

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS CAMPAIGN FINANCIAL DISCLOSURE

Report Type:

OFFICE OF THE PUBLIC AUDITOR

12/31/2018

Final Report

Final Report

CAMPAIGN STATEMENT OF ACCOUNT – CANDIDATE 2018 ■ GENERAL ■ SPECIAL ELECTION

☐ Amendment

IMPORTANT:

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

THIS REPORT MUST BE FILED WITHIN 50 DAYS AFTER THE ELECTION.

Office Sought:

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.

Castro, Ana D. Municipal Coun	al, saipa	n, Dui				
Treasurer Name (Last Name, First Name, MI): Preferred Mailing (P.O. Box) Address:	1. 1.	Telephone:				
Castro, Jesus M P.O. Dax 5095, Sai	1	670(323-537				
	96951)				
	CASH	IN-KIND				
1. BALANCE CARRIED FORWARD FROM PREVIOUS ELECTION(S)	-0 -	-0-				
ADD: RECEIPTS THIS ELECTION PERIOD						
2. RECEIPT FROM FUNDRAISING EVENTS	10-	-0-				
3. MULTI-CANDIDATE CONTRIBUTIONS	-0-	-0-				
4. RECEIPTS FROM GENERAL CONTRIBUTIONS	- 0 -	-0-				
5. OTHER RECEIPTS	100,00	-0-				
6. TOTAL AVAILABLE (Add Lines 1 through 5)	100·W	-0-				
LESS: DISBURSEMENTS THIS ELECTION PERIOD						
7. DISBURSEMENTS FOR FUNDRAISING EVENTS	-0 -	-0-				
8. MULTI-CANDIDATE EXPENSES	-01	-0-				
9. DISBURSEMENTS FOR GENERAL EXPENDITURES	\$ 100. W	- 6 -				
10. OTHER DISBURSEMENTS	-0/	-0-				
11. TOTAL DISBURSEMENTS (Add Lines 7 through 10)	K (UU. W	-0-				
12. EXCESS (SHORTFALL) OF RECEIPTS OVER DISBURSEMENTS (Subtract Line 11 from Line 6)	-0 -	-0-				
VERIFICATION						
VENITCATION						

VERIFI	VERIFICATION				
Commonwealth of the Northern Mariana Islands)	Commonwealth of the Northern Mariana Islands)				
Calcon)s.s.) s.s.				
Island of)	Island of Suipan				
I, Casho, being duly sworn on oath, depose and say:	I, <u>Jesus M. Cas two</u> , being duly sworn on oath, depose and say: (Treasurer)				
That I am the individual named above; that I prepared the foregoing Campaign	That I am the individual named above, that I prepared the foregoing Campaign				
Statement of Account, that I have used all diligence in preparing this 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				
and that the contents thereof, including the contents of all supporting attachments, are a true, full and explicit accounting of all contributions received	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	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	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.	the Northern Mariana Islands Election Reform Act of 2000, 1 CMC §6428.				
12/31/2018	M C 12-31-2018				
Signature of Candidate Date (Month, Day, Year)	Signature of Treasurer Date (Month, Day, Year)				
Subscribed and sworn before me this day of Ollumbur, 2018	Subscribed and sworn before me this day of December , 20 18				
MICHELLE A. CAMACHO P.O. Box 504613, Saipan, MP 96950 Notary Public Reg. No. 633A FD-001, Red. Section 4720 By AND FOR THE COMMONWEALTH	MICHELLE A. CAMACHO P.O. Box 504613, Saipan, MP 96950 Notary Public Reg. No. 633A By AND FOR THE COMMONWEALTH OF THE NORTHERN MARIANA ISIANDS V.S.A.				
OF THE NORTHERN MARIANA ISLANDS U.S.A. My Commission Expires: 4.1019	My Commission Expires: 410119				

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS CAMPAIGN FINANCIAL DISCLOSURE

FUNDRAISING EVENT REPORT FUNDRAISING DATES: 1/ +

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

Candidate Name (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)

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)		
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)		
	T RECEIPTS AND DISBURSEMENTS tract Line 7 from Line 4)		

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

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

Candidate Name (In Full): ANA DEWARAN CLISTVO	Signature of Treasurer:	Date: 31 DEC. 2018
,		

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 (Subtract Line 4 from Line 3)

FULL NAME OF CONTRIBUTOR	AMOUNT	FULL NAME OF CONTRIBUTOR	AMOUNT
Example: Mr. John Doe	\$ 600.00		
1 /			
N/A			
1 1			
			,
OTAL PROCEEDS OF CONTRIBUTIONS, IF LAST AGE 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	
--	------	----	--

