

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:	08/01/2019 _{to} 10/31/2019		
1. Committee I.D. Number		Candidate Last Name	First Name M.I.		
136373		AQUINO	DENISE		
O Committee Name		4a. Office Sought Including District # or Community Served (If applicable)			
2. Committee Name		CHIPPEWA VALLEY SCHOOL BOARD TRUSTEE			
CTE DENISE AQUINO		4b. County of Residence MACOMB			
5. Committee's Mailing Address 16940 FRANZISKA CT.		6. Treasurer's Name & Residential Address AQUINO, RICHARD SR.			
MACOMB, MI 48044		16940 FRANZISKA CT. MACOMB, MI 48044			
Area Code and Phone					
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.		Area Code & Phone (586) 610-8258			
7. Treasurer's Business Address N/A		Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) N/A			
Area Code and Phone		Area Code and Phone			
9. TYPE OF STATEMENT			9e. Dissolution of Candidate Committee		
9a. Pre-Election OR 9b. Post-Election	Required ONLY if candidate is not on the ballot for the current year:		By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here		
Pre-Election or Post-Election Statement relates to: Primary	July Quar	terly	by discharged and forgiven, and no longer collectible from the committee. The committee has no oustanding assets, owes no lates fees or has any oustanding debt.		
General	X October C	•	Further, if the dissolution cannot be granted, that this be		
Convention			considered a request for the Reporting Waiver.		
Special School	9c. Annual Statement () Coverage Year		Effective date of dissolution		
Caucus		ndment to Campaign Statement			
	(Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)		Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.		
Date of Election, Convention or Caucus					
10 Verification: IVVe certify that all reasonable dilica	ence was used	in the preparation of this stateme	ent and attached schedules (if any) and to the heat of		
10. Verification: IVWe 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 Designated Record keeper Treas or Print Name Date 12112023					
Type or Print Name		Signature			
Candidate DENISE AQUINO , Williams Date 12112023					
Type or Print Name Signature					

1. Committee I.D. Number 136373

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name CTE DENISE AQUINO

RECEIPTS	Column I	Column II
3. Contributions	This Period	Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 0.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$0.00</u>	(18.) \$ \$0.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ \$0.00	(20.) \$ \$0.00
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	#0.00	
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$0.00</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.) \$	(23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$	
b. Unitemized (less than \$50.01 each - no Schedule) 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS	(10b.) \$	
(Add Line 10a + Line 10b)	(11.) \$	(24.) \$
DEBTS AND OBLIGATIONS 12. Debts and Obligations	(11.) Ψ	(27.) 4
a. Owed by the Committee (Schedule 1E)	(12a.) \$	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
	BALANCE STATEMENT	4
13. Ending Balance of last report filed	(13.) \$	
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period (Line 5. Total Contributions 8. Other Receipts)	(14.) + \$	
(Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14	(15.) = \$	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$,