> Fund Raiser	Purpose: <u>Campaign Yard Signs</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/25/12</u> Date	<u>\$ 726.12</u>
Expenditure #4 Name Mail Works Address 5272 Tractor Rd. Suite J Toledo POH 43612 <input type="checkbox"/> Fund Raiser	Purpose: <u>Campaign Direct Mail</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/25/12</u> Date	<u>\$ 475.00</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 **\$2,093.44**
 Grand Total of all Schedules 1B
 (Complete on last page of Schedule) **\$2,093.44**

Enter this total on line 8a of Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 77657
2. Committee Name Pirrone for Bedford Township Trustee

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 05/31/12

Name & Address:
Ironworkers Local # 55
1078 Atlantic Ave
Toledo OH 43609

6. Amount \$ 500.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 500.00

5. If over \$100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/15/12

Name & Address:
Boilermakers Local # 85
319 Glenwood Rd, PO Box 35
Rossford OH 43460

6. Amount \$ 500.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 500.00

5. If over \$100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 06/07/12

Name & Address:
Electricians Local # 8
807 Lime City Rd
Rossford OH 43460

6. Amount \$ 500.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 500.00

5. If over \$100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 6-13-12

Name & Address:
Associated General Contractors
1845 Collingwood
Toledo OH

6. Amount \$ 250.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 250.00

5. If over \$100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

Page Subtotal **\$1,750.00**

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

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 77657
2. Committee Name Pirrone for Bedford Township Trustee

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	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/07/12</u>	
Name & Address: Henry Gurtzweiler Inc 921 Galena St Toledo OH 43611		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/07/12</u>	
Name & Address: Pearl Albert Green 8819 Jackman Rd Temperance MI 48182		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/07/12</u>	
Name & Address: Mark Mally 8920 Galloway Court Sylvania OH 43560		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/07/12</u>	
Name & Address: John Mohr 3407 Walnut St Lambertville MI 48144		\$ <u>75.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **\$425.00**

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

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 77657
2. Committee Name Pirrone for Bedford Township Trustee

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: Foundation Steel Inc 5445 County Rd # 19 Waseon OH 43567	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/01/12</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		\$ <u>200.00</u>	\$ <u>200.00</u>
		Click Here for Memo Itemization	
3. Contribution #2 Name & Address:	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt _____	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input 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:	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt _____	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input 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:	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt _____	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$ _____	\$ _____
		Click Here for Memo Itemization	

Page Subtotal \$200.00

Grand Total of All Schedules 1A (Complete on last page of Schedule) \$2,375.00

Enter this total on line 3a of Summary Page.



**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: 07/23/12 to 08/27/12

1. Committee I.D. Number
77657

2. Committee Name
Pirrone for Bedford Township Trustee

4. Candidate Last Name **Pirrone** First Name **Paul** M.I. **V**

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

4b. County of Residence **Monroe**

5. Committee's Mailing Address
**407 Oak Creek Dr
Temperance, MI 48182**

Area Code and Phone (734) 224-0462

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
**Thomas M. Sexton
407 Oak Creek Dr.
Temperance, MI 48182**

Area Code & Phone (734) 224-0462

7. Treasurer's Business Address
**407 Oak Creek Dr
Temperance, MI 48182**

Area Code and Phone (734) 224-0462

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

Pre-Election or Post-Election Statement relates to:

Primary General
 Convention School
 Special Caucus

Date of Election, Convention or Caucus
08/07/12

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

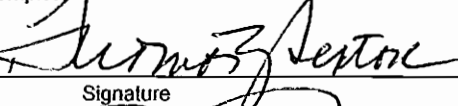
Effective Date of Dissolution

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.

