

To: Federal Election Commission

From: Thomas C. Trevorrow,

FEC Form 5

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 THOMAS C. TREVORROW ← LAST NAME		3. FEC Identification Number C
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 57 SUE ANNE LANE		
(c) City, State and ZIP Code INDIANA, PA 15701		
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 SELF		Occupation PHYSICIAN

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
THOMAS C. TREVORROW		10-31-12

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. 20483 Toll Free 800-424-9530, Local 202-694-1100

**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 THE LANTERN		Date 10 31 2012
Mailing Address OHIO STATE UNIVERSITY		Amount 885.25
City COLUMBUS	State OHIO	
Purpose of Expenditure PRINT AND ON-LINE AD	Category/Type 004	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: ROMNEY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 88525		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee BG NEWS		Date 10 31 2012
Mailing Address BOWLING GREEN UNIVERSITY		Amount 518.50
City BOWLING GREEN	State OHIO	
Purpose of Expenditure PRINT AND ON-LINE AD	Category/Type 004	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: ROMNEY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 51850		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee NEWS RECORD		Date 10 31 2012
Mailing Address UNIVERSITY OF CINCINNATI		Amount 497.26
City CINCINNATI	State OHIO	
Purpose of Expenditure PRINT AND ON-LINE AD	Category/Type 004	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: ROMNEY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 49726		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	1,901.01
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	247.50
OTCORP FROM PAID \$123.75 FOR THEM WITH CALL 4/11/12		
(c) TOTAL Independent Expenditures.....	▶	2,148.51
(carry total from last page forward to Line 7)		

**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)

~~REDACTED~~ TREVORROW, THOMAS, C.

A. Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address 57 SUE ANNE LANE			10 31 2012
City INDIANA	State PA	Zip Code 15701	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C			2148.51
Name of Employer SELF		Occupation PHYSICIAN	

B. Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address			
City	State	Zip Code	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)			Date of Receipt
Mailing Address			
City	State	Zip Code	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)			Date of Receipt
Mailing Address			
City	State	Zip Code	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 6)

2148.51

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
<input type="checkbox"/> USPS First Class Mail	Postmarked
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<input type="checkbox"/> USPS Priority Mail	Postmarked Delivery Confirmation™ Label <input type="checkbox"/>
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

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N/A
 PREPARER

N/A
 DATE PREPARED