

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

1	Final Report
	Final Report

CAMPAIGN STATEMENT OF ACCOUNT - CANDIDATE

GENERAL SPECIAL ELECTION FICE OF THE PUBLIC AUDITOR

IMPORTANT:

FILE THIS REPORT NOT LATER THAN DECEMBER 24, 2014.

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

COMMONWEALTH OF THE

NORTHERN MARIANA ISLANDS P.O. BOX 1399 C.K.

This Campaign Statement of Account form is mandatory. Candidates may use the suggested reports and schedules furnished by the Election Connection, of 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): BORTA, AUTONIO SN. Office Soug	rred Mailing (P.O. Box) Address: P. D BOX 223, TUIAN MP 96967 433-0665			
Treasurer Name (Last Name, First Name, MI): Preferred M D	ailing (P.O. Box) Address:	110000	Telephone:	
17.0	DOX 220, ITUIAN	MP 4696 I	433-0666	
		CASH	IN-KIND	
1. BALANCE CARRIED FORWARD FROM PREVIOUS ELECTION(S)			0	
ADD: RECEIPTS THIS ELECTION PERIOD				
2. RECEIPTS FROM FUNDRAISING EVENTS		0	0	
3. MULTI-CANDIDATE CONTRIBUTIONS		O		
4. RECEIPTS FROM GENERAL CONTRIBUTIONS		4-0 81	80	
5. OTHER RECEIPTS From Personal municy	(candidate)	\$58.81	4.0	
6. TOTAL AVAILABLE (Add Lines 1 through 5)		858.81	80	
LESS: DISBURSEMENTS THIS ELECTION PERIOD				
Z. DISBURSEMENTS FOR FUNDRAISING EVENTS			0	
8. MULTI-CANDIDATE EXPENSES		0	0	
9. DISBURSEMENTS FOR GENERAL EXPENDITURES		- a Arta	80	
10. OTHER DISBURSEMENTS		858.81	0	
11. TOTAL DISBURSEMENTS (Add Lines 7 through10)	9	\$58.81	80	
12. EXCESS (SHORTFALL) OF RECEIPTS OVER DISBURSEMENTS (Subtra	act Line 11 from Line 6)	0	0	
VERIFICATION				
	ommonwealth of the Northern Mariana			
Island of } s.s.	and of) s.s.		
1 Autorus Sn. Durja, being duly sworn on ooth, depose and say: 1,_	2da_, being duly sworn o	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, Doy, Year)	Signature of Tyeasurer	12 - Date (Mont	15 - 14 th, Day, Year)	
	oscribed and swom before me this	5 Joyof Decem	ber , 20 14.	
VIOLITA A. DIAZ PO Box 7657 SVRB Sarpan MI 196959 RO Box 7657 SVRB Sarpan MI 196959 BY AND FOR THE COMMONWEALTH BY AND FOR THE COMMONWEALTH My Commission Expires: 5 10-15 My Commission Expires: 5 10-15				