COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
CAMPAIGN FINANCIAL DISCLOSURE

Report Type:
[X] Final Report
[ ] Amendment

CAMPAIGN STATEMENT OF ACCOUNT - CANDIDATE

2012 (Year) [X] **GENERAL** [ ] **SPECIAL ELECTION**

OFFICE OF THE PUBLIC AUDITOR
SIGNATURE 12.24.12

IMPORTANT: FILE THIS REPORT NOT LATER THAN **DECEMBER 26, 2012.**
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 Sought:	
Bermudes, Illuminanda R.	Senate, 3rd Senatorial District	
Treasurer Name (Last Name, First Name, MI):	**Preferred Mailing (P.O. Box) Address:**	**Telephone:**
Taylor, Jessica B.	P.O. Box 502796; Saipan, MP 96950	670.285.3235

		CASH	IN-KIND
1.	**BALANCE CARRIED FORWARD FROM PREVIOUS ELECTION(S)**	N/A	N/A
	ADD: RECEIPTS THIS ELECTION PERIOD		
2.	RECEIPTS FROM FUNDRAISING EVENTS	$0.00	$0.00
3.	MULTI-CANDIDATE CONTRIBUTIONS	$0.00	$0.00
4.	RECEIPTS FROM GENERAL CONTRIBUTIONS	$210.00	$0.00
5.	OTHER RECEIPTS	$0.00	$500.00
6.	**TOTAL AVAILABLE** (Add Lines 1 through 5)	$210.00	$500.00
	LESS: DISBURSEMENTS THIS ELECTION PERIOD		
7.	DISBURSEMENTS FOR FUNDRAISING EVENTS	$0.00	$0.00
8.	MULTI-CANDIDATE EXPENSES	$0.00	$0.00
9.	DISBURSEMENTS FOR GENERAL EXPENDITURES	$2,027.07	$0.00
10.	OTHER DISBURSEMENTS	$0.00	$500.00
11.	**TOTAL DISBURSEMENTS** (Add Lines 7 through10)	$2,027.07	$500.00
12.	**EXCESS (SHORTFALL) OF RECEIPTS OVER DISBURSEMENTS** (Subtract Line 11 from Line 6)	$1,817.07	$0.00

RECEIVED
DEC 24 2012

VERIFICATION

Commonwealth of the Northern Mariana Islands)
Island of Saipan) s.s.

I, Illuminanda R. Bermudes (Candidate), being duly sworn on oath, depose and say:

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.

Signature of Candidate — Date (Month, Day, Year): 12-24-2012

Subscribed and sworn before me this 24th day of December, 2012.

JOANNE E. SABLAN
P.O. Box 5016 CK Saipan, MP 96950-5816
Notary Public Reg. No. 608A
BY AND FOR THE COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
My Commission Expires: 1/9/2014

Notary Seal

Commonwealth of the Northern Mariana Islands) ~~Arizona~~ RH
Island of ~~Maricopa~~ RH) s.s.

I, Jessica B. Taylor (Treasurer), being duly sworn on oath, depose and say:

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.

Signature of Treasurer — Date (Month, Day, Year): 12/22/12

Subscribed and sworn before me this 22 day of December, 2012.

RONALD G AVILA
Notary Public - Arizona
Maricopa County
My Commission Expires
September 29, 2013

Notary Stamp

CFD-001, Revised April 4, 2012

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
CAMPAIGN FINANCIAL DISCLOSURE

FUNDRAISING EVENT REPORT

FUNDRAISING DATE(S): N/A

IMPORTANT: USE A **SEPARATE** REPORT FOR **EACH** FUNDRAISING EVENT.

Candidate Name (Last Name, First Name, MI):	Treasurer Full Name (Last Name, First Name, MI):
Bermudes, Illuminanda R.	Taylor, Jessica B.
Name of Fundraising Event:	**Date(s) Held:**
N/A	N/A

SUMMARY OF FUNDRAISING RECEIPTS AND DISBURSEMENTS

(Complete Supporting Schedules Before Completing This Section)

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

IMPORTANT: FILE **SEPARATE** SCHEDULE FOR **EACH** FUNDRAISING EVENT.

