## CAMPAIGN STATEMENT OF ACCOUNT FORM CFD-001 (Mandatory)

### WHO MUST FILE

A **Candidate**, whose nomination has been certified by the Commonwealth Election Commission, must file a detailed Campaign Statement of Account.

For filing purposes, individuals running for Governor and Lt. Governor are considered one candidate and are only required to file a single Campaign Statement of Account to be signed and verified by both individuals and their treasurer.

## WHERE TO FILE

Submit an **original and two copies** of the completed Campaign Statement of Account with the Office of the Public Auditor at #1236 Yap Dr., Capitol Hill, Saipan. After the original is stamped and received by OPA, file a copy with the Commonwealth Election Commission. Keep the second stamped copy for your file.

#### **DEADLINE FOR FILING**

The Campaign Statement of Account must be filed within 50 days after the election (i.e. by December 24, 2014 for the upcoming special/general election). A statement can be delivered by certified mail as long as it is postmarked no later than **December** 24, 2014.

#### **REQUEST FOR EXTENSION**

Upon written request from the candidate, the Commonwealth Election Commission may extend the deadline for filing by up to 15 days (i.e. by January 8, 2015). However, the candidate must possess an approved request for extension by December 24, 2014 to avoid being assessed a penalty.

## PENALTY FOR LATE FILING

A candidate will be assessed a penalty of **One hundred dollars** (\$100) for each calendar day the report is late.

## **INSTRUCTIONS FOR FILING**

### PENALTY FOR NON-FILING

Any person who violates the requirements for filing shall, upon conviction, be fined up to **\$50,000**, or **imprisoned up to one year**, or both.

## FILING REQUIREMENTS

The candidate shall file a detailed Campaign Statement of Account, prepared with the advice and cosignature of his/her treasurer that identifies the:

- 1) name(s) of contributors
- 2) specific source(s) of contributions
- amount of contribution(s) and expense(s)
- name(s) of persons receiving such expense(s)

### VERIFICATION

Statements shall be verified under oath by the candidate and his/her treasurer. *Free Notary service* is available at the Office of the Public Auditor.

### **REPORT ALL CONTRIBUTIONS**

All contributions are required to be reported regardless of the amount. However, candidates need not identify the name of contributors who contributed in the aggregate less than \$500 in cash or in-kind.

## NAMES OF CONTRIBUTORS

A candidate shall disclose the identities of all contributors who contribute in the aggregate more than \$500 in cash, check, or fair market value of property to a candidate, potential candidate, campaign or committee.

### CONTRIBUTIONS FOR CAMPAIGN PURPOSES ONLY

All contributions are to be used for campaigns and election purposes only. Contributions are not to be used for personal use.

# ANONYMOUS CONTRIBUTIONS PROHIBITED

Anonymous contributions of any

amount are **not allowed**. A candidate who receives an anonymous contribution must turn the contribution over to the Commonwealth Treasurer for deposit to the Commonwealth General Fund.

### CAMPAIGN FUNDS CARRIED OVER FROM PREVIOUS ELECTIONS

A candidate may retain excess campaign funds in a designated bank account to be used for future elections or campaigns. Such funds must be reported on the candidate's next Campaign Statement of Account. A candidate, who uses these funds for having one or more post-election meetings, rallies or parties must file an amended Campaign Statement of Account to report the expense(s) incurred.

## FILING AN AMENDED STATEMENT

Upon learning the accuracy of any multi-candidate expense or independent expenditure information, the candidate must file an amended Campaign Statement of Account, within 10 days.

## MULTI-CANDIDATE APPORTIONMENT AND REPORTING

Each candidate is responsible for reporting his or her individual share of contributions and expenses made on behalf of the candidate by campaign committees or political parties.

## REASONABLE DILIGENCE AND A GOOD FAITH ESTIMATE

A candidate is required to use all reasonable diligence to discover and report all multi-candidate expenses and independent expenditures made directly by supporters and political parties on their behalf. Upon using all reasonable diligence to obtain the information, the candidate may provide a good faith estimate of all known multi-candidate expenses and independent expenditures.

#### **REQUIRED FORM**

The Campaign Statement of Account form (CFD-001) is <u>required</u> to be completed and filed by candidates.

