



STATEMENT OF ORGANIZATION
FOR CANDIDATE COMMITTEES

TYPE OR PRINT CLEARLY. AN AMENDMENT TO THIS FORM MUST BE FILED IF INFORMATION
ON THE FORM CHANGES. SEE INSTRUCTIONS ON REVERSE FOR UPDATING PROCEDURES.

FOR OFFICIAL USE ONLY

1. Committee Identification No. <u>00136373 50</u>			
2. Type of Filing a. <input type="checkbox"/> Original OR b. <input checked="" type="checkbox"/> Amendment to Item(s)# <u>10</u>		c. Date Change(s) Took Place <u>7.9.97</u>	
3. Full Name Of Committee <u>Committee to Elect Denise Aquino</u>			
4. Candidate Last Name <u>Aquino</u>		First Name <u>Denise</u> M.I. _____	
4a. County of Residence <u>Macomb</u>		4b. Political Party (If applicable) _____	
4c. Driver License # (Optional) _____			
4d. Office Sought: (Check one)			
<input type="checkbox"/> Governor <input type="checkbox"/> Lt. Governor <input type="checkbox"/> State Senator <input type="checkbox"/> State Representative <input type="checkbox"/> Secretary of State <input type="checkbox"/> State Board of Education <input type="checkbox"/> Bd of Regents UM <input type="checkbox"/> Bd of Trustees MSU <input type="checkbox"/> Bd of Gov WSU <input type="checkbox"/> Attorney General <input type="checkbox"/> Court of Appeals <input type="checkbox"/> District Court <input type="checkbox"/> Probate Court <input type="checkbox"/> Detroit Records Court <input type="checkbox"/> Supreme Court Justice <input type="checkbox"/> Circuit Court <input type="checkbox"/> Local or Other (Please Specify) _____ 4e. District # or Jurisdiction _____			
5. Date Committee Was Formed _____ (Mo/Day/Yr)		6. Committee Area Code and Phone Number _____	
7. Committee Mailing Address (May be P. O. Box) Include Zip Code _____		7a. Committee Street Address (May <u>not</u> be P. O. Box) _____	
8. <u>Treasurer</u> . Name and Mailing Address of Committee Treasurer (Last Name, First Name, Middle Initial. Please Include Zip Code.) Area Code and Phone _____ Driver License # (Optional) _____		9. <u>Designated Recordkeeper</u> . Name and address of the person (other than the treasurer) who will be responsible for the committee's records and Campaign Statement filings. If committee treasurer will handle these responsibilities, leave this item blank. Area Code and Phone _____ Driver License # (Optional) _____	
10. <input checked="" type="checkbox"/> REPORTING WAIVER The committee does NOT expect to receive or expend in excess of \$1,000.00 in an election. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold. (Direct and in-kind contributions, expenditures and outstanding debt count against the \$1,000.00 Reporting Waiver threshold.) Funds left over from one election count toward the "amount received" for the next election. Please note: 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.			
11. Names and Addresses of depositories or intended depositories of committee funds. 11a. Official Depository: _____ 11b. Secondary Depository: _____		12. This item applies only to a Gubernatorial Candidate Committee. <input type="checkbox"/> Check if this committee intends to seek qualifying contributions for public funding.	
13. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of my/our knowledge or belief.			
Current Treasurer _____		Date _____	
Type or Print Name <u>Denise Aquino</u>		Signature <u>Denise Aquino</u>	
Candidate _____		Date _____	
Type or Print Name _____		Signature _____	
		Mo. <u>7</u> Day <u>8</u> Year <u>97</u>	