SUPPORTING SCHEDULE FOR FUNDRAISING EVENT HELD ON DATE(S): N/A

Candidate Name (In Full):	Signature of Treasurer:	Date:
Bermudes, Illuminanda R.		12/22/12

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

RESULT SUMMARY

1. TOTAL CASH PROCEEDS FROM INDIVIDUALS WHO CONTRIBUTED LESS THAN $500	$ N/A
2. TOTAL CASH PROCEEDS FROM INDIVIDUALS WHO CONTRIBUTED MORE THAN $500 (Details on Section 1 below)	+ N/A
3. TOTAL CASH PROCEEDS FROM THIS FUNDRAISING EVENT (Transfer this total to Line 1 of Fundraising Event	N/A
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)	N/A
5. NET CASH PROCEEDS	$ N/A

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	N/A	N/A
N/A	N/A		
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): N/A

Candidate Name (In Full) :	Signature of Treasurer:	Date:
Bermudes, Illuminanda R.		12/22/12

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				
N/A	N/A	N/A	N/A	N/A	N/A	N/A
TOTAL FUNDRAISING EXPENSES (Transfer Total to Line 4, Section 1 of Schedule A)	(Total) N/A	N/A	N/A	N/A	N/A	N/A

IMPORTANT: FILE **SEPARATE** SCHEDULE FOR **EACH** FUNDRAISING EVENT.

SUPPORTING SCHEDULE FOR FUNDRAISING EVENT HELD ON DATE(S): N/A PAGE 04 OF 04

Candidate Name (In Full) :	Signature of Treasurer:	Date:
Bermudes, Illuminanda R.		12/22/12

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
N/A	N/A	N/A
SUB-TOTAL OF RECEIPTS THIS PAGE ONLY (Use additional sheets as necessary)		N/A
TOTAL RECEIPTS (IF LAST PAGE ONLY) (Transfer Total to Line 2 of either the Fundraising Event Report or the General Contribution and Expense Report)		N/A

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
N/A	N/A	N/A
SUB-TOTAL OF RECEIPTS THIS PAGE ONLY (Use additional sheets as necessary		N/A
TOTAL RECEIPTS (IF LAST PAGE ONLY) (Transfer Total to Line 3 of either the Fundraising Event Report or the General Contribution and Expense Report)		N/A

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):
Bermudes, Illuminanda R.	Taylor, Jessica B.

SUMMARY OF RECEIPTS AND DISBURSEMENTS

(Complete Supporting Schedules Before Completing This Section)

		CASH	IN-KIND
1.	**MONETARY CONTRIBUTIONS FROM NON-FUNDRAISING EVENTS** (Total Contributions from Schedule GC-A)	$210.00	
2.	**IN-KIND CONTRIBUTIONS RECEIVED** (Total In-kind Contributions Received from Schedule GC-B. Bring down this value to Line 7 below.)		$500.00
3.	**CONTRIBUTED PROPERTY RECEIVED** (Total Contributed Property Received from Schedule GC-C)		$0.00
4.	**TOTAL RECEIPTS** (Transfer to Line 4 of Campaign Statement of Account)	$210.00	$500.00
DISBURSEMENTS			
5.	**GENERAL EXPENDITURES** (Total General Expenditures from Schedule GC-D)	$2,027.07	
6.	**CONTRIBUTIONS TO OTHER CANDIDATES** (Total Contributions To Other Candidates from Schedule E)	$0.00	
7.	**ADJUSTMENT FOR IN-KIND CONTRIBUTIONS RECEIVED** (From Line 2 above)		$500.00
8.	**TOTAL DISBURSEMENTS** (Transfer to Line 9 of Campaign Statement of Account)	$2,027.07	$500.00
NET RECEIPTS AND DISBURSEMENTS (Subtract Line 8 from Line 4)		$1,817.07	$0.00

SUPPORTING SCHEDULE FOR GENERAL CONTRIBUTIONS

Candidate Name (In Full):	Signature of Treasurer:	Date:
Bermudes, Illuminanda R.	Taylor, Jessica B.	12/22/12

