



COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
CAMPAIGN FINANCIAL DISCLOSURE

CAMPAIGN STATEMENT OF ACCOUNT - CANDIDATE
2012 **GENERAL** **SPECIAL ELECTION**

Report Type:
 Final Report
 Amendment

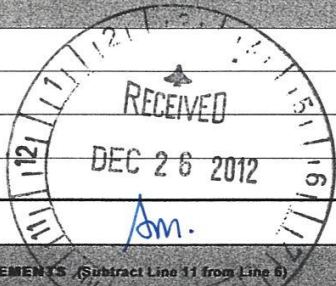
OFFICE OF THE PUBLIC AUDITOR
COMMONWEALTH OF THE
NORTHERN MARIANA ISLANDS
P.O. BOX 1399 C.K.
SAIPAN, MP 96950

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 Public Auditor, 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): Villagomez, Edmund Sablan	Office Sought: House of Representatives
Treasurer Name (Last Name, First Name, MI): Villagomez, Eulalia Sablan	Preferred Mailing (P.O. Box) Address: P.O. Box 500635, Saipan, MP 96950
	Telephone: 483-7277

	CASH	IN-KIND
1. BALANCE CARRIED FORWARD FROM PREVIOUS ELECTION(S)	0	0
ADD: RECEIPTS THIS ELECTION PERIOD		
2. RECEIPTS FROM FUNDRAISING EVENTS	880.00	60.00
3. MULTI-CANDIDATE CONTRIBUTIONS	0	0
4. RECEIPTS FROM GENERAL CONTRIBUTIONS	0	1805.00
5. OTHER RECEIPTS	1477.81	0
6. TOTAL AVAILABLE (Add Lines 1 through 5)	2357.81	1865.00
LESS: DISBURSEMENTS THIS ELECTION PERIOD		
7. DISBURSEMENTS FOR FUNDRAISING EVENTS	0	60.00
8. MULTI-CANDIDATE EXPENSES	0	0
9. DISBURSEMENTS FOR GENERAL EXPENDITURES	1477.81	1805.00
10. OTHER DISBURSEMENTS	818.26	0
11. TOTAL DISBURSEMENTS (Add Lines 7 through 10)	1477.81	1865.00
12. EXCESS (SHORTFALL) OF RECEIPTS OVER DISBURSEMENTS (Subtract Line 11 from Line 6)	61.74	0



VERIFICATION

<p>Commonwealth of the Northern Mariana Islands } Island of _____ } s.s.</p> <p>I, <u>Edmund S. Villagomez</u> being duly sworn on oath, depose and say: (Candidate)</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><u>[Signature]</u> 12-26-12 Signature of Candidate Date (Month, Day, Year)</p> <p>Subscribed and sworn before me this <u>26th</u> day of <u>December</u>, 20<u>12</u></p> <p>Notary Seal</p>	<p>Commonwealth of the Northern Mariana Islands } Island of _____ } s.s.</p> <p>I, <u>Eulalia S. Villagomez</u> 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><u>[Signature]</u> 12/26/12 Signature of Treasurer Date (Month, Day, Year)</p> <p>Subscribed and sworn before me this <u>26th</u> day of <u>December</u>, 20<u>12</u></p> <p>Notary Seal</p>
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VIOLITA A. DIAZ
P.O. Box 7657 SYRB, Saipan, MP 96950
Notary Public
BY AND FOR THE COMMONWEALTH
OF THE NORTHERN MARIANA ISLANDS
My Commission Expires: 5-10-13

VIOLITA A. DIAZ
P.O. Box 7657 SYRB, Saipan, MP 96950
Notary Public
BY AND FOR THE COMMONWEALTH
OF THE NORTHERN MARIANA ISLANDS
My Commission Expires: 5-10-13

Candidate Name:

Edmund Sablan Villagomez

Treasurer:

Eulalia S. Villagomez *esv*

Date:

December 26, 2012

FUNDRAISING EVENT REPORT		
Hot Lunch Fundraiser 08/25/2012		
RECEIPTS	CASH	IN-KIND
Gross Proceeds From Fundraising Event	\$ 880.00	
In-Kind Contributions Received		\$ 60.00
Contributed Property Received		\$ -
Total Receipts	\$ 880.00	\$ 60.00
DISBURSEMENTS		
Fundraising Expenses	\$ -	
Adjustment For In-Kind Contributions Received		\$ 60.00
Total Disbursements	\$ -	\$ 60.00
NET RECEIPTS AND DISBURSEMENTS	\$ 880.00	\$ -

Candidate Name: Edmund Sablan Villagomez

Treasurer: Eulalia S. Villagomez *ESV*

Date: December 26, 2012

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	\$ -
3. TOTAL CASH PROCEEDS FROM THIS FUNDRAISING EVENT	\$ 880.00
4. TOTAL FUNDRAISING EXPENSES	\$ -
5. NET CASH PROCEEDS	\$ 880.00