#### SUGGESTED REPORT SCHEDULES

To assist candidates track and report details supporting the Campaign Statement of Account, the Commonwealth Election Commission has developed the following forms:

- 1. Summary of Fundraising Receipts and Disbursements (CFD-FER)
- 2. List of Monetary Fundraising Contributions (CFD-FR (A-1))
- 3. Itemized List of Fundraising Expenses (CFD-FR (A-2))
- 4. List of In-Kind Contributions and Contributed Property from Fundraising Event(s) (CFD-FR (B&C))
- 5. Summary of General Contributions and Expenses (CFD-GCER)
- 6. Itemized List of General Contributions (CFD-GC(A))
- 7. List of In-Kind Contributions and Contributed Property from General Contributions (CFD-GC (B&C))
- 8. Itemized List of General Expenses (CFD-GC (D))
- 9. List of Contributions to Other Candidates (CFD-GC (E))
- 10. List of Multi-Candidate Contributions and Expenses (CFD-MCCER)

### FILLING OUT THE CAMPAIGN STATEMENT OF ACCOUNT FORM (CFD-001)

**Report Type** - Check whether **final** or **amendment**.

**Candidate Name** - Full, legal name of candidate.

**Office Sought** - Position candidate is seeking.

**Treasurer Name** - Full name of candidate's treasurer.

Preferred Mailing Address - Candidate's P.O. Box.

**Telephone** - Candidate's contact number.

**Line 1** - Enter the the total cash balance and in-kind balance from previous election.

**Line 2** - Enter the total of all fundraising receipts. Record cash under cash column and in-kind contributions and contributed property under the in-kind column.

Line 3 - Enter the total of all allocated multi-candidate contributions received from a party or committee.

**Line 4** - Enter the total of all receipts from general contributions that are not related to fundraising events or multi-candidate contributions.

Line 5 - Enter the total of all receipts not classified as fundraising events, multi-candidate or general contributions (i.e. fund balance carried over from previous election campaigns.)

Line 6 - Add Lines 1 through 5.

**Line 7** - Enter the total of all fundraising expenses incurred. Record cash under cash column and in-kind contributions and contributed property under the in-kind column.

Line 8 - Enter allocated expenses or share in the expenditures made by a party or committee to benefit more than one candidate.

Line 9 - Enter all disbursements not related to either fundraising events or multi-candidate.

Line 10 - Enter other disbursements that cannot be classified under fundraising events, multi-candidate or general expenditures.

Line 11- Add Lines 7 through 10.

**Line 12** - Subtract Line 11 from Line 6.

# FILLING OUT THE SUPPORTING SCHEDULE FORMS

Instructions for filling out the suggested schedules are available upon request. Candidates may use their own supporting schedule formats. Should a candidate use an alternative schedule format, the candidate must provide, at a minimum, detailed information as required in the Act.

### WHERE TO OBTAIN FORMS AND ASSISTANCE

To obtain forms and further assistance, candidates may contact:

#### Office of the Public Auditor

#1236 Yap Drive, Capitol Hill P.O. Box 501399 Saipan, MP 96950 Tel. no. 322-6481/2 Fax no. 234-7812 or 235-1727 Website: <u>www.opacnmi.com</u>

or

#### Commonwealth Election Commission

P.O. Box 500470 Saipan, MP 96950 Tel. no. 664-VOTE Fax no. 664-8689.



## COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS CAMPAIGN FINANCIAL DISCLOSURE

Report Type:					
	Final Report				
	Amendment				

## CAMPAIGN STATEMENT OF ACCOUNT - CANDIDATE 2014 GENERAL SPECIAL ELECTION

# (Year) IMPORTANT: FILE THIS REPORT NOT LATER THAN DECEMBER 24, 2014.

FILE ORIGINAL AND TWO COPIES WITH THE OFFICE OF THE PUBLIC AUDITOR.

This Campaign Statement of Account form is **mandatory**. Candidates may use the suggested reports and schedules furnished by the Election Commission, or they may use their own detailed formats. Should you use an alternative schedule format, you must provide, at a minimum, detailed information as required in the Act.

