

Political Party Name:

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS CAMPAIGN FINANCIAL DISCLOSURE

Report Type:		
	Final Report	
	Amendment	

CAMPAIGN STATEMENT OF ACCOUNT – POLITICAL PARTY GENERAL GSPECIAL ELECTION

(Vear)

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.

Party Chairperson (Last Name, First Name, MI):

The state of the s	O.B. \ A.H.		T	
Treasurer Name (Last Name, First Name, MI): Preferred		O. Box) Address:		Telephone:
			CASH	IN-KIND
1. BALANCE CARRIED FORWARD FRO	M PREVIOUS ELECTION(S)		
ADD: RECEIPTS THIS ELECTION PE	RIOD			
2. RECEIPT FROM FUNDRAISING EVENT	S			
3. MULTI-CANDIDATE CONTRIBUTIONS				
4. RECEIPTS FROM GENERAL CONTRIBU	JTIONS			
5. OTHER RECEIPTS				
6. TOTAL AVAILABLE (Add Lines 1 throu	gh 5)			
LESS: DISBURSEMENTS THIS ELEC	TION PERIOD			
7. DISBURSEMENTS FOR FUNDRAISING	EVENTS			
8. MULTI-CANDIDATE EXPENSES				
9. DISBURSEMENTS FOR GENERAL EXP	ENDITURES			
10. OTHER DISBURSEMENTS				
11. TOTAL DISBURSEMENTS (Add Lines 7 through 10)				
12. EXCESS (SHORTFALL) OF RECEIPTS	OVER DISBURSEMENTS	(Subtract Line 11 from Line 6)		
	VERIFI	CATION		
Commonwealth of the Northern Mariana Islands)		Commonwealth of the Northern	Mariana Islands)	
Sland of)	S.S.	Island of) s.s.	
I,, being duly sw (Party Chairperson)	orn on oath, depose and say:	I,(Treasurer)	, being duly sworn	on oath, depose and say:
That I am the individual named above; that I prepa Statement of Account, that I have used all diligence and that the contents thereof, including the content attachments, are a true, full and explicit accounting and expenses incurred in aid of the campaign. I und information herein may subject me to civil and crir the Northern Mariana Islands Election Reform Act	e in preparing this Statement, s of all supporting g of all contributions received derstand that providing false minal penalties as provided by	statement, 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		
Signature of Party Chairperson		Signature of Treasurer		Date (Month, Day, Year)
Subscribed and sworn before me this day of		Subscribed and sworn before m	e tnis day of	, 20
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.

Party Chairperson (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)		
	Γ 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
Name of Party Chairperson (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 next page 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		
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 H	TELD ON DATE(S):	PAGE	_ OF
Name of Party Chairperson (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/	ARS/ AMOUNT				
FULL NAME OF PAYEE OR VENDOR	DESCRIPTION	Food & Drinks	Advertising	Supplies	Fees/Donation	Other
Example: Taste Good Restaurant	Food Catering	\$ 600				
	(Total)					
TOTAL FUNDRAISING EXPENSES (Transfer Total to Line 4, Result Summary of Schedule FR-A)	(-					

IMPORTANT: FILE SEPARATE SCHEDULE FOR EACH FUNDRAISING EVENT.

SUPPORTING SCHEDULE FOR FUNDRAISING EVENT HELD ON DATE(S): _____ PAGE ____ OF ____

Name of Party Chairperson (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
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	MARKET ALUE
Example: Island Computers	Old Computer with printer	\$ 600
SUB-TOTAL OF RECEIPTS THIS PAGE ONLY (Use additional sheets as necessary)	→	
TOTAL RECEIPTS (IF LAST PAGE ONLY)	→	

COMMONWEALT OF THE NORTHERN MARIANA ISLANDS CAMPAIGN FINANCIAL DISCLOSURE

GENERAL CONTRIBUTION AND EXPENSE REPORT

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

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 (Add Lines 1 through 3) (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 (Add Lines 5 through 7) (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	

Name of Party Chairperson (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
- TOTAL MONETARY CONTRIBUTIONS FROM INDIVIDUALS WHO CONTRIBUTED MORE THAN \$500
 TOTAL MONETARY CONTRIBUTIONS (Transfer to Line 1 of the General Contribution and Expense Report)

+			

NAMES OF CONTRIBUTORS WITH \$500 OR MORE TOTAL AGGREGATE CONTRIBUTIONS.						
FULL NAME OF CONTRIBUTOR	AMOUNT	FULL NAME OF CONTRIBUTOR	AMOUNT			
Example: Ms. Jane Doe	\$ 1,500.00					
TOTAL CONTRIBUTIONS RECEIVED, IF LAST PAGE		TOTAL CONTRIBUTIONS RECEIVED (LAST PAGE ONLY) (Transfer to Line 2 of Result Summary above)				