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		
Kiana Palacios	$210.00		

SUPPORTING SCHEDULE FOR GENERAL CONTRIBUTIONS

Candidate Name (In Full) :	Signature of Treasurer :	Date:
Bermudes, Illuminanda B.		12/22/12

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
J.C. Tenorio Enterprises, Inc.	Gift Certificate	$100.00
J.C. Tenorio Enterprises, Inc.	Gift Certificate	$100.00
J.C. Tenorio Enterprises, Inc.	Gift Certificate	$100.00
J.C. Tenorio Enterprises, Inc.	Gift Certificate	$100.00
J.C. Tenorio Enterprises, Inc.	Gift Certificate	$100.00
----------	Last Line Nothing Follows ----------	
SUB-TOTAL OF RECEIPTS THIS PAGE ONLY (Use additional sheets as necessary)		$500.00
TOTAL IN-KIND CONTRIBUTIONS RECEIVED (IF LAST PAGE ONLY) (Transfer Total to Line 2 of the General Contribution and Expense Report)		$500.00

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
N/A	N/A	$0.00
SUB-TOTAL OF RECEIPTS THIS PAGE ONLY (Use additional sheets as necessary		$0.00
TOTAL CONTRIBUTED PROPERTY RECEIVED (IF LAST PAGE ONLY) (Transfer Total to Line 3 of the General Contribution and Expense Report)		$0.00

SUPPORTING SCHEDULE FOR GENERAL CONTRIBUTIONS

Candidate Name (In Full) :	Signature of Treasurer:	Date:
Bermudes, Illuminanda R.		12/22/12

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			
Pacific Quick Print & Post	Flyer Copy			$150.00		
Guangdong Dev. Co., Ltd.	Wire Tire			$ 15.00		
Pacific Quick Print & Post	Flyer Print			$ 1.45		
Saipan Chamber of Commerce	Senatorial Debate					$100.00
Saipan Chamber of Commerce	Senatorial Debate					$100.00
Saipan Tribune	1/8 Page Ad		$180.00			
Younis Art Studio, Inc.	1/5 Page Ad		$170.62			
Rosal/Zest Enterprises	3x4 Banners		$315.00			
Rosal/Zest Enterprises	3x4 Banners		$340.00			
Rosal/Zest Enterprises	Banners/Stickers		$405.00			
Rosal/Zest Enterprises	Banners/Stickers		$250.00			
SUB-TOTAL OF PAYMENTS THIS PAGE ONLY (Use additional sheets as necessary)	(Sub-Total) $2,027.07		$1,660.62	$166.45		$200.00
TOTAL GEN. EXPENDITURES (IF LAST PAGE ONLY) (Transfer to Line 5 of Gen. Contribution & Exp. Report)	(Total) $2,027.07		$1,660.62	$166.45		$200.00

SUPPORTING SCHEDULE FOR GENERAL CONTRIBUTIONS

Candidate Name (In Full) :	Signature of Treasurer	Date:
Bermudes, Illuminanda B.		12/22/12

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
N/A	N/A	$0.00

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):
Bermudes, Illuminanda B.	Taylor, Jessica B.

CONTRIBUTIONS RECEIVED

RECEIVED FROM	DESCRIPTION	AMOUNT
Example : BEST PARTY IN THE LAND	Cash Allocation of Party General Fundraising Proceeds	$ 20,000
N/A	N/A	$0.00
SUB-TOTAL OF CONTRIBUTIONS RECEIVED THIS PAGE ONLY (Use additional sheets as necessary)		$0.00
TOTAL CONTRIBUTIONS RECEIVED (IF LAST PAGE ONLY) (Transfer Total to Line 2 of Campaign Statement of Account)		$0.00

EXPENSES

FULL NAME OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT
Example : BEST PARTY IN THE LAND	Allocation of Party General Expenses	$ 15,000
N/A	N/A	$0.00
SUB-TOTAL OF EXPENSES THIS PAGE ONLY (Use additional sheets as necessary)		$0.00
TOTAL ALLOCATED EXPENDITURES (IF LAST PAGE ONLY) (Transfer Total to Line 7 of Campaign Statement of Account)		$0.00