Cambidate Name (In Full): The Demark Castro	nature of Treasurer:	Date: 31 DEC 2018
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SUPPORTING SCHEDULE FR-A GROSS PROCEEDS AND EXPENSES FROM FUNDRAISING EVENT

SECTION 2 – FUNDRAISING EXPENSES

EILLI NAME OF DAVEE OF VENDOR	PARTICULARS/	AMOUNT				
FULL NAME OF PAYEE OR VENDOR	DESCRIPTION	Food & Drinks	Advertising	Supplies	Fees/Donation	Other
Example: Taste Good Restaurant	Food Catering	\$ 600				
	Francisco					
사용 교계 시간 (1984) 등에게 하게 되었다.						
. 1 / A						
NA						
1 - / / /						
	-					
	(Total)					
TOTAL FUNDRAISING EXPENSES Transfer Total to Line 4, Result Summary of Schedule FR-A)	400					

IMPORTANT: FILE **SEPARATE** SCHEDULE FOR <u>EACH</u> FUNDRAISING EVENT. SUPPORTING SCHEDULE FOR FUNDRAISING EVENT HELD ON DATE(S): PAGE __ Candidate Name (In Full):

Demarkan Casta Signature of Treasurer: SUPPORTING SCHEDULE FR-B IN-KIND CONTRIBUTIONS RECEIVED FAIR MARKET FULL NAME OF CONTRIBUTOR DESCRIPTION OF CONTRIBUTION 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 Fundraising Event Report) SUPPORTING SCHEDULE FR-C CONTRIBUTED PROPERTY RECEIVED **FAIR MARKET FULL NAME OF CONTRIBUTOR** DESCRIPTION OF CONTRIBUTION VALUE Example: Island Computers Old Computer with printer 600

SUB-TOTAL OF RECEIPTS THIS PAGE ONLY

TOTAL RECEIPTS (IF LAST PAGE ONLY)
(Transfer Total to Line 3 of Fundraising Event Report)

(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, MI):	Treasurer Full Name (Last Name, First Name, MI):
Candidate Name (Last Name, 1915).	
A a D D (catio	
Ana Demaran Castro	Casivo, Jesus M.

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)	N-	
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)	~-	- 0 -
DIS	BURSEMENTS		
5.	GENERAL EXPENDITURES (Total General Expenditures from Schedule GC-D)	# 100.N	
6.	CONTRIBUTIONS TO OTHER CANDIDATES (Total Contribution to Other Candidates from Schedule GC-E)	1-	
7.	ADJUSTMENTS FOR IN-KIND CONTRIBUTIONS RECEIVED (From Line 2 above)		7,-
8.	TOTAL DISBURSEMENTS (Transfer to Line 9 of Campaign Statement of Account)	\$ 100. w	N-
	F RECEIPTS AND DISBURSEMENTS stract Line 8 from Line 4)	\$ (00. W	~-

DACE	OF	
PAGE	OF	
LILUL	OI _	

Candidate Name (In Full):	Signature of Treasurer:	Date: 2016
Ana Demapan Castro	(,M) L	31 080 000

SUPPORTING SCHEDULE GC-A MONETARY CONTRIBUTIONS FROM NON-FUNDRAISING EVENTS

RESULT SUMMARY

TOTAL MONETARY CONTRIBUTIONS FROM INDIVIDUALS WHO CONTRIBUTED LESS THAN \$500 TOTAL MONETARY CONTRIBUTIONS FROM INDIVIDUALS WHO CONTRIBUTED MORE THAN \$500 2. TOTAL MONETARY CONTRIBUTIONS (Transfer to Line 1 of the General Contribution and Expense Report) AMOUNT **AMOUNT** FULL NAME OF CONTRIBUTOR FULL NAME OF CONTRIBUTOR 1,500.00 Example: Ms. Jane Doe

TOTAL CONTRIBUTIONS RECEIVED (LAST PAGE ONLY) (Transfer to Line 2 of Result Summary above)

TOTAL CONTRIBUTIONS RECEIVED, IF LAST PAGE

OTHERWISE CONTINUE ON NEXT COLUMN

CHIDDODTING	CCHEDIII E	EOD	CENEDAL	CONTRIBUTIONS

PAGE _____ OF ____

Candidate Name (In Full):	Castro	Signature of Treasurer:	Date: 3/ DEC 2018
1 / A.c. Desotal.			

