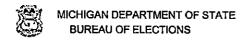


CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and or	d signed by andidate.	3. This Statement covers From	1: 10/22/18 to 11/2	 6/18	
1. Committee I.D. Number	-	Candidate Last Name	First Name	M.I.	
136373		AQUINO	DENISE	IA1'1'	
		I	strict # or Community Served (If ap	oplicable)	
2. Committee Name		CHIPPEWA VALLEY SCHOOL BOARD TRUSTT			
CTE DENISE AQUI	VO	4b. County of Residence MA	COMB		
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 (586) 610-8258 If the address in this box is different from the commailing address on the Statement of Organization, be sent to this address by the filing official.	tittee mail may	Area Code & Phone (586) 6	10-8258		
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	9e. Dissolution of Candidate (2	
9. TYPE OF STATEMENT	Required Of	NLY if candidate	l		
9a. Pre-Election OR 9b. Post-Election	is not on the current year	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 the committee. The committee h	no longer collectible from	
☐Primary	July Quar	terly	owes no lates fees or has any oustanding debt.		
X General	October C	luarterly	Euribor if the dissolution served	ha manusad shassit;	
Convention	}		Further, if the dissolution cannot considered a request for the Rep	be granted, that this be orting Waiver.	
Special -	9c. Annual Statement ()		Effective date of dissolution		
School	Amer	Coverage Year Idment to Campaign Statement			
[]Caucus	(Com	plete Item 9a, 9b, 9c or 9e to te which Statement is being	Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.		
Date of Election, Convention or Caucus					
11/06/18					
			<u></u>	·	
10. Verification: I\We certify that all reasonable dilig my\our knowledge and belief the contents are true,	ence was used accurate and c	in the preparation of this statement omplete.	ent and attached schedules (if any) and to the best of	
Current Treasurer or Designated Record keeper	JINO SR	1	Date	12/1/23	
Type or Print Name		Signature , / Sz.	d/muro -	29	
Candidate DENISE AQUINO		,	Syrund Date _	12/14/23	
Type or Print Name	!	Signature	-	- -	
0. All a side a second and complete D. A. 200 of 4070					

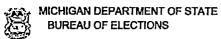


1. Committee I.D. Number 137373

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name CTE DENISE AQUINO

RECEIPTS	Column I	Column II
3. Contributions	. This Period	Column II Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 4,642.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ \$4,642.00	(18.) \$ \$7,779.50
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.)\$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ \$4,642.00	(20.) \$ \$7,779.50
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.) \$ \$5,874.59	
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.) \$ \$5,874.59	(23.) \$ \$7,779.50
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	(, +	(27.) 4
a. Owed by the Committee (Schedule 1E)	(12a.) \$	
b. Owed to the Committee (Schedule 1E)	(12b.)\$	
	BALANCE STATEMENT	<u> </u>
13. Ending Balance of last report filed	(13.) \$ \$1,364.47	
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.) + \$ \$4,642.00	
(Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14	(15.) = \$_\$6,006.47	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ \$6,006.47	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ \$0.00	,



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number ______1367373

2. Committee Name CTE DENISE AQUINO

Enter contributor's name and address. If co middle initial. Check box to indicate if contri Committee (PAC) Report <u>all</u> contributions re	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)		
3. Contribution # 1 PAC Receipt? Name & Address: Bridget Blackwell 37295 Hancock Dr	YES 4. Date of Reco	elpt 11/04/18		
Clinton Twp., MI 48036			_{\$} 10.00	_{\$} 10.00
5. If over \$100.00 cumulative, please prov				
Occupation	Click Here to	r Memo Itemization		
Business Address				
Type of Contribution: Direct	Loan from a person	Fund Raiser		
3. Contribution #2 PAC Receipt? Name & Address	YES 4. Date of Rece	eipt 11/04/18		
Anne Blake			_	
19434 Chalk Dr			_{\$_} 20.00	_{\$} 20.00
Macomb, MI 48044				
5. If over \$100.00 cumulative, please prov	Click Here for Memo Itemization			
Occupation	Employer			
Business Address				
Type of Contribution: Direct	Loan from a person	Fund Raiser		
Contribution # 3 PAC Receipt? Name & Address:	YES 4. Date of Rec	eipt 11/04/18		
 Nicole Bletch			20.00	00.00
4727 Glover Rd			_{\$} 20.00	_{\$_} 20.00
Almont, MI 48			Click Here for	Memo Itemization
5. If over \$100.00 cumulative, please prov	ide:			Mono Romzadon
Occupation	Employer			
Business Address Type of Contribution: Direct	—; · · · · · · · · · · · · · · · · · · ·	 _		
<u> </u>	Loan from a person	Fund Raiser		
Contribution # 4 PAC Receipt? Name & Address	YES 4. Date of Re	ceipt 11/04/18		
Susanne Bobzin				
46157 Druke Dr.			_{\$} 25.00	_s 25.00
Chesterfield, MI 48051	.I.45			•
5. If over \$100.00 cumulative, please prov	ride:		Click Here for	Memo Itemization
Occupation	. Employer			
Business Address				i
Type of Contribution: Direct	Loan from a person	Fund Raiser		
		Page Subtotal	\$75.00	
		Grand Total of All Schedules 1A		
<u>_</u>	(Con	nplete on last page of Schedule)	Enter this total on	J
Page 10 of 7			line 3a of Summary Page.	