

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

Report Type:

▶ Final Report

CAMPAIGN STATEMENT OF ACCOUNT - CANDIDATE 2018 DIGENERAL DISPECIAL ELECTION

☐ 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 SIGNATURE

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.

	Hart Name (Last Name, First Name, MI): Office Sought: Office Sought: Office Sought: Office Sought: Office Sought: Office Sought:	PENTE B.O. Box) Address: 4 9 6		Telephone:
			CASH	IN-KIND
1.	BALANCE CARRIED FORWARD FROM PREVIOUS ELECTION	(S)	1)	
	ADD: RECEIPTS THIS ELECTION PERIOD		U	
2.	RECEIPT FROM FUNDRAISING EVENTS		D	0
3.	MULTI-CANDIDATE CONTRIBUTIONS		Õ	0
4.	RECEIPTS FROM GENERAL CONTRIBUTIONS		4250-	\$ 400.
5.	OTHER RECEIPTS		91900	4 100.
6.	TOTAL AVAILABLE (Add Lines 1 through 5)		100	# 2400
W.E.	LESS: DISBURSEMENTS THIS ELECTION PERIOD		120	H /C
7.0	DISBURSEMENTS FOR FUNDRAISING EVENTS		0	0
8.	MULTI-CANDIDATE EXPENSES		Ö	0
9.	DISBURSEMENTS FOR GENERAL EXPENDITURES		-000.TB	# 40n -
10.	OTHER DISBURSEMENTS		n	# 100.
11.8	TOTAL DISBURSEMENTS (Add Lines 7 through 10)	(H 7000	8 400
12.	EXCESS (SHORTFALL) OF RECEIPTS OVER DISBURSEMENTS	(Subtract Line 11 from Line 6)	(10751)	7)
	VERIFI	CATION		
Island I, That I Staten and th attach and ex inform the N	being duly sworn on oath, depose and say: (Candidate) am the individual names above; that I prepared the foregoing Campaign ment of Account, that I have used all diligence in preparing this Statement, at the contents thereof, including the contents of all supporting ments, are a true, full and explicit accounting of all contributions received expenses incurred in aid of the campaign. I understand that providing false nation herein may subject me to civil and criminal penalties as provided by orthern Mariana Islands Election Reform Act of 2000, I CMC §6428. Signature of Candidate Datel(Month, Day, Year) Notary Stamp Notary Seal	Commonwealth of the Northern Island of (Treasurer) That I am the individual names Statement of Account, that I has and that the contents thereof, in attachments, are a true, full and and expenses incurred in aid of information herein may subject the Northern Mariana Islands Electric Northern Mariana Islands El	above; that I prepared the ve used all diligence in produding the contents of all explicit accounting of all the campaign. I understar me to civil and criminal procession Reform Act of 200 Da	eparing this Statement, I supporting contributions received that providing false penalties as provided by 200, 1 CMC \$6428.
CFD-(D	AN I ONIA M. MANGLONA PO Box 813 Rota. MP 96951 An I Soldiff Public Reg. No. 61A BY AND FOR THE COMMONWEALTH OF THE NORTHER MARIANA ISLANDY U.S.A. My Commission Typires: (2/09/2020)	ANTO POST NO BY A OF THE N	ONIA M. MANGL O Box 813 Rots, MP 96951 Ary Public Reg. No. 6 ND FOR THE COMMONWEAL ORTHERN MARIANA ISLAND	ONA

FUNDRAISING EVENT REPORT FUNDRAISING DATES:

IMPORTANT: USE A SEPARATE REPROT FOR **EACH** FUNDRAISING EVENT.

