



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

FILED 2024 JAN 3 PM 12:59  
MACOMB COUNTY CLERK

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: 10/22/18 to 11/26/18

1. Committee I.D. Number

136373

4. Candidate Last Name First Name M.I.

AQUINO DENISE

4a. Office Sought Including District # or Community Served (If applicable)

CHIPPEWA VALLEY SCHOOL BOARD TRUST

4b. County of Residence MACOMB

2. Committee Name

CTE DENISE AQUINO

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 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

9a. ☐ Pre-Election OR 9b. ☒ Post-Election

Pre-Election or Post-Election Statement relates to:

☐ Primary

☒ General

☐ Convention

☐ Special

☐ School

☐ Caucus

Date of Election, Convention or Caucus

11/06/18

Required ONLY if candidate is not on the ballot for the current year:

☐ July Quarterly

☐ October Quarterly

9c. ☐ Annual Statement (\_\_\_\_\_) Coverage Year

9d. ☒ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)

9e. Dissolution of Candidate Committee

☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is hereby 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 RICHARD AQUINO SR

Type or Print Name

Signature

Date

1/3/24

Candidate

DENISE AQUINO

Type or Print Name

Signature

Date

1/3/24



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 137373

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

2. Committee Name CTE DENISE AQUINO

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>4,642.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>\$4,642.00</u>	(18.) \$ <u>\$7,779.50</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u></u>	(19.) \$ <u></u>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$	<u>\$4,642.00</u>	(20.) \$ <u>\$7,779.50</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u></u>	(21.) \$ <u></u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u></u>	(22.) \$ <u></u>
<b>EXPENDITURES</b>			
<b>8. Expenditures</b>			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>6,006.47</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u></u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u></u>	
<b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>6,006.47</u>	(23.) \$ <u>\$7,779.50</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)			
<b>10. Disbursements</b>			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u></u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u></u>	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$	<u></u>	(24.) \$ <u></u>
<b>DEBTS AND OBLIGATIONS</b>			
<b>12. Debts and Obligations</b>			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u></u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u></u>	
<b>BALANCE STATEMENT</b>			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>\$1,364.47</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>\$4,642.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>\$6,006.47</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>\$6,006.47</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$	<u>\$0.00</u>	



**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number 136373  
2. Committee Name CTE DENISE AQUINO

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
<b>Expenditure #1</b> Name <b>C &amp; G NEWSPAPER</b>  Address <b>13650 11 MILE RD WARREN, MI 48089</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>ADVERTISING</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>10/22/18</b> Date	<b>\$ 916</b>
<b>Expenditure #2</b> Name <b>US POST OFFICE</b>  Address <b>42383 GARFIELD RD CLINTON TWP., MI 48038</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>POSTAGE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>11/02/18</b> Date	<b>\$ 150</b>
<b>Expenditure #3</b> Name <b>CAMPAIGN SUPER STORE</b>  Address <b>355 LEXINGTON AVE NEW YORK, NY 10017</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>ROBO COLLS</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>11/03/18</b> Date	<b>\$ 861.91</b>
<b>Expenditure #4</b> Name <b>AMERICAN GRAPHICS</b>  Address <b>34895 GROESBECK CLINTON TWP., MI 48035</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>PRINTING</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>10/22/18</b> Date	<b>\$ 1138.44</b>
<b>Expenditure #5</b> Name <b>AMERICAN GRAPHICS</b>  Address <b>34895 GROESBECK CLINTON TWP., MI 48035</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>PRINTING</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>11/05/18</b> Date	<b>\$ 1276.24</b>

Subtotal this page **\$4,342.59**

Grand Total of all Schedules 1B  
(Complete on last page of Schedule) **\$4,342.59**

Enter this total  
on line 8a of  
Summary Page



**ITEMIZED EXPENDITURES**  
**SCHEDULE 1B**  
**CANDIDATE COMMITTEE**

1. Committee I. D. Number **136373**  
2. Committee Name **CTE DENISE AQUINO**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>DENISE AQUINO</b> Address <b>16940 FRANZISKA MACOMB, MI 48044</b> <input type="checkbox"/> Fund Raiser	Purpose: <b>REIMBURSEMENT</b> <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>11/26/18</b> Date	<b>\$ 1663.88</b>
Expenditure #2 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #3 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page **\$1,663.88**

Grand Total of all Schedules 1B  
(Complete on last page of Schedule) **\$6,006.47**

Enter this total  
on line 8a of  
Summary Page