

### CANDIDATE COMMITTEE COVER PAGE

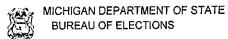
FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	3. This Statemen	t covers From: ///	12011 10	Whatu
Committee I.D. Number	4. Candidate La	est Name		<del>7/1                                    </del>
00136373 50	AQUINO		First Name DENISE	′ M.I.
2. Committee Name	_	Including District # or		(If applicable)
	CHIPPEWA	VALLEY SCHOOL	L BOARD TRUS	STEE
CTE DENISE AQUINO	4b. County of Res	sidence MACOMB		
5. Committee's Mailing Address	6. Treasurer's Na	me & Residential Add	ress	
16940 FRANZISKO	1	J. AQUINO, SR		琴。 二
MACOMB, MI 48044	16940 FRA		_	- CAR APR
	масомв,			TO THE
	,			
Area Code and Phone (586) 286-6412				SE E
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.				
be sent to this address by the filing official.	Area Code & Pho	ne (586) 286-6412		<u> </u>
7. Treasurer's Business Address	8. Designated Re	ecord keeper's Name a	and Mailing Address	(If the sommittee has a
	Designated Recc	ла кеерег)		
Area Code and Phone	Area Code and P	hone		
9. TYPE OF STATEMENT		<u> </u>		
9a. Pre-Election OB Ob Ob		_		
9a. ✓ Pre-Election OR 9b. Post-	-Election	9c. Annual State	ement (	Coverage Year)
Pre-Election or Post-Election Statement relates to:		9d, Amendment to or 9e to indicate	to Campaign Statem ate which Statement	nent (Complete Item 9a, 9b, 9c t is being amended)
Primary	erai	9e. Dissolution of	f Candidate Commit	tee
Convention	ool	Ef	ffective Date of Diss	olution
Special		_		··
Cauc	us	By checking this item,	. I\We certify that the	committee has no assets or
Date of Election, Convention or Caucus		outstanding debts, inc	cluding late filing fee the granted, that this	s. Further, I/We request that if s be considered a request for
05/03/11		the Reporting Waiver,		
		Note: The disposition 1B and the Summary	of residual funds mu Page.	ust be reported on Schedule
A committee that does not have a Reporting Waiver must file all red Schedules. Direct contributions, in-kind contributions, loans, expen	uired Campaign S	tatements. The Camp	aign Statements mu	ıst include all applicable
If any of the information listed in items 2, 4, 5, 6, 7, or 8 has change amendment to the Statement of Organization should accompany the before the filing deadline of a required campaign statement, the	ditures, and outsta d since the informa is Campaign States at campaign state	nding debts count aga ation was shown on the ment. If a request for ment cannot be waiv	inst the \$1,000 Reports committee's Stater a Reporting Waive ed.	orting Waiver threshold. ⊓ent of Organization, an ∍r is not received on or
Verification: I\We certify that all reasonable diligence was used in hy\our knowledge and belief the contents are true, accurate and contents are true.	a the assumption of	this statement and att	tached schedules (if	any) and to the best of
Current Treasurer or RICHARD J. AQUINO, SR	Lakon	I Clos		4/21/11
Type or Print Name	Signature	- Juine	Date	-1/21/11
Candidate DENISE AQUINO	Denis	Racin	Data .	4/21/11
Type or Print Name	Signature		Date	

1. Committee I.D. Number 0013637350

### **SUMMARY PAGE** CANDIDATE COMMITTEE

RECEIPTS COMMITTEE	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 8,240.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	<b>#0.040.00</b>
c. Subtotal of "Contributions"	(3c.) \$ \$8,240.00	(18.) \$ \$8,240.00
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.) \$ _\$8,240.00	(20.) \$ \$8,240.00
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.) \$ \$2,281.15	
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.) \$ \$2,281.15	(23.) \$ \$2,281.15
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
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.) \$ \$0.00
DEBTS AND OBLIGATIONS 12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$\$7,000.00	
b. Owed to the Committee (Schedule 1E)	(12b.) \$BALANCE STATEMENT	
13. Ending Balance of last report filed	(13.) \$ \$0.00	<del></del>
(Enter zero if no previous reports have been filed.)  14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$\\\ (15.) = \\$\\\ \$8,240.00	<u> </u>
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period	(16.) - \$ \$2,281.14	<del></del>
(Add lines 9 and 11)  17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ \$6,138.86	*