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1. Committee Identification No. 00136373 50		
2. Type of Filing a. <input type="checkbox"/> Original OR b. <input checked="" type="checkbox"/> Amendment to Item(s) # 48 c. Date Change(s) Took Place 4/21/97		
3. Full Name Of Committee Committee to ELECT DENISE AQUINO		
4. Candidate Last Name		First Name
4a. County of Residence		4b. Political Party (If applicable)
4c. Driver License # (Optional)		4d. Office Sought: (Check one)
<input type="checkbox"/> Governor <input type="checkbox"/> Lt. Governor <input type="checkbox"/> State Senator <input type="checkbox"/> State Representative <input type="checkbox"/> Secretary of State <input type="checkbox"/> Bd of Regents UM <input type="checkbox"/> Bd of Trustees MSU <input type="checkbox"/> Bd of Gov WSU <input type="checkbox"/> Attorney General <input type="checkbox"/> District Court <input type="checkbox"/> Probate Court <input type="checkbox"/> Detroit Records Court <input type="checkbox"/> Supreme Court Justice <input type="checkbox"/> Local or Other (Please Specify)		<input type="checkbox"/> State Board of Education <input type="checkbox"/> Court of Appeals <input type="checkbox"/> Circuit Court
4e. District # or Jurisdiction		
5. Date Committee Was Formed (Mo/Day/Yr)		6. Committee Area Code and Phone Number
7. Committee Mailing Address (May be P. O. Box) Include Zip Code		7a. Committee Street Address (May <u>not</u> be P. O. Box)
8. <u>Treasurer</u> . Name and Mailing Address of Committee Treasurer (Last Name, First Name, Middle Initial. Please Include Zip Code.) AQUINO, Richard J. Sr. 16940 Franziska Macomb, MI 48044 Area Code and Phone Driver License # (Optional) 810-286-6412		9. <u>Designated Recordkeeper</u> . Name and address of the person (other than the treasurer) who will be responsible for the committee's records and Campaign Statement filings. If committee treasurer will handle these responsibilities, leave this item blank. Area Code and Phone Driver License # (Optional)
10. <input type="checkbox"/> REPORTING WAIVER . The committee does NOT expect to receive or expend in excess of \$1,000.00 in an election. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold. (Direct and in-kind contributions, expenditures and outstanding debt count against the \$1,000.00 Reporting Waiver threshold.) Funds left over from one election count toward the "amount received" for the next election. Please note: 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.		
11. Names and Addresses of depositories or intended depositories of committee funds. 11a. Official Depository: 11b. Secondary Depository:		12. This item applies only to a Gubernatorial Candidate Committee. <input type="checkbox"/> Check if this committee intends to seek qualifying contributions for public funding.
13. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of my/our knowledge or belief.		
Current Treasurer RICHARD J AQUINO , <i>Richard J Aquino</i> Type or Print Name Signature		Date 4/21/97 Mo. Day Year
Candidate DENISE AQUINO , <i>Denise Aquino</i> Type or Print Name Signature		Date 4/21/97 Mo. Day Year

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2. Type of Filing a. <input checked="" type="checkbox"/> Original OR		b. <input type="checkbox"/> Amendment to Item(s)#	
		c. Date Change(s) Took Place <u>1 / 1</u>	
3. Full Name Of Committee <u>Committee to ELECT Denise Aquino</u>			
4. Candidate Last Name <u>AQUINO</u>		First Name <u>DENISE</u> M.I.	
4a. County of Residence <u>Macomb</u>		4b. Political Party (If applicable)	
4c. Driver License # (Optional)			
4d. Office Sought: (Check one)			
<input type="checkbox"/> Governor <input type="checkbox"/> Lt. Governor <input type="checkbox"/> State Senator <input type="checkbox"/> State Representative <input type="checkbox"/> Secretary of State <input type="checkbox"/> State Board of Education <input type="checkbox"/> Bd of Regents UM <input type="checkbox"/> Bd of Trustees MSU <input type="checkbox"/> Bd of Gov WSU <input type="checkbox"/> Attorney General <input type="checkbox"/> Court of Appeals <input type="checkbox"/> District Court <input type="checkbox"/> Probate Court <input type="checkbox"/> Detroit Recorders Court <input type="checkbox"/> Supreme Court Justice <input type="checkbox"/> Circuit Court			
<input checked="" type="checkbox"/> Local or Other (Please Specify) <u>Chippewa Valley Bd. of Ed.</u>		4e. District # or Jurisdiction	
5. Date Committee Was Formed <u>4/15/97</u> (Mo/Day/Yr)		6. Committee Area Code and Phone Number <u>810-286-6412</u>	
7. Committee Mailing Address (May be P. O. Box) Include Zip Code <u>16940 Franziska</u> <u>Macomb, MI 48044</u>		7a. Committee Street Address (May <u>not</u> be P. O. Box)	
8. Treasurer. Name and Mailing Address of Committee Treasurer (Last Name, First Name, Middle Initial. Please Include Zip Code.) <u>DENISE AQUINO</u> <u>SAME</u>		9. Designated Recordkeeper. Name and address of the person (other than the treasurer) who will be responsible for the committee's records and Campaign Statement filings. If committee treasurer will handle these responsibilities, leave this item blank.	
Area Code and Phone <u>SAME</u> Driver License # (Optional)		Area Code and Phone Driver License # (Optional)	
10. <input checked="" type="checkbox"/> REPORTING WAIVER The committee does NOT expect to receive or expend in excess of \$1,000.00 in an election. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold. (Direct and in-kind contributions, expenditures and outstanding debt count against the \$1,000.00 Reporting Waiver threshold.) Funds left over from one election count toward the "amount received" for the next election. Please note: 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.			
11. Names and Addresses of depositories or intended depositories of committee funds.		12. This item applies only to a Gubernatorial Candidate Committee.	
11a. Official Depository:		<input type="checkbox"/> Check if this committee intends to seek qualifying contributions for public funding.	
11b. Secondary Depository: <u>HUNTINGTON BANK</u> <u>ROMEO PLANK & 21 MILE</u> <u>MACOMB, MI 48044</u>			
13. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of my/our knowledge or belief.			
Current Treasurer		Date	
Type or Print Name <u>Denise Aquino</u> Signature <u>DENISE AQUINO</u>		Mo. Day Year <u>4/15/97</u>	
Candidate <u>Denise Aquino</u> Signature		Date <u>4/15/97</u> Mo. Day Year	