



**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

1. Committee I.D. Number 77657		3. This Statement covers From: <u>08/28/12</u> to <u>10/26/12</u>	
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 <u>(734) 224-0462</u> <small>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.</small>		6. Treasurer's Name & Residential Address Thomas M. Sexton 407 Oak Creek Dr. Temperance MI 48182 Area Code & Phone <u>(734) 224-0462</u>	
7. Treasurer's Business Address 407 Oak Creek Dr. Temperance, MI 48182 Area Code and Phone <u>(734) 224-0462</u>		8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)	

9. TYPE OF STATEMENT 9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> School <input type="checkbox"/> Special <input type="checkbox"/> Caucus Date of Election, Convention or Caucus <u>11/06/12</u>		9c. <input type="checkbox"/> Annual Statement (_____ Coverage Year) 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended) 9e. <input type="checkbox"/> Dissolution of Candidate Committee Effective Date of Dissolution _____ <small>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.</small>	
---	--	---	--

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	10/30/12
	Type or Print Name	Signature	
Candidate	Paul V. Pirrone	Date	10/30/12
	Type or Print Name	Signature	



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>1,750.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$1,750.00</u>	(18.) \$ <u>\$4,450.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>\$1,750.00</u>	(20.) \$ <u>\$4,450.00</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>\$1,144.39</u> <u>728.55</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>\$1,144.39</u>	(23.) \$ <u>\$3,673.74</u> <u>4402.29</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>\$170.65</u> <u>776.26</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$1,750.00</u> <u>0</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$1,920.65</u> <u>1196.26</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$1,144.39</u> <u>728.55</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$776.26</u> <u>47.71</u>	



**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>10/22/12</u> Name & Address: Colin Millard 204 W. Lake St. Horicon WI 53032 5. If over \$100.00 cumulative, please provide: Occupation <u>General Organizer</u> Employer <u>Iron Workers International</u> Business Address <u>1750 New York Ave NW, Washington, DC 20606</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>100.00</u> Click Here for Memo Itemization
3. Contribution #2 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>10/09/12</u> Name & Address: Iron Workers Local 25 PAC Fund 3115 Joyce St. Burton MI 48529 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>500.00</u>	\$ <u>500.00</u> Click Here for Memo Itemization
3. Contribution # 3 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>08/30/12</u> Name & Address: IBEW PAC Voluntary Fund 900 Seventh St. Washington DC 20001 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>500.00</u>	\$ <u>500.00</u> Click Here for Memo Itemization
3. Contribution # 4 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>09/05/12</u> Name & Address: Ironworkers Political Action League Multi Candidate Committee 1750 New York Ave. Washington DC 20006 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>450.00</u>	\$ <u>450.00</u> Click Here for Memo Itemization

Page Subtotal **\$1,550.00**

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

Enter this total on
line 3a of Summary
Page.



**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>09/28/12</u> Date	<u>\$ 120.00</u>
Expenditure #2 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>10/09/12</u> Date	<u>\$ 159.39</u>
Expenditure #3 Name Bedford Press Address 20 W. First St. Monroe MI 48161 <input type="checkbox"/> Fund Raiser	Purpose: <u>Campaign Ad</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/08/12</u> Date	<u>\$ 720.00</u>
Expenditure #4 Name John Wier Address 7441 Tallgrass Temperance MI 48182 <input type="checkbox"/> Fund Raiser	Purpose: <u>Putting out Yard Signs</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/11/12</u> Date	<u>\$ 30.00</u>
Expenditure #5 Name Republican Club of Monroe County Address PO Box 560 Monroe MI 48161 <input type="checkbox"/> Fund Raiser	Purpose: <u>Dues</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/01/12</u> Date	<u>\$ 115.00</u>

Subtotal this page **\$1,144.39**
 Grand Total of all Schedules 1B
 (Complete on last page of Schedule) **\$1,144.39**

Enter this total on line 8a 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: 10/27/12 to 11/26/12