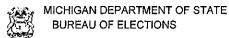


### CANDIDATE COMMITTEE

1. Committee I.D. Number \_

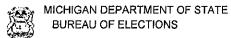
0013637350

Enter contributor's nam middle initial. Check be Committee (PAC) Repo	ox to indicate if con	tribu	ribution is from an individua ition is from a Political Com ardless of amount.	l, en	nter last name, first name, se or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt?		YES 4. Date of Rec	eipt	03/30/11		
Name & Address: AQUINO, DENIS	SF.						
16940 FRANZIS						<sub>\$</sub> 7000.00	<sub>s</sub> 7000.00
MACOMB, MI 48						§ 7000.00	\$ 7000.00
5. If over \$100.00 cum		vid	e:			Click Here fo	or Memo Itemization
Occupation CANDID	ATE	_	Employer			Ollon Horo N	
Business Address							
Type of Contribution:	Direct	✓	Loan from a person		Fund Raiser		
3. Contribution #2 Name & Address	PAC Receipt?		YES 4. Date of Rec	eipt			
						\$	\$
5. If over \$100.00 cum	ulative, please pro					Click Here fo	r Memo Itemization
Occupation	<del></del>	_ E	nployer				
Business Address					<del>_</del> _		
Type of Contribution:	Direct		Loan from a person	$\Box$	Fund Raiser		
3. Contribution #3	PAC Receipt?	Γ	YES 4. Date of Red	eipt	1		
Name & Address:							
						\$	\$
							Ψ
5. If over \$100.00 cum	ulative, please pro	vid	e:			Click Here for	Memo Itemization
			Employer				
Business Address	75						
Type of Contribution:	Direct		Loan from a person		Fund Raiser		
3. Contribution # 4 Name & Address	PAC Receipt?		YES 4. Date of Re	ceip	ıt		
						\$	\$
5. If over \$100.00 cum	ılative, please pro	vid	e:			Click Here for	Memo Itemization
Occupation		_	Employer				
Business Address							
Type of Contribution:	Direct	Γ	Loan from a person		Fund Raiser		
	<del></del>	_	·		Page Subtotal	\$7,000.00	
					d Total of All Schedules 1A te on last page of Schedule)		
			(Con	ıhte.	te on rast page or Scriedule)	Enter this total on line 3a of Summary	_
Page of						Page.	



#### CANDIDATE COMMITTEE

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 all 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 04/14/11 Name & Address:		
MIONE, MICHAEL		
41260 DONALD	<sub>s</sub> 12.50	, 12.50
CLINT TWP, MI 48044	\$	\$ 12.00
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Employer	0.101.7101011	World Rolling
Business Address		
Type of Contribution:   Direct  Loan from a person  Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 04/14/11 Name & Address		
FITZGERALD, GEORGE 43377 RIVERGATE CLINT TWP, MI 48038	<sub>\$</sub> _12.50	<sub>\$</sub> 12.50
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
OccupationEmployer		
Business Address		į
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 04/14/11 Name & Address:		
KOHUT, CAROL 1864 PELICAN CT. TROY, MI 48084	<sub>\$</sub> 12.50	<sub>\$</sub> 12.50
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 04/14/11  Name & Address		
DEYAK, MICHAEL 20244 HURON DR CLINT TWP, MI 48038	<sub>\$</sub> 12.50	<sub>\$</sub> 12.50
5. If over \$100.00 cumulative, please provide:	Click Horo for	Memo Itemization
Occupation Employer	Click Here to	Wellio itellization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	\$50.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
Page Z of 1	Enter this total on line 3a of Summary Page.	

