COVER PAGE

FOR OFFICIAL USE ONLY

COVERPAGE		
teport must be legible, typed or printed in ink and signed by ne treasurer (or designated record keeper) and candidate.	3. This Statement co	vers From: 08 33 16 to 10 3 16
Committee I.D. Number	 Candidate Last I 	Name First Name M.I.
17657		Cluding District # or Community Served (If applicable)
Committee Name .	$\overline{}$	
CTE Paul Pirrone	4h. County of Residu	ervisor ence Monvoe
. Committee's Malling Address		e & Residential Address
PO BOX 55		1 Hafer
Samaria, MI 48177		Orchard
Area Code and Phone <u>7403570736</u>	Saman	a, MI 48171
f the address in this box is different from the committee nailing address on the Statement of Organization, mail may be sent to this address by the filing official.	Area Code & Phon	. 1403570236_
7. Treasuret's Business Address	8. Designated Rec Designated Recor	cord keeper's Name and Malling Address (If the committee has a d keeper)
•		
Area Code and Phone	Area Code and Pl	none
9. TYPE OF STATEMENT		
9a. Pre-Election OR 9b. Po	st-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	eneral	9e. Dissolution of Candidate Committee
Convention	chool	Effective Date of Dissolution
Special	BUCUS	
Date of Election, Convention or Caucus	30003	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
NOV 8 2016		the Reporting Walver. Note: The disposition of residual funds must be reported on Schedule 18 and the Summary Page.
A committee that does not have a Reporting Walver must file all Schedules. Direct contributions, in-kind contributions, loans, ex if any of the information listed in items 2, 4, 5, 6, 7, or 8 has cha amendment to the Statement of Organization should accompanies the filled deadline of a required a margin statement.	required Campaign penditures, and outsi inged since the inform y this Campaign sta	Statements. The Campaign Statements must include all applicable tanding debts count against the \$1,000 Reporting Walver threshold. In the should neation was shown on the committee's Statement of Organization, an ement. If a request for a Reporting Walver is not received on or tement cannot be waived.
		of this statement and attached schedules (if any) and to the best of
Current Treasurer or Designated Record keeper Emily Hafer	Can	notte Date 10/27/16
Type or Affint Name POUL PIVVONE	Signature	10/27/110
Candidate Type or Print Name	Signatur	e Date

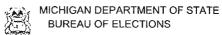


SUMMARY PAGE

1. Committee I.D. Number 77657

2. Committee Name CTE Paul Pirrone

CANDIDATE COMMINITEE		
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions	THIS I CHOO	Couldigue dus efection cácle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>8300,00</u>	
b. Uniternized (less than \$20.01 each - no Schedule)	(3b.) \$NOT APPLICABLE	1, 00,100
c. Subtotal of "Contributions"	(3c.) \$ <u>8300,00</u>	(18.) \$ 16924.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>\$300; **</u>	(20.) \$ 16 924.00
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. in-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ 2647. 8 7	(21.) \$ 3723.99
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 18, Column 6)	(8a.) \$ 5724.00	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Uniternized (less than \$50.01 each - no Schedule)	· (Bc.) \$	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ 5724.°°	(23.) \$ 11311.05
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.) § 200, 66	(24.) \$ 1500. 60
DEBTS AND OBLIGATIONS 12. Debts and Obligations		(27.) Ψ
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.) \$ 1736, 95	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.)+\$ 8300.00	-
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ 10036.95	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ 5924,00	<u>.</u>
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ 411 <i>a.95</i>	.
(September to noth the 19)		



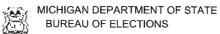
CANDIDATE COMMITTEE

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

line 3a of Summary

Page.

