



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

CAMPAIGN STATEMENT OF ACCOUNT – POLITICAL PARTY

_____ **GENERAL** **SPECIAL ELECTION**

(Year)

Report Type:

Final Report

Amendment

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.

Political Party Name:	Party Chairperson (Last Name, First Name, MI):	
Treasurer Name (Last Name, First Name, MI):	Preferred Mailing (P.O. Box) Address:	Telephone:

	CASH	IN-KIND
1. BALANCE CARRIED FORWARD FROM PREVIOUS 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		
7. DISBURSEMENTS FOR FUNDRAISING EVENTS		
8. MULTI-CANDIDATE EXPENSES		
9. DISBURSEMENTS FOR GENERAL EXPENDITURES		
10. OTHER DISBURSEMENTS		
11. TOTAL DISBURSEMENTS (Add Lines 7 through 10)		
12. EXCESS (SHORTFALL) OF RECEIPTS OVER DISBURSEMENTS (Subtract Line 11 from Line 6)		

VERIFICATION

<p>Commonwealth of the Northern Mariana Islands)) s.s. Island of _____)</p> <p>I, _____, being duly sworn on oath, depose and say: (Party Chairperson)</p> <p>That I am the individual names 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.</p> <p>_____ Signature of Party Chairperson Date (Month, Day, Year)</p> <p>Subscribed and sworn before me this ____ day of _____, 20__</p> <p align="center">Notary Stamp Notary Seal</p>	<p>Commonwealth of the Northern Mariana Islands)) s.s. Island of _____)</p> <p>I, _____, being duly sworn on oath, depose and say: (Treasurer)</p> <p>That I am the individual names 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.</p> <p>_____ Signature of Treasurer Date (Month, Day, Year)</p> <p>Subscribed and sworn before me this ____ day of _____, 20__</p> <p align="center">Notary Stamp Notary Seal</p>
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**COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
CAMPAIGN FINANCIAL DISCLOSURE**

FUNDRAISING EVENT REPORT
FUNDRAISING DATES: _____

IMPORTANT: USE A SEPARATE REPROT 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:

SUMMARY OF FUNDRAISING RECEIPTS AND DISBURSEMENTS
(Complete Supporting Schedules Before Completing This Section)

RECEIPTS	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 (Transfer to Line 1 of Campaign Statement of Account)		
DISBURSEMENTS		
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 (Transfer to Line 6 of Campaign Statement of Account)		
NET RECEIPTS AND DISBURSEMENTS (Subtract Line 7 from Line 4)		

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:
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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 | | |

SECTION 1 – NAMES OF CONTRIBUTORS WITH \$500 OR MORE TOTAL AGGREGATE CONTRIBUTIONS

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 **EACH** FUNDRAISING EVENT.

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

Name of Party Chairperson (In Full):	Signature of Treasurer:	Date:
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SUPPORTING SCHEDULE FR-A
GROSS PROCEEDS AND EXPENSES FROM FUNDRAISING EVENT

SECTION 2 – FUNDRAISING EXPENSES

FULL NAME OF PAYEE OR VENDOR	PARTICULARS/ DESCRIPTION	AMOUNT				
		Food & Drinks	Advertising	Supplies	Fees/Donation	Other
Example: Taste Good Restaurant	Food Catering	\$ 600				
TOTAL FUNDRAISING EXPENSES (Transfer Total to Line 4, Section 1 of Schedule A)	(Total) ←					

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:
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**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)		➡
TOTAL RECEIPTS (IF LAST PAGE ONLY) (Transfer Total to Line 2 of either the Fundraising Event Report or the General Contribution and Expense Report)		➡

**SUPPORTING SCHEDULE FR-C
CONTRIBUTED PROPERTY RECEIVED**

FULL NAME OF CONTRIBUTOR	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)		➡
TOTAL RECEIPTS (IF LAST PAGE ONLY) (Transfer Total to Line 2 of either the Fundraising Event Report or the General Contribution and Expense Report)		➡

**COMMONWEALTH 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):
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SUMMARY OF RECEIPTS AND DISBURSEMENTS

(Complete Supporting Schedules Before Completing This Section)

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

Name of Party Chairperson (In Full):	Signature of Treasurer:	Date:
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**SUPPORTING SCHEDULE GC-A
MONETARY CONTRIBUTIONS FROM NON-FUNDRAISING EVENTS**

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 1 of Gen. Contrib. & Exp. Report)	

Name of Party Chairperson (In Full):	Signature of Treasurer:	Date:
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**SUPPORTING SCHEDULE GC-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)		➡
TOTAL RECEIPTS (IF LAST PAGE ONLY) (Transfer Total to Line 2 of the General Contribution and Expense Report)		➡

**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
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)		➡

Name of Party Chairperson (In Full):	Signature of Treasurer:	Date:
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SUPPORTING SCHEDULE GC-D
GENERAL EXPENDITURES

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

Name of Party Chairperson (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
SUB-TOTAL OF EXPENSES THIS PAGE ONLY (Use additional sheets as necessary)		
TOTAL CONTRIBUTIONS TO OTHER CANDIDATES (IF LAST PAGE ONLY) (Transfer Total to Line 6 of General Contribution and Expenses Report)		