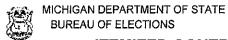


### CANDIDATE COMMITTEE

1. Committee I.D. Number 0013437350

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 all 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 04/14/11		·
PASELLA, MICHELLE		
15840 SCHULTZ ST	<sub>s</sub> 12.50	<u>,</u> 12.50
CLINT TWP, MI 48038	\$_12.50	\$ 12.00
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 04/14/11 Name & Address		
VOSS, KIMBERLY		
19887 BLACKFOOT DR.	<sub>\$</sub> 12.50	<sub>\$</sub> 12.50
CLINT TWP, MI 48038	•	
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution:    Loan from a person    Fund Raiser		·
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 04/14/11  Name & Address:		
WELTON, CHARLES	12.50	40.50
2742 RHODES DR.	<sub>\$</sub> 12.50	<sub>\$</sub> 12.50
TROY, MI 48083	Click Here for	Memo Itemization
5. If over \$100.00 cumulative, please provide:	Click Hele loi	Wellio itellization
Occupation Employer		
Business Address		
Type of Contribution:	<b></b>	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 04/14/11  Name & Address		
VOSS, KEVIN	40.50	
19887 BLACKFOOT DR.	<sub>\$</sub> 12.50	<sub>\$</sub> 12.50
CLINT TWP, MI 48038		
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution:		
Page Subtotal	\$50.00	
Grand Total of All Schedules 1A	<del></del>	-
(Complete on last page of Schedule)	Enter this total on	J
Page 3 of 11	line 3a of Summary Page.	

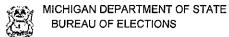


### CANDIDATE COMMITTEE

1. Committee I.D. Number 00134373 50

2. Committee Name CTE DENISE Apusho

Enter contributor's name and address. If contribution middle initial. Check box to indicate if contribution Committee (PAC) Report all contributions regar	on is from a Political Co			6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Contribution # 1 PAC Receipt?  Name & Address:	YES 4. Date of Re	eceip	ot 04/14/11		
STOUT, THOMAS					. •
4381 MEADOWS CT.				<sub>s</sub> 12.50	<u>,</u> 12.50
CLINT TWP, MI 48038				\$ 12.00	\$
5. If over \$100.00 cumulative, please provide:	:			Click Here fo	or Memo Itemization
Occupation E	mployer				
Business Address					
Type of Contribution: ✓ Direct	_oan from a person	V	Fund Raiser		
Contribution #2 PAC Receipt? Y Name & Address	'ES 4. Date of Re	ceipi	04/14/11		
REYNOLDS, DEAN 38150 WOODCREST				<sub>s</sub> 12.50	<sub>s</sub> 12.50
CLINT TWP, MI 48036				Ψ	Ψ
5. If over \$100.00 cumulative, please provide:	•			Click Here for	r Memo Itemization
Occupation Emp	oloyer				
Business Address					
Type of Contribution:	oan from a person	✓	Fund Raiser		
3. Contribution #3 PAC Receipt? Name & Address:	YES 4. Date of Re	eceip	ot <u>04/14/11</u>		
SIMMONS, DEBERAH				<sub>s</sub> 12.50	40.50
40288 EMÉRALD LN. W.				\$ 12.50	<sub>\$</sub> 12.50
CLINT TWP, MI 48038				Click Here for	Memo Itemization
5. If over \$100.00 cumulative, please provide:					
Occupation En	nployer				
Business Address					
		<b>√</b>	Fund Raiser		
3. Contribution # 4 PAC Receipt? Name & Address	YES 4. Date of R	ecei	ot 04/14/11		
STAHL, MARSHA 20841 CUETER LN CLINT TWP, MI 48038				<sub>\$</sub> 12.50	<sub>\$</sub> 12.50
5. If over \$100.00 cumulative, please provide:					
Occupation	Employer			Click Here for	Memo Itemization
Business Address					
	oan from a person	<b>√</b>	Fund Raiser		
<u> </u>			Page Subtotal	\$50.00	
		Grar	nd Total of All Schedules 1A		•
		_	te on last page of Schedule)	Enter this total on	J
Page H of 11				line 3a of Summary Page.	

