

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

Report Type:

Final Report

☐ Amendment

### CAMPAIGN STATEMENT OF ACCOUNT - CANDIDATE ■GENERAL □SPECIAL ELECTION

OFFICE OF THE PUBLIC AUDITOR

IMPORTANT:

THIS REPORT MUST BE FILED WITHIN 50 DAYS AFTER THE ELECTION. FILE ORIGINAL AND TWO COPIES WITH THE OFFICE OF THE PUBLIC AUDITOR

1/1/2019 dA

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.

Candidate Name (Last Name, First Name, MI):  Manalma Donald M.  Office Sought:  House of Representatives				
Treasurer Name (Last Name, First Name, MD:  Manglona, Chanelle A.  Preferred Mailing (P.O. Box) Address P.O. Box 911	Rota, MP 96951 287-375			
<i>J</i> .	CASH IN-KIND			
1. BALANCE CARRIED FORWARD FROM PREVIOUS ELECTION(S)	8 8			
ADD: RECEIPTS THIS ELECTION PERIOD				
2. RECEIPT FROM FUNDRAISING EVENTS	2,107.00 350.00			
3. MULTI-CANDIDATE CONTRIBUTIONS				
4. RECEIPTS FROM GENERAL CONTRIBUTIONS	300.00			
5. OTHER RECEIPTS				
6. TOTAL AVAILABLE (Add Lines 1 through 5)	2400.00 350.00			
LESS: DISBURSEMENTS THIS ELECTION PERIOD				
7. DISBURSEMENTS FOR FUNDRAISING EVENTS	291.50 350.00			
8. MULTI-CANDIDATE EXPENSES				
9. DISBURSEMENTS FOR GENERAL EXPENDITURES	2,415.47			
10. OTHER DISBURSEMENTS				
11. TOTAL DISBURSEMENTS (Add Lines 7 through 10)	2,704.97 350.00			
12. EXCESS (SHORTFALL) OF RECEIPTS OVER DISBURSEMENTS (Subtract Lin	ne 11 from Line 6) (306.97) &			

VERIFI	CATION
Commonwealth of the Northern Mariana Islands )	Commonwealth of the Northern Mariana Islands )
Island of Rota ) s.s.	Island of Kota )s.s.
I, <b>Sonald M. Manyling</b> duly sworn on oath, depose and say:	I, Charle A. Mang P, being duly sworn on oath, depose and say:
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 Dection Reform Act of 2000, 1 CMC §6428.	the Northern Mariana Islands Election Reform Act of 2000, 1 CMC §6428.
NUA 2/7 01/17/19	Cw4.10 01/17/19
Signature of Canadate Date (Month, Day, Year)	Signature of Treasurer
Subscribed and sworn before me this 17 day of anual, 20 19	Subscribed and swom before me this Aday of January, 2019
No arr No. 1000 P.O. Box 527 Actia. MR 1005 Seal Notary Public Reg. No. 792 A BY AND FOR THE COMMONWE ALTH OF THE NORTHERN MARIANA MARIANA SHAPPS	ARVIN C. OGO PO. Box 527. Rota, MP 884ry Seal Notary Public Reg. No. 792A BY AND FOR THE COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
CFD-001, Revis d October 2, 2018; Commission Expires:	My Commission Expires: 12/19/6020

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

# FUNDRAISING EVENT REPORT FUNDRAISING DATES: <u>OCTOBER 28,2018</u>

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

Candidate Name (Last Name, First Name, MI):	Treasurer Full Name (Last Name, First Name, MI):  Mana Ona, Chapelle A.
Name of Fundacing Event: Raffle	October 28,2018

#### 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)	2.100.00	
2.	IN-KIND CONTRIBUTIONS RECEIVED (Total In-Kind Contributions Received from Schedule FR-B. Bring down this value to Line 6 below.)		350.00
3.	CONTRIBUTED PROPERTY RECEIVED (Total Contributed Property Received from Schedule FR-C)		D
4.	TOTAL RECEIPTS (Add Lines 1 through 3) (Transfer to Line 2 of Campaign Statement of Account)	2,100.00	350.00
DIS	BURSEMENTS		
5.	FUNDRAISING EXPENSES (Total Fundraising Expenses from Line 4 of Result Summary of Schedule FR-A)	291.50	
6.	ADJUSTMENTS FOR IN-KIND CONTRIBUTIONS RECEIVED (From Line 2 above)		350.D
7.	TOTAL DISBURSEMENTS (Add Lines 5 and 6) (Transfer to Line 7 of Campaign Statement of Account)	291.50	350.DD
A	T RECEIPTS AND DISBURSEMENTS tract Line 7 from Line 4)	1,808.50	D

IMPORTANT: FILE SEPARATE SCHEDULE FOR EACH FUNDRAISING EVENT.