Påndidate Name (Last Name, First Name, MI):	Toutand, Agnes &
Name of Rundraining Event: NINNER WILL THE LOSERY	SIPT. 8, 2018, SMPM

SUMMARY OF FUNDRAISING RECEIPTS AND DISBURSEMENTS

(Complete Supporting Schedules Before Completing This Section)

RE	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)	\$ 725.	
2.	IN-KIND CONTRIBUTIONS RECEIVED (Total In-Kind Contributions Received from Schedule FR-B. Bring down this value to Line 6 below.)		# 250.
3.	CONTRIBUTED PROPERTY RECEIVED (Total Contributed Property Received from Schedule FR-C)		\$ 325
4.	TOTAL RECEIPTS (Transfer to Line 1 of Campaign Statement of Account)	# 725	\$575.
DIS	BURSEMENTS		
5.	FUNDRAISING EXPENSES (Total Fundraising Expenses from Line 4 of Result Summary of Schedule FR-A)	# COO	
5.	ADJUSTMENTS FOR IN-KIND CONTRIBUTIONS RECEIVED (From Line 2 above)		41251.
7.	TOTAL DISBURSEMENTS (Transfer to Line 6 of Campaign Statement of Account)	# 100 ·	D
VE'I	RECEIPTS AND DISBURSEMENTS ract Line 7 from Line 4)	4 65 -	\$575

IMPORTANT: FILE SEPARATE SCHEDULE FOR EACH FUNDRAISING EVENT.

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

Sig 8, 2018

PAGE OF

Candidate Name (In Full):

1. IMIGMO

Signature of Freasurer:

Date: 12. 87. 18

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

\$ 735,00 + 0

795.00

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 TOTAL PROCEEDS OF CONTRIBUTIONS \$500 OR PAGE OTHERWISE CONTINUE ON NEXT COLUMN MORE (LAST PAGE ONLY-MUST AGREE WITH LINE 2 ABOVE)

CFD-FR (A-1), 2018

IMPORTANT: FILE **SEPARATE** SCHEDULE FOR **EACH** FUNDRAISING EVENT.

SUPPODTING	SCHEDIUE D	OD ELIMBD			
BOLLOKIING	SCHEDULE FO	JK FUNDRA	AISING EVENT	HELD	ON DATE(C).

DAGE	
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Candidate Name (In Full):	1 1		W Version
TUBLERY	7.	MÍ	OUM

Signature of Treasurer:

Date: 12.80-18

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

SECTION 2 – FUNDRAISING EXPENSES

FULL NAME OF PAYEE OR VENDOR	PARTICULARS/						
	DESCRIPTION	Food & Drinks	Advertising	Supplies	Fees/Donation	Other	
Example: Taste Good Restaurant	Food Catering	\$ 600					
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	Plane	41 100.					
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				-			
DTAL FUNDRAISING EXPENSES	(Tytal)						
ransfer Total to Line 4, Section 1 of Schedule A)	\$ (10) to					2)	

IMPORTANT: FILE SEPARATE SCHEDULE FOR <u>EACH</u> FUNDRAISING EVENT. **PAGE** SUPPORTING SCHEDULE FR-B IN-KIND CONTRIBUTIONS RECEIVED FULL NAME OF CONTRIBUTOR DESCRIPTION OF CONTRIBUTION FAIR MARKET VALUE 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 FAIR MARKET DESCRIPTION OF CONTRIBUTION VALUE Example: Island Computers Old Computer with printer S 600

SUB-TOTAL OF RECEIPTS THIS PAGE ONLY

(Transfer Total to Line 2 of either the Fundraising Event Report or the General Contribution and Expense Report)

TOTAL RECEIPTS (IF LAST PAGE ONLY)

(Use additional sheets as necessary)

COMMONWEALT OF THE NORTHERN MARIANA ISLANDS CAMPAIGN FINANCIAL DISCLOSURE

GENERAL CONTRIBUTION AND EXPENSE REPORT

Candidate Name (Last Name, First Name, M1):	Treasurer Full Name (Last Name, First Name, MI):
Taitano, Albert A.	Taitanu, Agnes D.

SUMMARY OF RECEIPTS AND DISBURSEMENTS

(Complete Supporting Schedules Before Completing This Section)

RE	CEIPTS	CASH	IN-KIND
1.	MONETARY CONTRIBUTIONS FROM NON-FUNDRAISING EVENTS (Total Contributions from Schedule GC-A)	4 250.	Y 18 19 19 19 19 19 19 19 19 19 19 19 19 19
2.	IN-KIND CONTRIBUTIONS RECEIVED (Total In-Kind Contributions Received from Schedule GC-B. Bring down this value to Line 7 below.)		# 400.
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)	\$ 25D.	\$400.
DIS	BURSEMENTS		
5.	GENERAL EXPENDITURES (Total General Expenditures from Schedule GC-D)	\$ 7.00D.	
6.	CONTRIBUTIONS TO OTHER CANDIDATES (Total Contribution to Other Candidates from Schedule E)	3.7.11	
7.	ADJUSTMENTS FOR IN-KIND CONTRIBUTIONS RECEIVED (From Line 2 above)		\$ 400-
8	TOTAL DISBURSEMENTS (Transfer to Line 9 of Campaign Statement of Account)	47,000.TH	\$400.
	TRECEIPTS AND DISBURSEMENTS ract Line 8 from Line 4)	\$6,750.	9

SUPPORTING SCHEDULE FOR GENERAL CONTRI	RUTIONS
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PAGE _____ OF ____

Candidate Name (In Full):		
Campidate (value (in Full):	Signature of Typhsurer:	Date:
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11000 1 1. 10110110	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	12.30.18
412-11 11 10/// 0/10	XIINIII	10.00.10

SUPPORTING SCHEDULE GC-B IN-KIND CONTRIBUTIONS RECEIVED

\$ 201).
20D.

SUPPORTING SCHEDULE GC-C CONTRIBUTED PROPERTY RECEIVED

FULL NAME OF CONTRIBUTOR	DESCRIPTION OF CONTRIBUTION	1	FAIR MARKET VALUE	
Example: Island Computers	Old Computer with printer	\$	600	
SUB-TOTAL OF RECEIPTS THIS PAGE ONLY				
Use additional sheets as necessary)		→		
IOTAL CONTRIBUTED PROPERTY RECEIVED	(IF LAST PAGE ONLY) pense Report)			

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Candidate Name (In Full):	-0	
Albert	A.	Taitany
/11//	10	10111 1110

Signature of Treasurer:

Date: 12. 30. 18

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		
VINCENT M. CALVO	4251		
THEODING TELL	11 400.		
FOTAL CONTRIBUTIONS DESCRIPTOR TO A SECOND			
TOTAL CONTRIBUTIONS RECEIVED, IF LAST PAGE OTHERWISE CONTINUE ON NEXT COLUMN	ONL	AL CONTRIBUTIONS RECEIVED (LAST PAGE Y) (Transfer to Line of Gen. Contrib. & Exp. Report)	

SUPPORTING SCHI	EDULE FOR	CENERAL	CONTRIBUTIONS

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PAGE	OF	

Candidate Name (In Full):	A TRITELIA	Signature of freasurer	Date:
HISTERI	A. IMIMIN	Moutan	10 20 15
112221	11 /11/100	XIW WIV	10.00-11

SUPPORTING SCHEDULE GC-D GENERAL EXPENDITURES

FULL NAME OF PAYEE OR VENDOR	PARTICULARS/			MOUNT		
Example: Marianas Daily	DESCRIPTION	Food & Drinks	Advertising	Supplies	Fees/Donation	Other
Example: Marianas Daily	One-page ad		\$ 500 H A COO			
MINITED HILLIAMS	CAS LICINI	1502	H3,000.			
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DEAL LUCK WILL	FULL		# 1,000-			
PRINK DISTINGTO			dl ron			
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SUB-TOTAL OF PAYMENTS THIS PAGE ONLY (Use additional sheets as necessary)	(Sub-total)	(d)	1.000 ·			
TOTAL GEN. EXPENDITURES (IF LAST	(Total)		1 11000			
PAGE ONLY) (Transfer Total to Line 5 of Gen. Contributions & Exp. Report)	4					

