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

BALANCE CARRIED FORWARD FROM PREVIOUS ELECTION(S)

OFFICE OF THE PUBLIC AUDITOR



Office Sought:



Re	port Type;
	Final Report
	Amendment,

Telephone:

6707532-66



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.

Preferred Malling (F.O. Box) Address:

541

2. RECEIPT FROM FUNDRAISING EVENTS		3,780-	STEED TO STEED TO STEED THE STEED TO ST
3. MULTI-CANDIDATE CONTRIBUTIONS	**************************************	CG-	0
4. RECEIPTS FROM GENERAL CONTRIBUTIONS		8-	0
5. OTHER RECEIPTS		Cb-	0
6. TOTAL AVAILABLE (Add Lines 1 through 5)	(3,750-	CONTRACTOR OF THE PROPERTY OF
ing madissidakan di sasak pangsang ang saya olo (1991) na ma	ranta-e-traffa-e-t <mark>e</mark> -arijana in		
7. DISBURSEMENTS FOR FUNDRAISING EVENTS	1	2,910.	
8. MULTI-CANDIDATE EXPENSES		0- 1	8
9. DISBURSEMENTS FOR GENERAL EXPENDITURES		3,899.	
10. OTHER DISBURSEMENTS		A-	
11. TOTAL DISBURSEMENTS (Add Lines 7 through 10)	4	8 6,779.92	
	talling and the March to the second	3,029.50	
VERIFI	CATION		
Island of	Commonwealth of the Northern Island of Rofa I. Frigas Mangoh (Treasurer) That I am the individual named: Statement of Account, that I hav and that the contents thereof, ine- attachments, are a true, full and a mod expenses incurred in aid of the Northern Mariana Islands Es Signature of Treasurer Subscribed and sworn before modeling the Northern Mariana Islands Es Notary Stamp) s.s.) h, being duly sworn on above; that I prepared the cused all diligence in prelibding the contents of all explicit accounting of all of a campaign. I understand the campaign of all of a content of 2000 patents of 20	foregoing Campaign paring this Statement, supporting contributions received it that providing false malties as provided by 0, 1 CMC \$6428.
PO Box 813 Rotu, MP 98951 201-001, 201-001 Post Page No. 61A Drive Northern Manana in Androg Can My Commission Page 120 (2012)		TONIÁM. MANG PT) Box 813 Rotu, MP 966 fethery Public Rag, No BY AND FOR THE COMMONNY E MORCHERN MARIANA BRA C Commission Expires: /e/	SI A GIA FAITH NORUSA



DIVISION OF REVENUE AND TAXATION

Department of Finance
Commonwealth of the Northern Mariana Islands

Application for Business License



	A. TYPE OF APPLICATION		
	✓ NEW	TAXPAYER'S I.D. NO.:	
	RENEWAL - BUSINESS LICENSE NO.:	AL EMPLOYER I.D. NO. (FEIN): FIRST YEAR OF OPERATION:	
	AMENDMENT (Check below)	Eldenburger (p. 1988)	
	Additional location Additional line(a) of business (please ape	business name CED Transport	
1	1. Form of basinelie and pame of anolicent Sole Projectoriship Partnership Corporation (check if foreign corporation)	WORKERS' COMPENSATION COMMIS BY: ATC DATE: 10 Pursuant to Pt. 9-33, Section 9346	5101 17/1
		ispin Anjupalis spany	
	2. Mailing address: PO BOX SU ROTA MP 98951 Telephone: (670) 788-3526 Fax: () 3. Email address:		
C.	Line of Business APPLIED FOR (list every activity location seperately) Line of Business Fundraising / Foli hical COMMITTE TO ELECT CRISP COMMITTE TO ELECT CRISP		
	If the applicant is a foreign corporation or a Non-CNMI resident, please specify the r Name: Mailing address: Telephone No.:	name of the registered/resident agent below.	
Ď.	APPLICANT DECLARATION I declare under penalty of perjury that the information above are true and correct an and regulations for purposes of obtaining a business license. This declaration is med at	and that I bear a named and other attendance	
	CRISPIN M. AYUYU Print applicant's name Signature Signature	OWNER 9/27/2018 Titls Date	
		whereved by: 10-17-18	
	Approved by: Liceture fee pold: \$ 50 - 40 Date puld: 10-17-/8	3000940	
	Original: Business License Office Yellow: Workers Compensation Office Pink:	Applicant	

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS CAMPAIGN FINANCIAL DISCLOSURE

FUNDRAISING EVENT REPORT FUNDRAISING DATES:

IMPORTANT: USE A SEPARATE REPORT FOR EACH FUNDRAISING EVENT.