SUPPORTING SCHEDULE FOR FUNDRAISING EVENT HELD ON DATE(S): 14. 28, 20/8

Manglona, Dona	ld M.	

- TOTAL CASH PROCEEDS FROM INDIVIDUALS WHO CONTRIBUTED LESS THAN \$500
- TOTAL CASH PROCEEDS FROM INDIVIDUALS WHO CONTRIBUTED MORE THAN \$500 (Details on Section 1 below)
- TOTAL CASH PROCEEDS FROM FUNDRAISING EVENT (Transfer this total to Line 1 of Fundraising Event Report)

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)

NET CASH PROCEEDS (Subtract Line 4 from Line 3)

SECTION 1 – NAMES OF CONTRIBU	TORS WITH \$50	0 OR MORE TOTAL AGGREGATE CONTRIBU	HONS
FULL NAME OF CONTRIBUTOR	AMOUNT	FULL NAME OF CONTRIBUTOR	AMOUNT
Example: Mr. John Doe	\$ 600.00		
34			
TOTAL PROCEEDS OF CONTRIBUTIONS, IF LAST PAGE OTHERWISE CONTINUE ON NEXT COLUMN	8	TOTAL PROCEEDS OF CONTRIBUTIONS \$500 OR MORE (LAST PAGE ONLY-MUST AGREE WITH	D

LINE 2 ABOVE)

IMPORTANT:	FILE SEPARATE SCH	EDULE FOR <u>EACH</u>	FUNDRAISING EVENT.		,	1
SUPPORTING SCHEDULE FOR FUNDRAISING EVENT HELD ON DATE(S):						OF
Candidate Name (In Fu		M.	Signature of Treasurer:	Date:	17/	19
/			•	/	/	

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

FULL NAME OF PAYEE OR VENDOR	PARTICULARS/			MOUNT		
	DESCRIPTION	Food & Drinks	Advertising	Supplies	Fees/Donation	Other
Example: Taste Good Restaurant	Food Catering	\$ 600				
3 Kings	Drinks	29/.50				
	(Tetal)					
TOTAL FUNDRAISING EXPENSES Transfer Total to Line 4, Result Summary of Schedule FR-A)	29/.50 =	29/.9)				

IMPORTANT: FILE SEPARATE SCHEDULE FOR EACH FUNDRAISING EVENT. SUPPORTING SCHEDULE FOR FUNDRAISING EVENT HELD ON DATE(S): 10-28,2018 PAGE Donald M. 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 Prizes 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 \$ 600 **Example: Island Computers** Old Computer with printer

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):
Manglona Donald M.	Manglona, Chanelle A.

### 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)	300.00	
2.	IN-KIND CONTRIBUTIONS RECEIVED (Total In-Kind Contributions Received from Schedule GC-B. Bring down this value to Line 7 below.)		D
3.	CONTRIBUTED PROPERTY RECEIVED (Total Contributed Property Received from Schedule GC-C)		8
4.	TOTAL RECEIPTS (Transfer to Line 4 of Campaign Statement of Account)	300.00	Ð
DIS	BURSEMENTS		
5.	GENERAL EXPENDITURES (Total General Expenditures from Schedule GC-D)	2,415.47	
6.	CONTRIBUTIONS TO OTHER CANDIDATES (Total Contribution to Other Candidates from Schedule GC-E)	0	
7.	ADJUSTMENTS FOR IN-KIND CONTRIBUTIONS RECEIVED (From Line 2 above)		Ð
8.	TOTAL DISBURSEMENTS (Transfer to Line 9 of Campaign Statement of Account)	2,415.47	0
-	F RECEIPTS AND DISBURSEMENTS stract Line 8 from Line 4)	2,415.47	0

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<b>PAGE</b>		OF	/_

Candidate Name (In Full):  Manalora, Dona	ald M.	Signature of Treasurer:	Date:	7/19	

