

CANDIDATE COMMITTEE COVER PAGE

FILED 15 JUN 2024 PM 10:55

MACOMB COUNTY CLERK MT. CLEMENS, MICHIGAN

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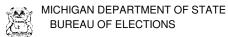
3. This Statement covers From: 01/01/2024 Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate. to 10/20/2024 1. Committee I.D. Number 4. Candidate Last Name M.I. DENISE AQUINO 136373 4a. Office Sought Including District # or Community Served (If applicable) 2. Committee Name TRUSTEE, CHIPPEWA VALLEY SD CTE DENISE AQUINO 4b. County of Residence MACOMB COUNTY 5. Committee's Mailing Address 6. Treasurer's Name & Residential Address 16940 FRANZISKA RICHARD AQUINO SR MACOMB, MI 48044 16940 FRANZISKA 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 Area Code & Phone (586) 610-8258 be sent to this address by the filing official. 7. Treasurer's Business Address 8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) 16940 FRANZISKA MACOMB, MI 48044 Area Code and Phone (586) 610-8258 Area Code and Phone 9e. Dissolution of Candidate Committee 9. TYPE OF STATEMENT Required ONLY if candidate 9a. X Pre-Election OR 9b. Post-Election By checking this item I/We certify any outstanding debt is not on the ballot for the current year: 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 July Quarterly the committee. The committee has no oustanding assets, Primary owes no lates fees or has any oustanding debt. October Quarterly X General Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Convention Special Annual Statement (Effective date of dissolution Coverage Year School Amendment to Campaign Statement (Complete Item 9a, 9b , 9c or 9e to Caucus Note: The disposition of residual funds must be reported on indicate which Statement is being Schedule 1B and the Summary Page. amended.) Date of Election, Convention or Caucus 11/05/2024 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. Submitted electronically. Current Treasurer or signature on file 06/15/2024 Designated Record keeper Date Type or Print Name Signature Submitted electronically, 06/15/2024 signature on file Candidate Date Type or Print Name Signature

1. Committee I.D. Number 136373

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name CTE DENISE AQUINO

CANDIDATE COMMITTEE		
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		,,,,,
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 1,355.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	_{(3c.) \$} 1,355.00	(18.) \$ 1,355.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ 0.00	(19.) \$ 0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ 1,355.00	(20.) \$ 1,355.00
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ 0.00	(21.) \$ 0.00
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ 0.00	(22.) \$ 0.00
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ 0.00	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ 0.00	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ 0.00	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ 0.00	(23.) \$ 0.00
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$ 0.00	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ 0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS		
(Add Line 10a + Line 10b)	(11.) \$ 0.00	(24.) \$ 0.00
DEBTS AND OBLIGATIONS 12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ 0.00	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ 0.00	
	BALANCE STATEMENT	1
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.) + \$ 1,355.00	
(Line 5, Total Contributions & Other Receipts)		
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period	(15.) = \$ <u>1,355.00</u>	
(Add lines 9 and 11)	(16.) - \$ 0.00	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ 1,355.00	



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

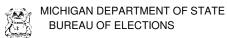
1. Committee I.D. Number

136373

2. Committee Name

CTE DENISE AQUINO

3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/01/2024 Name & Address: ADELE K THAYER		
14750 LAKESIDE CIR STERLING HEIGHTS, MI 48313	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/05/2024	-	
MARY LOU WEITZEL 46100 HOUGHTON DR SHELBY TWP, MI 48315	§30.00	§ 30.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 06/05/2024 Name & Address: GLORIA J LABUDA 16 ELM PARK BLVD PLEASANT RIDGE, MI 48069	\$30.00	_{\$} 30.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 06/07/2024 Name & Address MARIE SAPUTO 3252 WESTMINISTER CT SHELBY TWP, MI 48316	§30.00	_{\$_} 30.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	140.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 1 of 6	Enter this total on line 3a of Summary Page.	