1	Caudidate Name (Last Name, First Name, MI):	Transpare Vall Stans / F - St
1	X	Treasurer Full Name (Last Name, First Name, Mt):
1	Axuyu, Crispin Massa	Mandona Albar
Ì	Name of Fundadising Event:	Date(s) Held:
1		0.00(5) 11610.
1		Trans (7, 2018
-		1 2010

SUMMARY OF FUNDRAISING RECEIPTS AND DISBURSEMENTS

(Complete Supporting Schedules Before Completing This Section)

		CASH	IN-KIND
1.	GROSS PROCEEDS FROM FUNDRAISING EVENT (Total Cash Proceeds from Line 3 of the Result Summary of Supporting Schedule FR-A)	1 3750 A	
2.	IN-KIND CONTRIBUTIONS RECEIVED (Total In-Kind Contributions Received from Schedule FR-B. Bring down this value to Line 6 below.)	3775	4
3.	CONTRIBUTED PROPERTY RECEIVED (Total Contributed Property Received from Schedule FR-C)	****	8
4.	TOTAL RECEIPTS (Add Lines 1 through 3) (Transfer to Line 2 of Campaign Statement of Account)	B,750.22	0-
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
5.	FUNDRAISING EXPENSES (Total Fundraising Expenses from Line 4 of Result Summary of Schedule FR-A)	42910.01	and a consider a standard
б.	ADJUSTMENTS FOR IN-KIND CONTRIBUTIONS RECEIVED (From Line 2 above)		OS
7.	TOTAL DISBURSEMENTS (Add Lines 5 and 6) (Transfer to Line 7 of Campaign Statement of Account)	\$2,910.0	0
		#840.2	0

CFD-FER, 018419 and added crosses

1 -44



IMPORTANT: FILE SI	IMPORTANT: FILE SEPARATE SCHEDULE FOR EACH FUNDRAISING EVENT.					
SUPPORTING SCHEDU	LE FOR FUNDRAISING	EVENT HELD O	N DATE(S):	PAGE	OF	
Candidate Name (In Full);	1 . 1	Signatur	of Traffigurer:	Date;	1 1	
Crispin	M. Ayuy	4	Hamagwe-	0	1/17/19	
	GUINE	ZNINTHNIZA ZA	CHANGE IN THE			
			CHEDULE FR-A SES FROM FUNDRAISING EVENT			
			SUMMARY			
 TOTAL CASH PROCEEDS FROM INDIVIDUALS WHO CONTRIBUTED LESS THAN \$500 				\$ 3	.7.50	
2. TOTAL CASH PROCEI	EDS FROM INDIVIDUALS W	HÓ CONTRIBUTE	D MORE THAN \$500 (Details on Section 1 below)	+	· @ -	
3. TOTAL CASH PROCES	eds from fundraising e	EVENT (Transfer this	total to Line 1 of Fundraising Event Report)	4 5	3,750	
TOTAL FUNDRAISING total to Line 5 of Fundrai		on 2-Fundraising Exp	ense on the reverse side of this form. Transfer this	4 2	2,910	
5. NET CASH PROCEEDS	5 (Subtract Line 4 from Line 3)			k	840	
SECTION 1 -	NAMES OF CONTRIBU	TORS WITH \$50	0 OR MORE TOTAL AGGREGATE CON	TRIBUT	HONS	
FULL NAME OF	CONTRIBUTOR	AMOUNT	FULL NAME OF CONTRIBUTOR	2	AMOUNT	
Example: Mr. John Doe		\$ 600.00	0770			
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FULL NAME OF CONTRIBUTOR	AMOUNT	FULL NAME OF CONTRIBUTOR	AMOUNT
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TOTAL 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 SCI-SDULE FOR EACH FUNDRAISING EVENT. SUPPORTING SCHEDULE FOR FUNDWAISING EVENT HELD ON DATE(S): PAGE OF_ Candidate Name (in Full): Signature of Treasures Date: VI SPIN 01 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 Pces/Donation Other 600 Food Catering acitic deal-× 1,950, -