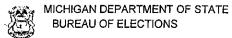


### **CANDIDATE COMMITTEE**

1. Committee I.D. Number 00 1 3 4 3 7 3 5 0

Committee Name	_ CTE	DENISE	OUIUOA
			,

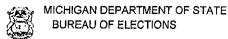
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 04/14/11 Name & Address:		
WALKER, KATE 53340 PIMPERNIL CHESTERFIELD, MI 48051	<sub>\$</sub> 15.00	<sub>\$</sub> 15.00
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Employer	Ollow Field it	or Womo Romization
Business Address  Type of Contribution:   Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 04/14/11 Name & Address		
WALSH, STEVEN 19591 FAIRPORT DETROIT, MI 48205	<sub>\$</sub> 25.00	<sub>\$</sub> 25.00
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 04/14/11  Name & Address:		
LANE, MARILYN 16558 WOODLANE FRASER, MI 48026	<sub>\$</sub> 25.00	<sub>\$</sub> 25.00
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 04/14/11  Name & Address		
FRASER, JAMES 18081 FOXPOINTE DR CLINT TWP, MI 48038	<sub>\$</sub> 25.00	<sub>\$</sub> 25.00
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer	0	
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	\$90.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	
Page 5 of 11	line 3a of Summary Page.	



### CANDIDATE COMMITTEE

1. Committee I.D. Number 0013437350
2. Committee Name CTE Dとんいを 知りいる

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 all 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 04/14/11 Name & Address:	. <u></u>	
RITCHIE, JOHN		
28106 GREENFIELD	25.00	<u>,</u> 25.00
SOUTHFIELD, MI 48076	<sub>\$</sub> 25.00	\$ 23.00
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Employer	Click Here it	or Memo Remazation
Business Address		,
Type of Contribution:     Direct   Loan from a person   Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 04/14/11  Name & Address		
AVOLIO, PAUL	25.00	05.00
1075 E. BURTON RD	<sub>\$</sub> 25.00	<sub>\$</sub> 25.00
BURTON, MI 48569		
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 04/14/11 Name & Address:		
CICCHELLI, ROBERTO	<sub>s</sub> 25.00	25.00
47148 ELLIE DR	\$ 20.00	<sub>\$</sub> 25.00
MACOMB, MI 48044	Click Here for	Memo Itemization
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 04/14/11 Name & Address		
PAUL, TERRENCE	05.00	05.00
18051 WHITE PLAINS DR MACOMB, MI 48044	<sub>\$</sub> 25.00	<sub>\$</sub> 25.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer	Click Here for	Memo Itemization
Business Address		
Type of Contribution: V Direct Loan from a person V Fund Raiser		
	\$100.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on	
Pageof[\]	line 3a of Summary Page.	



### **ITEMIZED CONTRIBUTIONS**

0013637300

SCHEDULE 1A	1. Committee I.D. Number
CANDIDATE COMMITTEE	2. Committee Name CTE DENISS Apuino
Enter contributor's name and address. If contribution is from an individual, en middle initial. Check box to indicate if contribution is from a Political Committee Committee (PAC) Report <u>all</u> contributions regardless of amount.	
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt Name & Address:  SOBAH, ESTELLA 23202 PLAYVIEW SCS, MI 48082  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address Loan from a person	04/14/11  \$ 25.00 \$ 25.00  Click Here for Memo Itemization  Fund Raiser
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt Name & Address  PRESTA, ROBERT 38406 JONATHAN ST. CLINT TWP, MI 48036  5. If over \$100.00 cumulative, please provide:	
OccupationEmployer	Fund Raiser
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt Name & Address:  WALKER, MICHAEL 47391 BLUERIDGE DR. MACOMB, MI 48044	04/14/11  \$\frac{25.00}{\$}\$ 25.00  Click Here for Memo Itemization
If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address	

BRUNDIRKS, GARY 40450 AVINGER 25.00 STERLING HGTS, MI 48313 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization

4. Date of Receipt 04/14/11

Occupation\_

YES

Loan from a person

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)

Fund Raiser

\$100.00

Enter this total on line 3a of Summary Page.

