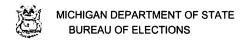


CANDIDATE COMMITTEE COVER PAGE

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	[:] 03/01/2023 _{to} (07/31/2023	
1. Committee I.D. Number		4. Candidate Last Name	First Name	M.I.	
136373		AQUINO	DENISE		
2. Committee Name		4a. Office Sought Including District # or Community Served (If applicable)			
2. Committee Name		CHIPPEWA VALLEY SO	CHOOL BOARD TRUS	TEE	
CTE DENISE AQUIN	10	4b. County of Residence MA	сомв 🔽		
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			
Area Code and Phone		Area Code and Phone			
9. TYPE OF STATEMENT	Required Of	NLY if candidate	9e. Dissolution of Candid	date Committee	
9a. Pre-Election OR 9b. Post-Election		ballot for the	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:			by discharged and forgiven, and no longer collectible from the committee. The committee has no oustanding assets,		
Primary	X July Quar	erly	owes no lates fees or has any oustanding debt.		
X General	October C	Quarterly	Further, if the dissolution cannot be granted, that this be		
Convention			considered a request for the	Reporting Waiver.	
Special	9c	al Statement ()			
School		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 ded.)	Note: The disposition of res	sidual funds must be reported on nary Page.	
Date of Election, Convention or Caucus					
10. Verification: I\We certify that all reasonable diligrimy\our knowledge and belief the contents are true,	ence was used accurate and c	in the preparation of this statem omplete.	ent and attached schedules	(if any) and to the best of	
Current Treasurer or Designated Record keeper RICHARD AQUINO SR		· Richard 1) Asserted S R Date	12112023	
Type or Print Name		Signature	Date		
Candidate DENISE AQUINO DENISE AQUINO				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.) \$ <u>0.00</u>	
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		
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.) \$ \$0.00	(23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
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.)\$	
	BALANCE STATEMENT	
13. Ending Balance of last report filed	(13.) \$ \$0.00	
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.) + \$ \$0.00	
(Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14	(15.) = \$_\$0.00	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ \$0.00	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ \$0.00	•