SECTION 1: NAMES OF CONTRIBUTORS WITH \$500 OR MORE TOTAL AGGREGATE CONTRIBUTIONS		FULL NAME OF CONTRIBUTOR	AMOUNT
		N/A	\$ -
SECTION 2: FUNDRAISING EXPENSES	FULL NAME OF PAYEE OR VENDOR	PARTICULARS/ DESCRIPTION	AMOUNT
			FOOD & DRINKS
	N/A		
TOTAL			\$ - \$ -

SUPPORTING SCHEDULE FR-B IN-KIND CONTRIBUTIONS RECEIVED	FULL NAME OF CONTRIBUTOR	DESCRIPTION OF CONTRIBUTION	FAIR MARKET VALUE
	Eulalia S. Villagomez	Printing of Tickets	\$ 60.00

SUPPORTING SCHEDULE FR-C CONTRIBUTED PROPERTY RECEIVED	FULL NAME OF CONTRIBUTOR	DESCRIPTION OF CONTRIBUTION	FAIR MARKET VALUE
	N/A	N/A	\$ -

HOT LUNCH FUNDRAISER - AUGUST 25, 2012

Candidate used his personal funds of \$500.00 to cover hot lunch fundraiser expenses.

No. Tickets Printed	200
No. Tickets Sold	176
No. Tickets Unsold	24
TOTAL FUNDS RAISED (No. Tickets Sold x \$5.00)	\$ 880.00

Funds raised were used towards expenses for various campaign events listed below:

EXPENSES	AMOUNT
09/26/2012 Pocket Meeting (Food/Drinks)	\$ 240.33
10/27/2012 Last Rally (Food/Drinks)	\$ 397.93
Tents & Tables 08/29 Pocket Meeting	\$ 100.00
Tents & Tables 09/26 Pocket Meeting	\$ 80.00
TOTAL EXPENSES	\$ 818.26

Total Funds Raised	\$ 880.00
Total Expenses	\$ 818.26
TOTAL REMAINING FUNDS	\$ 61.74

IN-KIND
08/25 HOT LUNCH TICKETS



Rosal/Zest Enterprises

P.O. Box 8065 SVRB, SAIPAN MP 96950
Tel: (670)234-8287 • Fax: (670)234-8286

INVOICE # 0330

DATE Aug. 15 2012

CUSTOMER LOLLY
ADDRESS _____
P.O. #: _____ TEL: 403-7277 FAX: _____

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
200 Pcs.	HOT LUNCH FUNDRAISING 4PC/SHEET, BLACK ONLY W/ NUMBERING # 001 - 200	\$0.30	\$60.00
TOTAL			<u>\$60.00</u>

Please pay from this invoice. No other statement will be sent out.
TERMS: This account is due and payable within 30 days from invoice date. Interest of 1.5% per month will be charged on accounts over 30 days plus attorney's fees in case of default in payment

Approved by: _____
Date _____

Received by: Ed Villagomez 8/15
(Print Name & Sign) _____
Date _____



ROSAL / ZEST ENTERPRISES

P.O. BOX 8065 SVRB, SAIPAN, MP 96950
TEL: 234-8287 * Tel/Fax: 234-8286

Official Receipt No. **06244**

Received from ED VILLAGOMEZ

Address _____

The amount of SIXTY ONLY

Pay for FUNDRAISING TICKETS

Dollars \$ 60.00

Date: 08-15-12

200

AMOUNT OF ACCOUNT	AMOUNT PAID	ACCOUNT	HOW PAID
<u>60</u>	<u>60</u>		CASH <input checked="" type="checkbox"/> CHECK <input type="checkbox"/>

Ed

Thank you!

10/27/12 LAST RAL-7

Welcome to Hannam Market

A



tel:870-235-4158 102612-T2-325
10/26/2012 15:44 con

NO	Item Name	Qty	Price
1	PCIS WATER 500ML	12.00	33.88
2	Pork Spare Ribs 20	6.00	127.94
3	BUSCH CAN CS	2.00	37.98
4	BOUNTY PAPER	1.00	1.59
5	Kikkoman Soy	1.00	4.29
6	S/ Ground Black	1.00	3.49
7	Yellow Onion ??	4.57	3.81
			2.54

TOTAL		\$275.32
CASH \$0.00	CARD	\$275.32
CHECK \$0.00	F Stamp	\$0.00
CREDIT \$0.00	COUPON	\$0.00
T.Check \$0.00	Point	\$0.00

Received Total \$275.32
Change \$0.00

Point Total Point

PLS KEEP THIS RECEIPT FOR RETURN OR REFUND

f

Welcome to HANNAM MARKET

HANNAM MARKET
AAA 385 PO BOX 10001
TEL 288-9290

ITEM	QTY	PRICE	EXT
DIAMOND FOIL 37.5SQ			
1 0010900000871	1	3.79	3.79
ICE/WATER			
2 0031	8	5.99	47.92
NON FOOD ITEMS			
3 0023	7	1.99	13.93

.AMOUNT 65.64
.CASH 66.00
.CHANGE 0.36

POST 2012-10-27 Carol 06:45:45 #14
Thank You! Come Again!!