CANDIDATE COMMITTEE 2. Committee Name	CIE Paul MIRROI
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.	6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 09 21 16 Name & Address: Lawrence w vande Velde blood Summerlyn Blvd Lambertville, MI 48144 5. If over \$100.00 cumulative, please provide:	\$ 50.°° \$ 50.°°
Occupation Employer	Click Here for Memo Itemization
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #2 PAC Receipt? XYES 4. Date of Receipt 09/21/110	
U.A. Local 50 Plumbers of Steamfilters 7570 Caple Blvd. Northwood, 0H 43619 5. If over \$100.00 cumulative, please provide:	\$ 250.°° \$ 150.°°
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Employer	
Business Address	
Type of Contribution: X Direct Loan from a person Fund Raiser	
B. Contribution #3 PAC Receipt? YES 4. Date of Receipt 09 36 116	·
Marci Rose Sinay	\$ 1000.00 \$ 1000.00
HOBOX 209 Lamber + VIIIe, MI 48144 5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation <u>Owner</u> Employer <u>Lly Ann Cabinets</u> Business Address <u>3075 Beecher Adnan, Ml 49331</u> Type of Contribution: \[\bar{D} \text{ Direct} \] \[\text{Loan from a person} \] \[\text{Fund Raiser} \]	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09/26/16	
William Decker Jr.	= 1000° - 2000°
Lambertville, MI 48144 5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Scif-Employed Employer	23. TIGIG TO MORIDO NOTIFICATION
Business Address	
Type of Contribution: X Direct Loan from a person Fund Raiser	
Page Subtotal	1900.00
Grand Total of All Schedules 1A (Complete on last page of Schedule)	8300.°°
(Complete of last page of Scriedule)	Enter this total on



CANDIDATE COMMITTEE

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.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 09/27/16	·	, , , , , ,
John Jones PO Box 278	00000	. 1000.°°
Temperance M1 48182 5. If over \$100.00 cumulative, please provide:	\$_000;	Ψ
Occupation Self-Employed Employer Decker Building Co.	Click Here to	r Memo Itemization
Business Address 1370 LWS Temperance, M148182 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10 15 110		
Name & Address		
Bradley Greeley 3002 LennoxCt.	\$_1000.00	s / 000. °°
Lambert VIIIe, MI 48144 5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Supervisor Employer Decker Building Co.	Click Here los	Wei lo itemization
Business Address 1370 Lewis Temperance, MA 481	82	
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #3 Name & Address: PAC Receipt? YES 4. Date of Receipt 10/5/16		
Name & Address:	. 1000 00	2000 00
Bradley Greeley 3002 Lennox Ct.	s 1000.°°	\$ 2000.°°
Bradley Greeley 3002 Lennox Ct. Lambertville, MI 48182 5. If over \$100.00 cumulative, please provide:	Click Here for	\$ 2000.00
Name & Address: Bradley Greeley 3002 Lennox Ct. Lambertville, MI 48182 5. If over \$100.00 cumulative, please provide: Occupation SuperMSOY Employer Decker Building Co	Click Here for	<u>" 0 000 </u>
Name & Address: Bradley Greeley 3002 Lennox Ct. Lambertville, MI 48182 5. If over \$100.00 cumulative, please provide: Occupation Supernisor Employer Decker Building Co	Click Here for	<u>" 0 000 </u>
Name & Address: Bradley Greeley 3002 Lennox Ct. Lambertville MI 48182 5. If over \$100.00 cumulative, please provide: Occupation Superm Sor Employer Decker Building Co Business Address 7370 Lew Strenger and Fund Raiser Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 10/5/16	Click Here for	<u>" 0 000 </u>
Name & Address: Bradley Greeley 3002 Lennox Ct. Lambertville, MI 48182 5. If over \$100.00 cumulative, please provide: Occupation Supervisor Employer Decker Building Co Business Address Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #4 Name & Address Address Address A Date of Receipt 10/5/16	Click Here for	<u>" 0 000 </u>
Name & Address: Bradley Greeley 3002 Lennox Ct. Lambertville MI 48182 5. If over \$100.00 cumulative, please provide: Occupation Superm Sor Employer Decker Building Co Business Address 7370 Lew Strenger and Fund Raiser Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 10/5/16	Click Here for	<u>" 0 000 </u>
Name & Address: Bradley Greeley 3002 Lennox Ct. Lambertville MI 48182 5. If over \$100.00 cumulative, please provide: Occupation Supernsor Employer Decker Building Ct Business Address Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 4 Name & Address Ryan Waltz	Click Here for 7.48187	Memo Itemization
Name & Address: Bradley Greeley 3002 Lennox Ct. Lambertville, MI 48182 5. If over \$100.00 cumulative, please provide: Occupation Supernsor Employer Decker Bruilding Co. Business Address 7370 LLW (S Temperance MI Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/5/116 Ryan Waltz 1608 Coining Dr. Toledo, Dt. 43612 5. If over \$100.00 cumulative, please provide: Occupation Property Maintence Employer Perfect Site Property	Click Here for 48182	<u>" 0 000 </u>
Name & Address: Bradley Greeley 3002 Lennox Ct. Lambertville, MI 48182 5. If over \$100.00 cumulative, please provide: Occupation Supernsor Employer Decker Bruilding Co. Business Address 7370 LLW (S Temperance MI Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/5/116 Ryan Waltz 1608 Coining Dr. Toledo, Dt. 43612 5. If over \$100.00 cumulative, please provide: Occupation Property Maintence Employer Perfect Site Property	Click Here for 7.48187	Memo Itemization
Name & Address: Bradley Greeley 3002 Lennox Ct. i am hertville, MI 48182 5. If over \$100.00 cumulative, please provide: Occupation Supernsor Employer Decker Bruiding Co. Business Address 7370 Lewis Temperance MI Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #4 Name & Address Ryan Waltz 1408 Coining Dr. Toledo, Dt. 43612 5. If over \$100.00 cumulative, please provide: Occupation Property Maintend Employer Perfect Site Property Business Address Lobs Coining Dr. Toledo, Dt. Type of Contribution: Direct Loan from a person Fund Raiser	Click Here for 18182 \$ 200.00 Click Here for 14energe 14	Memo Itemization
Name & Address: Bradley Greeley 3003 Lennox Ct. Lambertville, MI 48183 5. If over \$100.00 cumulative, please provide: Occupation SuperMSDY Employer Decker Bruilding Ct Business Address 7370 LLW (S Temperance MI Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 4 Name & Address Ryan Waltz Loan Grow a person Fund Raiser 4. Date of Receipt 10/5/16 Name & Address Ryan Waltz Loan Grow a person Fund Raiser 5. If over \$100.00 cumulative, please provide: Occupation Property Maintence Employer Perfect Site Property Business Address Loos Coining Dr. Toledo pt 43613 Business Address Loos Coining Dr. Toledo pt 43613	Click Here for 48182	Memo Itemization

