

CAMPAIGN STATEMENT OF ACCOUNT FORM CFD-001 (Mandatory)

INSTRUCTIONS FOR FILING

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.

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 co-signature of his/her treasurer that identifies the:

- 1) name(s) of contributors
- 2) specific source(s) of contributions
- 3) amount of contribution(s) and expense(s)
- 4) 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 required 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: www.opacnmi.com

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**

CAMPAIGN STATEMENT OF ACCOUNT - POLITICAL PARTY

2014 **GENERAL** **SPECIAL ELECTION**
(Year)

Report Type:

Final Report

Amendment

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**. Political Parties 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.

Political Party Name:	Party Chairperson:	
Treasurer Name (Last Name, First Name, MI):	Preferred Mailing (P.O. Box) Address:	Telephone:

	CASH	IN-KIND
1. BALANCE CARRIED FORWARD FROM PREVIOUS ELECTION(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 through 10)		
12. EXCESS (SHORTFALL) OF RECEIPTS OVER DISBURSEMENTS (Subtract Line 11 from Line 6)		

VERIFICATION

<p>Commonwealth of the Northern Mariana Islands s.s. Island of _____</p> <p>I, _____, being duly sworn on oath, depose and say: (Party Chairperson)</p> <p>That I am the individual named above; that I prepared the foregoing Campaign Statement of Account, that I have used all reasonable diligence in preparing this Statement, and that the contents thereof, including the contents of all supporting attachments, are a true, full and explicit accounting of all contributions received and expenses incurred in aid of the campaign. I understand that providing false information herein may subject me to civil and criminal penalties as provided by the Northern Mariana Islands Election Reform Act of 2000, 1 CMC §6428.</p> <p>_____ Signature of Party Chairperson Date (Month, Day, Year)</p> <p>Subscribed and sworn before me this _____ of _____, 20____.</p> <p align="center">Notary Stamp Notary Seal</p>	<p>Commonwealth of the Northern Mariana Islands s.s. Island of _____</p> <p>I, _____, being duly sworn on oath, depose and say: (Treasurer)</p> <p>That I am the individual named above; that the foregoing Campaign Statement of Account, and the contents thereof, including the contents of all supporting attachments, are true, full and explicit accounting of all contributions received and expenses incurred in aid of the campaign. I understand that providing false information herein may subject me to civil and criminal penalties as provided by the Northern Mariana Islands Election Reform Act of 2000, 1 CMC §6428.</p> <p>_____ Signature of Treasurer Date (Month, Day, Year)</p> <p>Subscribed and sworn before me this _____ of _____, 20____.</p> <p align="center">Notary Stamp Notary Seal</p>
--	---

**COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
CAMPAIGN FINANCIAL DISCLOSURE**

FUNDRAISING EVENT REPORT

FUNDRAISING DATE(S): _____

IMPORTANT: USE A SEPARATE REPORT FOR EACH 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)

RECEIPTS	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)		
DISBURSEMENTS		
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)		
NET RECEIPTS AND DISBURSEMENTS (Subtract Line 7 from Line 4)		

IMPORTANT: FILE SEPARATE SCHEDULE FOR EACH FUNDRAISING EVENT.

SUPPORTING SCHEDULE FOR FUNDRAISING EVENT HELD ON DATE(S): _____ **PAGE** _____ **OF** _____

Candidate Name (In Full) :	Signature of Treasurer:	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)	

IMPORTANT: FILE SEPARATE SCHEDULE A FOR EACH FUNDRAISING EVENT.

SUPPORTING SCHEDULE FOR FUNDRAISING EVENT HELD ON DATE(S): _____ **PAGE** _____ **OF** _____

Candidate Name (In Full) :	Signature of Treasurer:	Date:
----------------------------	-------------------------	-------

SUPPORTING SCHEDULE FR-A

GROSS PROCEEDS AND EXPENSES FROM FUNDRAISING EVENT

SECTION 2 - FUNDRAISING EXPENSES

FULL NAME OF PAYEE OR VENDOR	PARTICULARS/ DESCRIPTION	AMOUNT				
		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 EACH 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	FAIR MARKET VALUE
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 Report or the General Contribution and Expense Report)		

SUPPORTING SCHEDULE FR-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 RECEIPTS (IF LAST PAGE ONLY) (Transfer Total to Line 3 of either the Fundraising Event Report or the General Contribution and Expense Report)		

**COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
CAMPAIGN FINANCIAL DISCLOSURE**

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)

RECEIPTS	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)		
DISBURSEMENTS		
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)		
NET RECEIPTS 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 OTHERWISE CONTINUE ON NEXT COLUMN		TOTAL CONTRIBUTIONS RECEIVED (LAST PAGE ONLY) (Transfer to Line 1 of Gen. Contrib.& Exp. Report)	

Candidate Name (In Full) :	Signature of Treasurer:	Date:
----------------------------	-------------------------	-------

SUPPORTING SCHEDULE GC-B

IN-KIND CONTRIBUTIONS RECEIVED

FULL NAME OF CONTRIBUTOR	DESCRIPTION OF CONTRIBUTION	FAIR MARKET VALUE
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 PAGE ONLY) (Transfer Total to Line 2 of the General Contribution and Expense Report)		

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 PAGE ONLY) (Transfer Total to Line 3 of the General Contribution and Expense Report)		

Candidate Name (In Full) :	Signature of Treasurer:	Date:
----------------------------	-------------------------	-------

**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 (Use additional sheets as necessary)	(Sub-Total)					
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	AMOUNT
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) (Transfer Total to Line 6 of General Contribution and Expense Report)		

**COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
CAMPAIGN FINANCIAL DISCLOSURE**

**MULTI-CANDIDATE
CONTRIBUTION AND EXPENSE REPORT**

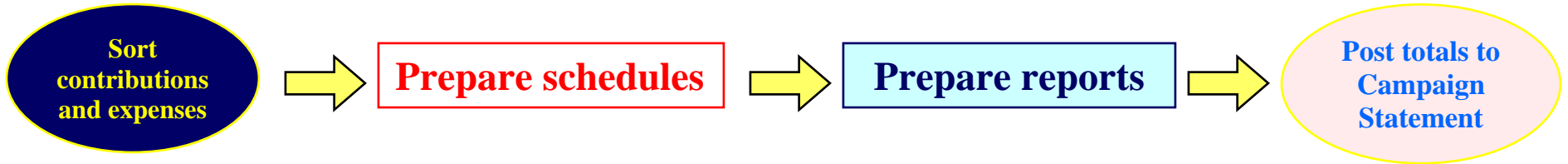
Candidate Name (Last Name, First Name, MI):	Treasurer Full Name (Last Name, First Name, MI):
---	--

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)		



Source:

