

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

CAMACHO, ANTONIO MUNA

TOTAL DISBURSEMENTS (Add Lines 7 through10)

IMPORTANT:

11.

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS CAMPAIGN FINANCIAL DISCLOSURE

1,300.00

-0-

3,155.20

-0-

CAMPAIGN STATEMENT OF ACCOUNT - CANDIDATE 2016 X GENERAL SPECIAL ELECTION

(Year) FILE THIS REPORT NOT LATER THAN DECEMBER 28, 2016.

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

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 a minimum, detailed information as required in the Act.

House of Representative

Office Sought:

Treasu	urer Name (Last Name, First Name, MI): Muna, Michael L.	Preferred Mailing (P.O. Box) Address: P.O. Box 502668, Saipa	n MP 96950	Telephone: 235-8746
			CASH	IN-KIND
1.	BALANCE CARRIED FORWARD FROM PREVIOUS	S ELECTION(S)	-0-	-0-
	ADD: RECEIPTS THIS ELECTION PERIOD			
2.	RECEIPTS FROM FUNDRAISING EVENTS		-0-	-0-
3.	MULTI-CANDIDATE CONTRIBUTIONS		-0-	-0-
4.	RECEIPTS FROM GENERAL CONTRIBUTIONS		3,155.20	1,300.00
5.	OTHER RECEIPTS		-0-	-0-
6.	TOTAL AVAILABLE (Add Lines 1 through 5)		3,155.20	1,300.00
	LESS: DISBURSEMENTS THIS ELECTION PERIO	OD.		
7.	DISBURSEMENTS FOR FUNDRAISING EVENTS		-0-	-0-
8.	MULTI-CANDIDATE EXPENSES		-0-	-0-
9.	DISBURSEMENTS FOR GENERAL EXPENDITURES		3,155.20	1,300.00
10.	OTHER DISBURSEMENTS		-0-	-0-

12. EXCESS (SHORTFALL) OF RECEIPTS OVER DISBURSEMENTS (St.	ubtract Line 11 from Line 6) -0-	-0-
VERIF	CATION	- 104
Commonwealth of the Northern Mariana Islands s.s.	Commonwealth of the Northern Mariana Islands }	
I,ANTONIO_M。 CAMACHO, being duly sworn on oath, depose and say: {Candidate}	I, MICHAEL L. MUNA, being duly sworn (Treasurer)	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.	That I am Ihe individual named above; that the foregoing Campaign S contents thereof, including the contents of all supporting attachmen accounting of all contributions received and expenses incurred in aid a that providing false information herein may subject me to civil and crin the Northern Mariana Islands Election Reform Act of 2000, 1 CMC §	nts, are true, full and explicit of the campoign, I understand minal penalties as provided by
Signature of Candidate Subscribed and sworn before me this	Signature of Treasurer Subscribed and sworn before me this Hat day of Decent	14/16 nth, Day, Year)
MICHEIN SA CAMACHO P.O. Bl. x 500053 CK. Saipan. MP 20050 005.3 Notary Public BY AND FOR THE COMMONWEALTH OF THE NORTHERN MARKEY A ISLANDS My Commission Expires:	Notary State M. C. P.O. B.O. S. 528/05.3 CK., Saipan, MP 96950 Notary Public BY AND FOR THE COMMONWEAU	2006
FD-001, Revised July 21, 2016	My Commission Expires: 4 101	7



COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS CAMPAIGN FINANCIAL DISCLOSURE

CAMPAIGN STATEMENT OF ACCOUNT - POLITICAL PARTY

2016 GENERAL SPECIAL ELECTION OF THE PARTY

Report Type:

Final Report
Amendment

(Year)

IMPORTANT:

FILE THIS REPORT NOT LATER THAN DECEMBER 28, 2016.

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

SIGNATURE CHE R. WILLIAM

This Campaign Statement of Account form is **mandatory**. Political Parties 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 a minimum, detailed information as required in the Act.

