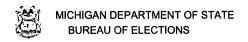


CANDIDATE COMMITTEE COVER PAGE

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: 01/01/2021 to 06/30/2021			
1. Committee I.D. Number		Candidate Last Name	First Name	M.I.	
136373		AQUINO	DENISE		
2. Committee Name		4a. Office Sought Including District # or Community Served (If applicable)			
		CHIPPEWA VALLEY SCHOOL BOARD TRUSTEE			
CTE DENISE AQUINO		4b. County of Residence MACOMB			
5. Committee's Mailing Address 16940 FRANZISKA CT. MACOMB, MI 48044		6. Treasurer's Name & Residential Address AQUINO, RICHARD SR. 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		8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) N/A			
Ava Cathard Blanca		Area Code and Phone			
9. TYPE OF STATEMENT		Area Code and Phone	9e. Dissolution of Candidate Comm	ittee	
9a. Pre-Election OR 9b. Post-Election Pre-Election or Post-Election Statement relates to:	Required Of is not on 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 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.		
Primary	October C	wantank	any obstanting dobt		
General Convention	October Quarterly		Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.		
Special School	9c. Annual Statement (2021) Coverage Year		Effective date of dissolution		
Caucus	(Com	ndment to Campaign Statement plete Item 9a, 9b, 9c or 9e to ate which Statement is being	Note: The disposition of residual funds Schedule 1B and the Summary Page.	must be reported on	
Date of Election, Convention or Caucus					
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 Type or Print Name	JINO SR	Wignature Signature	(Justine) S. Rate 121	12023	
Candidate DENISE AQUINO 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 This Period	Column II Cumulative this election cycle
3. Contributions		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.) \$_\$0.00	(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	00.00	
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ \$0.00	
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.) \$ \$0.00	(23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)		
DEBTS AND OBLIGATIONS 12. Debts and Obligations	(11.) \$	(24.) \$
a. Owed by the Committee (Schedule 1E)	(12a.) \$	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period (Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15)	Color	*