



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		3. This Statement covers From: <u>04/18/01</u> to <u>05/23/11</u>	
2. Committee Name CTE DENISE AQUINO		4. Candidate Last Name AQUINO First Name DENISE M.I. 4a. Office Sought Including District # or Community Served (If applicable) CHIPPEWA VALLEY SCHOOL BOARD TRUSTEE 4b. County of Residence MACOMB	
5. Committee's Mailing Address 16940 FRANZISKA MACOMB, MI 48044 Area Code and Phone <u>(586) 286-6412</u> <small>If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.</small>		6. Treasurer's Name & Residential Address RICHARD J. AQUINO, SR 16940 FRANZISKA MACOMB, MI 48044 Area Code & Phone <u>(586) 286-6412</u>	
7. Treasurer's Business Address Area Code and Phone _____		8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) Area Code and Phone _____	

FILED
11 JUN 17 AM 8:36
CAMELLA SABAUGH
MACOMB COUNTY CLERK
HT. CLEMENS, MICHIGAN

9. TYPE OF STATEMENT

9a. ☐ Pre-Election OR 9b. ☒ Post-Election

Pre-Election or Post-Election Statement relates to:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Convention	<input checked="" type="checkbox"/> School
<input type="checkbox"/> Special	<input type="checkbox"/> 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,	<i>Richard Aquino</i>	Date	<u>06/12/11</u>
	Type or Print Name	Signature		
Candidate	DENISE AQUINO	<i>Denise Aquino</i>	Date	<u>06/12/11</u>
	Type or Print Name	Signature		



**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, CATHERINE
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
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.