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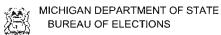
Enter this total on line 3a of Summary Page.



CANDIDATE COMMITTEE

1. Committee I.D. Number 73 657
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.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 10/5/10		
Sivasupi ramaniam Srihanan		
Sivasupiraliani Simaray		
Landbertulle MI ACIAL	\$ <u>200.00</u>	\$ <u>300.00</u>
6624 Summeriyn Blvd. Lambertville, ML 48144 5. If over \$100.00 cumulative, please provide:		
Occupation Surgeon Employer St. Vincent Medical	Click Here fo	or Merno Itemization
Business Address 2213 Cherry St Toledo, 01+ 43688	fer	
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10 10 10 10 10 10 10 10 10 10 10 10 10		
Patricia Lyden		
2740 Conscar	\$ 1000°°	s 1000.00
Lambertville, MI 48144 5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Attorney Employer Lyden, Chappell & Dewhite Business Address 5565 Airport Hwy Toledo, Ott 436/5	St	
Business Address 5565 AIVDOFF HWY Toledo Of 421015	•	
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 10 6 10		
Scott Bolin	//	3
6622 Summerlyn Blvd	\$ 400.00	\$ 1000.00
	011111	
Lambertville, M (48144 5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation <u>Developer</u> Employer <u>Summerlyn Builder</u>	Τ	
Business Address Jole 22 Summerlyn Blvd Lambertyll		
Type of Contribution: Direct Loan from a person Fund Raiser	344	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/6/116		
Name & Address		
Robert Kay Cololo S. Summerway Ct.		
Cololog S. Summer Voug Ci	\$ 250,00	s 350. · ·
Lambert Ville, MI 48144 5. If over \$100.00 cumulative, please provide:		
Deficed	Click Here for	Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	1850.00	
Grand Total of All Schedules 1A	8200 00	,
(Complete on last page of Schedule)	Enter this total on	J
Page 3 of 6	line 3a of Summary Page.	
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CANDIDATE COMMITTEE

