

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

| Report Type: | | |
|----------------|--|--|
| ☐ Final Report | | |
| ☐ Amendment | | |

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

IMPORTANT: THIS REPORT MUST BE FILED WITHIN 50 DAYS AFTER THE ELECTION. 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

| Candi | date Name (Last Name, First Name, MI): Office Sought: | | | |
|-------|--|---|------|-------------------------|
| Treas | urer Name (Last Name, First Name, MI): Preferred Maili | g (P.O. Box) Address: | | Telephone: |
| | | | CASH | IN-KIND |
| 1. | BALANCE CARRIED FORWARD FROM PREVIOUS ELECTION | ON(S) | | |
| | ADD: RECEIPTS THIS ELECTION PERIOD | | | |
| 2. | RECEIPT 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. | D. DISBURSEMENTS FOR GENERAL EXPENDITURES | | | |
| 10. | 10. OTHER DISBURSEMENTS | | | |
| 11. | TOTAL DISBURSEMENTS (Add Lines 7 through 10) | | | |
| 12. | EXCESS (SHORTFALL) OF RECEIPTS OVER DISBURSEMEN | TS (Subtract Line 11 from Line 6) | | |
| | VER | IFICATION | | |
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| | monwealth of the Northern Mariana Islands)) s.s. | Commonwealth of the Northern | (| |
| Islan | d of) | Island of |) | |
| I, | | ne foregoing Campaign oreparing this Statement, all supporting Il contributions received and that providing false penalties as provided by | | |
| Subs | Signature of Candidate Date (Month, Day, Ye cribed and sworn before me this day of , 20 | Signature of Treasurer Subscribed and sworn before me | | Date (Month, Day, Year) |

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COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS CAMPAIGN FINANCIAL DISCLOSURE

FUNDRAISING EVENT REPORT FUNDRAISING DATES:

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

| Candidate Name (Last Name, First Name, MI): | Treasurer Full Name (Last Name, First Name, MI): |
|---|--|
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| | |
| Name of Fundraising Event: | Date(s) Held: |
| Name of Fundraising Event. | Date(s) field. |
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SUMMARY OF FUNDRAISING RECEIPTS AND DISBURSEMENTS

(Complete Supporting Schedules Before Completing This Section)

| REC | CEIPTS | CASH | IN-KIND |
|-----|--|------|---------|
| 1. | GROSS PROCEEDS FROM FUNDRAISING EVENT (Total Cash Proceeds from Line 3 of the 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 (Add Lines 1 through 3) (Transfer to Line 2 of Campaign Statement of Account) | | |
| DIS | BURSEMENTS | | |
| 5. | FUNDRAISING EXPENSES (Total Fundraising Expenses from Line 4 of Result Summary of Schedule FR-A) | | |
| 6. | ADJUSTMENTS FOR IN-KIND CONTRIBUTIONS RECEIVED (From Line 2 above) | | |
| 7. | TOTAL DISBURSEMENTS (Add Lines 5 and 6) (Transfer to Line 7 of Campaign Statement of Account) | | |
| | T RECEIPTS AND DISBURSEMENTS tract Line 7 from Line 4) | | |

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-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 FUNDRAISING EVENT (Transfer this total to Line 1 of Fundraising Event Report) | |
| 4. | TOTAL FUNDRAISING EXPENSES (Details of Section 2-Fundraising Expense on the reverse side of this form. Transfer this total to Line 5 of Fundraising Event Report) | |
| 5. | NET CASH PROCEEDS (Subtract Line 4 from Line 3) | |

| SECTION 1 – NAMES OF CONTRIBU | TORS WITH \$50 | 0 OR MORE TOTAL AGGREGATE CONTRIBU | ΓIONS |
|---|----------------|---|--------|
| FULL NAME OF CONTRIBUTOR | AMOUNT | FULL NAME OF CONTRIBUTOR | AMOUNT |
| Example: Mr. John Doe | \$ 600.00 | | |
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| 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 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-A