CFD-GC (D), 2018

SUPPORTING SCHEDULE FOR GENERAL CONTRIBUTIONS

PAGE	OF	
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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	AM	IOUNT
Example: Mr. Winning Candidate Like Me	Fundraising tickets purchased (10 tickets @ \$50)	\$	500
UB-TOTAL OF EXPENSES THIS PAGE ONLY			
Jse additional sheets as necessary)			
OTAL CONTRIBUTIONS TO OTHER CANDID, Transfer Total to Line 6 of General Contribution and Expe	ATES (IF LAST PAGE ONLY) enses Report)	-	

COMMONWEALT OF THE NORTHERN MARIANA ISLANDS CAMPAIGN FINANCIAL DISCLOSURE

MULTI-CANDIDATE CONTRIBUTION AND EXPENSE REPORT

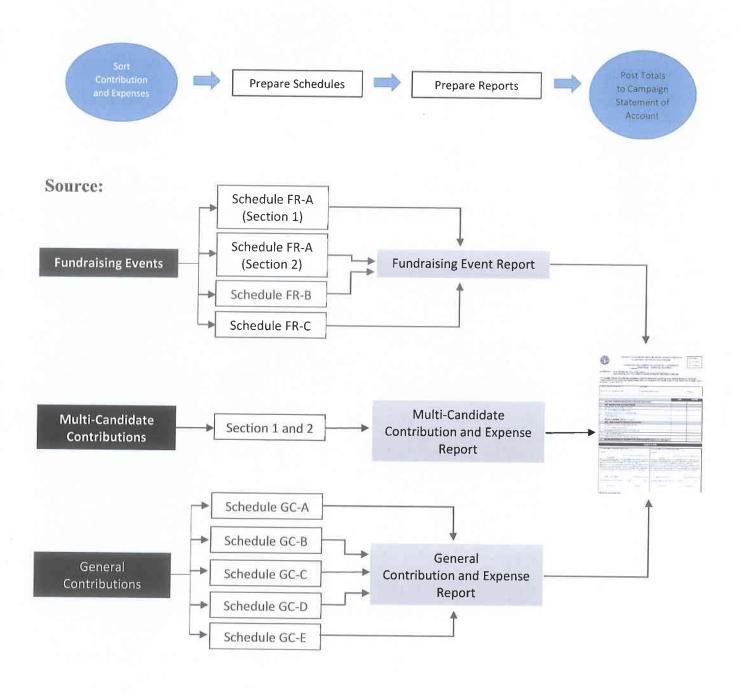
Candidate Name (Last Name, First Name, MI):	Treasurer Full Name (Last Name, First Name, MI):		
The second second second	CONTRIBUTIONS RECEIVED		
	CONTRIBUTIONS RECEIVED		
RECEIVED FROM	DESCRIPTION	Al	MOUNT
Example: BEST PARTY IN THE LAND	Cash Allocation of Party General Fundraising Proceeds	S	20,00
SUB-TOTAL OF CONTRIBUTIONS RECEIVE. (Use additional sheets as necessary)	D (THIS PAGE ONLY)		
TOTAL CONTRIBUTIONS RECEIVED (IF LA	ST PAGE ONLY) Account)		
Total State Sine 2 of the Campaign Statement of	Account)		
	EVDENCES		
	EXPENSES		
FULL NAME OF PAYEE	DESCRIPTION OF EXPENDITURE	AM	IOUNT
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)