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

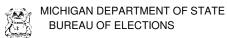
CANDIDATE COMMITTEE

136373 1. Committee I.D. Number

2. Committee Name

CTE DENISE AQUINO

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/08/2024 Name & Address: CAROL A KOHUT 1964 PELICAN CT TROY, MI 48084	_{\$} 30.00	_{\$} 30.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/11/2024		
DIANE D SCHNEIDER 48297 SONNY DR MACOMB, MI 48044	\$ 100.00	<u>\$ 100.00</u>
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 Name & Address: THERESA P SISTRUNK 52229 TACOMA NARROWS DR MACOMB, MI 48042	_{\$} 150.00	_{\$_} 150.00
5. If over \$100.00 cumulative, please provide:		
Occupation UNEMPLOYED Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/12/2024 Name & Address KENNETH PEARL 38316 SANTA BARBARA ST CLINTON TWP, MI 48036	§30.00	_{\$_} 30.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	310.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 2 of 6	Enter this total on line 3a of Summary Page.	-



ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

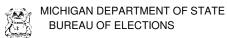
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2. Committee Name

CTE DENISE AQUINO

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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/12/2024 Name & Address: LUIGINA FIORVENTO 51370 FANTASIA DR MACOMB, MI 48042	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer		
Business Address Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/12/2024 Name & Address FRANK V BEDNARD 41001 HIDDEN OAKS DR CLINTON TWP, MI 48038	\$ 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 06/12/2024 Name & Address: DONNA 5 KIRCHHOFF 50097 JOSEPHINE DR MACOMB, MI 48044	<u>\$50.00</u>	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/12/2024 Name & Address GARY A BRUNDIRKS 40450 AVINGER DR STERLING HEIGHTS, MI 48313	_{\$} 100.00	_{\$_} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
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Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 6	Enter this total on line 3a of Summary Page.	



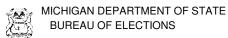
ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Number

136373

2. Committee Name CTE DENISE AQUINO

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/12/2024 Name & Address: SARA GIELEGHEM 37905 E HORSESHOE DR CLINTON TWP, MI 48036 5. If over \$100.00 cumulative, please provide:	_{\$} 30.00	_{\$} 30.00
Occupation Employer		
Business Address Type of Contribution:		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/12/2024		
Name & Address LYNN C HYNDSHAW 47204 MISSION VALLEY N MACOMB, MI 48042	<u>\$</u> 30.00	§ 30.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 06/12/2024 Name & Address: CATHERINE J JONES 17879 RED OAKS DR MACOMB, MI 48044	§ 60.00	_{\$} 60.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/12/2024 Name & Address SUSAN C MYERS 17576 LAMONT DR MACOMB, MI 48042	_{\$} 30.00	_{\$} 30.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	150.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
Page 4 of 6	Enter this total on line 3a of Summary Page.	



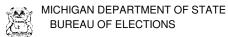
ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Number

136373

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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/12/2024 Name & Address: BARBARA A POKLEY 7771 PHILLIPS DR ALGONAC, MI 48001 5. If over \$100.00 cumulative, please provide:	§30.00	_{\$} 30.00
Occupation Employer		
Type of Contribution: Direct Loan from a person Fund Raiser	_	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/12/2024 Name & Address CHERYL A FOCHT 37901 JOHN P ST CLINTON TWP, MI 48036	_{\$} 30.00	§ 30.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 06/12/2024 VITO K STROLIS N GRATIOT AVE MT CLEMENS, MI	_{\$} 150.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide:		
Occupation PRESIDENT Employer RUEHLES TOWING		
Business Address CLINTON TWP, MI		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/12/2024 Name & Address KIMBERLY M VOSS 247 N FREMONT ST ROMEO, MI 48065	_{\$} 60.00	_{\$} 60.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	270.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 6 6	Enter this total on line 3a of Summary Page.	



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number

136373

CANDIDATE COMMITTEE

2. Committee Name CTE DENISE AQUINO

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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/12/2024 Name & Address: ELIZABETH A WADE 43438 WELLAND DR CLINTON TWP, MI 48038	_{\$} 60.00	_{\$} 60.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Type of Contribution: Direct Loan from a person Fund Raiser		
Zoam om a porocin	-	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/12/2024 Name & Address LINDA AMROZOWICZ 37532 JEFFERSON AVE HARRISON TWP, MI 48045	_{\$} 75.00	_{\$} 75.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt Name & Address:		
5. If over \$100.00 cumulative, please provide:	\$Click Here for	\$ Memo Itemization
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt		
	\$	\$
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer	CHOIC FOR	Wome normzanon
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	135.00 1,355.00 Enter this total on	

Page 6 of 6

line 3a of Summary Page.