



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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

00136373 50

2. Committee Name

CTE DENISE AQUINO

5. Committee's Mailing Address

16940 FRANZISKA
MACOMB, MI 48044

Area Code and Phone (586) 286-6412

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.

7. Treasurer's Business Address

Area Code and Phone

3. This Statement covers From: 04/18/11 to 05/23/11

4. Candidate Last Name First Name M.I.

AQUINO DENISE

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

CHIPPEWA VALLEY SCHOOL BOARD TRUSTEE

4b. County of Residence MACOMB

6. Treasurer's Name & Residential Address

RICHARD J. AQUINO, SR
16940 FRANZISKA
MACOMB, MI 48044

Area Code & Phone (586) 286-6412

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

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 ☒ School
☐ Special ☐ Caucus

Date of Election, Convention or Caucus

05/03/11

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

Effective Date of Dissolution

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

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, Signature Date 06/02/11

Type or Print Name

Signature

Date

Candidate DENISE AQUINO

Type or Print Name

Signature

Date

06/02/11



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 0013637350

**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>3,043.97</u> | |
| b. Unitemized (less than \$20.01 each - no Schedule) | (3b.) \$ <u>NOT APPLICABLE</u> | |
| c. Subtotal of "Contributions" | (3c.) \$ <u>3,043.97</u> | (18.) \$ <u>\$11,083.97</u> |
| 4. Other Receipts (Schedule 1A -1, Column 6) | (4.) \$ <u>\$200.00</u> | (19.) \$ <u>\$200.00</u> |
| 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4) | (5.) \$ <u>\$3,243.97</u> | (20.) \$ <u>\$11,283.97</u> |
| 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.) \$ <u>\$8,467.05</u> | |
| 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.) \$ <u>\$8,467.05</u> | (23.) \$ <u>\$10,748.20</u> |
| INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only) | | |
| 10. Disbursements | | |
| a. Itemized (Schedule 1C, Column 6) | (10a.) \$ _____ | |
| b. Unitemized (less than \$50.01 each - no Schedule) | (10b.) \$ _____ | |
| 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b) | (11.) \$ _____ | (24.) \$ _____ |
| 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>\$0.00</u> | |
| BALANCE STATEMENT | | |
| 13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) | (13.) \$ <u>\$6,138.86</u> | |
| 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) | (14.) + \$ <u>\$3,243.97</u> | |
| | (15.) = \$ <u>\$9,382.83</u> | |
| 15. SUBTOTAL Add lines 13 and 14 | | |
| 16. Amount expended during reporting period (Add lines 9 and 11) | (16.) - \$ <u>\$8,467.05</u> | |
| 17. ENDING BALANCE (Subtract line 16 from line 15) | (17.) \$ <u>\$915.78</u> | * |



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 0013637350
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? <input type="checkbox"/> YES 4. Date of Receipt <u>05/02/11</u> Name & Address: WOODY, KIMBERLY 42139 ROYAL LN CLINTON TWP, MI 48038 | | \$ <u>2.50</u> | \$ <u>2.50</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/02/11</u> Name & Address: SOBEL, CATHY 20236 RAMBLEWOOD DR. MACOMB, MI 48044 | | \$ <u>4.17</u> | \$ <u>4.17</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/02/11</u> Name & Address: SIMONS, TERRY 60223 COTTAGE MILL DR. WASHINGTON, MI 48094 | | \$ <u>5.00</u> | \$ <u>5.00</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/02/11</u> Name & Address: WYTCH, LORETTA 2179 LAGOON DR. ROCHESTER HILLS, MI 48309 | | \$ <u>5.00</u> | \$ <u>5.00</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |

Page Subtotal **\$16.67**

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 0013637350
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 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 05/02/11

Name & Address:

McVICAR, ANDREA

12248 POLINA

STBELINE TWP, MI 48312

\$ 5.00

\$ 5.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address

JANKOWSKI, GINA

48228 SHERRINGHAM

MACOMB, MI 48044

\$ 5.00

\$ 5.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address:

HARRIS, AMY

53478 BRUCE HILL DR.

SHELBY TWP, MI 48316

\$ 5.00

\$ 5.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address

GOLD, PAMELA

46701 EDGEWATER DR.

MACOMB, MI 48044

\$ 6.25

\$ 6.25

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal \$21.25

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 0013637350

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 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 05/02/11

Name & Address:

BRACKEN, HOLLIE
1055 POINTE PLACE BLVD.
ROCHESTER, MI 48307

\$ 6.25

\$ 6.25

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address

GRABB, MICHELLE
1145 MACK
LEONARD, MI 48367

\$ 6.25

\$ 6.25

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address:

FERRANS, LAURA
2075 ELKHORN DR.
ROCHESTER HILLS, MI 48307

\$ 6.25

\$ 6.25

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address

CORBIN, JASON
44100 CADBURY DR
CLINTON TWP, MI 48038

\$ 6.25

\$ 6.25

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal \$25.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

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6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address:

DELISO, DAVID
13991 BISCAYNE DR.
STERLING HGTS, MI 48313

\$ 6.25

\$ 6.25

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address:

APONE, KATIE
38795 SANTA BARBARA
CLINTON TWP, MI 48036

\$ 6.25

\$ 6.25

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address:

MORICONI, JEANNINE
19257 LAKELAND DR.
MACOMB, MI 48044

\$ 6.25

\$ 6.25

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address:

OSMINSKI, JANICE
16046 WELLINGTON AVE.
ROSEVILLE, MI 48066

\$ 6.25

\$ 6.25

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal \$25.00

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6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11
Name & Address:

MAISANO, JENNIFER
70420 MORENCY
BRUCE TWP, MI 48065

\$ 6.25

\$ 6.25

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11
Name & Address:

MACHALA, MARK
37386 STONEBRIAR DR.
WASHINGTON, MI 48094

\$ 6.25

\$ 6.25

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11
Name & Address:

LOCRICCHIO, KAREN
850 N.BRYS DR.
GROSSE POINTE WOODS, MI 48236

\$ 6.25

\$ 6.25

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11
Name & Address:

HARRISON, CAITLIN
743 STANFORD CIR.
ROCHESTER HILLS, MI 48309

\$ 6.25

\$ 6.25

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

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date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address:

CRZADZINSKI, MARGARET
51781 ALDER PRK DR.
CHESTERFIELD, MI 48051

\$ 6.25

\$ 6.25

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address

CRABTREE, ELENA
194 MINOT
ROMEO, MI 48065

\$ 6.25

\$ 6.25

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address:

