

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation <b>Thomas C. Trevorow</b>		3. FEC Identification Number <b>C</b>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported <b>57 Sue Anne Lane</b>		
(c) City, State and ZIP Code <b>Indiana Pa 15701</b>		
2. Corporate filers only Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Individual filers only	Name of Employer <b>Self</b>	

4. TYPE OF REPORT (check appropriate boxes):

(a)  April 15 Quarterly Report  
 July 15 Quarterly Report  
 October 15 Quarterly Report  
 January 31 Year-End Report  
 24-Hour Report  
 48-Hour Report

b) Is this Report an amendment? Yes  No

5. COVERING PERIOD: FROM  
**10 31 2012**  
 THROUGH  
**11 06 2012**

6. TOTAL CONTRIBUTIONS ..... **214851**

7. TOTAL INDEPENDENT EXPENDITURES ..... **214851**

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
<b>Thomas C. Trevorow</b>	<i>Thomas C. Trevorow</i>	<b>3/18/13</b>

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

For further information, contact:  
 Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-8530, Local 202-694-1100

13031050243

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE	OF
FOR LINE 7 OF FORM 5	

NAME OF FILER (In Full)  
**Thomas C. Trevorrow**

Full Name (Last, First, Middle Initial) of Payee <b>The Lantern</b>	Date <b>10 31 2012</b>
Mailing Address <b>Ohio State University</b>	Amount
City <b>Columbus</b> State <b>Ohio</b> Zip Code	<b>,885.25</b>

Purpose of Expenditure <b>Print and On-line Ad</b>	Category/Type <b>004</b>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Romney</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>885.25</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>BGI NEWS</b>	Date <b>10 31 2012</b>
Mailing Address <b>Bowling Green University</b>	Amount
City <b>Bowling Green</b> State <b>Ohio</b> Zip Code	<b>,518.50</b>

Purpose of Expenditure <b>Print and Online Ad</b>	Category/Type <b>004</b>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Romney</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>518.50</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>News Record</b>	Date <b>10 31 2012</b>
Mailing Address <b>University of Cincinnati</b>	Amount
City <b>Cincinnati</b> State <b>Ohio</b> Zip Code	<b>,497.26</b>

Purpose of Expenditure <b>Print and On-line Ad</b>	Category/Type <b>004</b>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Romney</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>497.26</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	<b>1,901.01</b>
(b) SUBTOTAL of Unitemized Independent Expenditures..... <i>2 people each paid \$123.75 for help with calls, typing, etc.</i>	<b>,247.50</b>
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	<b>2,148.51</b>

SP0021

FEC Schedule 5 (Rev. 02/2003)

13031050244

**SCHEDULE 5-A  
ITEMIZED RECEIPTS**

PAGE OF

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF FILER (in Full)

Thomas C. Trevorrow

A. Full Name (Last, First, Middle Initial)

Trevorrow Thomas C.

Mailing Address

57 Sue Anne Lane

City

Indiana

State

Pa

Zip Code

15701

Date of Receipt

10.31.2012

Amount of Each Receipt this Period

214851

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Physician

B. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Date of Receipt

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

C. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Date of Receipt

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

D. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Date of Receipt

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page carry total to Line 8).....▶

13031050245

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE  
 FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> USPS First Class Mail	Postmarked
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<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
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<input type="checkbox"/> USPS Priority Mail	Postmarked
	Delivery Confirmation™ Label <input type="checkbox"/>

<input type="checkbox"/> USPS Express Mail	Postmarked
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<input type="checkbox"/> Postmark Illegible	
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<input type="checkbox"/> No Postmark	
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<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
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<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
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<input checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
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The document preceding this page was received by FAX at the FEC. The receiving FAX machine has printed at the bottom of each page the date and time of receipt, the phone number of the transmitting machine and the sequential page numbers.

N/A PREPARER	N/A DATE PREPARED
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