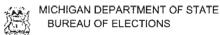
1. Committee I.D. Number 77657

2. Committee Name CTE Paul Pirrone

0,		J.V., VIII. 1 EE		2. 00///////////	, , , , ,	
	x to indicate if contrib	ution is from a Political Cor		enter last name, first name, ttee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: The National Tollows Tollows 5. If over \$100.00 cumulance in the second cumulance in th	onal Iro	YES 4. Date of Re NWOYKEYS L 10 10 10 10 10 10 10 10 10 10 10 10 10	O (10/6/16 Cal 55	\$ <u>950,60</u>	\$ <u>350.60</u>
Occupation		Employer			Click Here it	or Memo Remization
Business Address						
Type of Contribution:	Direct	Loan from a person		Fund Raiser		
3. Contribution #2 Name & Address Steven	PAC Receipt? [Lenney est valu	YES 4. Date of Re	ceip	ot 10/8/16	s 100.00	s 200.00
1961 For Lambers 5. If over \$100.00 cumu Occupation Bro	Ler E	Employer Lenney		Realty Compa Ste 1E Lam	Click Here fo	r Merno Itemization
Business Address	 -	Loan from a person	<u>. </u>	Fund Raiser	bertuile,	48144
3. Contribution # 3	PAC Receipt?	YES 4. Date of Re	ecei	pt 10/10/16		
Jue Weh	rie Test Rur	Pol.			\$ 250.°°	\$ 500.°°
Tempero 5. If over \$100.00 cumu					Click Here for	r Memo Itemization
Occupation		Employer Wehtles + Run Rd Loan from a person	1e	Development Temperance, Fund Raiser	LTD MI 48182	_
S. Contribution # 4 Name & Address EVIC CU 1542 No Lambert 5. If over \$100.00 cumu	Hingham	YES 4. Date of R St. 48144 de:	Rece	ipt 10/11/16	\$ 75.00	\$ 25.00
Occupation		Employer			Click nere to	r Memo Itemization
Business Address	Direct	Loan from a person		Fund Raiser		
				Page Subtotal	625.00	

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

Enter this total on line 3a of Summary Page.



CANDIDATE COMMITTEE

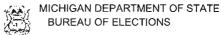
1. Committee I.D. Number 77657

2. Committee Name CTE Paul Pirrone

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6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
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	\$ 100.00 Click Here for Click Here f

Page 5 of 6

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CANDIDATE COMMITTEE

Enter contributor's name middle initial. Check bo Committee (PAC) Repo	x to indicate if con	tributio	n is from a Political Co		nter last name, first name, ee or an Independent	6. A	Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt?	Y	ES 4. Date of Re	eceipt	10/14/16	•		
Name & Address:	00 60 4				19/			
	own se na	1						- 2
PO BOX	314		. a Olad			\$	20000	\$ 200,00
Lambe 5. If over \$100.00 cumu	NATIONAL PLANTER	ا <u>ئلار</u> اغواند	1489			-		
Occupation D W k	nes.	Fn.	polover Towns	e.v	d Carpetine	21	Click Here fo	or Memo Itemization
Business Address D	1) BM =	 3.171	L Colomber	<i>-</i>	nd carpetine]]240	1	
Type of Contribution:	\$Z			$\overset{\prime}{\sqcap}$		~ /	•	
<u> </u>	<u></u>	=-	oan from a person	<u> </u>	Fund Raiser			
3. Contribution #2 Name & Address	PAC Receipt?	YE	ES 4. Date of Re	ceipt				
Name a Address								
						¢		•
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5. If over \$100.00 cumu	ılative, please pro	vide:				(Click Here fo	r Memo Itemization
Occupation		Emp	loyer					
Business Address								
Type of Contribution:	Direct		oan from a person		Fund Raiser			
3. Contribution # 3 Name & Address:	PAC Receipt?	\equiv	ES 4. Date of R	eceip	t			
						\$		s
						c	lick Here for	Memo Itemization
5. If over \$100.00 cumu	ılative, please pro	vide:					MOR HOTO TO	Wemo Remization
Occupation		_ Em	ployer					
Business Address	_							
Type of Contribution:	Direct		oan from a person		Fund Raiser	_		
3. Contribution # 4 Name & Address	PAC Receipt?		YES 4. Date of F	Receip	ot			
						\$		\$
								<u> </u>
5. If over \$100.00 cumu	ulative, please pro	ovide:				C	Click Here for	r Memo Itemization
Occupation		_	Employer					
Business Address								
Type of Contribution:	Direct		oan from a person		Fund Raiser			5:2
		<u> </u>	·		Page Subtota	12	00.00	
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Grand Total of All Schedules 1A (Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.