HUNTER, GINA
19781 MIDDLE BROOK DR
MACOMB, MI 48044

\$ 6.25

\$ 6.25

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address

THEISEN, KATHRYN
24620 SPRING LANE
HARRISON TWP, MI 48046

\$ 6.25

\$ 6.25

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal \$25.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 0013637350

2. Committee Name CTE DENISE AQUINO

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address:

SEMLow, CARRIE
16656 HUNTINGTON WOODS DR.
MACOMB, MI 48042

\$ 6.25

\$ 6.25

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address:

OSMINSKI, JANICE
16046 WELLINGTON AVE
ROSEVILLE, MI 48066

\$ 6.25

\$ 6.25

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

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Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address:

DAHLBERG, NANCY
51402 WOODSIDE DR.
MACOMB, MI 48042

\$ 6.25

\$ 6.25

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address:

CARTER, AMY
13365 FLORENTINE DR.
SHELBY TWP, MI 48315

\$ 6.25

\$ 6.25

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal \$25.00

Grand Total of All Schedules 1A
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ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

CANDIDATE COMMITTEE

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date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address:

MACERA, MARIA
16463 WAVERLY CIR.
CLINTON TWP, MI 48038

\$ 12.50

\$ 12.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address:

BOWER, WILLIAM
32147 HUBER LANE
FRASER, MI 48026

\$ 6.25

\$ 6.25

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address:

CARACCIA, DANNY
52024 MONACO DR.
MACOMB, MI 48042

\$ 6.25

\$ 6.25

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address:

LICATA, MARY
18963 PIERPORT CT.
CLINTON TWP, MI 48038

\$ 6.25

\$ 6.25

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal \$31.25

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 0013637350

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 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 05/02/11

Name & Address:

MACINTOSH, COURTNEY
16091 TOURAIN DR.
CLINTON TWP, MI 48038

\$ 7.50

\$ 7.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #2

PAC Receipt? ☐ YES

4. Date of Receipt 05/02/11

Name & Address

LATOWSKI, ERICA
16880 KENSINGTON DR.
MACOMB, MI 48044

\$ 7.50

\$ 7.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution # 3

PAC Receipt? ☐ YES

4. Date of Receipt 05/02/11

Name & Address:

JONES, KRISTEN
22450 SAINT CLAIR DR.
SCS, MI 48081

\$ 8.30

\$ 8.30

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution # 4

PAC Receipt? ☐ YES

4. Date of Receipt 05/02/11

Name & Address

MCCARRON, MAUREEN
20729 YOUNG LN.
GPW, MI 48236

\$ 10.00

\$ 10.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

[Click Here for Memo Itemization](#)

Page Subtotal **\$33.30**

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

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line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 0013637350

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 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 05/02/11

Name & Address:

SELEETSKY, TRISHA
44 MILLER ST.
MT. CLEMENS, MI 48043

\$ 10.00

\$ 10.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address:

SHERIDAN, RENEE
13171 NANTUCKET
STERLING HGTS, MI 48313

\$ 10.00

\$ 10.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address:

CASTONE, KELLEY
57486 NICHOLAS DR.
WASHINGTON, MI 48094

\$ 10.00

\$ 10.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address:

PANETTA, MARK
1429 KINGSLEY ST.
MT. CLEMENS, MI 48043

\$ 10.00

\$ 10.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal **\$40.00**

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

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line 3a of Summary
Page.



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 0013637350

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 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 05/02/11

Name & Address:

BACON, RENEE
5370 RATTLE RUN RD.
ST. CLAIR, MI 48079

\$ 10.00

\$ 10.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address

SNELL, SUMMER
38795 UNION LK RD
CLINTON TWP, MI 48036

\$ 10.00

\$ 10.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

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Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address:

AMTHOR, RENE
23775 HOLLWEG
ARMADA, MI 48005

\$ 10.00

\$ 10.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address

GENDERNELLE, ERIC
23224 ELMIRA
SCS, MI 48082

\$ 15.00

\$ 15.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

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Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal \$45.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 0013637350

2. Committee Name CTE DENISE AQUINO

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6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address:

BROWN, RENEE
1832 N. ROCHESTER RD.
OAKLAND TWP, MI 48363

\$ 15.00

\$ 15.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address:

SMITH, HEATHER
2264 ORCHARD CREST ST.
SHELBY TWP, MI 48317

\$ 17.50

\$ 17.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address:

JABLONSKI, ED
22426 TUSCANY
EASTPOINTE, MI 48021

\$ 17.50

\$ 17.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

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Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address:

WAYMAN, MARTIN
268 MORAN RD
GPF, MI 48236

\$ 12.50

\$ 12.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

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Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal **\$62.50**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 0013637350

2. Committee Name CTE DENISE AQUINO

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6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address:

TAGGART, JOHN
19989 GALLAHAD
MACOMB, MI 48044

\$ 12.50

\$ 12.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address:

TRIM, CHRISTINA
55110 TIMBERS EDGE
SHELBY TWP, MI 48316

\$ 12.50

\$ 12.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

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Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address:

TUCKER, KELLY
30710 CAMPBELL
WARREN, MI 48093

\$ 12.50

\$ 12.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

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Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address:

TUTTLE, SUZANNE
17115 TOWER DR.
MACOMB, MI 48038

\$ 12.50

\$ 12.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

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Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal \$50.00

Grand Total of All Schedules 1A
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ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 0013637350

2. Committee Name CTE DENISE AQUINO

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6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address:

WOOLSEY, KELLY
22719 BORDMAN RD.
ALLENTON, MI 48002

\$ 12.50

\$ 12.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address

JANER, NORRICE
38720 HAMON
HARRISON TWP, MI 48045

\$ 12.50

\$ 12.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

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Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address:

BEAR-THOMAS, JESSICA
37019 HIGHVIEW ST.
NEW BALTIMORE, MI 48047

\$ 12.50

\$ 12.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

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Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address

BATKO, HEATHER
57277 MEGAN DR.
WASHINGTON TWP, MI 48094

\$ 12.50

\$ 12.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

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Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal \$50.00

Grand Total of All Schedules 1A
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ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 0013637350
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 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 05/02/11
Name & Address:

GOOSEN, PAULA
43148 NEBEL TRAIL
CLINTON TWP, MI 48038

\$ 12.50

\$ 12.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

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Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11
Name & Address:

HILTON, MELISSA
36231 NITCHUN
CLINTON TWP, MI 48035

\$ 12.50

\$ 12.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

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Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11
Name & Address:

ROSS, WENDY
16731 NEWBURY AVE
MACOMB, MI 48044

\$ 12.50

\$ 12.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

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Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11
Name & Address:

BRUNSON, BRITTANY
55282 STEWART
MACOMB, MI 48042

\$ 12.50

\$ 12.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

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Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal \$50.00

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 0013637350

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 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 05/02/11

Name & Address:

VOGEL, LAURA
19385 INGRAM
CLINTON TWP, MI 48038

\$ 12.50

\$ 12.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES

4. Date of Receipt 05/02/11

Name & Address

SULLIVAN, KELLY
39747 SHETLAND
CLINTON TWP, MI 48038

\$ 12.50

\$ 12.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES

4. Date of Receipt 05/02/11

Name & Address:

NYTKO, AMY
65296 PLACE RD.
LENOX, MI 48050

\$ 12.50

\$ 12.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES

4. Date of Receipt 05/02/11

Name & Address

SKRZYNSKI, MARIELOUISE
39846 SHETLAND ST.
CLINTON TWP, MI 48038

\$ 12.50

\$ 12.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

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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)

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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 0013637350
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 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 05/02/11

Name & Address:

BLETCH, BETH
4727 GLOVER RD.
ALMONT, MI 48003

\$ 12.50

\$ 12.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address:

CARSON, CARI
34579 HEARTSWORTH LN.
STERLING HGTS, MI 48312

\$ 12.50

\$ 12.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address:

BRIESMEISTER, DENNIS
51078 BALTREE
SHELBY TWP, MI 48316

\$ 12.50

\$ 12.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address:

BRASCH, SUSAN
52496 BRYAN MICHAEL DR.
MACOMB, MI 48042

\$ 12.50

\$ 12.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal \$50.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 0013637350

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 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 05/02/11

Name & Address:

BLACKSTOCK
49472 MAURICE
CHESTERFIELD, MI 48047

\$ 12.50

\$ 12.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address

ECKHOUT, KATHLEEN
31979 FAIRCHILD
CHESTERFIELD, MI 48051

\$ 12.50

\$ 12.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address:

KNECHT, ALISA
19595 LAMPLIGHTER TRAIL
MACOMB, MI 48044

\$ 12.50

\$ 12.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address

KRAMER, JASON
50193 NESTLING RIDGE DR.
MACOMB, MI 48044

\$ 12.50

\$ 12.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal \$50.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

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6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address:

LEWIS, JENNIFER
25532 THOMAS
WARREN, MI 48091

\$ 12.50

\$ 12.50

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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3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address:

LANGLOIS, KYLE
107 SMITH ST.
MT. CLEMENS, MI 48043

\$ 12.50

\$ 12.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address:

LANGLANDS, DONALD
48658 LAFAYETTE DR.
MACOMB, MI 48044

\$ 12.50

\$ 12.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address:

BRIGHT, JESSICA
23535 LAUREN DR.
MACOMB, MI 48044

\$ 12.50

\$ 12.50

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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Page Subtotal \$50.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

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6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address:

ALEXANDER, AMY
3712 WILLOWGLEN CT.
WASHINGTON, MI 48094

\$ 12.50

\$ 12.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address:

RUCZYNSKI, THOMAS
2650 ROYAL VIEW CT.
OAKLAND, MI 48363

\$ 12.50

\$ 12.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address:

FERGUSON, TRACIE
48960 SOUTHWAY
MACOMB, MI 48044

\$ 12.50

\$ 12.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address:

DROSKI, ARTHUR
21323 WAVERLY DR.
MACOMB, MI 48044

\$ 12.50

\$ 12.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

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Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal \$50.00

Grand Total of All Schedules 1A
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ITEMIZED CONTRIBUTIONS

SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 0013637350

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 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 05/02/11

Name & Address:

ANDERSON, CHRISTOPHER
28624 JANE ST.
SCS, MI 48081

\$ 12.50

\$ 12.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES

4. Date of Receipt 05/02/11

Name & Address

COLES, MATTHEW
20884 MARLINGA DR.
CLINTON TWP, MI 48038

\$ 12.50

\$ 12.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES

4. Date of Receipt 05/02/11

Name & Address:

CLOR, KATHLEEN
687 GALLALAND AVE.
ROCHESTER HILLS, MI 48307

\$ 12.50

\$ 12.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES

4. Date of Receipt 05/02/11

Name & Address

DANE, LORI
1354 HAMPTON RD
GPW, MI 48236

\$ 12.50

\$ 12.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

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Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal \$50.00

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 0013637350
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|---|---|---|---|
| 3. Contribution # 1 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/02/11</u> | |
| Name & Address: COLLINS, BETH 47223 BLUERIDGE MACOMB, MI 48044 | | \$ <u>12.50</u> | \$ <u>12.50</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution #2 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/02/11</u> | |
| Name & Address: ADAMS, KERI 46765 BRECKENRIDGE MACOMB, MI 48044 | | \$ <u>12.50</u> | \$ <u>12.50</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution # 3 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/02/11</u> | |
| Name & Address: NAJARIAN, LINDSEY 510 N.EDGEWORTH AVE. ROYAL OAK, MI 48067 | | \$ <u>12.50</u> | \$ <u>12.50</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution # 4 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/02/11</u> | |
| Name & Address: MYKIETIUK, MELISSA 47083 GLOEDE RD. MACOMB, MI 48044 | | \$ <u>12.50</u> | \$ <u>12.50</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |

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6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address:

PLESZ, RACHEL
19381 STONY POINTE
MACOMB, MI 48044

\$ 12.50

\$ 12.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address

LACHOWICZ, MICHAEL
52017 MONACO DR.
MACOMB, MI 48044

\$ 12.50

\$ 12.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

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Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address:

TROMBLY, JESSICA
11728 19 MILE RD
STERLING HTS, MI 48313

\$ 12.50

\$ 12.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

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Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address

WIEBRECHT, KAREN
53610 OAK GROVE
SHELBY TWP, MI 48315

\$ 12.50

\$ 12.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

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Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

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6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address:

WAGNER, CHERYL
3544 GROVE LN.
AUBURN HILLS, MI 48326

\$ 12.50

\$ 12.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

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Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address:

WOJIE, DEBRA
36580 N.POINTE DR.
NEW BALTIMORE, MI 48047

\$ 12.50

\$ 12.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

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Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address:

PRESTA, MARY
71272 OAKTREE LN.
ROMEO, MI 48065

\$ 12.50

\$ 12.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

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Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address:

LAFRATE, SHANNON
41005 LORE DR.
CLINTON TWP, MI 48038

\$ 12.50

\$ 12.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

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Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

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SCHEDULE 1A
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6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address:

MAREK, MICHELLE
199 BELLSHIRE LN.
ROCHESTER HILLS, MI 48307

\$ 12.50

\$ 12.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

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Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address:

LICARI, MARINA
18585 PALMER DR.
MACOMB, MI 48042

\$ 12.50

\$ 12.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

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Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address:

JIGGENS, SHARI
4915 SOUTHLAWN DR.
STERLING HGTS, MI 48310

\$ 12.50

\$ 12.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

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Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address:

JEZIERSKI, JEFFREY
19349 TODD DR.
CLINTON TWP, MI 48038

\$ 12.50

\$ 12.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

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Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

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6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address:

McINTYRE, JOSEPH
510 PINE CREST CT
LEONARD, MI 48367

\$ 12.50

\$ 12.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

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Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address:

MIKSTYN, JEROME
49696 LONDON BRIDGE DR.
MACOMB, MI 48044

\$ 12.50

\$ 12.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

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Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address:

MULDERMANS, HOLLIE
402 TRUMBLE ST.
ST. CLAIR, MI 48079

\$ 12.50

\$ 12.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

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Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address:

CROWDER, LAURA
114 STRATFORD LN.
LAKE ORION, MI 48360

\$ 12.50

\$ 12.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

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Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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|---|--|---|---|
| 3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/02/11</u> Name & Address: O'REILLY, PATRICIA 1626 KINGSMERE CIRCLE ROCHESTER HILLS, MI 48309 | | \$ <u>12.50</u> | \$ <u>12.50</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/02/11</u> Name & Address: PALMER, JAMES 21217 FRAZHO SCS, MI 48081 | | \$ <u>12.50</u> | \$ <u>12.50</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/02/11</u> Name & Address: SCHULTZ, MARK 444069 DONLEY STERLING HGTS, MI 48314 | | \$ <u>12.50</u> | \$ <u>12.50</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/02/11</u> Name & Address: PEACOCK, JOHN 35567 WINDRIDGE DR. NEW BALTIMORE, MI 48047 | | \$ <u>12.50</u> | \$ <u>12.50</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |

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SCHEDULE 1A
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|---|--|---|---|
| 3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/02/11</u> Name & Address: ALLEN, ANDREW 732 GREEN CIRCLE APT. 104 ROCHESTER, MI 48307 | | \$ <u>12.50</u> | \$ <u>12.50</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/02/11</u> Name & Address: HADFIELD, BRIAN 46574 SERENITY DR. MACOMB, MI 48044 | | \$ <u>12.50</u> | \$ <u>12.50</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/02/11</u> Name & Address: MOATS, SHARON 34526 BURSTYN DR. STERLING HGTS, MI 48312 | | \$ <u>12.50</u> | \$ <u>12.50</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/02/11</u> Name & Address: MANDEL, RAE 53425 GARLAND DR. UTICA, MI 48316 | | \$ <u>12.50</u> | \$ <u>12.50</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |

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ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

CANDIDATE COMMITTEE

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6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution #1 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address:

ROBINE, GARY
41822 HENSALL
CLINTON TWP, MI 48038

\$ 12.50

\$ 12.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address

WROBLEWSKI, MELISSA
20466 COUNTRY CLUB DR.
HARPER WOODS, MI 48225

\$ 12.50

\$ 12.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address:

WISCOMOBE, TIFFANIE
51557 MAURO LN.
MACOMB, MI 48042

\$ 12.50

\$ 12.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address

ANDRUS, BONNA
21590 MARINA CIRCLE
MACOMB, MI 48044

\$ 12.50

\$ 12.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

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Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

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7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address:

HEGLER-TRAMERI, CHERI
43415 DEVIN
CLINTON TWP, MI 48038

\$ 12.50

\$ 12.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address

JONES, TRACY
1425 PERRY LAKE RD
ORTONVILLE, MI 48462

\$ 12.50

\$ 12.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address:

CICCHINI, CASSIE
50347 ASHPERTON
MACOMB, MI 48044

\$ 12.50

\$ 12.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address

BENAVIDES, TERI
46544 LEANNA DR.
MACOMB, MI 48044

\$ 12.50

\$ 12.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

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Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

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|---|---|---|---|
| 3. Contribution # 1 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/02/11</u> | |
| Name & Address: FOCHT, CHERYL 37901 JOHN P. CLINTON TWP, MI 48036 | | \$ <u>12.50</u> | \$ <u>12.50</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution #2 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/02/11</u> | |
| Name & Address: BARRON, JOHN 18879 KAPPA DR. CLINTON TWP, MI 48036 | | \$ <u>12.50</u> | \$ <u>12.50</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution # 3 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/02/11</u> | |
| Name & Address: ADAMEK, SUZANNE 48723 SOUTHWAY DR. MACOMB, MI 48044 | | \$ <u>12.50</u> | \$ <u>12.50</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution # 4 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/02/11</u> | |
| Name & Address: KREITZBENDER, LORI 15861 TULIP MACOMB, MI 48042 | | \$ <u>12.50</u> | \$ <u>12.50</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |

Page Subtotal \$50.00

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 0013637350
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? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/02/11</u> | |
| Name & Address: CLARK, SUSAN 18634 THOMASINE ST. CLINTON TWP, MI 48036 | | \$ <u>12.50</u> | \$ <u>12.50</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution #2 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/02/11</u> | |
| Name & Address: DINELLO, JOANNA 40650 RUGGERO CLINTON TWP, MI 48038 | | \$ <u>12.50</u> | \$ <u>12.50</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution # 3 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/02/11</u> | |
| Name & Address: MAJEWSKI, VICKI 49293 PROUST DR. MACOMB, MI 48044 | | \$ <u>12.50</u> | \$ <u>12.50</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution # 4 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/02/11</u> | |
| Name & Address: ROUSE, JULIE 48556 BELLTOWER DR MACOMB, MI 48044 | | \$ <u>12.50</u> | \$ <u>12.50</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |

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6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address:

EVERETT, BRADLEY
24487 MEADOWBRIDGE DR.
CLINTON TWP, MI 48035

\$ 12.50

\$ 12.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

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Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address:

HEIDENREICH, ANNA
38714 BARNSTABLE LN.
CLINTON TWP, MI 48038

\$ 12.50

\$ 12.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

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Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address:

HOMOLKA, DAWN
19865 COMANCHE DR.
MACOMB, MI 48042

\$ 12.50

\$ 12.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

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Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address:

GALASSO, TODD
21363 CARLTON DR.
MACOMB, MI 48044

\$ 12.50

\$ 12.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

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Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

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|---|---|------------------------------------|---|
| 3. Contribution # 1 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/02/11</u> | |
| Name & Address: COUCK, JOSEPH 38411 KELMAR CLINTON TWP, MI 48036 | | \$ <u>12.50</u> | \$ <u>12.50</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution #2 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/02/11</u> | |
| Name & Address: WEIDENBACH, NANCY 16556 WALCLIFF DR. CLINTON TWP, MI 48035 | | \$ <u>12.50</u> | \$ <u>12.50</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution # 3 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/02/11</u> | |
| Name & Address: RYNKOWSKI, DEAN 17895 ANNA CT. MACOMB, MI 48044 | | \$ <u>12.50</u> | \$ <u>12.50</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution # 4 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/02/11</u> | |
| Name & Address: GIVEN, NADIA 19821 GLORIA MACOMB, MI 48044 | | \$ <u>12.50</u> | \$ <u>12.50</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |

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6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address:

TAYLOR, ANN
10252 SARA ROSE DR.
CLINTON TWP, MI 48038

\$ 12.50

\$ 12.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

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Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address:

ZYBURA, RITA
44285 AUSABLE DR.
CLINTON TWP, MI 48038

\$ 12.50

\$ 12.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

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Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address:

BIALEK, JASON
20136 RAMBLEWOOD DR.
MACOMB, MI 48044

\$ 12.50

\$ 12.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

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Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address:

WEISS, KEVIN
16049 AMY LN.
MACOMB, MI 48042

\$ 12.50

\$ 12.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

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Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

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|---|---|------------------------------------|---|
| 3. Contribution # 1 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/02/11</u> | |
| Name & Address: YURIK, DEBRA 16259 ALLISTON CLINTON TWP, MI 48038 | | \$ <u>12.50</u> | \$ <u>12.50</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution #2 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/02/11</u> | |
| Name & Address: LOCKLEAR, LIZ 19740 SHORECREST CLINTON TWP, MI 48038 | | \$ <u>12.50</u> | \$ <u>12.50</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution # 3 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/02/11</u> | |
| Name & Address: FISH, MARIANNE 15311 HUNTCLIFF DR. MACOMB, MI 48044 | | \$ <u>12.50</u> | \$ <u>12.50</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution # 4 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/02/11</u> | |
| Name & Address: PHELPS, SUSAN 56803 HOLIDAY PINE DR. MACOMB, MI 48042 | | \$ <u>12.50</u> | \$ <u>12.50</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |

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|---|---|------------------------------------|---|
| 3. Contribution # 1 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/02/11</u> | |
| Name & Address: GIELEGHEM, SARA 38134 SARNETTE ST. CLINTON TWP, MI 48036 | | \$ <u>12.50</u> | \$ <u>12.50</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution #2 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/02/11</u> | |
| Name & Address: POPKO, TRACY 20885 BALINSKI DR. CLINTON TWP, MI 48038 | | \$ <u>12.50</u> | \$ <u>12.50</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution # 3 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/02/11</u> | |
| Name & Address: McCONAHY, KELLY 16411 CHATHAM DR. MACOMB, MI 48044 | | \$ <u>12.50</u> | \$ <u>12.50</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution # 4 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/02/11</u> | |
| Name & Address: GRUENER, BRIGITTE 20930 SUMMERFIELD DR. MACOMB, MI 48042 | | \$ <u>12.50</u> | \$ <u>12.50</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |

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ITEMIZED CONTRIBUTIONS

SCHEDULE 1A

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6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address:

LITTLE, RICHARD
43077 SINNAMON LN.
CLINTON TWP, MI 48035

\$ 12.50

\$ 12.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

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Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address

BLACKWELL, BRIDGET
37295 HANCOCK ST.
CLINTON TWP, MI 48036

\$ 12.50

\$ 12.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

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Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address:

BARD, KATHLEEN
45533 DOVER
MACOMB, MI 48044

\$ 12.50

\$ 12.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

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Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address

SHOOK, KIMBERLY
17927 RED OAKS DR.
MACOMB, MI 48042

\$ 12.50

\$ 12.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

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Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

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|---|---|---|---|
| 3. Contribution # 1 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/02/11</u> | |
| Name & Address: KAHL, HARVEY 39755 LITKE CT, CLINTON TWP, MI 48038 | | \$ <u>12.50</u> | \$ <u>12.50</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution #2 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/02/11</u> | |
| Name & Address: BROWN, FRED 46710 HAMPTON SHELBY TWP, MI 48315 | | \$ <u>12.50</u> | \$ <u>12.50</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution # 3 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/02/11</u> | |
| Name & Address: CICCHINI, CHRISTOPHER 50347 ASHPERTON MACOMB, MI 48044 | | \$ <u>12.50</u> | \$ <u>12.50</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution # 4 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/02/11</u> | |
| Name & Address: MISURACA, SARAFINA 47374 SANBORN MACOMB, MI 48042 | | \$ <u>12.50</u> | \$ <u>12.50</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |

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|---|--|---|---|
| 3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/02/11</u> Name & Address: KOSKOS, KIMBERLY 48274 RED OAK SHELBY TWP, MI 48315 | | \$ <u>12.50</u> | \$ <u>12.50</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/02/11</u> Name & Address: LOVERDE, MARY 13912 WHEATON DR. SHELBY TWP, MI 48315 | | \$ <u>12.50</u> | \$ <u>12.50</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/02/11</u> Name & Address: GANDINI, KRISTINA 22089 BEECH KNOLL DR. MACOMB, MI 48044 | | \$ <u>12.50</u> | \$ <u>12.50</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/02/11</u> Name & Address: McCREDIE, KIMBERLY 15068 RIVERSIDE DR. STERLING HEIGHTS, MI 48313 | | \$ <u>12.50</u> | \$ <u>12.50</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |

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|---|--|---|---|
| 3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/02/11</u> Name & Address: MESSENGER, PATRICIA 14012 GOLDEN ARROW CT. SHELBY TWP, MI 48315 | | \$ <u>12.50</u> | \$ <u>12.50</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/02/11</u> Name & Address: ROSENBERG, DEBRA 54504 WHITE PINE LN. SHELBY TWP, MI 48315 | | \$ <u>12.50</u> | \$ <u>12.50</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/02/11</u> Name & Address: MURPHY, SUSAN 11719 MONSBROOK CT STERLING HEIGHTS, MI 48313 | | \$ <u>12.50</u> | \$ <u>12.50</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/02/11</u> Name & Address: FRANCO, DOMINIC 35854 RAINBOW DR. STERLING HEIGHTS, MI 48312 | | \$ <u>12.50</u> | \$ <u>12.50</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |

Page Subtotal \$50.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 0013637350
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? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/02/11</u> | |
| Name & Address: WETHERHOLT, LANCE 46723 FRANKS LN SHELBY TWP, MI 48315 | | \$ <u>12.50</u> | \$ <u>12.50</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution #2 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/02/11</u> | |
| Name & Address: HRISOULIS, MARY 56208 PARKVIEW DR. SHELBY TWP, MI 48316 | | \$ <u>12.50</u> | \$ <u>12.50</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution # 3 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/02/11</u> | |
| Name & Address: COPIOLI, GEORGE 13758 WHITE CAP DR. STERLING HEIGHTS, MI 48313 | | \$ <u>12.50</u> | \$ <u>12.50</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution # 4 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/02/11</u> | |
| Name & Address: SARVELLO, KIMBERLY 13745 STERLING OAK DR. STERLING HEIGHTS, MI 48313 | | \$ <u>12.50</u> | \$ <u>12.50</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
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1. Committee I.D. Number 0013637350
2. Committee Name CTE DENISE AQUINO

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|---|---|------------------------------------|---|
| 3. Contribution # 1 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/02/11</u> | |
| Name & Address: WENDT, BETH 14064 THAMES DR. SHELBY TWP, MI 48315 | | \$ <u>12.50</u> | \$ <u>12.50</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution #2 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/02/11</u> | |
| Name & Address: COHEN, LISA 11851 STEPHANE DR. SHELBY TWP, MI 48315 | | \$ <u>12.50</u> | \$ <u>12.50</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution # 3 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/02/11</u> | |
| Name & Address: SONNTAG, KAREN 39952 SAAL STERLING HEIGHTS, MI 48313 | | \$ <u>12.50</u> | \$ <u>12.50</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution # 4 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/02/11</u> | |
| Name & Address: SARVELLO, DAVID 13745 STERLING OAK DR. STERLING HEIGHTS, MI 48313 | | \$ <u>12.50</u> | \$ <u>12.50</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

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|---|---|---|---|
| 3. Contribution # 1 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/02/11</u> | |
| Name & Address: PEARSON, DONNA 54273 RIDGEVIEW SHELBY TWP, MI 48316 | | \$ <u>12.50</u> | \$ <u>12.50</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution #2 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/02/11</u> | |
| Name & Address: CLARK, REBECCA 13369 SWAN LN SHELBY TWP, MI 48315 | | \$ <u>12.50</u> | \$ <u>12.50</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution # 3 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/02/11</u> | |
| Name & Address: RODZIK, DRISTEN 14146 BANGOR DR. STERLING HEIGHTS, MI 48313 | | \$ <u>12.50</u> | \$ <u>12.50</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution # 4 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/02/11</u> | |
| Name & Address: PLUMB, RACHEL 39031 IRONSIDE STERLING HEIGHTS, MI 48310 | | \$ <u>12.50</u> | \$ <u>12.50</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |

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ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 0013637350

2. Committee Name CTE DENISE AQUINO

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6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address:

ALESSI, KARIE
368 W.MARYKNOLL RD.
ROCHESTER, MI 48309

\$ 12.50

\$ 12.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address

DANCEL, CHITO
3727 WOODMONTE DR.
ROCHESTER, MI 48306

\$ 12.50

\$ 12.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address:

FORBES, JEANNE
22525 NORCREST
SCS, MI 48080

\$ 12.50

\$ 12.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address

WEHNER, LAURA
23216 BROOKDALE BLVD.
SCS, MI 48082

\$ 12.50

\$ 12.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

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Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal \$50.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

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|---|---|---|---|
| 3. Contribution # 1 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/02/11</u> | |
| Name & Address: DURAND, JENNIFER 470 GRACE AVE ROCHESTER, MI 48307 | | \$ <u>12.50</u> | \$ <u>12.50</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution #2 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/02/11</u> | |
| Name & Address: DEHONDT, JOSEPH 3193 CHARLWOOD DR. ROCHESTER HILLS, MI 48306 | | \$ <u>12.50</u> | \$ <u>12.50</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution # 3 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/02/11</u> | |
| Name & Address: PETRO, PATRICIA 2582 NEW ENGLAND DR. ROCHESTER HILLS, MI 48309 | | \$ <u>12.50</u> | \$ <u>12.50</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution # 4 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/02/11</u> | |
| Name & Address: GENDERNELLE, ERIC 23244 ELMIRA SCS, MI 48082 | | \$ <u>12.50</u> | \$ <u>12.50</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

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6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address:

SPURR, SUZANNE
531 ARLINGTON DR.
ROCHESTER HILLS, MI 48307

\$ 12.50

\$ 12.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address:

SKELCY, DEANNA
430 NESBIT
ROCHESTER HILLS, MI 48309

\$ 12.50

\$ 12.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address:

COLLINS, KIMBERLY
227 COX RD.
SAINT CLAIR, MI 48079

\$ 12.50

\$ 12.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address:

COOK, KIRSTEN
31441 GROVE
FRASER, MI 48026

\$ 12.50

\$ 12.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal \$50.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

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|---|---|---|---|
| 3. Contribution # 1 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/02/11</u> | |
| Name & Address: LOCRICCHIO, ANTHONY 2933 GRAVEL RIDGE DR. ROCHESTER HILLS, MI 48307 | | \$ <u>12.50</u> | \$ <u>12.50</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution #2 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/02/11</u> | |
| Name & Address: LERCHENFELDT, SARA 2380 LASSITER DR. ROCHESTER HILLS, MI 48309 | | \$ <u>12.50</u> | \$ <u>12.50</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution # 3 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/02/11</u> | |
| Name & Address: O'CONNOR, DONALD 6491 FRED MOORE HWY. CHINA, MI 48054 | | \$ <u>12.50</u> | \$ <u>12.50</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution # 4 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/02/11</u> | |
| Name & Address: CLANCY, MICHELLE 17223 ANITA FRASER, MI 48026 | | \$ <u>12.50</u> | \$ <u>12.50</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |

Page Subtotal \$50.00

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

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|---|---|---|---|
| 3. Contribution # 1 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/02/11</u> | |
| Name & Address: BICKERS, BRIAN 35814 BURTON CT. NEW BALTIMORE, MI 48047 | | \$ <u>12.50</u> | \$ <u>12.50</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution #2 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/02/11</u> | |
| Name & Address: MYERS, GLEN 1390 HAMPTON RD. MT. CLEMENS, MI 48043 | | \$ <u>12.50</u> | \$ <u>12.50</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution # 3 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/02/11</u> | |
| Name & Address: CIESLIK, DAVID 70713 MANOR CT. ROMEO, MI 48065 | | \$ <u>12.50</u> | \$ <u>12.50</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution # 4 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/02/11</u> | |
| Name & Address: CARBARY, CHERYL 31506 IROQUOIS DR. WARREN, MI 48088 | | \$ <u>12.50</u> | \$ <u>12.50</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 0013637350
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|---|--|---|---|
| 3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/02/11</u> Name & Address: BEHNKE, MARK 27930 ROY SCS, MI 48081 | | \$ <u>6.50</u> | \$ <u>6.50</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/02/11</u> Name & Address: BOLAK, THEODORE 1390 HAMPTON RD. MT. CLEMENS, MI 48043 | | \$ <u>12.50</u> | \$ <u>12.50</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/02/11</u> Name & Address: JERSE, JAMES 61951 WOLCOTT RD. RAY, MI 48096 | | \$ <u>12.50</u> | \$ <u>12.50</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/02/11</u> Name & Address: SUSALLA, MICHELLE 67771 CHESAPEAKE DR. WASHINGTON TWP, MI 48095 | | \$ <u>12.50</u> | \$ <u>12.50</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |

Page Subtotal **\$44.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 0013637350
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 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 05/02/11

Name & Address:

KIEL, KRISTOPHER
53313 CRAWFORD DR.
CHESTERFIELD TWP, MI 48051

\$ 12.50

\$ 12.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address:

HEUMANN, DANIELLE
1293 FONTAINE AVE.
MADISON HEIGHTS, MI 48071

\$ 12.50

\$ 12.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address:

SMITH PHILIP
271 W. ST. CLAIR
ROMEO, MI 48065

\$ 12.50

\$ 12.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address:

KING, THERESA
8596 WOODSMAN
WASHINGTON TWP, MI 48094

\$ 12.50

\$ 12.50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

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)

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 0013637350
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? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/02/11</u> | |
| Name & Address: JOHNSON-AREL, KAREN 32921 BIRCHWOOD DR. CHESTERFIELD TWP, MI 48047 | | \$ <u>12.50</u> | \$ <u>12.50</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution #2 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/02/11</u> | |
| Name & Address: LARAMEE, RICHARDS 26028 PEMBROKE HUNTINGTON WOODS, MI 48071 | | \$ <u>12.50</u> | \$ <u>12.50</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution # 3 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/02/11</u> | |
| Name & Address: LAWRENCE, DANIEL 14111 IVANHOE WARREN, MI 48088 | | \$ <u>12.50</u> | \$ <u>12.50</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution # 4 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/02/11</u> | |
| Name & Address: VREDEVELD, BETH 1689 JONES RD. FENWICK, MI 48834 | | \$ <u>12.50</u> | \$ <u>12.50</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |

Page Subtotal \$50.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 00136373
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? <input type="checkbox"/> YES 4. Date of Receipt <u>05/02/11</u> Name & Address: WALKER, KRISTY 48701 E. RANCH DR. CHESTERFIELD TWP, MI 48051 | | \$ <u>12.50</u> | \$ <u>12.50</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/02/11</u> Name & Address: WEINER, MARC 2035 WICKFORD CT. BLOOMFIELD HILLS, MI 48304 | | \$ <u>12.50</u> | \$ <u>12.50</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/02/11</u> Name & Address: GRAHAM, DAWN 7336 JOCHAR RD. CLAY, MI 48001 | | \$ <u>12.50</u> | \$ <u>12.50</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/02/11</u> Name & Address: NORTH, DENNIS 468 TOURAINE RD. GPF, MI 48236 | | \$ <u>12.50</u> | \$ <u>12.50</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |

Page Subtotal \$50.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 00136373
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? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/02/11</u> | |
| Name & Address: AMHDAR, HEIDI 70458 BEEBE ST. RICHMOND, MI 48062 | | \$ <u>12.50</u> | \$ <u>12.50</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution # 2 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/02/11</u> | |
| Name & Address: CAROLAN, KATIE 25880 IVANHOE HUNTINGTON WOODS, MI 48070 | | \$ <u>12.50</u> | \$ <u>12.50</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution # 3 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/02/11</u> | |
| Name & Address: NAJOR, REBECCA 616 BAUMAN AVE. ROYAL OAK, MI 48073 | | \$ <u>25.00</u> | \$ <u>25.00</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution # 4 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/02/11</u> | |
| Name & Address: KONICEK, CARRA-ANNE 3246 BELINDA DR. STERLING HEIGHTS, MI 48310 | | \$ <u>25.00</u> | \$ <u>25.00</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |

Page Subtotal \$75.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 0013637350
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 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 05/02/11
Name & Address:

SCHULTE, LAWRENCE
PO BOX 481
LEXINGTON, MI 48450

\$ 25.00

\$ 25.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11
Name & Address:

TRZASKO, JASON
55082 TIMBERS EDGE
SHELBY TWP, MI 48316

\$ 25.00

\$ 25.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11
Name & Address:

O'NEIL, DIANE
12898 RED BUD DR.
SHELBY TWP, MI 48315

\$ 25.00

\$ 25.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11
Name & Address:

KONICEK, CARRA-ANNE
3246 BELINDA DR.
STERLING HEIGHTS, MI 48310

\$ 25.00

\$ 25.00

5. If over \$100.00 cumulative, please provide:

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
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 0013637350
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 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 05/02/11

Name & Address:

CHRISTOPOULOS, DORA
17619 NICK DR.
MACOMB, MI 48044

\$ 25.00

\$ 25.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address:

ANDRIASCHKO, WALTER
46491 APPLE LN.
MACOMB, MI 48044

\$ 25.00

\$ 25.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address:

PHILLIPS, CAROL
39517 COBRIDGE
CLINTON TWP, MI 48038

\$ 25.00

\$ 25.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/11

Name & Address:

HECK, CYNTHIA
6723 NORTHPOINTE
TROY, MI 48085

\$ 25.00

\$ 25.00

5. If over \$100.00 cumulative, please provide:

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
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 0013637350
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? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/02/11</u> | |
| Name & Address: BRIGHT, SCOTT 7058 TIMBERCREST DR. WASHINGTON, MI 48094 | | \$ <u>25.00</u> | \$ <u>25.00</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution #2 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/02/11</u> | |
| Name & Address: LEVINE, MARYANNE 23164 GLADHILL LN. SCS, MI 48080 | | \$ <u>25.00</u> | \$ <u>25.00</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution # 3 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/02/11</u> | |
| Name & Address: NEWTON, MICHELLE 38725 GAINSBOROUGH COURT CLINTON TWP, MI 48038 | | \$ <u>25.00</u> | \$ <u>25.00</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution # 4 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>05/02/11</u> | |
| Name & Address: LAPLANTE, RONALD 17412 WASHINGTON CT. MACOMB, MI 48044 | | \$ <u>25.00</u> | \$ <u>25.00</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |

Page Subtotal \$100.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 0013637350
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? <input type="checkbox"/> YES 4. Date of Receipt <u>05/03/11</u> Name & Address: TOMLINSON, TIMOTHY 42850 GARFIELD CLINTON TOWNSHIP, MI 48036 | | \$ <u>250.00</u> | \$ <u>250.00</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>YORK, DOLAN, TOMLINSON ATTORNEYS AT LAW</u> Business Address <u>42850 GARFIELD, CLINTON TWP, MI 48036</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: _____ | | \$ _____ | \$ _____ |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: _____ | | \$ _____ | \$ _____ |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: _____ | | \$ _____ | \$ _____ |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |

Page Subtotal \$250.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

3,043.97

Enter this total on
line 3a of Summary
Page.



**ITEMIZED OTHER RECEIPTS
SCHEDULE 1A-1**

CANDIDATE COMMITTEE

1. Committee I.D. Number 0013637350

2. Committee Name CTE DENISE AQUINO

| 3. Name & Address From Whom Received | 4. Date of Receipt | 5. Type of Receipt | 6. Amount |
|--|---------------------------------|--|------------------|
| Receipt #1 Name & Address: CTE GEORGE SOBAH CJ BARRYMORE'S 21750 HALL RD CLINTON TWP, MI 48038 | Date of Receipt <u>04/21/11</u> | <input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate Click for Memo Itemization Type <input checked="" type="checkbox"/> Other (Specify) <u>JOINT F R</u> | \$ <u>200.00</u> |
| Receipt #2 Name & Address: | Date of Receipt _____ | <input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____ | \$ _____ |
| <input type="checkbox"/> Fund Raiser | | | |
| Receipt #3 Name & Address: | Date of Receipt _____ | <input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____ | \$ _____ |
| <input type="checkbox"/> Fund Raiser | | | |
| Receipt #4 Name & Address: | Date of Receipt _____ | <input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____ | \$ _____ |
| <input type="checkbox"/> Fund Raiser | | | |
| Receipt #5 Name & Address: | Date of Receipt _____ | <input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____ | \$ _____ |
| <input type="checkbox"/> Fund Raiser | | | |
| Receipt #6 Name & Address: | Date of Receipt _____ | <input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____ | \$ _____ |
| <input type="checkbox"/> Fund Raiser | | | |
| Receipt #7 Name & Address: | Date of Receipt _____ | <input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____ | \$ _____ |
| <input type="checkbox"/> Fund Raiser | | | |

Page Subtotal

Grand Total of All Schedules 1A -1
(Complete on last page of Schedule)

Enter this total on
line 4 of Summary
Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 0013637350
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 DENISE AQUINO Address 16940 FRANZISKO MACOMB, MI 48044 <input type="checkbox"/> Fund Raiser | Purpose: <u>LOAN PAYMENT</u> <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>05/19/11</u> Date | <u>\$ 7000.00</u> Click Here for Memo Itemization Type |
| Expenditure #2 Name Walter Nowinski Address 3502 Warwick Rochester Hills, MI 48309 <input type="checkbox"/> Fund Raiser | Purpose: <u>MAILER DESIGN</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>04/29/11</u> Date | <u>\$ 275.00</u> Click Here for Memo Itemization Type |
| Expenditure #3 Name MANHATTAN MAILERS Address 51132 MILANO DR MACOMB, MI 48042 <input type="checkbox"/> Fund Raiser | Purpose: <u>2ND MAILER MAIL HOUSE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>04/29/11</u> Date | <u>\$ 525.00</u> Click Here for Memo Itemization Type |
| Expenditure #4 Name JOSEPH A. MUNEM Address 29488 WOODWARD AVE STE 163 ROYAL OAK, MI 48073 <input type="checkbox"/> Fund Raiser | Purpose: <u>ROBO CALLS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>05/03/11</u> Date | <u>\$ 340.05</u> Click Here for Memo Itemization Type |
| Expenditure #5 Name CJ BARRYMORE Address 21750 HALL RD CLINTON TWP, MI 48038 <input type="checkbox"/> Fund Raiser | Purpose: <u>VICTORY PARTY</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>05/03/11</u> Date | <u>\$ 227.00</u> Click Here for Memo Itemization Type |

| | |
|--|-------------------|
| Subtotal this page | \$8,367.05 |
| Grand Total of all Schedules 1B (Complete on last page of Schedule) | |

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 0013637350
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 US POST OFFICE Address GARFIELD CLINTON TWP, MI 48038 <input type="checkbox"/> Fund Raiser | Purpose: <u>STAMPS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>04/18/11</u> Date | \$ <u>100.00</u> |
| 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 | \$100.00 |
| Grand Total of all Schedules 1B (Complete on last page of Schedule) | \$8,467.05 |

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 0013637350

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) <input type="checkbox"/> FORGIVEN |
|--|--|--|---------------------------------------|---|
| Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: DENISE AQUINO 16940 FRANZISKO MACOMB, MI 48044 | 4. Type: <u>LOAN PAYMENT</u> 5. <u>Date Debt Was Incurred:</u> <u>03/30/11</u> 6. <u>Original Amount of Debt:</u> <u>\$ 7000</u> | 05/19/11 \$ 7,000.00 \$ \$ \$ \$ | \$ 7000 | \$ 0 <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> \$ _____ | \$ \$ \$ \$ \$ | \$ _____ | \$ _____ <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> \$ _____ | \$ \$ \$ \$ \$ | \$ _____ | \$ _____ <input type="checkbox"/> FORGIVEN |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____ | | | | |

Page Subtotal (Outstanding debt)

\$0.00

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

\$0.00

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.