+ 37.98
+ 18.99
} BEER

TOTAL = \$397.93

PMT. DR. TENTS + TABLES FOR 08/29 & 09/26
POCKET MEETINGS.

UNT
RENTS

RECEIPT		DATE <u>12/26/12</u>	No. <u>067714</u>
RECEIVED FROM <u>CONVENT PARTY-PA3 CLUB</u>		<u>\$ 180.⁰⁰/₁₀₀</u>	
<u>- ONE HUNDRED EIGHTY -</u>		DOLLARS	
<input checked="" type="checkbox"/> FOR RENT	<u>CONV. PA-3 CLUB - 082912 ; CONV PA3 CLUB - 092612</u>		
<input type="checkbox"/> FOR			
ACCOUNT		<input checked="" type="radio"/> CASH	FROM <u>Rizn</u> TO _____
PAYMENT	<u>180.⁰⁰/₁₀₀</u>	<input type="radio"/> CHECK	
BAL. DUE		<input type="radio"/> MONEY ORDER <input type="radio"/> CREDIT CARD	
		BY <u>Rizn</u>	

Candidate Name: Edmund Sablan Villagomez

Treasurer: Eulalia S. Villagomez *EV*

Date: December 26, 2012

GENERAL CONTRIBUTION AND EXPENSE REPORT		
SUMMARY OF RECEIPTS AND DISBURSEMENTS		
RECEIPTS	CASH	IN-KIND
1. MONETARY CONTRIBUTIONS FROM NON-FUNDRAISING EVENTS	\$ -	
2. IN-KIND CONTRIBUTIONS RECEIVED		\$ 1,805.00
3. CONTRIBUTED PROPERTY RECEIVED		\$ -
4. TOTAL RECEIPTS	\$ -	\$ 1,805.00
DISBURSEMENTS		
5. GENERAL EXPENDITURES	\$ 1,477.81	
6. CONTRIBUTIONS TO OTHER CANDIDATES	\$ -	
7. ADJUSTMENT FOR IN-KIND CONTRIBUTIONS RECEIVED		\$ 1,805.00
8. TOTAL DISBURSEMENTS	\$ 1,477.81	\$ 1,805.00
NET RECEIPTS AND DISBURSEMENTS	\$ (1,477.81)	\$ -

SUPPORTING SCHEDULE GC-A MONETARY CONTRIBUTIONS FROM NON-FUNDRAISING EVENTS	FULL NAME OF CONTRIBUTOR	AMOUNT
		N/A

SUPPORTING SCHEDULE GC-B IN-KIND CONTRIBUTIONS RECEIVED	FULL NAME OF CONTRIBUTOR	DESCRIPTION OF	FAIR MARKET VALUE
	Covenant Party	Candidate Filing Fee	\$ 100.00
	Covenant Party	Zoning/Sign Board	\$ 25.00
	Covenant Party	Political Sign Board	\$ 100.00
	Covenant Party Precinct 3 Club	10 Political Sign Boards	\$ 510.00
	J.C. Tenorio Ent., Inc.	Gift Certificates Campaign	\$ 500.00
	Eulalia S. Villagomez	Shirts Campaign	\$ 263.00
	Emma & Joe Villagomez	Posters	\$ 75.00
	Emma & Joe Villagomez	3x5 Banners	\$ 160.00
	Eulalia S. Villagomez	Thank You Stickers	\$ 72.00
	TOTAL		\$ 1,805.00

SUPPORTING SCHEDULE GC-C CONTRIBUTED PROPERTY RECEIVED	FULL NAME OF CONTRIBUTOR	DESCRIPTION OF	FAIR MARKET VALUE
	N/A	N/A	\$ -



CNMI Tax System Release 6.0
 Commonwealth of the Northern Mariana Islands
 Commonwealth Treasury
 Department of Finance
 P.O. Box 5234 CHRR
 Saipan, MP 96950

OFFICIAL CASH RECEIPT

Payment Entered: 7/18/2012 Receipt No.: 002625975

Received From: EDMUND SABLAN VILLAGONEZ

Received By : REVJFS1 Date: 7/18/2012 9:45:33

Payment to Account(s):

Candidate Filing Fee	1000 43340	100.00
CANDIDATE'S FEE		

Payment(s) Tendered:

Check	121403065	17008625	
		TOTAL	100.00

*** KEEP THIS RECEIPT FOR YOUR RECORDS ***

REV 10/10
DISPATCH

CNMI Tax System Release 6.0
Commonwealth of the Northern Mariana Islands
Commonwealth Treasury
Department of Finance
P.O. Box 5234 CHR8
Saipan, MP 96950

OFFICIAL CASH RECEIPT

Payment Entered: 8/20/2012

Receipt No.: 002636541

Received From: EDMUND S. VILLAGOMEZ

Received By : REVGAB1 Date: 8/20/2012 13:50:21

Payment to Account(s):

Zoning Law Public Sale	6095 43890	25.00
POLITICAL SIGN BOARD		

Payment(s) Tendered:

Check	121403065	17008625
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TOTAL : 25.00