### 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)

\$	300.00
+	300
+	300.00

FULL NAME OF CONTRIBUTOR	AMOUNT	FULL NAME OF CONTRIBUTOR	AMOUNT
Example: Ms. Jane Doe	\$ 1,500.00		
Lorna Manglona	300.00		
J			
		***************************************	
8			
TOTAL CONTRIBUTIONS RECEIVED, IF LAST PAGE OTHERWISE CONTINUE ON NEXT COLUMN	300.00	TOTAL CONTRIBUTIONS RECEIVED (LAST PAGE ONLY) (Transfer to Line 2 of Result Summary above)	

	1	
PAGE	OF /	

		Tomas Sound Services		
CHIPPORTING	SCHEDIII	E FOR	CENERAL	CONTRIBUTIONS

Candidate Name (In Full):	1 mald	MA	Signature of Treasurer:	Date:	17/	10
Manajona,	Donaga	14.	/ mit. fl. v		///	/ /
				/	,	

## SUPPORTING SCHEDULE GC-D GENERAL EXPENDITURES

FULL NAME OF PAYEE OR VENDOR	PARTICULARS/ DESCRIPTION	Food & Drinks	Advertising	AMOUNT Supplies	Fees/Donation	Other
Example: Marianas Daily	One-page ad	FOOD & DITHKS	\$ 500	Supplies	rees/Donation	Guier
Mine Van a Cupa- matter	One-page au	115/72	3 300			
Minglang Supermarker Star Mananas 3 Kings RCG Engraving Services	FOUR	701.12				71/4 3
Sign Mananas	hirfale	1 - 21 -25				245.0
3 Rings	DHIKS	1,524.75 192.00 m	100 5			
KCG Brigrawing Services	Banners	192-00 x	192.00			
<i>J</i>						
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SUB-TOTAL OF PAYMENTS THIS PAGE	(Sul) otal) [10 11]	1000110	100 0			0.15
ONLY (Use additional sheets as necessary)	1 4/7/2.71	1718.41	192.00			245.
PAGE ONLY) (Transfer Total to Line 5 of Gen.	2,415.47	1978.47	1920			2450
Contributions & Exp. Report, Summary of Receipts and Disbursements)	1417121	. / / 0 . / /	1 /2.00			

SUPPORTING SCHEDULE FOR GENERAL CONTRIBUT	PAGE OF	
Candidate Name (In Full):  Donald Manalang Manglong	Signature of Treasurer:	Date: //7/19

### SUPPORTING SCHEDULE GC-B IN-KIND CONTRIBUTIONS RECEIVED

FULL NAME OF CONTRIBUTOR	DESCRIPTION OF CONTRIBUTION	FAIR MARKET VALUE	
Example: ABO Retail	Give-away t-shirts (250 @ \$5.00)	\$	1,250
SUB-TOTAL OF RECEIPTS THIS PAGE ONLY (Use additional sheets as necessary)		<b>&gt;</b>	
TOTAL RECEIPTS (IF LAST PAGE ONLY) (Transfer Total to Line 2 of the General Contribution and Ex	expense Report, Summary of Receipts and Disbursements)	>	

### SUPPORTING SCHEDULE GC-C CONTRIBUTED PROPERTY RECEIVED

FULL NAME OF CONTRIBUTOR	ULL NAME OF CONTRIBUTOR DESCRIPTION OF CONTRIBUTION		R MARKET VALUE
Example: Island Computers	Old Computer with printer	\$	600
NA			
7//			
SUB-TOTAL OF RECEIPTS THIS PAGE ONLY (Use additional sheets as necessary)		- Agreement of the contract of	
TOTAL CONTRIBUTED PROPERTY RECEIVED (IF	TAST PACE ONLY)		

PAGE	OF	

			A
Candidate Name (In Full):  Onald Maralan	Signature of Treasurer:	Date: // / / /	19
		/	

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

FULL NAME OF PAYEE	DESCRIPTION	AN	IOUNT
Example: Mr. Winning Candidate Like Me	Fundraising tickets purchased (10 tickets @ \$50)	\$	500
N/A			
(			
*			
		V	
	2		
SUB-TOTAL OF EXPENSES THIS PAGE ONLY			
Use additional sheets as necessary)	ES (IF LAST PAGE ONLY) 25 Report, Summary of Receipts and Disbursements)		

