



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED

11 MAY 17 AM 10:25

CANDIDATE COMMITTEE
COVER PAGE

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

FOR OFFICIAL USE ONLY
CARPELLA SADAUGH
MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

1. Committee I.D. Number

0013637350

2. Committee Name

CTE DENISE AQUINO

5. Committee's Mailing Address

16940 FRANZISKO
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:

01/01/11

to 04/17/11

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
16940 FRANZISKO
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 J. AQUINO

Type or Print Name

Signature

Date

5/16/11

Candidate

DENISE AQUINO

Type or Print Name

Signature

Date

5/16/11



**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 04/14/11

Name & Address:

TRAMA, LOU
908 E. THIRD ST
ROYAL OAK, MI 48067

\$ 75.00

\$ 75.00

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

[Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

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

3. Contribution #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:

[Click Here for Memo Itemization](#)

Occupation NURSE Employer BEAUMONT HOSPITAL

Business Address 44201 DEQUINDER RD., TROY, MI 48085

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

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt _____

Name & Address:

\$ _____ \$ _____

[Click Here for Memo Itemization](#)

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

Occupation _____ Employer _____

Business Address _____

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

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt _____

Name & Address:

\$ _____ \$ _____

[Click Here for Memo Itemization](#)

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

Occupation _____ Employer _____

Business Address _____

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

Page Subtotal \$275.00

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

\$8,240.00

Enter this total on
line 3a of Summary
Page.