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MACOMB COUNTY CLERK
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**CANDIDATE COMMITTEE
COVER PAGE**

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>01/01/2024</u> to <u>10/20/2024</u>	
2. Committee Name CTE DENISE AQUINO		4. Candidate Last Name AQUINO First Name DENISE M.I. 4a. Office Sought Including District # or Community Served (If applicable) TRUSTEE, CHIPPEWA VALLEY SD 4b. County of Residence MACOMB COUNTY	
5. Committee's Mailing Address 16940 FRANZISKA MACOMB, MI 48044 Area Code and Phone <u>(586) 610-8258</u> <small>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.</small>		6. Treasurer's Name & Residential Address RICHARD AQUINO SR 16940 FRANZISKA MACOMB, MI 48044 Area Code & Phone <u>(586) 610-8258</u>	
7. Treasurer's Business Address 16940 FRANZISKA MACOMB, MI 48044 Area Code and Phone <u>(586) 610-8258</u>		8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) Area Code and Phone <u>() -</u>	
9. TYPE OF STATEMENT 9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> Primary <input checked="" 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 <u>11/05/2024</u>		Required ONLY if candidate is not on the ballot for the current year: <input type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly 9c. <input type="checkbox"/> Annual Statement () Coverage Year 9d. <input checked="" 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 lates 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 _____ Type or Print Name		Submitted electronically, signature on file _____ Date <u>08/07/2024</u>	
Candidate _____ Type or Print Name		Submitted electronically, signature on file _____ Date <u>08/07/2024</u>	
Signature _____		Signature _____	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 136373

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE DENISE AQUINO

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>1,355.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>1,355.00</u>	(18.) \$ <u>1,355.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>1,355.00</u>	(20.) \$ <u>1,355.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0.00</u>	(21.) \$ <u>0.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>459.36</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>459.36</u>	(23.) \$ <u>459.36</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>450.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>1,355.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>1,355.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>459.36</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>895.64</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
Expenditure #1 Name PUNCHBOWL Address 50 SPEEN ST SUITE 202 FRAMINGHAM, MA 01701 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>ELECTRONIC INVITATIONS AND FLYERS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/28/2024</u> Date	\$ <u>95.00</u>
Expenditure #2 Name DOLLAR TREE Address 52925 HAYES RD SHELBY TWP, MI 48315 <input type="checkbox"/> Fund Raiser	Purpose: <u>OFFICE SUPPLIES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/11/2024</u> Date	\$ <u>17.24</u>
Expenditure #3 Name THE REC' BOWL Address 40 CROCKER BLVD MT CLEMENS, MI 48043 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>FUNDRAISER</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/12/2024</u> Date	\$ <u>347.12</u>
Expenditure #4 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type <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: _____ Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page **459.36**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **459.36**

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

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

This Schedule itemizes:

a. ☐ Debts and obligations owed by or forgiven the committee **OR** b. ☒ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: DENISE AQUINO 16940 FRANZISKA COURT MACOMB, MI 48044	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>06/11/2024</u> 6. <u>Original Amount of Debt:</u> <u>\$ 450.00</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0.00</u>	<u>\$ 450.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

450.00

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

450.00

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

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

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 06/12/2024	4. Number of Individuals Attending or Participating (whichever is greater) 0	5. Type of Fund Raising Activity PIZZA PARTY	6. Address and Name (If any) of the place where the activity was held. THE REC' BOWL 40 CROCKER BLVD MT CLEMENS, MI 48043 <input type="checkbox"/> Private Residence
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7. Total Contributions **0.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **0.00**
10. Total Cost of Event **347.12**
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.