*** KEEP THIS RECEIPT FOR YOUR RECORDS ***



ZONING BOARD
COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
 Caller Box 10007, Saipan, MP 96950 Tel. 670-234-9661, Fax 234-9666
 E-mail: ZoningBoard@zoning.gov.mp

PAYMENT VOUCHER

ZBV# **1981**

Date: Aug. 20, 2012
 To: Revenue & Tax Cashier
 Fr: Edmund S. Villagrosa, Zoning Office

Please deposit the total amount below into Account 6095-43890:

1. Application Fee for files# <u>2011-4472</u>	\$ <u>25.00</u>
2. Saipan Zoning Law and Official Zoning Map _____ cps. @ \$10 each.	\$ _____
3. Other charges as follows:	\$ _____
1. <u>(Official Zoning Board)</u>	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
Total Amount for Deposits	\$ <u>25.00</u>
Business/ Name: <u>Edmund S. Villagrosa</u>	Rev. & Tax
Received by: (printed name/signature)	



P.O. Box 500380
 Saipan, MP 96950
 2nd Floor, Joeten Dandan Commercial Building, Dandan
 Tel: (670) 234-3751/2/8/9
 Fax: (670) 234-3755



POLITICAL SIGNBOARD APPLICATION FORM

To be completed by the Applicant (s)

Name of Candidate (First, Middle, Last) Edmund Sablan Villagomez	
Mailing Address P.O. Box 500635	Contact Nos. Telephone No. _____ Cell No. 483-4769 Facsimile No. _____ Pager No. _____
Email Address chamorro_built@yahoo.com	
What public office are you seeking? House of Representatives	
Are you running in a Commonwealth-wide election? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If running in an island-wide election, which island? <input type="checkbox"/> Saipan <input type="checkbox"/> Tinian <input type="checkbox"/> Rota <input type="checkbox"/> Northern Islands	
If running in the 3rd Senatorial District, indicate precinct: <input type="checkbox"/> I <input type="checkbox"/> II <input checked="" type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V	
Name of chairperson of campaign, if any: James Yangetmai	Contact Nos. Telephone No. 233-2682 Cell No. 286-6643 Facsimile No. _____ Pager No. _____
Have you read and understood the attached DPL policies on political signboards? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Do you understand that before you erect any signboards, you must pay a one-time non-refundable permit fee of \$100.00? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Signature of Applicant (s)	Date 8/16/12

DPL Use Only

Date DPL Received: DEPT. OF PUBLIC LANDS Date: 8/20/12 Time: 1:11 pm Rec'd By: Queenahyn <small>(PRINT & SIGN)</small>	Date RED Received: _____ Received By: _____ Reference No. _____
Remarks No. Doc: N/A <input type="checkbox"/> Fax Delivery <input checked="" type="checkbox"/> Hand Delivery By: _____	

Commonwealth of the Northern Mariana Islands
Department of Public Lands

P.O. Box 500380, Saipan MP 96950
Tel: (670) 234-3751 / 3755 / 58 / 59 Fax: (670) 234-3755

PAYMENT RECEIPT

Received From		RECEIPT NO.: 2012-0953	
Customer No.:	T12066S	Date	August 20, 2012
Name:	Edmund S Vilagomez	Balance Due	
	P.O.Box 500635	Amount Paid	\$ 100.00
	Saipan, MP 96950	Remaining Balance	
Payment For:	Political Signboard 8/20/12-11/15/12	Pymnt By: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Check CN# 1034 59-304	
		Rec'd by: <i>[Signature]</i>	

Original - Customer Yellow - Accounting Pink - Accounts Compliance



Commonwealth of the Northern Mariana Islands
 Zoning Office, Caller Box 10007, Saipan, MP 96950
 Tel. 670-234-9661, Fax. 670-234-9666, E-mail: staff@zoning.gov.mp

Sign Permit Application

File Number <u>2011-4472</u>	Received By
Date Received <u>Aug. 10, 2012</u>	Assessed By:

SITE INFORMATION	
1. Zoning District:	2. Village: <u>Various areas in Pre. III</u>
3. Lot Number(s):	4. Street Name:
APPLICANT INFORMATION (use name order: Given Name, Middle Name, Family Name)	
5. Applicant Name: <u>Edmund S. Villagomez</u>	Phone: <u>483-4769</u>
Company:	Fax:
E-mail:	Website:
Mailing Address: <u>P.O. Box 500635</u>	
6. Contact Person (if different):	Phone:
E-mail:	Fax:
Mailing Address:	
7. Lessee or Property Owner:	Phone:
E-mail:	Fax:
Mailing Address:	
Applicant is (check all that are appropriate) Property Owner <input type="checkbox"/> Lessee <input type="checkbox"/> Developer <input type="checkbox"/> Other (specify) _____	
PROJECT INFORMATION	
8. Type of Sign (check all that apply)	
Ground sign: <input checked="" type="checkbox"/> A-board <input type="checkbox"/> Monument <input type="checkbox"/> Post or pole <input type="checkbox"/> Other (describe) <u>Billboard</u>	
Building sign: <input type="checkbox"/> Wall <input type="checkbox"/> Fascia <input type="checkbox"/> Awning <input type="checkbox"/> Window <input type="checkbox"/> Blade <input type="checkbox"/> Other (describe) _____	
Lighting system: <input type="checkbox"/> Internal <input type="checkbox"/> Font-lit <input type="checkbox"/> Neon <input type="checkbox"/> None <input type="checkbox"/> Other (describe) _____	
<input type="checkbox"/> Changeable Letter <input type="checkbox"/> Banner	
<input type="checkbox"/> New <input type="checkbox"/> Replacement	
<input type="checkbox"/> Other (describe) _____	
9. Type of use served by the sign	
<input type="checkbox"/> Multifamily <input type="checkbox"/> Home Business <input type="checkbox"/> Commercial <input type="checkbox"/> Event <input checked="" type="checkbox"/> Political <input type="checkbox"/> Personal <input type="checkbox"/> Other (describe) _____	
10. Length of permit requested	
<input type="checkbox"/> Permanent OR <input checked="" type="checkbox"/> Temporary for <u>90</u> days	