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TOTAL FUNDRAISING EXPENSES Transfer Total to Line 4, Result Summery of Schedule FR-A)	(Total)	#2910,-		, , ,		

CFD-FR (A-2), 2018

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IMPORTANT: FILE SEPARATE SCHEDULE	FOR <u>EACH</u> FUNDRAISING EVENT.	
SUPPORTING SCHEDULE FOR FUNDRAISING	G EVENT HELD ON DATE(S):	PAGE OF
Candidate Name (In Pull):	Signature of Treasurer:	Dute: 01/7/19
	PORTING SCHEDULE FR-B KIND CONTRIBUTIONS RECEIVED	
FULL NAME OF CONTRIBUTOR	DESCRIPTION OF CONTRIBUTION	FAIR MARKET VALUE
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4.00.4000		
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1774		
	PORTING SCHEDULE FR-C	
FULL NAME OF CONTRIBUTOR	DESCRIPTION OF CONTRIBUTION	FAIR MARKET VALUE
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(Transfer Total to Line 3 of Fundraising Event Report)

COMMONWEALT OF THE NORTHERN MARIANA ISLANDS CAMPAIGN FINANCIAL DISCLOSURE

GENERAL CONTRIBUTION AND EXPENSE REPORT

Cundidate Name (Last Name, First Name, M1):	Treasurer Full Name (Last Name, Fire	st Name, MD;	
	Manghona,	Abstagat	A.

SUMMARY OF RECEIPTS AND DISBURSEMENTS

(Complete Supporting Schedules Before Completing This Section)

		CASH	IN-KIND
),	MONETARY CONTRIBUTIONS FROM NON-FUNDRAISING EVENTS (Total Contributions from Schedule GC-A)	4	
2.	IN-KIND CONTRIBUTIONS RECEIVED (Total In-Kind Contributions Received from Schedule GC-B. Bring down this value to Line 7 below.)		4-
3.	CONTRIBUTED PROPERTY RECEIVED (Total Contributed Property Received from Schedule GC-C)		4
4.	TOTAL RECEIPTS		
menerate	(Transfer to Line 4 of Campaign Statement of Account)	8	0-
5.	GENERAL EXPENDITURES (Total General Expenditures from Schedule GC-D)		Security of Adjustments (1) And and
6.	CONTRIBUTIONS TO OTHER CANDIDATES (Total Contribution to Other Candidates from Schedule GC-E)	AASSanA	
7.	ADJUSTMENTS FOR IN-KIND CONTRIBUTIONS RECEIVED (From Line 2 above)		
8.	TOTAL DISBURSEMENTS (Transfer to Line 9 of Campaign Statement of Account)		,

SUPPORTING SCHEDULE FOR GENERAL CONTRIBUTIONS

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() 10 × A	Λ	Signature of Treasurer	n	Dute: /
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CA OR DIVING	1 704.11	7 10 VII VOCA	V. Y.E.	01/1///
			Lat Sur	
	/ /	· ^		A AND DESCRIPTION OF THE PROPERTY OF THE PROPE

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

- 1. TOTAL MONETARY CONTRIBUTIONS FROM INDIVIDUALS WHO CONTRIBUTED LESS THAN \$500
 2. TOTAL MONETARY CONTRIBUTIONS FROM INDIVIDUALS WHO CONTRIBUTED MORE THAN \$500
- 3. TOTAL MONETARY CONTRIBUTIONS (Transfer to Line 1 of the General Contribution and Expense Report)



FULL NAME OF CONTRIBUTOR	AMOUNT	EIL I NAME OF COMMING	
I.		FULL NAME OF CONTRIBUTOR	AMOUNT
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TOTAL CONTRIBUTIONS RECEIVED, IF LAST PAGE OTHERWISE CONTINUE ON NEXT COLUMN	0	TOTAL CONTRIBUTIONS RECEIVED (LAST PAGE ONLY) (Transfer to Line 2 of Result Summary above)	0

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Candidate Natuo (In Full):	Signature of Tueniurer:	Date:	1 1	
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	/ Initial Marco	· UU	1/11	17
	CONTROL OF THE PARTY OF THE PAR		-	T THE RESIDENCE