GROSS PROCEEDS AND EXPENSES FROM FUNDRAISING EVENT

SECTION 2 – FUNDRAISING EXPENSES

| FULL NAME OF PAYEE OR VENDOR | PARTICULARS/ | | | | | |
|--|---------------|---------------|-------------|----------|---------------|-------|
| | DESCRIPTION | Food & Drinks | Advertising | Supplies | Fees/Donation | Other |
| Example: Taste Good Restaurant | Food Catering | \$ 600 | | | | |
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| | (Total) | | | | | |
| TOTAL FUNDRAISING EXPENSES (Transfer Total to Line 4, Result Summary of Schedule FR-A) | (1011) | | | | | |

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 | FAIR M VAI | |
|---|-----------------------------------|---------------|-------|
| Example: ABC Retail | Give-away t-shirts (250 @ \$5.00) | \$ | 1,250 |
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| SUB-TOTAL OF RECEIPTS THIS PAGE ONLY (Use additional sheets as necessary) | → | | |
| TOTAL RECEIPTS (IF LAST PAGE ONLY) | | | |

SUPPORTING SCHEDULE FR-C CONTRIBUTED PROPERTY RECEIVED

| FULL NAME OF CONTRIBUTOR | DESCRIPTION OF CONTRIBUTION | FAIR MARI VALUE | |
|---|-----------------------------|--------------------|-----|
| Example: Island Computers | Old Computer with printer | \$ | 600 |
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| SUB-TOTAL OF RECEIPTS THIS PAGE ONLY (Use additional sheets as necessary) | \Rightarrow | | |
| TOTAL RECEIPTS (IF LAST PAGE ONLY) (Transfer Total to Line 3 of Fundraising Event Report) | | | |

COMMONWEALT 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): |
|---|---|
| Canadante : Mante (2008 : Mante) : 1108 : Mante) : 127) | Treasurer I am Faunce (2006 Faunce) I not Faunce, 1921) |
| | |
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SUMMARY OF RECEIPTS AND DISBURSEMENTS

(Complete Supporting Schedules Before Completing This Section)

| REC | CEIPTS | 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) | | |
| DIS | BURSEMENTS | | |
| 5. | GENERAL EXPENDITURES (Total General Expenditures from Schedule GC-D) | | |
| 6. | CONTRIBUTIONS TO OTHER CANDIDATES (Total Contribution to Other Candidates from Schedule GC-E) | | |
| 7. | ADJUSTMENTS FOR IN-KIND CONTRIBUTIONS RECEIVED (From Line 2 above) | | |
| 8. | TOTAL DISBURSEMENTS (Transfer to Line 9 of Campaign Statement of Account) | | |
| | T RECEIPTS AND DISBURSEMENTS tract Line 8 from Line 4) | | |

SUPPORTING SCHEDULE FOR GENERAL CONTRIBUTIONS

| PAGE | OF | |
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| Candidate Name (In Full): | Signature of Treasurer: | Date: |
|---------------------------|-------------------------|-------|
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SUPPORTING SCHEDULE GC-A MONETARY CONTRIBUTIONS FROM NON-FUNDRAISING EVENTS

RESULT SUMMARY

- 1. TOTAL MONETARY CONTRIBUTIONS FROM INDIVIDUALS WHO CONTRIBUTED LESS THAN \$500
- $2. \quad \mathsf{TOTAL} \ \mathsf{MONETARY} \ \mathsf{CONTRIBUTIONS} \ \mathsf{FROM} \ \mathsf{INDIVIDUALS} \ \mathsf{WHO} \ \mathsf{CONTRIBUTED} \ \mathsf{MORE} \ \mathsf{THAN} \ \500

3. TOTAL MONETARY CONTRIBUTIONS (Transfer to Line 1 of the General Contribution and Expense Report)

| \$ |
|----|
| + |

| FULL NAME OF CONTRIBUTOR | AMOUNT | FULL NAME OF CONTRIBUTOR | AMOUNT |
|--|-------------|--|--------|
| Example: Ms. Jane Doe | \$ 1,500.00 | | |
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| TOTAL CONTRIBUTIONS RECEIVED, IF LAST PAGE OTHERWISE CONTINUE ON NEXT COLUMN | | TOTAL CONTRIBUTIONS RECEIVED (LAST PAGE ONLY) (Transfer to Line 2 of Result Summary above) | |