IN - KIND: BANNERS & T-SHIRTS.

VENDOR: UTS DISTRIBUTORS

686753

CUSTOMER'S ORDER NO.		DATE				
NAME <i>Emma Villagomez</i>						
ADDRESS						
CITY, STATE, ZIP						
SOLD BY	CASH	C.O.D.	CHARGE	ON ACCT.	MOSE. RETD.	PAID OUT
QUAN.	DESCRIPTION	PRICE	AMOUNT			
1	<i>3X5 Banner</i>	80	<i>160.00</i>			
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
RECEIVED BY						

A-4705
T-4823

KEEP THIS SLIP FOR REFERENCE

01-11

686755

CUSTOMER'S ORDER NO.		DATE				
NAME <i>Lolly Villagomez</i>						
ADDRESS						
CITY, STATE, ZIP						
SOLD BY	CASH	C.O.D.	CHARGE	ON ACCT.	MOSE. RETD.	PAID OUT
QUAN.	DESCRIPTION	PRICE	AMOUNT			
1	<i>Tshirts</i>	<i>263</i>	<i>263.00</i>			
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
RECEIVED BY						

A-4705
T-4823

KEEP THIS SLIP FOR REFERENCE

01-11

IN-KIND DONATION

erprises

MP 96950
234-8286

0494

FAX:

UNIT PRICE AMOUNT

TOTAL

rest of 1.5% per month w
ment



ROSAL / ZEST ENTERPRISES

P.O. BOX 8065 SVRB, SAIPAN, MP 96950
TEL.: 234-8287 * Tel/Fax: 234-8286

Official Receipt **Nº 06339**

Date: 10-26-12, 20012

Received from EULALIA S. VILLAGOMEZ

Address _____

The amount of SEVENTY FIVE DOLLARS AND 00/100 Dollars \$ 75-00

Pay for _____

ACCOUNT		HOW PAID	
AMOUNT OF ACCOUNT	<u>75.00</u>	CASH	<input checked="" type="checkbox"/>
AMOUNT PAID	<u>75.00</u>	CHECK	<input type="checkbox"/>
BALANCE DUE	<u>0</u>	MONEY ORDER	<input type="checkbox"/>

Thank you!

By: [Signature]

(Print Name & Sign)

Date

erprises

MP 96950
234-8286

0527

FAX:

UNIT PRICE AMOUNT

TOTAL

rest of 1.5% per month will be
ment



ROSAL / ZEST ENTERPRISES

P.O. BOX 8065 SVRB, SAIPAN, MP 96950
TEL.: 234-8287 * Tel/Fax: 234-8286

Official Receipt **Nº 06360**

Date: Nov. 9, 20012

Received from Lolly Villagomez

Address _____

The amount of Seventy Two Dollars Only Dollars \$ 72-

Pay for _____

ACCOUNT		HOW PAID	
AMOUNT OF ACCOUNT	<u>72</u>	<u>CASH</u>	<input checked="" type="checkbox"/>
AMOUNT PAID	<u>72</u>	CHECK	<input type="checkbox"/>
BALANCE DUE	<u>0</u>	MONEY ORDER	<input type="checkbox"/>

INV # 0527

Thank you!

By: [Signature]

Date

(Print Name & Sign)

