



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**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

136373

2. Committee Name

CTE DENISE AQUINO

5. Committee's Mailing Address

16940 FRANZISKA CT.
MACOMB TWP., MI 48044

Area Code and Phone (586) 610-8258

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.

7. Treasurer's Business Address

N/A

Area Code and Phone

3. This Statement covers From

10/22/18 to 11/26/18

4. Candidate Last Name

AQUINO

First Name

DENISE

M.I.

4a. Office Sought Including District # or Community Served (If applicable)

CHIPPEWA VALLEY SCHOOL BOARD TRUSTEE

4b. County of Residence **MACOMB**

6. Treasurer's Name & Residential Address

AQUINO, RICHARD, SR.
16940 FRANZISKA CT.
MACOMB TWP., MI 48044

Area Code & Phone (586) 610-8258

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

N/A

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

☐ Special

☐ School

☐ Caucus

Date of Election, Convention or Caucus

11/06/18

Required ONLY if candidate is not on the ballot for the current year:

☐ July Quarterly

☐ October Quarterly

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

☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is hereby discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

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

RICHARD AQUINO SR,

Type or Print Name

Signature

Date

2-10-19

Candidate

DENISE AQUINO

Type or Print Name

Signature

Date

2/10/19



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 137373

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE DENISE AQUINO

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>4,512.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>\$4,512.00</u>	(18.) \$ <u>\$7,789.50</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u></u>	(19.) \$ <u></u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>\$4,512.00</u>	(20.) \$ <u>\$7,789.50</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-K, Column 7)	(6.) \$	<u></u>	(21.) \$ <u></u>
7. In-Kind Expenditures (Schedule 1B-1K, Column 6)	(7.) \$	<u></u>	(22.) \$ <u></u>
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>\$5,974.39</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u></u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u></u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>\$5,974.39</u>	(23.) \$ <u>\$7,789.50</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u></u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u></u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	<u></u>	(24.) \$ <u></u>
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u></u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u>\$1,800.00</u>	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>\$1,364.47</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>\$4,512.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>\$5,876.47</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>\$5,876.47</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>\$0.00</u>	*

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**1. Committee I. D. Number **136373**
2. Committee Name **CTE DENISE AQUINO**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name C & G NEWSPAPER Address 13650 11 MILE RD WARREN, MI 48089 <input type="checkbox"/> Fund Raiser	Purpose: ADVERTISING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/22/18 Date	\$ 916 Click Here for Memo Itemization Type
Expenditure #2 Name US POST OFFICE Address 42383 GARFIELD RD CLINTON TWP, MI 48038 <input type="checkbox"/> Fund Raiser	Purpose: POSTAGE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11/02/18 Date	\$ 150 Click Here for Memo Itemization Type
Expenditure #3 Name CAMPAIGN SUPER STORE Address 355 LEXINGTON AVE NY, NY 10017 <input type="checkbox"/> Fund Raiser	Purpose: ROBO CALLS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11/03/18 Date	\$ 861.91 Click Here for Memo Itemization Type
Expenditure #4 Name AMERICAN GRAPHICS Address 34895 GROESBECK CLINTON TWP, MI 48035 <input type="checkbox"/> Fund Raiser	Purpose: PRINTING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/22/18 Date	\$ 1138.44 Click Here for Memo Itemization Type
Expenditure #5 Name AMERICAN GRAPHICS Address 34895 GROESBECK CLINTON TWP, MI 48035 <input type="checkbox"/> Fund Raiser	Purpose: PRINTING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11/05/18 Date	\$ 1276.24 Click Here for Memo Itemization Type

Subtotal this page

\$4,342.59Grand Total of all Schedules 1B
(Complete on last page of Schedule)Enter this total
on line 8a of
Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number

136373

2. Committee Name

CTE DENISE AQUINO

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name DENISE AQUINO Address 16940 FRANZISKA MACOMB, MI 48044 <input type="checkbox"/> Fund Raiser	Purpose: REIMBURSEMENT <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type	12/06/18 Date	\$ 1532.00
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 Click Here for Memo Itemization Type	_____ Date	\$ _____
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 Click Here for Memo Itemization Type	_____ Date	\$ _____
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 Click Here for Memo Itemization Type	_____ Date	\$ _____
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 Click Here for Memo Itemization Type	_____ Date	\$ _____
Subtotal this page			\$1,532.00
Grand Total of all Schedules 1B (Complete on last page of Schedule)			\$5,974.39

Enter this total
on line 8a of
Summary Page