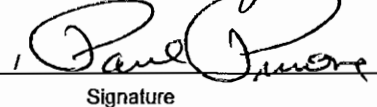
Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

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 **Thomas M. Sexton**  Date 9/6/12

Type or Print Name Signature

Candidate **Paul V. Pirrone**  Date 9/6/12

Type or Print Name Signature



1. Committee I.D. Number ~~771657~~ 77567

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Pirrone for Bedford Township Trustee

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>325.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>325.00</u>	(18.) \$ <u>\$2,700.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>325.00</u>	(20.) \$ <u>\$2,700.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ _____	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$435.91</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ _____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ _____	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>\$435.91</u>	(23.) \$ <u>\$2,529.35</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ _____	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ _____	(24.) \$ _____
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ _____	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _____	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>\$281.56</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$325.00</u>	
	(15.) = \$ <u>\$606.56</u>	
15. SUBTOTAL Add lines 13 and 14		
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$435.91</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$170.65</u> *	



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 77657
2. Committee Name Pirrone for Bedford Township Trustee

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name HELP Printers Address 9673 Lewis Ave Temperance MI 48182 <input type="checkbox"/> Fund Raiser	Purpose: <u>Post Cards</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/13/12</u> Date	\$ <u>162.40</u> Click Here for Memo Itemization Type
Expenditure #2 Name Rite Aid Pharmacy Address 2430 Glendale Toledo OH 43614 <input type="checkbox"/> Fund Raiser	Purpose: <u>Thank You Cards</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/21/12</u> Date	\$ <u>5.33</u> Click Here for Memo Itemization Type
Expenditure #3 Name See Attached Listing Address Per Attached <input type="checkbox"/> Fund Raiser	Purpose: <u>Passing Out Campaign Flyers</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/03/12</u> Date	\$ <u>175.00</u> Memo Itemization Below
Expenditure #4 Name Paul Pirrone Address 402 Oak Creek Dr Temperance MI 48182 <input type="checkbox"/> Fund Raiser	Purpose: <u>Mileage Reimbursement</u> <i>(168 mi @ 55 1/2¢/mile)</i> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/07/12</u> Date	\$ <u>93.18</u> Memo Itemization Below
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	\$ _____ Click Here for Memo Itemization Type

Subtotal this page **\$435.91**
Grand Total of all Schedules 1B (Complete on last page of Schedule) **\$435.91**

Enter this total on line 8a of Summary Page

Itemized Expenditures Schedule 1B **Attachment**

Expenditure # 3 Detail Listing Committee ID # 77657

Kendall Wier \$20.00

7441 Tallgrass

Temperance MI 48182

Alexa Libstoff \$30.00

466 Oak Creed Dr

Temperance MI 8182

Ryan Libstoff \$30.00

466 Oak Creed Dr

Temperance MI 8182

Valarie Pirrone \$25.00

2500 Pinewood

Temperance MI 48182

Aaron Maison \$70.00

9654 W. Bancroft

Holland OH 43528



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

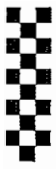
1. Committee I.D. Number 77657
2. Committee Name Pirrone for Bedford Township Trustee

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 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/06/12</u> Name & Address: Hicks Insurance 7355 Lewis Ave Temperance MI 48182		\$ <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 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/18/12</u> Name & Address: Daniel Bunce 1564 Pool St Toledo OH 43605		\$ <u>100.00</u>	\$ <u>100.00</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 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/06/12</u> Name & Address: Joshua Hughes 532 Robindale Ave Oregon OH 43616		\$ <u>75.00</u>	\$ <u>75.00</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 # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/06/12</u> Name & Address: Matthew Szollosi 1660 Grand Bay Dr. Oregon OH 43616		\$ <u>100.00</u>	\$ <u>100.00</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	

Page Subtotal **\$325.00**

Grand Total of All Schedules 1A
(Complete on last page of Schedule) **\$325.00**

Enter this total on
line 3a of Summary
Page.



County of Monroe
County Clerk's Office
106 E. First Street
Monroe, Michigan 48161
FAX # 734-240-7045

Fax Transmission Cover Sheet

Date: 9-6-2012
To: Paul Pirrone
Fax# 419-593-0082
From: Nancy
of pages: 7

Comment: _____

- CONFIDENTIALITY NOTICE -

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