Date

Candidate Name: Edmund Sablan Villagomez

Treasurer: Eulalia S. Villagomez *ESV*

Date: December 26, 2012

SUPPORTING SCHEDULE GC-D GENERAL EXPENDITURES					
FULL NAME OF PAYEE OR VENDOR	PARTICULARS/ DESCRIPTION	AMOUNT			
		FOOD & DRINKS	ADS	SUPPLIES	OTHER
Bobby Cadillacs	Pizza	\$ 27.45			
Happy Market	Chicken & Ingredients	\$ 28.23			
Twins Supermarket	Water/Ice	\$ 9.00			
San Jose Downtown Market	Chicken & Ingredients	\$ 60.96			
San Jose Downtown Market	Chicken	\$ 27.99			
DL Corp. DBA Cooking Gas	Gas	\$ 60.00			
Various Stores: Happy Market, Han Nam, Etc.	Meat, Rice, Ingredients, Etc. for 8/25/2012 Hot Lunch	\$ 500.00			
Happy Market	Plastic Bags for 08/25/2012 Hot Lunch	\$ 4.95			
Happy Market	Plastic Bags for 08/25/2012 Hot Lunch	\$ 4.95			
Green Consume Market	Water/Ice	\$ 6.00			
Rosal/Zest Ent.	Campaign Cards				\$ 35.00
Rosal/Zest Ent.	Campaign Stickers				\$ 175.00
Rosal/Zest Ent.	Campaign Cards				\$ 70.00
North Star	Thank You Ad for 11/11/2012		\$ 75.00		
Marianas Variety	Thank You Ad for 11/14/2012 & 11/16/2012		\$ 213.28		
Saipan Tribune	Thank You Ad for 11/15/2012 & 11/16/2012		\$ 180.00		
TOTAL		\$ 729.53	\$ 468.28	\$ -	\$ 280.00

SUPPORTING SCHEDULE GC-E CONTRIBUTIONS TO OTHER CANDIDATES (EXPENDITURES)	FULL NAME OF PAYEE	DESCRIPTION	AMOUNT
		N/A	N/A

BOBBY CADILLAC'S

Welcome to TWINS SUPERMARKET
TWINS SUPERMARKET
LOWER NAVYVILLE
PMB 586 P.O. BOX 15406
GAINESVILLE, FL 32609
TEL: (352) 322-4995

Item	Qty	Unit	price
Water/Ice	6	1.50	9.00
Total		\$	9.00
Receipt (Cash)		\$	20.00
Change		\$	11.00

27.45

2012-07-10 Kelaine 13:50:23 2 #423
Thank you! Stay safe, we'll see you
have a nice day!!!

SALUOSE DOWNTOWN MARKET

PMB 200 BOX 10400
TEL: (670) 235-3131

ITEM	QTY	PRICE	LXI
1 0-LIG	1	27.99	27.99
AMOUNT			27.99
CASH			27.99
CHANGE			0.00

POST 2012-03-21

Thank you! See

THANK



DL CORPORATION
dba: COOKING GAS
SALE OF LP GAS & SUPPLIES
Exclusive Retailer of WUSHIN CORP.
P.O. Box 505460 Salpan, MP 96950
Tel. No.: (670) 235-5495 (Office) * 288-1201 (As Lito Plant)
Telefax: (670) 235-5495 * Emergency No.: (670) 288-5495



Name: CRSA Date: 8/22/12
Address: _____
Phone: _____ Fax: _____

SALUOSE DOWNTOWN MARKET

PMB 200 BOX 10400
TEL: (670) 235-3131

ITEM	QTY	PRICE	LXI
1 0-LIG	1	27.99	27.99
2 0-LIG	1	13.99	13.99
3 0-LIG	1	13.99	13.99
4 0-LIG	1	4.99	4.99
AMOUNT			60.96
CASH			60.96
CHANGE			0.00

POST 2012-03-21 SHIN 09:37:38 #95

Thank you! See you again!!

QTY.	UNIT	DESCRIPTION	RATE	AMOUNT
1	20 LBS	LIQUIFIED PETROLEUM GAS		60.96
DELIVERY CHARGE				
CASH				60.96
C.O.D.				
CHARGE				0.00

SOLD BY:

In exchange for/ or Depositing cylinders which contains gas. I hereby certify that I have inspected the cylinder(s) and valve(s) attached and I am satisfied, each are in good condition, working orders and appropriate pressure. All accounts due and payable within 30 days from the invoice date. An interest of 1.5% per month will be charge on any late payments. I agree to pay any and all collection charges plus attorney fees and other court in case default in payment is brought to court for legal action. Returned checks shall be charge \$25.00.
RECEIVED BY:

INVOICE

No. 40075

See Reverse Side

WHITE - CASH
YELLOW - CHARGE
PINK - ACCOUNTING FILE

HOT LUNCH PLASTIC BAGS

WELCOME TO HAPPY MARKET AS LTD

P.O. BOX 505402, SAIPAN MP 96950
Tel (670) 288-4983

ITEM	QTY	PRICE	EXT
1 NonFood	1	4.95	4.95

[1]

Balance Due 4.95
 CASH 5.00
 CHANGE 0.05

POS2 2012-08-24 LISA 17:27:37 #53
Thank You ! Si yu ma ase!

HOT LUNCH PLASTIC BAGS

WELCOME TO HAPPY MARKET AS LTD

P.O. BOX 505402, SAIPAN MP 96950
Tel (670) 288-4983

ITEM	QTY	PRICE	EXT
1 NonFood	1	4.95	4.95

[1]

Balance Due 4.95
 CASH 5.00
 CHANGE 0.05

POS2 2012-08-24 LISA 17:31:15 #427
Thank You ! Si yu ma ase!

Welcome to Green Consume Mart !!