Name

ORTING SCHEDULE FOR GENERAL CONTRIBUTI	ONS	PAGEOF
of Party Chairperson (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) (Transfer Total to Line 2 of the General Contribution and Exper			

SUPPORTING SCHEDULE GC-C CONTRIBUTED PROPERTY RECEIVED

FULL NAME OF CONTRIBUTOR	DESCRIPTION OF CONTRIBUTION	FAIR MAR VALUI	
Example: Island Computers	Old Computer with printer	\$	600
SUB-TOTAL OF RECEIPTS THIS PAGE ONLY (Use additional sheets as necessary)			
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)		

SUPPORTING	SCHEDIII	F FOR	CENERAL	CONTRIBUTIONS

Name of Party Chairperson (In Full):

ľ	ONS	PAGE	_ OF	
	Signature of Treasurer:	Date:		

SUPPORTING SCHEDULE GC-D GENERAL EXPENDITURES

FULL NAME OF PAYEE OR VENDOR	PARTICULARS/ DESCRIPTION	AMOUNT				
FULL NAME OF FATEE 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)	(7)					
TOTAL GEN. EXPENDITURES (IF LAST PAGE ONLY) (Transfer Total to Line 5 of Gen.	(Total)					
Contributions & Exp. Report, Summary of Receipts						
and Disbursements)						

	SUPPORTING	SCHEDULE FO	R GENERAL	CONTRIBUTION
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PAGE	OF	

Name of Party Chairperson (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):

RECEIVED FROM	DESCRIPTION	A	MOUNT
Example: BEST PARTY IN THE LAND	Cash Allocation of Party General Fundraising Proceeds	\$	20,00
SUB-TOTAL OF CONTRIBUTIONS RECEIVE	D (THIS PAGE ONLY)		
(Use additional sheets as necessary)	ST PAGE ONLY) Account)	>	
TOTAL CONTRIBUTIONS RECEIVED (IF LA: (Transfer Total to Line 3 of the Campaign Statement of	EXPENSES		MOUNT
TOTAL CONTRIBUTIONS RECEIVED (IF LAS (Transfer Total to Line 3 of the Campaign Statement of Stat	EXPENSES DESCRIPTION OF EXPENDITURE	A	MOUNT 15 00
TOTAL CONTRIBUTIONS RECEIVED (IF LASTransfer Total to Line 3 of the Campaign Statement of Full NAME OF PAYEE	EXPENSES		
TOTAL CONTRIBUTIONS RECEIVED (IF LASTransfer Total to Line 3 of the Campaign Statement of Full NAME OF PAYEE	EXPENSES DESCRIPTION OF EXPENDITURE	A	
TOTAL CONTRIBUTIONS RECEIVED (IF LASTransfer Total to Line 3 of the Campaign Statement of Full NAME OF PAYEE	EXPENSES DESCRIPTION OF EXPENDITURE	A	
TOTAL CONTRIBUTIONS RECEIVED (IF LAST Transfer Total to Line 3 of the Campaign Statement of	EXPENSES DESCRIPTION OF EXPENDITURE	A	
TOTAL CONTRIBUTIONS RECEIVED (IF LAST Transfer Total to Line 3 of the Campaign Statement of Full NAME OF PAYEE	EXPENSES DESCRIPTION OF EXPENDITURE	A	
TOTAL CONTRIBUTIONS RECEIVED (IF LASTransfer Total to Line 3 of the Campaign Statement of Full NAME OF PAYEE	EXPENSES DESCRIPTION OF EXPENDITURE	A	
TOTAL CONTRIBUTIONS RECEIVED (IF LASTransfer Total to Line 3 of the Campaign Statement of Full NAME OF PAYEE	EXPENSES DESCRIPTION OF EXPENDITURE	A	
TOTAL CONTRIBUTIONS RECEIVED (IF LASTransfer Total to Line 3 of the Campaign Statement of Full NAME OF PAYEE	EXPENSES DESCRIPTION OF EXPENDITURE	A	
TOTAL CONTRIBUTIONS RECEIVED (IF LASTransfer Total to Line 3 of the Campaign Statement of Full NAME OF PAYEE	EXPENSES DESCRIPTION OF EXPENDITURE	A	MOUNT 15,00

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

Party Chairperson (Last Name, First Name, MI):