SUPPORTING SCHEDULE GC-B IN-KIND CONTRIBUTIONS RECEIVED

FULL NAME OF CONTRIBUTOR	DESCRIPTION OF CONTRIBUTION		MARKET LUE
Example: ABC Retail	Give-away t-shirts (250 @ \$5.00)	\$	1,250
		A Parity	i i dina
NA			
10 11			
SUB-TOTAL OF RECEIPTS THIS PAGE ONLY (Use additional sheets as necessary)		•	
TOTAL RECEIPTS (IF LAST PAGE ONLY)	xpense Report, Summary of Receipts and Disbursements)	•	

SUPPORTING SCHEDULE GC-C CONTRIBUTED PROPERTY RECEIVED

FULL NAME OF CONTRIBUTOR	DESCRIPTION OF CONTRIBUTION		MARKET ALUE
Example: Island Computers	Old Computer with printer	\$	600
NA			
SUB-TOTAL OF RECEIPTS THIS PAGE ONLY (Use additional sheets as necessary)		>	
TOTAL CONTRIBUTED PROPERTY RECEIVED (Transfer Total to Line 3 of the General Contribution and E	(IF LAST PAGE ONLY) spense Report, Summary of Receipts and Disbursements)		

CUDDODTING	COMPANIE	TOD	CENTRAL	CONTRIBUTIONS

PAGE	OF	

Candidate Name (In Full):	,	Signature of Treasurer:	Date:
1. 1.	Cul	man D	21 000 2016
tha Demaran	Castro		31 DEC 200

SUPPORTING SCHEDULE GC-D GENERAL EXPENDITURES

FULL NAME OF PAYEE OR VENDOR	PARTICULARS/			MOUNT		
	DESCRIPTION	Food & Drinks	Advertising	Supplies	Fees/Donation	Other
Example: Marianas Daily	One-page ad		\$ 500			
Candidate Filing Fu					100.00	
		FIDE STREET				
						THE STATE OF
	The State of the S					
UB-TOTAL OF PAYMENTS THIS PAGE	(Sub-total)					
ONLY (Use additional sheets as necessary) OTAL GEN. EXPENDITURES (IF LAST	(Total)					
PAGE ONLY) (Transfer Total to Line 5 of Gen.	4				1 00	
contributions & Exp. Report, Summary of Receipts and Disbursements)	\$ (00. n				100.W	

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-	31	L.J.		1		11		81	11	U	- 0	₽€.	- 1	r.	IJ		и.	Æ	30	г	•	<i>,</i> ,	•	4	r I			r.	r	V/A	м	1	u	U	ЯÐ			rv.	11	n			ш	w		

PAGE ____ OF ____

Candidate Name (In Full): And Demalan Castro	Signature of Treasurer:	Date: 31 DEC 2012

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
	h	
	M/K	
SUB-TOTAL OF EXPENSES THIS PAGE ONLY		
(Use additional sheets as necessary) TOTAL CONTRIBUTIONS TO OTHER CANDIDATES	S (IF LAST PAGE ONLY)	
(Transfer Total to Line 6 of General Contribution and Expenses	Report, Summary of Receipts and Disbursements)	

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):		
& CASTNO	, Ana	Demaran	Castro, Jesus M.		

CONTRIBUTIONS RECEIVED

RECEIVED FROM	DESCRIPTION		AMOUNT	
Example: BEST PARTY IN THE LAND	Cash Allocation of Party General Fundraising Proceeds	\$	20,000	
NA				
SUB-TOTAL OF CONTRIBUTIONS RECEIVED	(THIS PAGE ONLY)			
(Use additional sheets as necessary) TOTAL CONTRIBUTIONS RECEIVED (IF LAST PAGE ONLY) (Transfer Total to Line 3 of the Campaign Statement of Account)				

EXPENSES

FULL NAME OF PAYEE	DESCRIPTION OF EXPENDITURE	AN	AMOUNT	
Example: BEST PARTY IN THE LAND	Allocation of Party General Expenses	\$	15,000	
	,			
h \				
PA				
CUD TOTAL OF EVDENCES THIS DACE ONLY				
SUB-TOTAL OF EXPENSES THIS PAGE ONLY (Use additional sheets as necessary)				
TOTAL ALLOCATED EXPENDITURES (IF LAST (Transfer Total to Line 8 of the Campaign Statement of According to Line 8 of the L	PAGE ONLY) punt)			