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| SUPPORTING SCHEDULE FOR GENERAL CONTRIBUTIONS | | | _Or |
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| Candidate Name (In Full): | Signature of Treasurer: | Date: | |

SUPPORTING SCHEDULE GC-B IN-KIND CONTRIBUTIONS RECEIVED

| FULL NAME OF CONTRIBUTOR | DESCRIPTION OF CONTRIBUTION | FAIR MA | |
|---|-----------------------------------|---------|-------|
| Example: ABC Retail | Give-away t-shirts (250 @ \$5.00) | \$ | 1,250 |
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| SUB-TOTAL OF RECEIPTS THIS PAGE ONLY (Use additional sheets as necessary) | | | |
| TOTAL RECEIPTS (IF LAST PAGE ONLY) | | | |
| (Transfer Total to Line 2 of the General Contribution and Expen | | | |

SUPPORTING SCHEDULE GC-C CONTRIBUTED PROPERTY RECEIVED

| FULL NAME OF CONTRIBUTOR | DESCRIPTION OF CONTRIBUTION | FAIR MARKET VALUE | | |
|--|-----------------------------|----------------------|-----|--|
| Example: Island Computers | Old Computer with printer | \$ | 600 | |
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| 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, Summary of Receipts and Disbursements) | | | | |

| SUPPORTING SCHEDULE FOR GENERAL CONTRIBUTIONS | | | OF |
|---|-------------------------|-------|----|
| | | | |
| Candidate Name (In Full): | Signature of Treasurer: | Date: | |

SUPPORTING SCHEDULE GC-D

GENERAL EXPENDITURES

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

CFD-GC (D), 2018

| SUPPORTING | SCHEDULE FOR | GENERAL. | CONTRIBUTIONS |
|------------|--------------|----------|---------------|
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| Candidate Name (In Full): | Signature of Treasurer: | Date: |
|---------------------------|-------------------------|-------|
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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 |
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| SUB-TOTAL OF EXPENSES THIS PAGE ONLY (Use additional sheets as necessary) | | | |
| TOTAL CONTRIBUTIONS TO OTHER CANDIDATE (Transfer Total to Line 6 of General Contribution and Expenses | S (IF LAST PAGE ONLY) Report, Summary of Receipts and Disbursements) | | |

COMMONWEALT OF THE NORTHERN MARIANA ISLANDS CAMPAIGN FINANCIAL DISCLOSURE

MULTI-CANDIDATE CONTRIBUTION AND EXPENSE REPORT

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

| | CONTRIBUTIONS RECEIVED | | |
|---|--|---------------|--------------|
| RECEIVED FROM | DESCRIPTION | A | MOUNT |
| Example: BEST PARTY IN THE LAND | Cash Allocation of Party General Fundraising Proceeds | \$ | 20,00 |
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| SUB-TOTAL OF CONTRIBUTIONS RECEIVED (Use additional sheets as necessary) | | | |
| TOTAL CONTRIBUTIONS RECEIVED (IF LAS | ST PAGE ONLY) Account) | \Rightarrow | |
| | EXPENSES | | |
| | | | |
| FULL NAME OF PAYEE | DESCRIPTION OF EXPENDITURE | | MOUNT |
| | DESCRIPTION OF EXPENDITURE Allocation of Party General Expenses | All s | |
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| | | | MOUNT 15,000 |
| FULL NAME OF PAYEE Example: BEST PARTY IN THE LAND SUB-TOTAL OF EXPENSES THIS PAGE ONLY | Allocation of Party General Expenses | | |

TOTAL ALLOCATED EXPENDITURES (IF LAST PAGE ONLY) (Transfer Total to Line 8 of the Campaign Statement of Account)

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



