

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

CAMPAIGN STATEMENT OF ACCOUNT - CANDIDATE 2016 GENERAL SPECIAL ELECTION

Report Type: V Final Report Amendment

Telephone:

233-1009

(Year)

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

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

AMAT, DIEGO L.

KAPILEO JOCELYN A.

IMPORTANT: FILE THIS REPORT NOT LATER THAN DECEMBER 28, 2016.
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 combission, or they may the included formats. Should you use an alternative applicable formats. 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.

Preferred Mailing (P.O. Box) Address:

MUNICIPAL COUNCIL

1.	BALANCE CARRIED FORWARD FROM PREVIOUS 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		\$1 100.00	0
5.	OTHER RECEIPTS		0	0
6.	TOTAL AVAILABLE (Add Lines 1 through 5)		\$ 100.00	0
	LESS: DISBURSEMENTS THIS ELECTION PERIOD			
7.	DISBURSEMENTS FOR FUNDRAISING EVENTS		0	0
8.	MULTI-CANDIDATE EXPENSES		0	0
9.	DISBURSEMENTS FOR GENERAL EXPENDITURES		\$ 100.00	0
10.	OTHER DISBURSEMENTS	0	0	
11.	TOTAL DISBURSEMENTS (Add Lines 7 through10)	\$100.00	0	
12.	EXCESS (SHORTFALL) OF RECEIPTS OVER DISBURSEMENTS (Su	0	0	
	VERIFI	CATION		
Commonwealth of the Northern Mariana Islands S.s. Island of SATPAN S.s. Island of				
understand as provided	of all contributions received and expenses incurred in aid of the campaign. I that providing false information herein may subject me to civil and criminal penalties of by the Northern Mariana Islands Election Reform Act of 2000, 1 CMC §6428. Signature of Candinate Date (Month, Day, Year) d and sworn before me this MICHY P.O. Box 50003 CK, Saipan, MP 90250 0053 Notary Public BY AND FOR THE COMMONWEALTH OF THE NORTHERN MARLY STATES My Commission Expires:	OF B		15/6 hth, Døy, Year) 20/6.

COMMONWEALTH 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):				
KAIPAT DIEGO	L	KAPILEU	JOCELYN	A.	

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)	# 100.00	
2.	IN-KIND CONTRIBUTIONS RECEIVED (Total In-kind Contributions Received from Schedule GC-B. Bring down this value to Line 7 below.)		0
3.	CONTRIBUTED PROPERTY RECEIVED (Total Contributed Property Received from Schedule GC-C)		0
4.	TOTAL RECEIPTS (Transfer to Line 4 of Campaign Statement of Account)	\$100.00	0
DISB	URSEMENTS		
5.	GENERAL EXPENDITURES (Total General Expenditures from Schedule GC-D)	\$100.00	
5.	CONTRIBUTIONS TO OTHER CANDIDATES (Total Contributions To Other Candidates from Schedule E)	00	
7.	ADJUSTMENT FOR IN-KIND CONTRIBUTIONS RECEIVED (From Line 2 above)		0
8.	TOTAL DISBURSEMENTS (Transfer to Line 9 of Campaign Statement of Account)	#100.00	0
NETR	ECEIPTS AND DISBURSEMENTS (Subtract Line 8 from Line 4)	0	0

SUPPORTING SCHEDULE FOR GENERAL CONTRIBUTIONS

PAGE _____ OF ____

Candidate Name (In Full) :

DIEGO LITULIMAR KAIPAT

Signature of Treasurer:

Date: /2/15/16

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		
	\$ 100.00		
TOTAL CONTRIBUTIONS SECENCES IS LAST DAGE	\$ 100.00	TOTAL CONTRIBUTIONS DECEIVED II AST DAGE ONLY	11131 11 13

SUPPORTING SCHEDULE FOR GENERAL CONTRIBUTIONS

PAGE _____ OF ____

Candidate Name (In Full):
DIEGO UTULUMAR KAIPAT

Signature of Treasurer.

Date: /2/15/16

SUPPORTING SCHEDULE GC-D GENERAL EXPENDITURES

FULL NAME OF PAYEE OR VENDOR	PARTICULARS/	AMOUNT				
	DESCRIPTION	Food &	Advertising	Supplies	Fees/Donation	Other
Example : Marianas Daily	One-page ad		\$ 500			
Example: Marianas Dally CNMI TREASURY	One-page ad		\$ 500		\$ 100.00	
SUB-TOTAL OF PAYMENTS THIS PAGE ONLY (Use additional sheets as necessary)	(Sub-Total)	0	0	0	\$ 100.00	0
TOTAL GEN. EXPENDITURES (IF LAST PAGE ONLY)	(Total)	0	0		\$ 100.00	0