		minioni, dotaliod inionija	don as required in the At
Political Party Name: Independent	Party Chalrperson: Ricardo Si	n. Muna	
Treasurer Name (Last Name, First Name, MI):	Preferred Mailing (P.O. Box) Address: P.O. BOX 502668		Telephone:
Muna, Michael L.			225 2541
•	Saipan, MP 96950	Marie Company	235-874b
		CASH	IN-KIND
BALANCE CARRIED FORWARD FROM PREVIOUS ELECTION(S	5)	0	0
ADD: RECEIPTS THIS ELECTION PERIOD			
2. RECEIPTS FROM FUNDRAISING EVENTS		0	0
3. MULTI-CANDIDATE CONTRIBUTIONS		0	0
4. RECEIPTS FROM GENERAL CONTRIBUTIONS			
5. OTHER RECEIPTS		3,155.20	1,300.0
6. TOTAL AVAILABLE (Add Lines 1 through 5)		0	0
		3,155.20	1,300.00
LESS: DISBURSEMENTS THIS ELECTION PERIOD			用数据是是 ,则能
7. DISBURSEMENTS FOR FUNDRAISING EVENTS		0	0
8. MULTI-CANDIDATE EXPENSES		0	0
9. DISBURSEMENTS FOR GENERAL EXPENDITURES	•	3,155.20	1,300.00
10. OTHER DISBURSEMENTS		0	0
11. TOTAL DISBURSEMENTS (Add Lines 7 through 10)		3,155.20	1,300.00
12. EXCESS (SHORTFALL) OF RECEIPTS OVER DISBURSEMENTS	(Subtract Line 11 from Line 6)	0	0
	ERIFICATION		A Phone of
Commonwealth of the Northern Mariana Islands	Commonwealth of the Northern Ma	riana Islands	
Island of Saipan	Island of Saipan	5.5.	
I, <u>Ricardo Sn. Mune</u> being duly sworn on oath, depose and so (Parly Chairperson)	y: Michael L. Mu (Treasurer)	ana being duly sworn on c	path, depose and say:
That I am the individual named above; that I prepared the foregoing Compaign State Account, that I have used all reasonable diligence in preparing this Statement, and a contents thereof, including the contents of all supporting attachments, are a true, full and accounting of all continuous received and expenses incurred in aid of the campunderstand that providing false information herein may subject me to civil and criminal plans provided by the Northern Mariana Islands. Election Reform Act of 2000, 1 CMC §6 Signature of Party Chairperson. Date (Month, Day, Year) Subscribed and sworn before me this of 2000, 1 CMC §6 Notary Public Reg. No. 715A BY AND FOR THE COMMONWEALTH	that the explicit accounting of all contribution aign. I understand that providing false information as provided by the Northern Mariana Signature of Treasurer Subscribed and sworn before the this	contents of all supporting attacks received and expenses incurrent attack the supporting the support	chments, are true, full and ed in aid of the campaign. civil and criminal penalties of 2000, 1 CMC §6428.
My Commission Expires: 4/0/0018		DI-THE NORTHERN MARKANA Iy Commission Expires:	1018

SUPPORTING SCHEDULE FOR FUNDRAISING EVENT HELD ON DATE(S): __

PAGE ____OF _

Candidate Name (In Full) :

Antonio Muna Camacho

Signature of Treasurer:

Date: 12/06/14

SUPPORTING SCHEDULE FR-A **GROSS PROCEEDS AND EXPENSES FROM FUNDRAISING EVENT**

RESULT SUMMARY

1.	TOTAL CASH PROCEEDS FROM INDIVIDUALS WHO CONTRIBUTED LESS THAN \$500	\$.Q
2.	TOTAL CASH PROCEEDS FROM INDIVIDUALS WHO CONTRIBUTED MORE THAN \$500 (Details on Section 1 below)	+	0
3.	TOTAL CASH PROCEEDS FROM THIS FUNDRAISING EVENT (Transfer this total to Line 1 of Fundraising Event		0
4.	TOTAL FUNDRAISING EXPENSES (Details on Section 2 on the reverse side of this form. Transfer this total to Line 5 of Fundraising Event Report)		0
			_

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		
		l , ,	
NO F	undraing	eld	
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)	

PAGE

OF.

Candidate Name (In Full) :

Antonio Muna Camacho

Signature of Treasurer:

12/06/16

SUPPORTING SCHEDULE FR-A GROSS PROCEEDS AND EXPENSES FROM FUNDRAISING EVENT

SECTION 2 - FUNDRAISING EXPENSES PARTICULARS/ **FULL NAME OF PAYEE OR VENDOR AMOUNT** DESCRIPTION Food & Drinks Advertising Supplies Fees/Donation **Example: Taste Good Restaurant** Food catering 600 Not Applicable/No Fundraising TOTAL FUNDRAISING EXPENSES (Total) (Transfer Total to Line 4, Section 1 of Schedule A)

SUPPORTING SCHEDULE FOR FUNDRAISING EVENT HELD ON DATE(S):

_____ PAGE _____ OF ___

Candidate Name (In Full): Antonio Muna Camacho

Signature of Treasurer:

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 pcs @ \$ 5.00)	\$ 1,250
	No Fundraising Held	
SUB-TOTAL OF RECEIPTS THIS PAGE ONLY (Use additional sheets as necessary)		
TOTAL RECEIPTS (IF LAST PAGE ONLY)	Report or the General Contribution and Expense Report)	

SUPPORTING SCHEDULE FR-C CONTRIBUTED PROPERTY RECEIVED

DESCRIPTION OF PROPERTY RECEIVED	FAIR MARKET VALUE
Old Computer with printer	\$ 600
	Old Computer with printer

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS CAMPAIGN FINANCIAL DISCLOSURE

MULTI-CANDIDATE CONTRIBUTION AND EXPENSE REPORT

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

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

Camacho, Antonio M.

