



**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		3. This Statement covers From: <u>07/21/2022</u> to <u>10/20/2022</u>	
2. Committee Name CTE DENISE AQUINO		4. Candidate Last Name <u>AQUINO</u> First Name <u>DENISE</u> M.I. _____ 4a. Office Sought Including District # or Community Served (If applicable) CHIPPEWA VALLEY SCHOOL BOARD TRUSTEE <input checked="" type="checkbox"/> 4b. County of Residence MACOMB <input checked="" type="checkbox"/>	
5. Committee's Mailing Address 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.		6. Treasurer's Name & Residential Address AQUINO, RICHARD SR. 16940 FRANZISKA CT. MACOMB, MI 48044 Area Code & Phone <u>(586) 610-8258</u>	
7. Treasurer's Business Address N/A Area Code and Phone _____		8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) N/A Area Code and Phone _____	
9. TYPE OF STATEMENT 9a. <input type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus Date of Election, Convention or Caucus _____		Required ONLY if candidate is not on the ballot for the current year: <input type="checkbox"/> July Quarterly <input checked="" type="checkbox"/> October Quarterly 9c. <input type="checkbox"/> Annual Statement (<u>2022</u>) Coverage Year 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)	
		9e. Dissolution of Candidate Committee <input type="checkbox"/> 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 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 <u>RICHARD AQUINO SR</u> Type or Print Name		<u><i>Richard Aquino</i></u> Signature Date <u>12292023</u>	
Candidate <u>DENISE AQUINO</u> Type or Print Name		<u><i>Denise Aquino</i></u> Signature Date <u>12292023</u>	