Page 6 of 6

ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDIII E 1JK

1. Committee I. D. Number

77	651	1
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SCHEDOLE 14IV		0-1-0-11	17	
CANDIDATE COMMI	TTEE 2, Committee Name _	CTE Pau	Pirron	<u>e </u>
contribution is from an individual, enter last ame first. Check box to indicate if contribution from a Political Committee or an independent	4. Type of In-Kind Contribution (Check ap 5. Date of Receipt 6. Name & Address of Vendor from whom purchased		7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
1017	Goods or Services Purchased by Car	ervices Donated \$_ ndidate or Others	35.38	illaio
Temperance, MI 4818) If over \$100.00 cumulative, please provide: Docupation:	Description Office October	es Envelope	5	
Employer Name & Business Address: HG1 921 Galina St	5. Date Of Receipt 09/24/1 6. Vendor Name & Address: Office Depot 845 W. Alexis R	d	lck Here for Memo it	emization
Fund Raiser Contribution	Toledo, OH 4361	3		
Contribution#2 PAC Receipt? Yes Name & Address Paul Pirrone J652 W. Temperance Temperance, M14818. If over \$100.00 cumulative, please provide: Occupation:	Goods or Services Purchased by C	ervices Donated andidate or Others	35,38	1147.48
Employer Name & Address: HG 1 9	6. Vendor Name & Address: Office Depot 845 W. Alexis F Toledo, OH 4	2d.	click Here for Memo i	temization
Contribution #3 PAC Receipt? Yes Name & Address: Paul Pirrone Hobb W. Temperan Contribution Temperance, M 481 If over \$100.00 cumulative, please provide:	Goods Donated or Loaned Son Services Purchased by Coods or Services Purchased by Coods or Services Purchased by Coods	ervices Donated \$\frac{\ell}{L}\$ candidate or Others Candidate or Others- LOAN	867.15	3014.63
If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: HGI 931 Galina C+	Description Stamps, Ink 5. Date Of Receipt: 09/24 6. Vendor Name & Address: Office Depot 845 W. Alexis		Click Here for Memo	Itemization
Fund Raiser Contribution	Toledo, OH 43	•		

Page Subtotal 103

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

Enter this total on line 6 of Summary Page

ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number

CAN	DIDA	TE C	MIO	MITTER

77457 Faul Pirrone

contribution is from an individual, enter last	4. Type of in-Kind Contribution (Check applicable box)	Fair Market	8. Cumulative for Election
rine first. Check box to Indicate If contribution from a Political Committee or an Independent	Date of Receipt Name & Address of Vendor from whom goods or services were	Value	Cycle (Through
ornmittee (Both are commonly called PACs). eport <u>all</u> in-kind contributions.	purchased		date in Item 5)
ontribution #1 PAC Receipt? Yes	4. Endorsement or Guarantee of Bank Loan		
ame & Address:	Goods Donated or Loaned Services Donated	11921	2012 50
Paul Pirrone 2652 W. Temperanco	Goods or Services Purchased by Candidate or Others	<u>10936</u>	5123.11
Temperance, MI48182	Goods or Services Purchased by Candidate or Others- LOAN		.
over \$100.00 cumulative, please provide:	Description Envelope 3 Stamps		
Employer Name & Business Address:	5. Date Of Receipt 10/15/2016		-
HG-1	6. Vendor Name & Address:		
921 Galmast.	of the period	lick Here for Memo It	emization
	845W. Alexis		
Fund Raiser Contribution	To ledo, 0 H 436/2		
Contribution # 2 PAC Receipt? Yes	4. Endorsement or Guarantee of Bank Loan		
	Goods Donated or Loaned Services Donated		
	Goods or Services Purchased by Candidate or Others	_ 	
	Goods or Services Purchased by Candidate or Others- LOAN		
If over \$100.00 cumulative, please provide:	Description		
Occupation;	5. Date Of Receipt.		
Employer Name & Address:	6. Vendor Name & Address:		
•		Click Here for Memo I	temization
Fund Ralser Contribution			
Contribution #3 PAC Receipt? Ye	Endorsement or Guarantee of Bank Loan		
Name & Address:	Goods Donated or Loaned Services Donated \$_		;
	Goods or Services Purchased by Candidate or Others		
	Goods or Services Purchased by Candidate or Others- LOAN	ł	
if over \$100.00 cumulative, please provide:	Description		
Occupation:		-	•
Employer Name & Address:	5. Date Of Receipt: 6. Vendor Name & Address:		
	o. Vendo Name & Address.	Click Here for Memo	Itemization
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Fund Ralser Contribution	·		
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	Page Subt	109134	2
	Grand Total of all Schedules	1-1K 0/17	7)
	(Complete on last page of Scheo		ľ