Page\_\_\_\_\_\_of\_\_\_\_\\

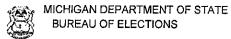
Type of Contribution:

3. Contribution # 4

Name & Address

Direct

PAC Receipt?

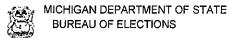


### **CANDIDATE COMMITTEE**

1. Committee I.D. Number 00 13 4 3 7 3 5 0

CTE DENISE AQUINO

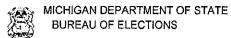
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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 04/14/11		
CIACHINO, THOMAS		
2742 RHODES DR	25.00	25.00
TROY, MI 48083	<sub>\$</sub> 25.00	<sub>\$</sub> 25.00
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Employer	Click Hele II	or Memo Remization
Business Address		
Type of Contribution:		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 04/14/11 Name & Address		
REISS, WILLIAM		
46795 FOXTAIL CT.	<sub>\$</sub> 25.00	<sub>s</sub> 25.00
MACOMB, MI 48044	· · · · · · · · · · · · · · · · · · ·	¥
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		,
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 04/14/11  Name & Address:		
PEARL, KENNETH 38316 SANTA BARBARA	<sub>\$</sub> 25.00	<sub>\$</sub> 25.00
CLINT TWP, MI 48036	Click Here for	Memo Itemization
5. If over \$100.00 cumulative, please provide:	0.10.1 170.0 701	World Romization
Occupation Employer		
Business Address  Type of Contribution:   Direct  Loan from a person  Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 04/14/11  Name & Address		
KINSEY, EUEL 37418 FIORE TRAIL CLINT TWP, MI 48036	<sub>\$</sub> 25.00	<sub>\$_</sub> 25.00
5. If over \$100.00 cumulative, please provide:	011.1.1.1	
Occupation Employer	Click Here for	Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	\$100.00	
Grand Total of All Schedules 1A	7.00.00	
(Complete on last page of Schedule)		J
Page 8 of \\	Enter this total on line 3a of Summary Page.	



### CANDIDATE COMMITTEE

1. Committee I.D. Number <u>0013637350</u>
2. Committee Name <u>CTE D</u>

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 all 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 04/14/11 Name & Address:	•	
BRENDER, JEFF 50583 KNIGHTSBRIDGE DR. MACOMB, MI 48044	<sub>\$</sub> 25.00	<sub>\$</sub> 25.00
5. If over \$100.00 cumulative, please provide:	Click Here t	for Memo Itemization
Occupation Employer	Olick Here i	or Memo Remization
Business Address  Type of Contribution:   Direct  Loan from a person  Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 04/14/11  Name & Address		
O'MEARA, MICHAEL 43168 HERRING CLINT TWP, MI 48038	<sub>\$</sub> 50.00	<sub>\$</sub> 50.00
5. If over \$100.00 cumulative, please provide:	Click Here for	or Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution:		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 04/14/11  Name & Address:	<u>.</u>	
DELDIN, MARK 22934 EDGEWATER SCS, MI 48082	\$ 50.00	<sub>\$</sub> 50.00
5. If over \$100.00 cumulative, please provide:	Click Here fo	r 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 04/14/11  Name & Address		
ABBATT, DOMINIC 2500 ROYAL VIEW DR. OAKLAND, MI 48363	<sub>\$</sub> 50.00	\$_50.00
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Employer	Ollok Hore to	momo nemization
Business Address		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
Page Subtotal	\$175.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	
Page 7 of 1	line 3a of Summary Page.	