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





Commonwealth of the Northern Mariana Islands COMMONWEALTH ELECTION COMMISSION

CANDIDATE'S COMMITTEE ORGANIZATIONAL REPORT

ORGANI	ZATIONAL REPORT
1. Candidate	The same was
Candidate's Name ALBERT A	Taisa In
Martin Add and the second	· lariano
T. V. WVX	1494 ROTA, MP 96951
Contact No.: A&5 - 1088 Susiness:	Email Address albert tout and Dyahoo, or
Office Sought SENME	Municipality/District: ROM #7
2. Candidate's Committee	
arty Affiliation: INDEPENDE	74
Commissions Manual A	ENT MIDERE A THERE
failing Address: P. B. DOX 140	C 382 11088
Chairperson (Required)	4. Treasurer (Required)
ill Name:	Full Name: TUNKS A. TANTAN
ailing Address:	MANTE APPENIATION ROLL & MELLET
mtact No.:	Contact No.
sipess Other:	1845 iness 285 - 108 Sther.
ereby accept this appointment as Chairnerso	m and Tressurer for the above mentioned Committee and
	- and transfer of the above inclination Committee 250
airperson Signature/Date	Treasurer's Signature Date
F XABN X- July	Silvitano
	300 1000
reby certify that the information on this report is	true, correct and complete to the best of my knowledge.
difalors Signal res 1 1	
SHERRY STREET NOT 1 11 -11 -11	Service Control of the Control of th
X John Wartin	Dete:



Conunissioners

Jesus I. Sablan Pro Temp Chairperson Saipan & Northern Islands

Patricia S. Mareham Pro Temp Vice Chairperson Saipan & Northern Islands

Henry Emery Kaipat Saipan & Northern Islands

Joseph E. Santos Tinian & Aguiguan

Joseph E. Santos Tinian & Aguiguan

Vincente V. King Tinian & Aguiguan

Leilani I. Manglona Rota

Esther A. Yatar Rota

Vacant Saipan & Northern Islands

Vacant Saipan & Northern Islands

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS COMMONWEALTH ELECTION COMMISSION



Julita A. Villagomes Executive Director

January 2, 2019

Mr. Albert Taitano

Candidate

Email: alberttaitano@yahoo.com

Rota, MP 96951

RE: Campaign Statement of Account Extension

Dear Mr. Taitano:

This is to acknowledge receipt of your letter dated, January 2, 2019 regarding your request for an extension on your Campaign Financial Statement of Account.

Pursuant to 1 CMC 6 § 6429 and NMIAC 30-10-790, "for good cause, the Commission may extend the deadline imposed on Section 6424 by not more than fifteen (15) days, upon written request by a candidate. A candidate shall be fined a non-waivable One Hundred dollars (\$100.00) penalty for each day the financial report is late without a Commission approved extension period.

Therefore; after considering your request, I do hereby grant the extension of deadline, on or before January 17, 2018. Should you have any questions regarding the above matter, please do not hesitate to contact our office at 670/235-8683.

Sincerely,

JULITAA. VILLAGOMEZ
Executive Director

CC:

Office of the Public Auditor

File

Christine Francisco

From:

Kayla Igitol <administrative@votecnmi.gov.mp>

Sent:

Wednesday, January 9, 2019 10:24 AM

То:

Albert Taitano; Wilma Atalig-Fejeran; Christine Francisco

Subject:

Re: Request for extension of campaign financial disclosure

Attachments:

Albert Taitano.pdf

Please include Mr. Taitano's approved extension. Thank you.

Commonwealth Election Commission P.O. Box 500470 Saipan, MP 96950 Tel:(670)235-8683 Fax: (670)664-8689

On Wed, Jan 2, 2019 at 12:42 PM Albert Taitano <albertaitano @yahoo.com wrote: January 02, 2019

Ms. Julita Villagomez Executive Director CNMI Election Commission Saipan, MP 96950

Dear Director Villagomez:

Warm greetings and Happy New Year!

I would like to humbly request for an extension in submitting my campaign financial disclosure form as required by your office due to some personal reasons in which I need more time to complete and file the form with your good office.

Your approval in regards to this request is greatly appreciated. Thank you.

Respectfully,

Alber A. Taitano