Enter this total on line 6 of Summary Page

ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

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 OCC Danah		09 24 10 \$ 25.76
Office Depot	Purpose: Tape & Envelopes	Date
845 WI ALEXIS Rd.	Click H	here for Memo Itemization Type
Toledo, OH 43612	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous	·
Expenditure #2	statement	
Name CC's Door		cability 2-00
Office Depot	: 4-10 - 10 - 10 C	09/24/16 \$ 35.38
845 W. Alexis Rd.	Purpose: Envelopes	
	Click I	Here for Memo Itemization Type
Toledo, 0 H 43612	Check box if this expenditure is payment of	
Fund Raiser	debt or obligation reported on previous . statement	
Expenditure #3	·	
Name		10/3/110 : 712 011
HELP Printers	Purpose Hangers & PostCara	S Date \$ 702.91
9673 Lewis Ave	Purpose: Hangers & Post Cara	
Temperance, MI 48188	. Click	nere for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous	·
Expenditure #4	statement	
Name		10/ 111
Natalle McCormack	Consult Of Lac	10/7/10 : 75,00
Address 1507 To 11104	Purpose: Campaign Photos	Date
15077 Todd Rd.		Here for Memo Itemization Type
Petersburg, MI 49270	Check box If this expenditure is payment of	
Fund Ralser	debt or obligation reported on previous statement	
Expenditure #5		· ·
Name of CC'		1. 1 16.
Office Depot	Danes	Date \$145.86
845 W. Alexis Rd.	Purpose: + A. PPY	
Toledo, 0443612		Here for Memo Itemization Type
,	debt or obligation reported on previous	1
Fund Raiser	statement	MOUAL
	Sub-	ototal this page 0184,91
	Grand Total of a (Complete on last pa	

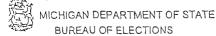
Enter this total on line 8a of Summary Page

SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number 17457

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date 6. Amount
Expenditure #1		1-1
Name Stock Sports Address	Purpose: Campaign Signs	10/8/16 \$ 1696;"
9289 Crabb Rd.	. , , ,	Here for Memo Itemization Type
Temperance, MI 48182	Check box If this expenditure is payment of	
Fund Raiser	debt or obligation reported on previous statement	
Expenditure #2		
Monroe News	Purpose: Advertismants	10/10/16 \$ 1102.50
PO BOX 1176	Click	Here for Memo Itemization Type
Monroe, MI 48/61	Check box if this expenditure is payment of	
Fund Ralser .	debt or obligation reported on previous . statement	
Expenditure #3		
Name Office Depot	Purpose: Flyers	10/33/16 : 20,59
845 W. Alexis Rd.	.	Here for Memo Itemization Type
Toledo, DH 43612	Check box if this expenditure is payment of debt or obligation reported on previous statement	
Expenditure #4		
Name Bedford Press	Purpose: Advertisments	09/25/16 : M20,00
3363 Hemmingway	Click	: Here for Memo Itemization Type
Lambertville, M148144	Check box If this expenditure is payment of	. "
Fund Ralser	debt or obligation reported on previous statement	
Expenditure #5		
Name	•	
Address	Purpose;	Date \$
	Clic	k Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	
	Sul	btotal this page 473909
	Grand Total of a (Complete on last page)	

Enter this total on line 8a of Summary Page



INCIDENTAL OFFICE EXPENSE DISBURSEMENTS SCHEDULE 1C

CANDIDATE COMMITTEE ·(For use by officeholders only)

CTE Paul Prrone

	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
8. 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	Purpose	
Name & Address:	001	201 -11
Chris Andrews	Stuffing envelopes	09/38/16 \$ 200.00
8820 Newcombe Tr.		Click for Memo Itemization Type
Temperance, M1 48182		
	Disbursement Code	
Check box If this disbursement is payment of debt or obligation		•
reported on previous statement	Fund Raiser	
Disbursement # 2	Purpose	
Name & Address:	i dipose	
		<u> </u>
		Date
		Click for Memo Itemization Type
	•	Shok for Metho Refinzación Type
·		
Check box if this disbursement is payment of debt or obligation	Disbursement Code	
reported on previous statement	Fund Ralser	
Disbursement # 3 Name & Address:	Purpose	
		\$
		Dale
	•	•
		Click for Memo Itemization Type
	•	
Check box if this disbursement is payment of debt or obligation	Disbursement Code	
reported on previous statement	Fund Ralser	
Disbursement # 4	Durana	
Name & Address:	Purpose	
1 .		<u> </u>
	•	Date
		Click for Memo Itemization Type
		•
Check box if this disbursement is payment of debt or obligation	Disbursement Code	
reported on previous statement	Fund Ralser	
	 	D. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
		Subtotal this page 200,00
	Grand To	
	(Complete on	last page of Schedule)
	•	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