ORIGINAL



COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS CAMPAIGN FINANCIAL DISCLOSURE

Report Type:

M Final Report

☐ Amendment

IMPORTANT:

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

Camacho, Debra T.

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

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

Office Sought:

OFFICE OF THE RUBLIC 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.

Municipal Council

Treas	urer Name (Last Name, First Name, MI):	Preferred Ma	iling (P.Ol Box) Address:			Telephone:
2	amacho, Cecilia T.	BOX	500813	. Saipan	MP 969	50 783-2420
					CASH	IN-KIND
1	BALANCE CARRIED FORWARD FROM PREVIO	OUS ELECT	TION(S)			
	ADD: RECEIPTS THIS ELECTION PERIOD					
2.	RECEIPT FROM FUNDRAISING EVENTS					
3.	MULTI-CANDIDATE CONTRIBUTIONS					
4.	RECEIPTS FROM GENERAL CONTRIBUTIONS					
5.	OTHER RECEIPTS					
6.	TOTAL AVAILABLE (Add Lines 1 through 5)				0	
	LESS: DISBURSEMENTS THIS ELECTION PERI	OD	T,			
7.	DISBURSEMENTS FOR FUNDRAISING EVENTS					\$ 154.00
8	MULTI-CANDIDATE EXPENSES					
9,	DISBURSEMENTS FOR GENERAL EXPENDITURES	S			1406.50	
10.	OTHER DISBURSEMENTS				0/2	
11::	TOTAL DISBURSEMENTS (Add Lines 7 through 10)			6	\$60.50	>
12.	EXCESS (SHORTFALL) OF RECEIPTS OVER DIS	BURSEME	ENTS (Subtract Line	e 11 from Line 6)	Dtz 406.	50 154.00

VERIFI	CATION
Commonwealth of the Northern Mariana Islands)	Commonwealth of the Northern Mariana Islands)
Island of Saijoan)s.s.	Island of Soipon) s.s.
I, Delora T. Camachy, being duly sworn on oath, depose and say: (Candidate)	I, CCIUO T. COMOCIO being duly sworn 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 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 the individual named above; that I prepared the foregoing Campaign Statement of Account, that I have used all 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.
Signature of Candidate Date (Month, Day, Year)	Signature of Treasurer Date (Month, Day, Year)
Subscribed and sworn before me this a day of January, 20 19	Subscribed and sworn before me this a day of January , 20 17
CHRISTINE MAGOFNA FRANCISCO P.O. Box 501399, Saipan. MP 96950 CFD-001, BY AND FOR THE COMMONWEATH OF THE NORTHERN MARIANA ISLANDS U.S.A. My Commission Expires: 4411	CHRISTINE MAGOFNA FRANCISCO P.O. Box 501399, Saipan, MP 96950 Notary Public Reg. No. 20/A BY AND FOR THE COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS U.S.A. My Commission Expires: 44 204

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS CAMPAIGN FINANCIAL DISCLOSURE

FUNDRAISING EVENT REPORT FUNDRAISING DATES:

IMPORTANT: USE A SEPARATE REPORT FOR EACH FUNDRAISING EVENT.

Candidate Name (Last Name, First Name, MI):	Treasurer Full Name (Last Name, First Name, MI):
Camacho, Debra T.	Camacho, Cecilia T.
Name of Fundraising Event:	Date(s) Held:
None	

SUMMARY OF FUNDRAISING RECEIPTS AND DISBURSEMENTS

(Complete Supporting Schedules Before Completing This Section)

	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.)		\$154.00
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		
	TO TO BOTH FOR THE POST OF THE SEC.		
5.	FUNDRAISING EXPENSES (Total Fundraising Expenses from Line 4 of Result Summary of Schedule FR-A)		
	FUNDRAISING EXPENSES		\$154.00
5. 6. 7.	FUNDRAISING EXPENSES (Total Fundraising Expenses from Line 4 of Result Summary of Schedule FR-A) ADJUSTMENTS FOR IN-KIND CONTRIBUTIONS RECEIVED		\$154.00

IMPORTANT: FILE SEPARATE SCHEDULE FOR EACH FUNDRAISING EVENT.