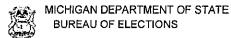


### CANDIDATE COMMITTEE

1. Committee I.D. Number O013C37350

2. Committee Name CTE DENISE DONISE

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 all 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 04/14/11		
Name & Address: ———————————————————————————————————		
41001 HIDDENOAKS	F0 00	<b>5</b> 0.00
CLINT TWP, MI 48038	<sub>\$</sub> 50.00	<sub>\$</sub> 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer	Click Here for	or Memo Itemization
Business Address		
Type of Contribution:   Loan from a person   Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 04/14/11 Name & Address		
ATKINS, JEFF	F0.00	<b>50.00</b>
37649 SANTA BARBARA CLINT TWP, MI 48036	<sub>\$</sub> _50.00	<sub>\$</sub> 50.00
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
OccupationEmployer		
Business Address		
Type of Contribution:		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 04/14/11 Name & Address:		
ROSE, ROY	75.00	
55620 WOODBRIDGE DR.	<sub>\$</sub> 75.00	<sub>\$</sub> 75.00
SHELBY TWP, MI 48316	Office Harris	. h. # 14
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 04/14/11  Name & Address		•
PATZERT, ANDREW		
21175 HARRINGTON .	<sub>\$</sub> 75.00	<sub>s</sub> 75.00
CLINT TWP, MI 48036		Y
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	<del>-</del> -	
Page Subtotal	\$250.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on	J
Page 10 of 11	line 3a of Summary Page.	



### CANDIDATE COMMITTEE

1. Committee I.D. Number 0013637350
2. Committee Name CTE DENISE AQUINO

	oox to indicate if cor	ntribu	ition is from a Political C		enter last name, first name, ittee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt?		YES 4. Date of I	Recei	pt 04/14/11		
Name & Address: TRAMA, LOU			_				
908 E.THIRD S	Т					75.00	75.00
ROYAL OAK, M						<sub>\$</sub> 75.00	<sub>\$</sub> 75.00
5. If over \$100.00 cur	nulative, please pr	ovid	e:			Click Horo f	or Memo Itemization
Occupation			Employer			Click Here is	or Memo Remization
Business Address							
Type of Contribution:	<b>√</b> Direct		Loan from a person	✓	Fund Raiser		
3. Contribution #2 Name & Address	PAC Receipt?		YES 4. Date of F	Receip	ot <u>04/14/11</u>		
ATKINS, GLOR	IA					<sub>s</sub> 50.00	¢ 50.00
8859 REDNER	FC \$41.40242					\$ 00.00	\$
STERLING HG		1 . 1 .	_			Olista I Isaas da	
5. If over \$100.00 cum				г но	SPITAL	Click Here to	r Memo Itemization
Occupation NURSE			nployer BEAUMONT				
Business Address 447	201 DEQUINDE	:K h	RD, TROY, MI 4808	35			
Type of Contribution:	<b>✓</b> Direct		Loan from a person	V	Fund Raiser		
3. Contribution # 3	PAC Receipt?		YES 4. Date of F	Recei	pt		
Name & Address:							
						\$	<b>c</b>
						·	Ψ
5. If over \$100.00 cum	ulative, please pro	vide	:		·	Click Here for	Memo Itemization
Occupation		Е	mployer				
Business Address		_	<del></del>				
Type of Contribution:	Direct		Loan from a person		Fund Raiser		
3. Contribution # 4	PAC Receipt?		YES 4. Date of i	Recei	pt		
Name & Address		I	•				
						\$	\$
5. If over \$100.00 cum	ulative, please pro	vide	:			Click Here for	Memo Itemization
Occupation		_	Employer				Laus
Business Address							
Type of Contribution:	Direct		Loan from a person	$\Box$	Fund Raiser		
					Page Subtotal	\$275.00	
				Gra	nd Total of All Schedules 1A		-
			(C		ete on last page of Schedule)	Euter this total on	J
Page 11 of 11						line 3a of Summary Page.	