#### COMMONWEALT OF THE NORTHERN MARIANA ISLANDS CAMPAIGN FINANCIAL DISCLOSURE

### **MULTI-CANDIDATE** CONTRIBUTION AND EXPENSE REPORT

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

Candidate Name (Last Name, First Name, MI):  Manglong Donald Ma.	nalang Char	ull Name (Last Name, First Name, M		Chanelle	A -
CO	NTRIBUTIONS RI	ECEIVED			
	770			135077	n TOT
RECEIVED FROM	DESCRIPTION		AMOUNT		
Example: BEST PARTY IN THE LAND	Cash Allocation of Party Genera	I Fundraising Proceeds		\$	20,000
N/4					
SUB-TOTAL OF CONTRIBUTIONS RECEIVED (THIS PAGE ONLY)					
(Use additional sheets as necessary)					
(Transfer Total to Line 3 of the Campaign Statement of Account	i)				
	EXPENSES				
FULL NAME OF PAYEE	DESCRIPTION	OF EXPENDITURE		AMOU	NT
Example: BEST PARTY IN THE LAND	Allocation of Party General Exp	enses		\$	15,000
NIA					
147					
SUB-TOTAL OF EXPENSES THIS PAGE ONLY					
(Use additional sheets as necessary)  TOTAL ALLOCATED EXPENDITURES (IF LAST PAGE ONLY)					
(Transfer Total to Line 8 of the Campaign Statement of Account)					



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

Report Type:

☐ Final Report

☐ Amendment

IMPORTANT:

7.

8.

9.

10.

11.

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

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

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UDITOR \$\frac{1}{1}\2\19\\

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.

DISBURSEMENTS FOR FUNDRAISING EVENTS

DISBURSEMENTS FOR GENERAL EXPENDITURES

TOTAL DISBURSEMENTS (Add Lines 7 through 10)

**MULTI-CANDIDATE EXPENSES** 

OTHER DISBURSEMENTS

M	anglona, Chanelle A. P.O. Box 911, Rota, MI		Tekephone: 287-3750
		CASH	IN-KIND
1.	BALANCE CARRIED FORWARD FROM PREVIOUS ELECTION(S)	8	15
	ADD: RECEIPTS THIS ELECTION PERIOD		
2.	RECEIPT FROM FUNDRAISING EVENTS	2,100.00	350.00
3.	MULTI-CANDIDATE CONTRIBUTIONS		
4.	RECEIPTS FROM GENERAL CONTRIBUTIONS	300.00	
5.	OTHER RECEIPTS		
6.	TOTAL AVAILABLE (Add Lines 1 through 5)	2460.00	350.00
	Y ECC. DICOUDERAFAITE THIS DI DETIAN BEDIAN		

### VERIFICATION

EXCESS (SHORTFALL) OF RECEIPTS OVER DISBURSEMENTS (Subtract Line 11 from Line 6)

Commonwealth of the Northern Mariana Islands )	Commonwealth of the Northern Mariana Islands )
Kota )ss.	Island of Kota )s.s.
Island of 10	Island of
I, Donald M. Many Meng duly sworn on oath, depose and say:	I Care A. Mang / being duly sworn on oath, depose and say:
(Candidate) Candidate)	(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 Direction Reform Act of 2000, 1 CMC §6428.	the Northern Mariana Islands Election Reform Act of 2000, 1 CMC §6428.
111/1/16	(12/17/19
Signature of Chypridate Date (Month, Day, Year)	Signature of Treasurer
Signature of Congression	Dignature of Heasties
Subscribed and sworn before me this day of linear, 20 19	Subscribed and sworn before me this day of lance, 20/7
ADVIANC OCO	
ARVIN C. OGO	ARVIN C. OGO
No up PO. Box 527 Rota. MR 8612 y Seal	P.O. Box 527, Roia, MP 98947 Seal
Notary Public Reg. No. 7922 BY AND FOR THE COMMONWEALTH	Notary Public Reg. No. 792A
OF THE NORTHERN MARIANA ISLANDY	S BY AND FOR THE COMMONWEALTH
FD-001, Revised October 2018; Commission Expires	OF THE NORTHERN MARIAYA BIJANDS
	My Commission Expires
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