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

**MULTI-CANDIDATE
CONTRIBUTION AND EXPENSE REPORT**

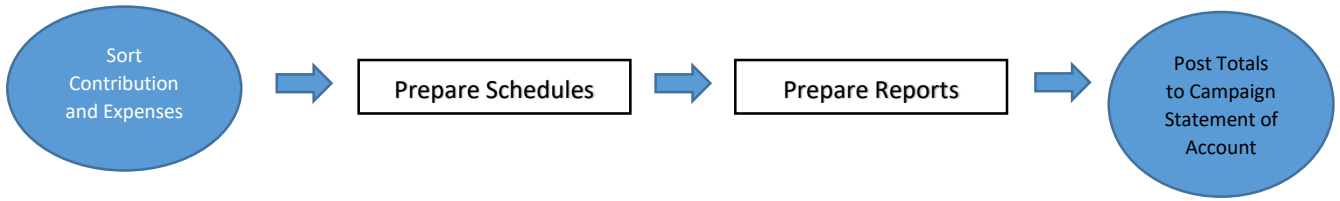
Party Chairperson (Last Name, First Name, MI):	Treasurer Full Name (Last Name, First Name, MI):
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CONTRIBUTIONS RECEIVED

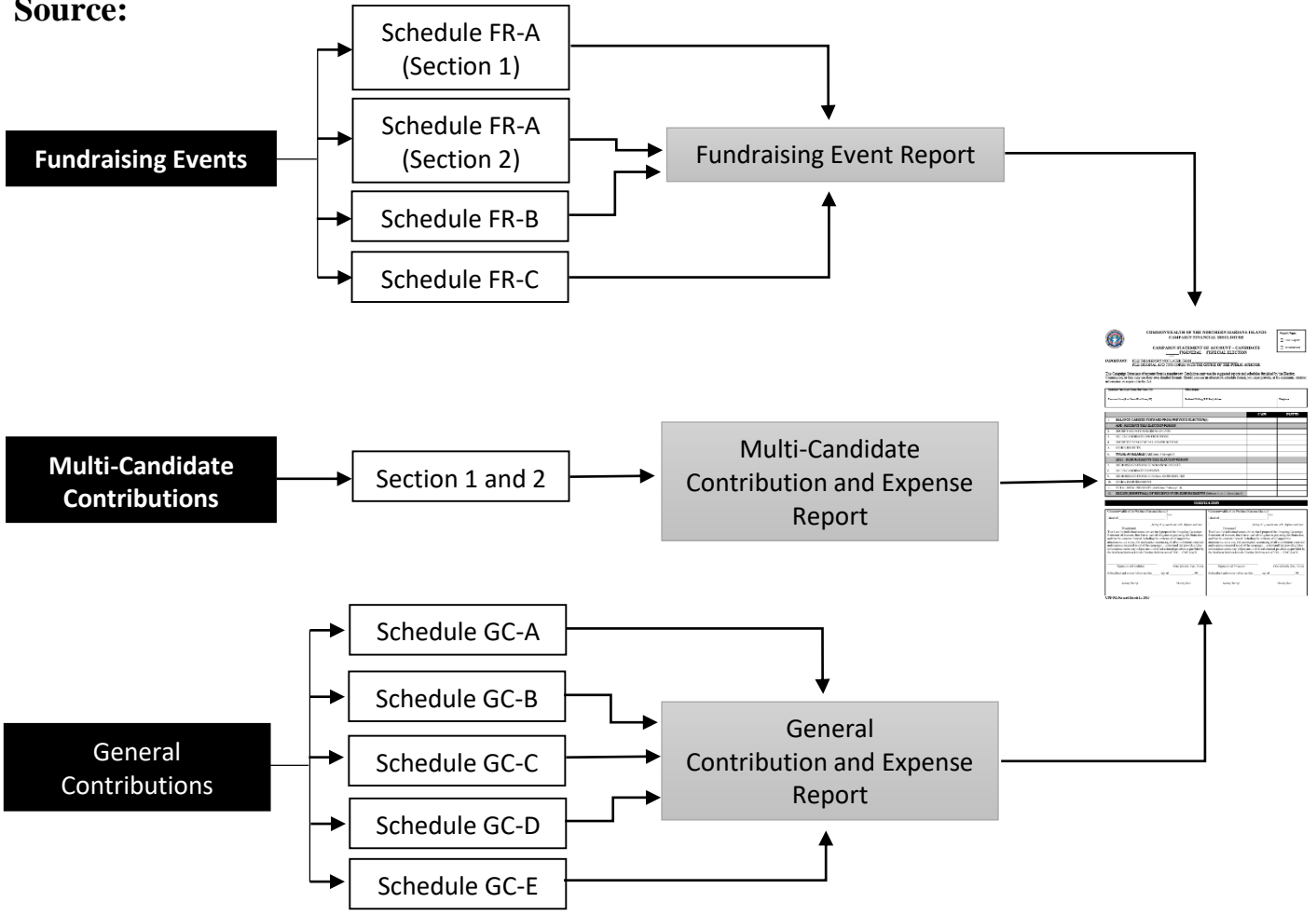
RECEIVED FROM	DESCRIPTION	AMOUNT
Example: BEST PARTY IN THE LAND	Cash Allocation of Party General Fundraising Proceeds	\$ 20,000
SUB-TOTAL OF CONTRIBUTIONS RECEIVED (THIS PAGE ONLY) (Use additional sheets as necessary)		➔
TOTAL CONTRIBUTIONS RECEIVED (IF LAST PAGE ONLY) (Transfer Total to Line 2 of the Campaign Statement of Account)		➔

EXPENSES

FULL NAME OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT
Example: BEST PARTY IN THE LAND	Allocation of Party General Expenses	\$ 15,000
SUB-TOTAL OF EXPENSES THIS PAGE ONLY (Use additional sheets as necessary)		➔
TOTAL ALLOCATED EXPENDITURES (IF LAST PAGE ONLY) (Transfer Total to Line 7 of the Campaign Statement of Account)		➔



Source:



Thumbnail image of a campaign financial statement form, showing various sections and data tables.