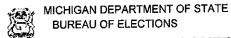
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11 MAY 17 AM 10: 25

CANDIDATE COMMITTEE COVER PAGE

CARTELLA SABEUGH MACOHE COUNTY CLERK HT. CLEMENS MICHERK

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	3. This Statement covers From: 01/01/11 to 04/17/11		
1. Committee I.D. Number	4. Candidate Last Name First Name M.I.		
0013637350	AQUINO DENISE		
2. Committee Name	4a. Office Sought Including District # or Community Served (If applicable)		
	CHIPPEWA VALLEY SCHOOL BOARD TRUSTEE		
CTE DENISE AQUINO	4b. County of Residence MACOMB		
5. Committee's Mailing Address	6. Treasurer's Name & Residential Address		
16940 FRANZISKO	RICHARD J. AQUINO		
MACOMB, MI 48044	16940 FRANZISKO		
	MACOMB, MI 48044		
Area Code and Phone (586) 286-6412			
If the address in this box is different from the committee			
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.	Area Code & Phone (586) 286-6412		
7. Treasurer's Business Address	Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)		
	Designated Necold Reciper)		
Area Code and Phone	Area Code and Phone		
9. TYPE OF STATEMENT	Area Code and Phone		
00 🚺	St-Election 9c. Annual Statement (Coverage Year) 9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c		
Pre-Election or Post-Election Statement relates to:	or 9e to indicate which Statement is being amended)		
Primary Ger	neral 9e. Dissolution of Candidate Committee		
Convention	hool Effective Date of Dissolution		
Special Cau	By checking this item, I/We certify that the committee has no assets or		
Date of Election, Convention or Caucus	outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for		
05/03/11	the Reporting Waiver.		
	Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.		
amendment to the Statement of Organization should accompany to before the filing deadline of a required campaign statement, to	equired Campaign Statements. The Campaign Statements must include all applicable enditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. ged since the information was shown on the committee's Statement of Organization, an this Campaign Statement. If a request for a Reporting Waiver is not received on or that campaign statement cannot be waived.		
10. Verification: I\We certify that all reasonable diligence was used my\our knowledge and belief the contents are true, accurate and co	in the preparation of this statement and attached schedules (if any) and to the best of omplete		
Current Treasurer or Designated Record keeper	Date 3/10/11		
Type or Print Name	Signature		
Candidate DENISE AQUINO	Donise ageuno Date 5/6/11		
Type or Print Name	Signature		
Authority granted under P.A. 388 of 1976	· · · · · · · · · · · · · · · · · · ·		



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? YES 4. Date of Receipt 04/14/11 Iame & Address: TRAMA, LOU 908 E.THIRD ST ROYAL OAK, MI 48067 5. If over \$100.00 cumulative, please provide:	\$ 75.00	\$ 75.00
Occupation Employer	Onon viole v	
Business Address Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 04/14/11 Name & Address		
ATKINS, GLORIA 8859 RENDNER STERLING HEIGHTS, MI 48313	_{\$} 200.00	\$ 200.00
5. If over \$100.00 cumulative, please provide: Occupation NURSE Employer BEAUMONT HOSPITAL	Click Here for	or Memo Itemization
Business Address 44201 DEQUINDER RD., TROY, MI 48085		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser	\$Click Here fo	or Memo Itemization
Contribution # 4 PAC Receipt? YES 4. Date of Receipt		
Name & Address	\$	\$
5. If over \$100.00 cumulative, please provide:	Click Here f	or Memo Itemization
Occupation Employer		
Business Address		
Page Subtot	al \$275.00	
Grand Total of All Schedules 1. (Complete on last page of Schedule Page of		