Receipt ID : 1020220844
Location : P.O. Box saipan MP 96950
Phone : 1670-235-6682
[Today]09-29-2012 18:05:01 Pos No:1

Product-Name	Price	Qty	Total
1 Item	\$1.50	4	\$6.00

TOTAL : ¥6.00

CARD : \$6.00

RECEIVE TOTAL : \$6.00
 CHANGE : \$0.00

Apprvd: Online Batch#: 0000041

Customer Copy
THANK YOU

prises

MP 96950
(234-8286)
0361

FAX:

UNIT PRICE AMOUNT

0.14 7.05.00

TOTAL

ROSAL / ZEST ENTERPRISES

P.O. BOX 8065 SVRB, SAIPAN, MP 96950
TEL.: 234-8287 * Tel/Fax: 234-8286

Official Receipt No. 06264

Date: 08-29-12, 200

Received from EDMUND VILLAGOMEZ

Address

The amount of THIRTY FIVE ONLY Dollars \$ 35.00

Pay for

ACCOUNT		HOW PAID	
AMOUNT OF ACCOUNT	35.00	CASH	<input checked="" type="checkbox"/>
AMOUNT PAID	35.00	CHECK	<input type="checkbox"/>
BALANCE DUE		MONEY ORDER	<input type="checkbox"/>

Thank you!

By: *[Signature]*

Interest of 1.5% per month will be charged on accounts over 30 days plus attorney's fees in case of default in payment.

Received by: *[Signature]*

(Print Name & Sign)

Date



Please pay from this invoice
TERMS: This account is due
charged on accounts over 30

P.O. # 6253

Approved by: *[Signature]*

Date

08-27-12

(Print Name & Sign)

Date

ROSAL / ZEST ENTERPRISES

P.O. BOX 8065 SVRB, SAIPAN, MP 96950
TEL.: 234-8287 * Tel/Fax: 234-8286

Official Receipt No. 06303

Date: Sept. 27, 20012

Received from Edmund S. Villagomez

Address

The amount of One Hundred Seventy Five Dollars Only Dollars \$ 175

Pay for BUMPER STICKERS 3.5X10

ACCOUNT		HOW PAID	
AMOUNT OF ACCOUNT	175	CASH	<input checked="" type="checkbox"/>
AMOUNT PAID	175	CHECK	<input type="checkbox"/>
BALANCE DUE	0	MONEY ORDER	<input type="checkbox"/>

INV # 0426

Thank you!

By: *[Signature]*

erprises

IN MP 96950
(70)234-8286

0447

10.5.12

FAX:

UNIT	PRICE	AMOUNT
		70.00
TOTAL		70.00

Interest of 1.5% per month will be
applied to the amount



ROSAL / ZEST ENTERPRISES

P.O. BOX 8065 SVRB, SAIPAN, MP 96950
TEL.: 234-8287 * Tel/Fax: 234-8286

Official Receipt No. **06314**

Date: 10.05.12 , 200

Received from EDMUND VILLAGOMEZ

Address _____

The amount of SEVENTY ONLY Dollars \$ 70.00

Pay for CAMPAIGN CARDS 500 PCS.

ACCOUNT		HOW PAID	
AMOUNT OF ACCOUNT:	<u>70.00</u>	CASH	<input checked="" type="checkbox"/>
AMOUNT PAID	<u>70.00</u>	CHECK	<input type="checkbox"/>
BALANCE DUE	<u>0</u>	MONEY ORDER	<input type="checkbox"/>

Thank You!

By: [Signature]

Date

(Print Name & Sign)

Date

DIocese of CHALAN KANOA

P.O. BOX 500745, SAIPAN MP 96950
TEL: (670) 234-3000/6177 / 8888
FAX NO. 235-3002

RECEIPT

Received From Eulalia S. Villagomez Date 11/9/12

Address Seventy Five - \$ 75.00

In payment for:	
Mass Offering	<input type="checkbox"/>
Diocesan Publication Office	<input checked="" type="checkbox"/>
Assessments	<input type="checkbox"/>

HOW PAID	
Cash	<input checked="" type="checkbox"/>
Cheque	<input type="checkbox"/>
Others	<input type="checkbox"/>

Account #:

By: [Signature]

Appreciation - Cong. Ed. Villagomez

No 72424

Younis Art Studio, Inc.
 dba Marianas Variety News & Views
 P.O. Box 500231 Saipan, MP 96950
 Tel. 234-6341 * Fax 234-9271

OFFICIAL RECEIPT

207116

Date: Nov. 14, 2012

Received the amount of \$ 213.28

Two Hundred Thirteen & 28/100

Cash Check Visa/MC Others

From:
Edmund Villagony
 Customer Name & Address

INVOICE(S) PAID	AMOUNT
<u>Acct # 74466</u>	<u>\$213.28</u>

By: [Signature]

ict

Ad Type: Display Classified Other: 4x4 70

Ad Description: Trash Gen.