Candidate Name (Last Name, First Name, MI):	Office S	ought:		
Treasurer Name (Last Name, First Name, MI):	Preferre	d Mailing (P.O. Box) Address:		Telephone:
			CASH	IN-KIND
1. BALANCE CARRIED FORWARD FROM PREVIOUS ELECTI	ION(S)			
ADD: RECEIPTS THIS ELECTION PERIOD				
2. RECEIPTS FROM FUNDRAISING EVENTS				
3. MULTI-CANDIDATE CONTRIBUTIONS				
4. RECEIPTS FROM GENERAL CONTRIBUTIONS				
5. OTHER RECEIPTS				
6. TOTAL AVAILABLE (Add Lines 1 through 5)				
LESS: DISBURSEMENTS THIS ELECTION PERIOD				
7. DISBURSEMENTS FOR FUNDRAISING EVENTS				
8. MULTI-CANDIDATE EXPENSES				
9. DISBURSEMENTS FOR GENERAL EXPENDITURES				
10. OTHER DISBURSEMENTS				
11. TOTAL DISBURSEMENTS (Add Lines 7 through10)				
12. EXCESS (SHORTFALL) OF RECEIPTS OVER DISBURSEM	ENTS (Su	Ibtract Line 11 from Line 6)		
	VERIF	ICATION		
Commonwealth of the Northern Mariana Islands )		Commonwealth of the Northern Maria	1	
) s.s.  sland of )		Island of	) S.S. )	
I,, being duly sworn on oath, depose (Candidate)	and say:	I,(Treasurer)	, being duly sworr	n on oath, depose and say:
That I am the individual named above; that I prepared the foregoing Campaign Sta	itement of	That I am the individual named above;	that the foregoing Campaign	Statement of Account, and the
Account, that I have used all reasonable diligence in preparing this Statement, and contents thereof, including the contents of all supporting attachments, are a true, full an	d that the nd explicit	contents thereof, including the conten accounting of all contributions received	ts of all supporting attachme and expenses incurred in aid o	nts, are true, full and explicit of the campaign. I understand
accounting of all contributions received and expenses incurred in aid of the cam understand that providing false information herein may subject me to civil and criminal as provided by the Northern Mariana Islands Election Reform Act of 2000, 1 CMC §6	l penalties	that providing false information herein the Northern Mariana Islands Election		
	0420.			
Signature of Candidate Date (Month, Day, Yea		Signature of Terrory		oth Day Year)
Signature of Candidate         Date (Month, Day, Yea           Subscribed and sworn before me this         day of         , 2	,	Signature of Treasurer Subscribed and sworn before me this		onth, Day, Year) , 20 .
	-~		dd; or	, 20
Notary Stamp Notary	/ Seal	Notary Stamp		Notary Seal

# FUNDRAISING EVENT REPORT FUNDRAISING DATE(5): \_\_\_\_\_

## **IMPORTANT:** USE A **SEPARATE** REPORT FOR <u>EACH</u> FUNDRAISING EVENT.

Candidate Name (Last Name, First Name, MI):	Treasurer Full Name (Last Name, First Name, MI):
Name of Fundraising Event:	Date(s) Held:

## SUMMARY OF FUNDRAISING RECEIPTS AND DISBURSEMENTS

(Complete Supporting Schedules Before Completing This Section)

REC	EIPTS	CASH	IN-KIND
1.	GROSS PROCEEDS FROM FUNDRAISING EVENT (Total Cash Proceeds from Line 3 of Result Summary of Supporting Schedule FR-A)		
2.	IN-KIND CONTRIBUTIONS RECEIVED (Total In-kind Contributions Received from Schedule FR-B. Bring down this value to Line 6 below.)		
3.	CONTRIBUTED PROPERTY RECEIVED (Total Contributed Property Received from Schedule FR-C)		
4.	TOTAL RECEIPTS (Transfer to Line 1 of Campaign Statement of Account)		
DISE	BURSEMENTS		
5.	FUNDRAISING EXPENSES (Total Fundraising Expenses from Line 4 of Result Summary of Schedule FR- A)		
6.	ADJUSTMENT FOR IN-KIND CONTRIBUTIONS RECEIVED (From Line 2 above)		
7.	TOTAL DISBURSEMENTS (Transfer to Line 6 of Campaign Statement of Account)		
	RECEIPTS AND DISBURSEMENTS act Line 7 from Line 4)		

### SUPPORTING SCHEDULE FOR FUNDRAISING EVENT HELD ON DATE(S): \_\_\_\_

Candidate Name (In Full) :

Signature of Treasurer:

PAGE \_\_\_\_

\$

\$

+

OF\_

Date:

## SUPPORTING SCHEDULE FR-A GROSS PROCEEDS AND EXPENSES FROM FUNDRAISING EVENT

## **RESULT SUMMARY**

1. TOTAL CASH PROCEEDS FROM INDIVIDUALS WHO CONTRIBUTED LESS THAN \$500

2. TOTAL CASH PROCEEDS FROM INDIVIDUALS WHO CONTRIBUTED MORE THAN \$500 (Details on Section 1 below)

3. TOTAL CASH PROCEEDS FROM THIS FUNDRAISING EVENT (Transfer this total to Line 1 of Fundraising Event

4. TOTAL FUNDRAISING EXPENSES (Details on Section 2 on the reverse side of this form. Transfer this total to Line 5 of Fundraising Event Report)