Muna, Michael L.

RECEIVED FROM	DESCRIPTION	AMOUNT
Example: BEST PARTY IN THE LAND	Cash Allocation of Party General Fundraising Proceeds	\$ 20,000
	Not Applica y le	

FULL NAME OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT
Example : BEST PARTY IN THE LAND	Allocation of Party General Expenses	\$ 15,0
	Not Applicable	
BUB-TOTAL OF EXPENSES THIS PAGE ONLY Use additional sheets as necessary)		>

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS CAMPAIGN FINANCIAL DISCLOSURE

GENERAL CONTRIBUTION AND EXPENSE REPORT

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

Camacho, Antonio Muna

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

Muna, Michael Lizama

SUMMARY OF RECEIPTS AND DISBURSEMENTS

(Complete Supporting Schedules Before Completing This Section)

		CASH	IN-KIND
1.	MONETARY CONTRIBUTIONS FROM NON-FUNDRAISING EVENTS (Total Contributions from Schedule GC-A)	3,155.20	
2.	IN-KIND CONTRIBUTIONS RECEIVED (Total In-kind Contributions Received from Schedule GC-B. Bring down this value to Line 7 below.)		1,300,60
3.	CONTRIBUTED PROPERTY RECEIVED (Total Contributed Property Received from Schedule GC-C)		
4.	TOTAL RECEIPTS (Transfer to Line 4 of Campaign Statement of Account)	3,155,20	1,300.00
DISE	URSEMENTS		
5.	GENERAL EXPENDITURES (Total General Expenditures from Schedule GC-D)	3,155.20	
6.	(Total Contributions To Other Candidates from Schedule E)		
7.	ADJUSTMENT FOR IN-KIND CONTRIBUTIONS RECEIVED (From Line 2 above)		1,300.00
8.	TOTAL DISBURSEMENTS (Transfer to Line 9 of Campaign Statement of Account)	3,155,20	1,300.00
NET R	ECEIPTS AND DISBURSEMENTS (Subtract Line 8 from Line 4)	0	0

PAGE	OF	
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vall	ujuate	Maille	1111	Full,	

Antonio Muna Camacho

Signature of Treasurer:

12/06/16

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		
Antonio M. Camacho	3,155.20		
All Collid M. Camacilo	3,133.20		
		GASTON ACT	
		Control of the second	
TAL CONTRIBUTIONS REC¶IYED 51-51-64 \$1 (PAGE HERWISE CONTINUE ON NEXT COLUMN	3,155.20	TOTAL CONTRIBUTIONS RECEIVED (LAST PAGE ONLY) (Transfer to Line 1 of Gen. Contrib.& Exp. Report)	

SUPPORTING SCHEDULE FOR GENERAL CONTRIBUTIONS

PAGE _____ OF ____

Candidate Name (In Full) :

Signature of Treasurer:

surer:

12/06/16

Antonio Muna Camacho

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 pcs @ \$ 5.00)	\$ 1,250
	Food/Drinks Food/Drinks Food/Drinks Food/Drinks	300.00 350.00 300.00 350.00
SUB-TOTAL OF RECEIPTS THIS PAGE ONLY (Use additional sheets as necessary)		
TOTAL IN-KIND CONTRIBUTIONS RECEIVED (IF LAST		A

SUPPORTING SCHEDULE GC-C CONTRIBUTED PROPERTY RECEIVED

FULL NAME OF CONTRIBUTOR	DESCRIPTION OF PROPERTY RECEIVED	FAIR MARKET VALUE
Example : Island Computers	Old Computer with printer	\$ 600
CHR TOTAL OF PEOPLETS THE PAOP ONLY		
SUB-TOTAL OF RECEIPTS THIS PAGE ONLY (Use additional sheets as necessary		
TOTAL CONTRIBUTED PROPERTY RECEIVED (IF LAST Transfer Total to Line 3 of the General Contribution and	PAGE ONLY) Expense Report)	

SUPPORTING SCHEDULE FOR GENERAL CONTRIBUTIONS

PAGE _____ OF ____

Candidate Name (In Full) :

Antonio Muna Camacho

Signature of Treasurer:



12/06/16

SUPPORTING SCHEDULE GC-D GENERAL EXPENDITURES

SUPPORTING SCHEDULE FOR GENERAL CONTRIBUTIONS

PAGE _____ OF ___

Candidate Name (In Full) :

Antonio Muna Camacho

Signature of Treasurer:

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
	None	
	None	
SUB-TOTAL OF EXPENSES THIS PAGE ONLY		
TOTAL CONTRIBUTIONS TO OTHER CANDIDATES (IF (Transfer Total to Line 6 of General Contribution and E	xpense Report)	