

Name of Candidate for Governor (Last Name, First Name, MI):

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

Report Type:			
☐ Final Report			
	Amendment		

# CAMPAIGN STATEMENT OF ACCOUNT FOR GOVERNOR AND LT. GOVERNOR CANDIDATES

□ 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 Commission, or they may use their own detailed formats. Should you use an alternative schedule format, you must provide, at the minimum, detailed information as required in the Act.

Name of Candidate for Lt. Governor (Last Name, First Name, MI):

Treasurer Name (Last Name, First Name, MI): Preferred Mailing		Preferred Mailing (P.O. Box) Address:		Telephone:	
			CASH	IN-KIND	
			CASH	IN-KIND	
1.	BALANCE CARRIED FORWARD FROM PREVIO	US ELECTION(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	OD			
7.	DISBURSEMENTS FOR FUNDRAISING EVENTS				
8.	MULTI-CANDIDATE EXPENSES				
9.	DISBURSEMENTS FOR GENERAL EXPENDITURES	3			
10.	OTHER DISBURSEMENTS				
11.	TOTAL DISBURSEMENTS (Add Lines 7 through 10)				
12	FYCESS (SHODTEALL) OF DECEIPTS OVED DIS	RURSEMENTS (Subtract Line 11 from Line 6)			

### VERIFICATION

Commonwealth of the Northern Mariana Islands )	Commonwealth of the Northern Mariana Islands )	Commonwealth of the Northern Mariana Islands )
) s.s.	) s.s.	) s.s.
Island of )	Island of)	Island of )
I,, being duly sworn on	I,, being duly sworn on (Candidate for Lt. Governor)	I,, being duly sworn on
(Candidate for Governor)		(Treasurer)
oath, depose and say:	oath, depose and say:	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 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.	That I am the individual named above; that I prepared the foregoing Campaign Statement of Account, that I have used all 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.	That I am the individual named above; that I prepared the foregoing Campaign Statement of Account, that I have used all 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)	Signature of Candidate Date (Month, Day, Year)	Signature of Treasurer Date (Month, Day, Year)
Subscribed and sworn before me this day of, 20	Subscribed and sworn before me this day of, 20	Subscribed and sworn before me this day of, 20
Notary Stamp Notary Seal	Notary Stamp Notary Seal	Notary Stamp Notary Seal

## 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):
Name of Fundraising Event:	Date(s) Held:
Name of Fundraising Event.	Date(s) field.

### 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)		
	RECEIPTS AND DISBURSEMENTS tract Line 7 from Line 4)		

**IMPORTANT:** FILE **SEPARATE** SCHEDULE FOR <u>EACH</u> FUNDRAISING EVENT.

SUPPORTING SCHEDULE FOR FUNDRAISING EVENT H	IELD 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)	

FULL NAME OF CONTRIBUTOR	AMOUNT	FULL NAME OF CONTRIBUTOR	AMOUNT
			1111200111
Example: Mr. John Doe	\$ 600.00		
OTAL PROCEEDS OF CONTRIBUTIONS, IF LAST		TOTAL PROCEEDS OF CONTRIBUTIONS \$500 OR	
PAGE OTHERWISE CONTINUE ON NEXT COLUMN		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 H	IELD 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

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

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 MARKET VALUE	
Example: ABC Retail	Give-away t-shirts (250 @ \$5.00)	\$	1,250
SUB-TOTAL OF RECEIPTS THIS PAGE ONLY (Use additional sheets as necessary)	<b>→</b>		
TOTAL RECEIPTS (IF LAST PAGE ONLY)	<b></b>		

## SUPPORTING SCHEDULE FR-C CONTRIBUTED PROPERTY RECEIVED

FULL NAME OF CONTRIBUTOR	DESCRIPTION OF CONTRIBUTION		MARKET ALUE
Example: Island Computers	Old Computer with printer	\$	600
SUB-TOTAL OF RECEIPTS THIS PAGE ONLY (Use additional sheets as necessary)	<b>=</b>	•	
TOTAL RECEIPTS (IF LAST PAGE ONLY)	<b>→</b>	•	

## 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):
Candidate Name (Last Name, First Name, WI):	Treasurer Full Name (Last Name, First Name, WII):

### 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	

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

### 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		
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)	

SUPPORTING SCHEDULE FOR GENERAL CONTRIBUTIONS			_Or
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 VAL	
Example: ABC Retail	Give-away t-shirts (250 @ \$5.00)	\$	1,250
SUB-TOTAL OF RECEIPTS THIS PAGE ONLY (Use additional sheets as necessary)			
TOTAL RECEIPTS (IF LAST PAGE ONLY)	nse Report, Summary of Receipts and Disbursements)		

### SUPPORTING SCHEDULE GC-C CONTRIBUTED PROPERTY RECEIVED

FULL NAME OF CONTRIBUTOR	OF CONTRIBUTION DESCRIPTION OF CONTRIBUTION		FAIR MARKET VALUE		
Example: Island Computers	Old Computer with printer	\$	600		
SUB-TOTAL OF RECEIPTS THIS PAGE ONLY (Use additional sheets as necessary)	$\Rightarrow$				
TOTAL CONTRIBUTED PROPERTY RECEIVED (IF (Transfer Total to Line 3 of the General Contribution and Exper	F LAST PAGE ONLY) nse Report, Summary of Receipts and Disbursements)				

ULI OKTING SCHEDULE FOR GENERAL CONTRIDUTIONS			U.	I.
Candidate Name (In Full):	Signature of Treasurer:	Date:		

## SUPPORTING SCHEDULE GC-D

### GENERAL EXPENDITURES

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

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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 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
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	
			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):