SUPPORTING SCHEDULE FOR FUNDRAISING EVENT	PAGE OF	
Candidate Name (In Full): Debra Lynn Tenovio Camacho	Signature of Treasurer:	01/02/19

SUPPORTING	SCHEDULE FR-A
CROSS PROCEEDS AND EXPE	NSES EDOM FUNDDAISING EVENT

RESULT SUMMARY 1. TOTAL CASH PROCEEDS FROM INDIVIDUALS WHO CONTRIBUTED LESS THAN \$500 \$ 0 2. TOTAL CASH PROCEEDS FROM INDIVIDUALS WHO CONTRIBUTED MORE THAN \$500 (Details on Section 1 below) + 0 3. TOTAL CASH PROCEEDS FROM FUNDRAISING EVENT (Transfer this total to Line 1 of Fundraising Event Report) 0 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		
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)	0

IMPORTANT: FILE SEPARATE SCHEDULE FOR EACH FUNDRAISING EVENT.

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

	VIOLET	H14455
Candidate Name (In Full):	Signature of Treasurer:	Date:
Debra Lynn Tenovio Camacho	Tomacho	01/02/19

SUPPORTING SCHEDULE FR-A

GROSS PROCEEDS AND EXPENSES FROM FUNDRAISING EVENT

SECTION 2 – FUNDRAISING EXPENSES

FULL NAME OF PAYEE OR VENDOR	PARTICULARS/			MOUNT	112	
FULL NAME OF PATEE OR VENDOR	DESCRIPTION	Food & Drinks	Advertising	Supplies	Fees/Donation	Other
Example: Taste Good Restaurant	Food Catering	\$ 600				
						_
					1	
OTAL FUNDRAISING EXPENSES	(Total)					0

IMPORTANT: FILE SEPARATE SCHEDULE FOR EACH FUNDRAISING EVENT. SUPPORTING SCHEDULE FOR FUNDRAISING EVENT HELD ON DATE(S): _ PAGE OF Candidate Name (In Full): Tenovio Camacho 01/02/9 Etmoelio 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 "Kilili" Sablan Business Coud (500pcs)/Poster (1) Gregorio 154.00 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) \$ 154.00

SUPPORTING SCHEDULE FR-C CONTRIBUTED PROPERTY RECEIVED

FULL NAME OF CONTRIBUTOR	DESCRIPTION OF CONTRIBUTION		MARKET LUE
Example: Island Computers	Old Computer with printer	\$	600
SUB-TOTAL OF RECEIPTS THIS PAGE ONLY		_	
(Use additional sheets as necessary)		7	
TOTAL RECEIPTS (IF LAST PAGE ONLY)		→ 0	

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):
Camacho, Debra T.	Camacho Cecilia T.

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)		
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)		
DIS	BURSEMENTS		7.7
5.	GENERAL EXPENDITURES (Total General Expenditures from Schedule GC-D)	\$ 306.50	
6.	CONTRIBUTIONS TO OTHER CANDIDATES (Total Contribution to Other Candidates from Schedule GC-E)		
7.,	ADJUSTMENTS FOR IN-KIND CONTRIBUTIONS RECEIVED (From Line 2 above)		
8.	TOTAL DISBURSEMENTS (Transfer to Line 9 of Campaign Statement of Account)	306.50	

SUPPORTING SCHEDULE FOR GENERAL CONTRIBUTIONS

PAGE OF

Candidate Name (In Full):	Signature of Treasurer:	Date:
Dela I Ta Sila (10010
Debra Lynn Tenovid Camacho	- Concello	01102119

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

RESULT SUMMARY 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	FULL NAME OF CONTRIBUTOR	AMOUNT
Example: Ms. Jane Doe	\$ 1,500.00		
		P 1 .	11,
OTAL CONTRIBUTIONS RECEIVED, IF LAST PAG	7	TOTAL CONTRIBUTIONS RECEIVED (LAST PAGE	
OTAL CONTRIBUTIONS RECEIVED, IF EAST FACTO THERWISE CONTINUE ON NEXT COLUMN		ONLY) (Transfer to Line 2 of Result Summary above)	0