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
11/06/12

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

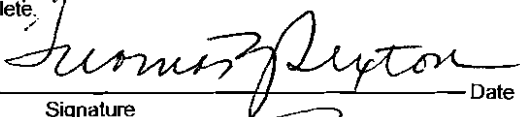
Effective Date of Dissolution


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 12/5/12

Candidate **Paul V. Pirrone**,  Date 12/5/12



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.) \$ _____	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ _____	(18.) \$ <u>\$4,450.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>\$0.00</u>	(20.) \$ <u>\$4,450.00</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>\$728.55</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>\$728.55</u>	(23.) \$ <u>\$4,402.29</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>\$776.26</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$0.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$776.26</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$728.55</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$47.71</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 Troy Dart Address 2707 Pickle Rd Oregon OH 43616 <input type="checkbox"/> Fund Raiser	Purpose: <u>Passing Out Flyers</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/24/12</u> Date	<u>\$ 20.00</u> Click Here for Memo Itemization Type
Expenditure #2 Name Luke Sliwka Address 7572 Bridgeway Temperance MI 48182 <input type="checkbox"/> Fund Raiser	Purpose: <u>Passing Out Flyers</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/25/12</u> Date	<u>\$ 20.00</u> Click Here for Memo Itemization Type
Expenditure #3 Name Anthony Branyon Address 3214 Rocksberry Toledo OH 43614 <input type="checkbox"/> Fund Raiser	Purpose: <u>Passing Out Flyers</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/29/12</u> Date	<u>\$ 20.00</u> Click Here for Memo Itemization Type
Expenditure #4 Name Michael Young Address 2248 Grantwood Toledo OH 43613 <input type="checkbox"/> Fund Raiser	Purpose: <u>Passing Out Flyers</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/30/12</u> Date	<u>\$ 20.00</u> Click Here for Memo Itemization Type
Expenditure #5 Name Lonnie Hart Address 2148 Smith Rd Temperance MI 48182 <input type="checkbox"/> Fund Raiser	Purpose: <u>Taking Down Yard Signs</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/16/12</u> Date	<u>\$ 125.00</u> Click Here for Memo Itemization Type

Subtotal this page **\$205.00**
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

Enter this total on line 8a of Summary Page



**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 Facebook Address Facebook.com <input type="checkbox"/> Fund Raiser	Purpose: <u>Campaign Ads</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/30/12</u> Date	<u>\$ 67.25</u> Click Here for Memo Itemization Type
Expenditure #2 Name Facebook Address Facebook.com <input type="checkbox"/> Fund Raiser	Purpose: <u>Campaign Ads</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/01/12</u> Date	<u>\$ 30.37</u> Click Here for Memo Itemization Type
Expenditure #3 Name Facebook Address Facebook.com <input type="checkbox"/> Fund Raiser	Purpose: <u>Campaign Ads</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/05/12</u> Date	<u>\$ 60.83</u> Click Here for Memo Itemization Type
Expenditure #4 Name Facebook Address Facebook.com <input type="checkbox"/> Fund Raiser	Purpose: <u>Campaign Ads</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/07/12</u> Date	<u>\$ 41.55</u> Click Here for Memo Itemization Type
Expenditure #5 Name Monroe Publishing Co Address 20 W 1st St Monroe MI 48161 <input type="checkbox"/> Fund Raiser	Purpose: <u>Campaign Ad</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/09/12</u> Date	<u>\$ 288.55</u> Click Here for Memo Itemization Type

Subtotal this page **\$488.55**
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

Enter this total on line 8a of Summary Page



**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 Bank of America Address PO Box 2511 Tampa FL 33622 <input type="checkbox"/> Fund Raiser	Purpose: <u>Bank Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/11/12</u> Date	<u>\$ 35.00</u> Click Here for Memo Itemization Type
Expenditure #2 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
Expenditure #3 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
Expenditure #4 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
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 **\$35.00**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **\$728.55**

Enter this total on line 8a of Summary Page