# SCHEDULE 1B CANDIDATE COMMITTEE

00136373 50

1. Committee I. D. Number	1	
2. Committee Name CT	E DENISE AQUINO	

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1		20/04/44	
Name MACOMB COUNTY CLERK		02/01/11	\$ <u>100.00</u>
Address	Purpose: FILING FEE	Date	
40 N. MAIN	Click H	ere for Memo l	temization Type
MT. CLEMENS, MI 48043	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
Name AMERICAN GRAPHICS		04/01/11	\$ <u>1027.67</u>
Address	Purpose: PRINTING	Date	
34895 GROESBECK HWY	Click H	ere for Memo I	temization Type
CLINT TWP, MI 48035	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3	<del></del>		
Name MANHATTAN MAILERS		04/04/11	s 753.47
Address	Purpose: BULK MAILING	Date	
51132 MILANO DR.		ere for Memo II	temization Type
MACOMB, MI 48042	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
Name C.J. BARRYMORE'S		04/14/11	\$ 400.00
Address	Purpose: JOINT FUNDRAISER	Date	Ţ -100.00
21750 HALL ROAD		ere for Memo !!	temization Type
CLINT TWP, MI 48038		OLO TOL MIGHTO I	
▼ Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name			
Address	Purpose:	Date	\$
	Click H	lere for Memo l	temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		_
	<u> </u>	tal this page	\$2,281.14
	Grand Total of all S (Complete on last page	į.	\$2,281.14
	(55	,	

Enter this total on line 8a of Summary Page

Page \_\_\_\_ of \_\_\_



## DEBTS AND OBLIGATIONS SCHEDULE 1E

1. Committee I.D. Number

0013637350	00	1	3	6	3	7	3	5	(
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C	٩N	DIDA	TE C	OMM	ITTEE

This Schedule itemizes:				
a ✓ Debts and obligations owed <u>by</u> or forgiven the comm (Chec	nittee OR b. Debts k either a or b. Use only for the pu	s and obligations owed <u>to</u> or rpose checked.)	forgiven by the con	nmittee.
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 endorsers 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? Yes Owed to or by:	4. Type: LOAN	<u> </u>		
DENISE AQUINO 16940 FRANZISKO Macomo, Mr. 48044	5. <u>Date Debt Was Incurred</u> :  03/30/11  6. <u>Original Amount of Debt</u> :  \$_7000.00	\$ \$ \$	\$	\$_7000.00
If bank loan, name of endorser or guarantor:		Amo	ount Endorsed: \$	<u> </u>
Debt #2 Corp? Yes  Owed to or by:  If bank loan, name of endorser or guarantor:  Debt #3 Corp? Yes  Owed to or by:	4. Type:  5. Date Debt Was Incurred:  6. Original Amount of Debt:  4. Type:  5. Date Debt Was Incurred:  6. Original Amount of Debt:  \$	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	ss	\$\$ FORGIVEN
If bank loan, name of endorser or guarantor:		Ar	nount Endorsed: \$_	
A debt or obligation must be shown on this Schedu this Campaign Statement or it was forgiven during to Page of	omplete on last page of Schedule s le if there was an outstanding ar the period covered by this Camp	Grand Total howing amounts owed by c		# 7,000 - Enter this total on line 12a "owed by"" or line 12b "owed to" of the Summary Page



### FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

1. Committee I.D. Number 00136373 50

. Committee Name	CTE	DENISE	<b>AQUINO</b>
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	- USE	A SEPARATE SH	EET FOR EACH EVENT	-	
		r of Individuals Attending pating (whichever is	5. Type of Fund Raising Activity	Address and Name (if any) of place where the activity was held	
04/14/11	52		MIXER	CJ BARRYMORE 21750 HALL ROAD CLINT TWP, MI 48038 Private Residence	
7. Total Contributions		\$2,480.00			
8. Other Receipts		\$0.00			
9. Gross Receipts (Add lines 7 a	and 8)	\$2,480.00			
10. Total Cost of Event (Total Cost includes In-Kind Cor	ntributions	\$400.00 and All Expenditures	Made For the Event)		
11. 🗹 Check if event was a joi	nt fund ra	iser and complete the	following:		
Co-Sponsor(s)		Contribution S (%)	plit	Expenditure Split (%)	
CTE GEORGE SOBAH		50		50	
			<del></del>		
				<del></del> -	
	,				
				****	
<b>T</b> I					

- 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.

Page	1	of	1	