Run Date(s):

Month: Nov Day(s): 14 16

Additional Run Dates:

Remarks/Instructions:

Rate 106.64 x No. of Issues 2 = Amount Due 213.28

Additional Charges:

Total Amount Due: \$213.28

Method of Payment:

Cash: O.R.#	Check: Check #	Charge: Account #
Credit Card	O.R.#	P.O.#

Additional Charges:

Late Cancellation Fee: Any advertisement cancelled one (1) day before specified publication date will be assessed an additional \$50.00

Ad Layout Fee: Any artwork requested from Publisher (excluding classified advertisements) will be assessed a \$20.00 artwork fee.

All Property rights, including any copyright interest, in Advertising produced for Advertiser by Publisher using artwork and/or typography furnished or arranged for by publisher shall be the sole property of Publisher. No such advertisement or any part thereof may be reproduced without the prior written consent of Publisher.

Preferred Placement:

Publisher does not guarantee any requested preferred placement of advertisements. Any request for preferred placement will be taken into consideration but will not affect this agreement if preferred placement is not delivered.

I, _____, hereby authorize Younis Art Studio, Inc. dba Marianas Variety News & Views to charge my:

VISA Mastercard

Card No.: _____

Exp. Date: _____ Amount: \$ _____

Cardholder/Customer Signature

Date

Legal Terms

Advertiser has the right to change, alter, or replace advertising copy throughout the duration of this Agreement provided that any changes, alteration, or replacement be submitted two (2) business days prior to the desired publication date. In the event if advertising copy is not furnished by Advertiser to Publisher within two (2) business days prior to desired publication date, Publisher may, at its option, publish on behalf of Advertiser the last advertisement ordered or such minimum size advertisement as shall be necessary for Advertiser to comply with the terms of this Agreement.

Publisher reserves the right to edit, revise, or reject any advertising. The foregoing notwithstanding, Advertiser has full responsibility for the legality of the items and/or services advertised and the advertisement thereof, and has full responsibility for the legality of the content of the advertisement. Advertiser shall indemnify and save harmless Publisher and its affiliates against any loss, damage, cost, and expense (including, without limitation, attorneys' fees) which Publisher and its affiliates may incur, or become liable for, by reason of all such matters and any and all claims or actions for libel, violation of any right of privacy, plagiarism, copyright infringement, illegality of items and/or services advertised, illegality of the content of the advertisement, and any and all other claims of any kind or nature in connection with advertising matter published pursuant to this Agreement. Customer understands that interest of 1.5% per month will be charged on accounts over 30 days plus attorney's fees and other collection cost in case of default in payment.

Neither Publisher nor its affiliates shall be liable by reason of any error in connection with any advertisement (including, without limitation, typographical errors, failures to publish advertisement on desired dates or in requested positions in Publisher's newspapers, omissions or additions to advertisements); provided, however, that Publisher shall be obligated to adjust or rebate pro rata the charge on any advertisement which has been materially affected by any error of Publisher; and provided, further, however, that Publisher's obligation with respect to such advertisements or rebates shall not apply to more than one incorrect insertion of such advertisement unless and until Publisher is notified of the error twenty-four (24) hours prior to repetition of the insertion.

Advertiser represents and warrants that the person signing below on behalf of Advertiser is a duly authorized representative of Advertiser and, as such, upon execution by such person this Agreement shall constitute the legally binding obligation of Advertiser.

Advertiser/Representative (Print)

Advertiser/Representative (Signature)

Date

PREPARED BY: MCN

DATE: 11/13/12

AD LAYOUT:

DATE:

Hafia Adail

Saipan Tribune

CNMI'S FIRST DAILY NEWSPAPER
2/F JP Center, Beach Road Garapan, • Mailing Address: PMB 34, Box 10001, Saipan, MP 96950
Tel: (670) 235-2440, 235-6747, 235-2769 • Fax: (670) 235-3740

PREPARED FOR: Eulalia Villagomez
ATTENTION:
TELEPHONE: 463-7277
FAX NO.:
EMAIL ADDRESS: esvillagomez@gmail.com

PREPARED BY: Shawn M. Camacho
TELEPHONE: 235-2440 ext. 122
FACSIMILE: 235-3740
EMAIL: shawn_camacho@saipantribune.com

**CONFIDENTIAL

PROPOSAL

RUNS	SIZE	B/W-NUMBER OF COLORS	COLUMNS	DIMENSIONS	AD DESCRIPTION	UNIT PRICE	TOTAL PRICE	
2	1/4pg	Black & White	3	5.375" X 7.125"	THANK YOU AD	\$ 90.00	\$ 180.00	
RUN DATES: November 15 and 16, 2012								
***CNMI'S FIRST DAILY NEWSPAPER, MONDAY TO FRIDAY 8AM - 6PM**							TOTAL	\$ 180.00

PREPARED BY: SHAWN M. CAMACHO
ACCOUNT EXECUTIVE

DATE: 11/13/2012

RECEIVED BY: _____

DATE: _____

Candidate Name: Edmund Sablan Villagomez

Treasurer: Eulalia S. Villagomez *ELV*

Date: December 26, 2012

MULTI-CANDIDATE CONTRIBUTION AND EXPENSE REPORT		
RECEIVED FROM	PARTICULARS/ DESCRIPTION	AMOUNT
N/A	N/A	\$ -
	TOTAL	\$ -