SUPPORTING SCHEDULE GC-B in-kind contributions received

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CONTRACTOR AND CONTRACTOR AND CONTRACTOR CON		A-VIII.00
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TOTAL RECEIPTS (IF LAST PAGE ONLY)	isc Report, Summary of Receipts and Disbursements)	

SUPPORTING SCHEDULE GC-C CONTRIBUTED PROPERTY RECEIVED

FULL NAME OF CONTRIBUTOR	DESCRIPTION OF CONTRIBUTION	FAIR MARKET VALUE
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SUPPORTING	SCHEDULE	FOR	GENERAL.	CONTRIBUTIONS
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Candidate Name (In Full);	, , K	Signature of Fraushrer:	Date:
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# SUPPORTING SCHEDULE GC-D GENERAL EXPENDITURES

FULL NAME OF PAYEE OR VENDOR	PARTICULARS/						-
	DESCRIPTION	Food & Drinks	Advertis	ing	Supplies	Fees/Donation	Other
Example: Maragal traily				500			
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nd Disbursements)	TOKI	1			1	1	

SUPPORTING SCHEDULE FOR GENERAL CONTRIBUTIONS

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SUPPORTING SCHEDULE GC-E CONTRIBUTIONS TO OTHER CANDIDATES (EXPENDITURES)

FULL NAME OF PAYEE	DESCRIPTION	Time
		AMOUNT
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SUB-TOTAL OF EXPENSES THIS PAGE ONLY		
(Use additional sheets as necessary)		8
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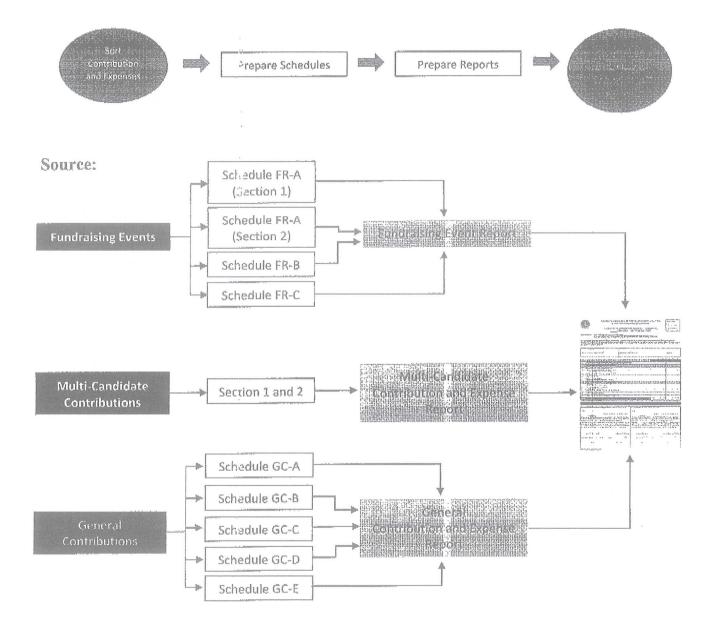
CFD-GC (E), 2018

COMMONWEALT OF THE NORTHERN MARIANA ISLANDS CAMPAIGN FINANCIAL DISCLOSURE

MULTI-CANDIDATE CONTRIBUTION AND EXPENSE REPORT

Caudidate Name (Cast Name, First Name, MI);	lasga Manglora, Ald	7				
CONTRIBUTIONS RECEIVED						
RECEIVED FROM	DESCRIPTION	AMOUNT				

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SUB-TOTAL OF CONTRIBUTIONS RECEIVED (THE	(B)					
(Use additional sheets as necessary) TOTAL CONTRIBUTIONS RECEIVED (IF LAST PAC (Transfer Total to Line 3 of the Campaign Statement of Account	-A					
( rounded four to Enge 5 of the Campaign Statement of Account	)					
	EXPENSES					
FULL NAME OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT				
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SUB-TOTAL OF EXPENSES THIS PAGE ONLY						
(Use additional sheets as necessary) TOTAL ALLOCATED EXPENDITURES (IF LAST PAC						
(Transfer Total to Line 8 of the Caropaign Statement of Account)	4)					



PAGE 13

ATTN: MICHELLE CHAMACHO

OPA, SAIPAN MP 96950

FAX: 670332-7812

FROM: CRISPIN AYUYU, ROTA