SUPPORTING SCHEDULE FOR GENERAL CONTRIBUT

PAGE _____ OF ____

andidate Name (In Full):	Signature of Treasurer:	Date:
Debra Lynn Tenorio Camacho	10macho	01/02/19

SUPPORTING SCHEDULE GC-B IN-KIND CONTRIBUTIONS RECEIVED

FULL NAME OF CONTRIBUTOR	DESCRIPTION OF CONTRIBUTION		MARKET ALUE
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)	spense Report, Summary of Receipts and Disbursements)		<u> </u>

SUPPORTING SCHEDULE GC-C CONTRIBUTED PROPERTY RECEIVED

FULL NAME OF CONTRIBUTOR	DESCRIPTION OF CONTRIBUTION		IARKET LUE
Example: Island Computers	Old Computer with printer	\$	600
SUB-TOTAL OF RECEIPTS THIS PAGE ONLY		_	
TOTAL CONTRIBUTED PROPERTY RECEIVED	(IF LAST PAGE ONLY) spense Report, Summary of Receipts and Disbursements)		

SUPPORTING	SCHEDULE FOR	GENERAL.	CONTRIBUTIONS
SULLOKIING	SCHEDULE FUR	ATP/NEW ALL	CONTRIDUTIONS

PAGE	OF
PAGE	Or

Candidate Name (In Full):	Signature of Treasurers	Date:
Debra Lynn Tenorio Camacho	Comacus	01/02/19

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		10.4.5	
20mina Office	Permit Fee				#40, m	
Tropical Instant Press	Lamination		54.00 80.00			
Horia Ye Hardware	Lumber Stickers Ad Online			65.00		
Tropical Instant Press	Stickers		80,00			
Marianas Variota	Ad Online		67.50			
Zoning Office Tropical Instant Press Hong Ye Hardware Tropical Instant Press Marianas Varioty Filing Fee					100	
	+		-		+	
					-	
SUB-TOTAL OF PAYMENTS THIS PAGE ONLY (Use additional sheets as necessary)	(Sub-total)		20(.50	65	140	
FOTAL GEN. EXPENDITURES (IF LAST PAGE ONLY) (Transfer Total to Line 5 of Gen. Contributions & Exp. Report, Summary of Receipts and Disbursements)	# 20 6.50					

CFD-GC (D), 2018

SUPPORTING SCHEDULE FOR GENERAL CONTRIBUTIONS

PAGE _____ OF ____

Candidate Name (In Full):		Signature of Treasurer:	Date:
Debra Lynn Teno	orio Camacho	- Danaero	01/02/19

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	
SUB-TOTAL OF EXPENSES THIS PAGE ONLY (Use additional sheets as necessary)			
TOTAL CONTRIBUTIONS TO OTHER CANDIDA (Transfer Total to Line 6 of General Contribution and Exper	ATES (IF LAST PAGE ONLY) ases Report, Summary of Receipts and Disbursements)	→ O	

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):
Co. I DO T	
Camacho Debra T.	Camacho Cecila 1-
11.0 10 1.0	1 -5 -5 -5 -5 -5 -5 -5 -5 -5 -5 -5 -5 -5

CONTRIBUTIONS RECEIVED

RECEIVED FROM Example: BEST PARTY IN THE LAND	DESCRIPTION Cash Allocation of Party General Fundraising Proceeds	AN	AMOUNT	
		\$	20,000	
	-			
SUB-TOTAL OF CONTRIBUTIONS RECEIVED ((Use additional sheets as necessary)				
TOTAL CONTRIBUTIONS RECEIVED (IF LAST PAGE ONLY) (Transfer Total to Line 3 of the Campaign Statement of Account)		100 P	0	

EXPENSES

FULL NAME OF PAYEE	DESCRIPTION OF EXPENDITURE	AN	AMOUNT	
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)		5		
TOTAL ALLOCATED EXPENDITURES (IF LAST		-	2	