5. NET CASH PROCEEDS

## SECTION 1 - NAMES OF CONTRIBUTORS WITH \$500 OR MORE TOTAL AGGREGATE CONTRIBUTIONS

FULL NAME OF CONTRIBUTOR	AMOUNT	FULL NAME OF CONTRIBUTOR	AMOUNT
Example : Mr. John Doe	\$ 600.00		
TOTAL PROCEEDS OF CONTRIBUTIONS, IF LAST PAGE OTHERWISE CONTINUE ON NEXT COLUMN		TOTAL PROCEEDS OF CONTRIBUTIONS \$500 OR MORE (LAST PAGE ONLY - MUST AGREE WITH LINE 2 ABOVE)	

## SUPPORTING SCHEDULE FOR FUNDRAISING EVENT HELD ON DATE(S): \_\_\_\_\_

Candidate Name (In Full) :

Signature of Treasurer:

Date:

PAGE \_\_\_\_\_ OF \_\_\_\_

## SUPPORTING SCHEDULE FR-A GROSS PROCEEDS AND EXPENSES FROM FUNDRAISING EVENT

SECTION 2 - FUNDRAISING EXPENSES						
FULL NAME OF PAYEE OR VENDOR	PARTICULARS/			AMOUNT		
	DESCRIPTION	Food & Drinks	Advertising	Supplies	Fees/Donation	Other
Example : Taste Good Restaurant	Food catering	\$ 600				
TOTAL FUNDRAISING EXPENSES (Transfer Total to Line 4, Section 1 of Schedule A)	(Total)					

### **IMPORTANT:** FILE **SEPARATE** SCHEDULE FOR <u>EACH</u> FUNDRAISING EVENT.

## SUPPORTING SCHEDULE FOR FUNDRAISING EVENT HELD ON DATE(S): \_\_\_\_

\_ PAGE \_\_\_\_\_ OF \_\_\_\_\_

Candidate Name (In Full) :

Signature of Treasurer:

Date:

## SUPPORTING SCHEDULE FR-B IN-KIND CONTRIBUTIONS RECEIVED

FULL NAME OF CONTRIBUTOR	DESCRIPTION OF CONTRIBUTION	IARKET LUE
Example : ABC Retail	Give-away t-shirts (250 pcs @ \$ 5.00)	\$ 1,250
SUB-TOTAL OF RECEIPTS THIS PAGE ONLY (Use additional sheets as necessary )		
TOTAL RECEIPTS (IF LAST PAGE ONLY) (Transfer Total to Line 2 of either the Fundraising Event Re	eport or the General Contribution and Expense Report)	

## SUPPORTING SCHEDULE FR-C CONTRIBUTED PROPERTY RECEIVED

FULL NAME OF CONTRIBUTOR	DESCRIPTION OF PROPERTY RECEIVED	FAIR MA VALL	
Example : Island Computers	Old Computer with printer	\$	600
SUB-TOTAL OF RECEIPTS THIS PAGE ONLY (Use additional sheets as necessary			
TOTAL RECEIPTS (IF LAST PAGE ONLY) (Transfer Total to Line 3 of either the Fundraising Event Repor	t or the General Contribution and Expense Report)		

# **GENERAL CONTRIBUTION AND EXPENSE REPORT**

Candidate Name (Last Name, First Name, MI):

Treasurer Full Name (Last Name, First Name, MI):

## SUMMARY OF RECEIPTS AND DISBURSEMENTS

(Complete Supporting Schedules Before Completing This Section)

REC	EIPTS	CASH	IN-KIND
1.	MONETARY CONTRIBUTIONS FROM NON-FUNDRAISING EVENTS (Total Contributions from Schedule GC-A)		
2.	IN-KIND CONTRIBUTIONS RECEIVED (Total In-kind Contributions Received from Schedule GC-B. Bring down this value to Line 7 below.)		
3.	CONTRIBUTED PROPERTY RECEIVED (Total Contributed Property Received from Schedule GC-C)		
4.	TOTAL RECEIPTS (Transfer to Line 4 of Campaign Statement of Account)		
DISE	BURSEMENTS		
5.	GENERAL EXPENDITURES (Total General Expenditures from Schedule GC-D)		
6.	CONTRIBUTIONS TO OTHER CANDIDATES (Total Contributions To Other Candidates from Schedule E)		
7.	ADJUSTMENT FOR IN-KIND CONTRIBUTIONS RECEIVED (From Line 2 above)		
8.	TOTAL DISBURSEMENTS (Transfer to Line 9 of Campaign Statement of Account)		
NETR	ECEIPTS AND DISBURSEMENTS (Subtract Line 8 from Line 4)		

Candidate Name (In Full) :

Signature of Treasurer:

Date:

## SUPPORTING SCHEDULE GC-A MONETARY CONTRIBUTIONS FROM NON-FUNDRAISING EVENTS

FULL NAME OF CONTRIBUTOR	AMOUNT	FULL NAME OF CONTRIBUTOR	AMOUNT
Example : Ms. Jane Doe	\$ 1,500.00		
TOTAL CONTRIBUTIONS RECEIVED, IF LAST PAGE		TOTAL CONTRIBUTIONS RECEIVED (LAST PAGE ONLY)	
OTHERWISE CONTINUE ON NEXT COLUMN		(Transfer to Line 1 of Gen. Contrib.& Exp. Report)	

Candidate Name (In Full) :

Signature of Treasurer:

Date:

PAGE \_\_\_\_\_ OF \_\_\_\_\_

SUPPORTING SCHEDULE GC-B IN-KIND CONTRIBUTIONS RECEIVED					
FULL NAME OF CONTRIBUTOR	DESCRIPTION OF CONTRIBUTION		MARKET ALUE		
Example : ABC Retail	Give-away t-shirts (250 pcs @ \$ 5.00)	\$	1,250		
SUB-TOTAL OF RECEIPTS THIS PAGE ONLY (Use additional sheets as necessary)					
TOTAL IN-KIND CONTRIBUTIONS RECEIVED (IF LAST F	P. C.				

## SUPPORTING SCHEDULE GC-C CONTRIBUTED PROPERTY RECEIVED

FULL NAME OF CONTRIBUTOR	DESCRIPTION OF PROPERTY RECEIVED	FAIR MARKET VALUE	
Example : Island Computers	Old Computer with printer	\$	600
SUB-TOTAL OF RECEIPTS THIS PAGE ONLY (Use additional sheets as necessary			
TOTAL CONTRIBUTED PROPERTY RECEIVED (IF LAST PA (Transfer Total to Line 3 of the General Contribution and E			

Candidate Name (In Full) :

Signature of Treasurer:

Date:

<b>UPPORTING</b>	SCHEDULE FOR	GENERAL (	CONTRIBUTIONS	

SUPPORTING SCHEDULE GC-D	)
GENERAL EXPENDITURES	

FULL NAME OF PAYEE OR VENDOR	PARTICULARS/ DESCRIPTION	AMOUNT					
		Food &	Advertising	Supplies	Fees/Donation	Other	
Example : Marianas Daily	One-page ad		\$ 500				
SUB-TOTAL OF PAYMENTS THIS PAGE ONLY	(Sub-Total)						
(Use additional sheets as necessary )	•						
TOTAL GEN. EXPENDITURES (IF LAST PAGE ONLY) (Transfer to Line 5 of Gen. Contribution & Exp. Report)	(Total)						

Candidate Name (In Full) :

Signature of Treasurer:

Date:

## SUPPORTING SCHEDULE GC-E CONTRIBUTIONS TO OTHER CANDIDATES (EXPENDITURES)

FULL NAME OF PAYEE	DESCRIPTION	AMOU	NT
Example : Mr. Winning Candidate Like Me	Fundraising tickets purchased (10 tickets @ \$50)	\$	500
SUB-TOTAL OF EXPENSES THIS PAGE ONLY (Use additional sheets as necessary )			
TOTAL CONTRIBUTIONS TO OTHER CANDIDATES (IF	LAST PAGE ONLY) xpense Report)		
FD-GC (E), 2003			

## **MULTI-CANDIDATE** CONTRIBUTION AND EXPENSE REPORT

Candidate Name (Last Name, First Name, MI):

Treasurer Full Name (Last Name, First Name, MI):

# **CONTRIBUTIONS RECEIVED**

RECEIVED FROM	DESCRIPTION		AMOUNT	
Example : BEST PARTY IN THE LAND	Cash Allocation of Party General Fundraising Proceeds	\$	20,000	
SUB-TOTAL OF CONTRIBUTIONS RECEIVED THIS PAGE ONLY (Use additional sheets as necessary )				
TOTAL CONTRIBUTIONS RECEIVED (IF LAST PAGE ONLY) (Transfer Total to Line 2 of Campaign Statement of Account)				

## EXPENSES

FULL NAME OF PAYEE	DESCRIPTION OF EXPENDITURE		AMOUNT	
Example : BEST PARTY IN THE LAND	Allocation of Party General Expenses	\$	15,000	
SUB-TOTAL OF EXPENSES THIS PAGE ONLY (Use additional sheets as necessary )				
TOTAL ALLOCATED EXPENDITURES (IF LAST PAGE ONLY) (Transfer Total to Line 7 of Campaign Statement of Account)				

