

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

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

Report	Type:

Final Report

☐ Amendment

CAMPAIGN STATEMENT OF ACCOUNT - CANDIDATE

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

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

Office Sought:

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.

DELEON GUERRENO, EDITH E	SENATE		
Treasurer Name (Last Name, First Name, MI):	Preferred Mailing (P.O. Box) Address:	1 0.0	Telephone:
TOGAWA, consolación C.	P.O. BOX 501062 SA	1PM 96950	483-0969
		hilo	322-1086
		CASH	IN-KIND
1. BALANCE CARRIED FORWARD FROM PREVIO	OUS ELECTION(S)	8	Ò
ADD: RECEIPTS THIS ELECTION PERIOD			
2. RECEIPT FROM FUNDRAISING EVENTS		0	0
3. MULTI-CANDIDATE CONTRIBUTIONS		2	Ö
4. RECEIPTS FROM GENERAL CONTRIBUTIONS		300	0
5. OTHER RECEIPTS		0	ð
6. TOTAL AVAILABLE (Add Lines 1 through 5)		300	٥
LESS: DISBURSEMENTS THIS ELECTION PER	IOD		
7. DISBURSEMENTS FOR FUNDRAISING EVENTS		0	0
8. MULTI-CANDIDATE EXPENSES		0	0
9. DISBURSEMENTS FOR GENERAL EXPENDITURE	S	862.15	٥
10. OTHER DISBURSEMENTS		D D	۵
11. TOTAL DISBURSEMENTS (Add Lines 7 through 10)		862-15	3
12. EXCESS (SHORTFALL) OF RECEIPTS OVER DI	SBURSEMENTS (Subtract Line 11 from Line 6)	(562.15)	٥
	VEDIFICATION		

VERIFIC	CATION
Commonwealth of the Northern Mariana Islands)	Commonwealth of the Northern Mariana Islands)
Island of Silvan) s.s.	Island of
I, EDIME, DELEON GARNES being duly sworn on oath, depose and say:	I, Consolacion C. To Awa. (Treasurer) the ing 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	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.	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.
Jais / um 01/17/19	Crunile P Jazour 01/17/19
Subscribed and sworn beforeme this 17 day of, 2d	Signature of Treasurer Date (Month, Day, Year) Subscribed and sworn before me this day of Jahuan, 20
Notary Stamp MICHELLE A. CAMACHO NICHELLE A. CAMACHO P.O. Box 504613, Saipan, MP 96950 Notary Public Reg. No. 633A FOOTBLE NORTHERN MARIANA ISLANDS U.S.A. My Commission Expires:	MICHELLE A. CAMAGNO al P.O. Box 504613. Saipan, MP 96950 Notary Public Reg. No. 633A BY AND FOR THE COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS U.S.A. My Commission Expires:

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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):
DELEON GUERRENO EDITH E	TOGAWA Consolación C.
Name of Fundraising Event:	Date(s) Held:
N/A	

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)	0	
2.	IN-KIND CONTRIBUTIONS RECEIVED (Total In-Kind Contributions Received from Schedule FR-B. Bring down this value to Line 6 below.)		ð
3.	CONTRIBUTED PROPERTY RECEIVED (Total Contributed Property Received from Schedule FR-C)		0
4.	TOTAL RECEIPTS (Add Lines 1 through 3) (Transfer to Line 2 of Campaign Statement of Account)	0	
DIS	BURSEMENTS		
5.	FUNDRAISING EXPENSES (Total Fundraising Expenses from Line 4 of Result Summary of Schedule FR-A)	Ð	
6.	ADJUSTMENTS FOR IN-KIND CONTRIBUTIONS RECEIVED (From Line 2 above)		0
7.	TOTAL DISBURSEMENTS (Add Lines 5 and 6) (Transfer to Line 7 of Campaign Statement of Account)	58 88	0
	FRECEIPTS AND DISBURSEMENTS tract Line 7 from Line 4)	0	0

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IMPORTANT: FILE SEPARATE SCHEDULE FOR <u>EACH</u> FUNDRAISING EVENT.

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

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Candidate Name (In Ful			
DELEUN	GUE RREND	8DITH	E

Signature of Treasurer:

Date: 01/17/19

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

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)

SECTION 1 – NAMES OF CONTRIBU	TORS WITH \$50	0 OR MORE TOTAL AGGREGATE CONTRIBU	TIONS
FULL NAME OF CONTRIBUTOR	AMOUNT	FULL NAME OF CONTRIBUTOR	AMOUNT
Example: Mr. John Doe	\$ 600.00		
TOTAL PROCEEDS OF CONTRIBUTIONS. IF LAST PAGE OTHERWISE CONTINUE ON NEXT COLUMN	0	TOTAL PROCEEDS OF CONTRIBUTIONS \$500 OR MORE (LAST PAGE ONLY-MUST AGREE WITH LINE 2 ABOVE)	٥

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

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

SUPPORTING SCHEDULE FOR FUNDRAISING EVENT	TELD ON DATE(S):	TAGE
Candidate Name (In Full): DEVEM CENSWER ED ITUE	Signature of Treasurer: (Junil & Jaghrer	Date: / 7 / 5

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

SECTION 2 – FUNDRAISING EXPENSES

FULL NAME OF PAYEE OR VENDOR	PARTICULARS/	RS/ AMOUNT				
FULL NAME OF PAYEE OR VENDOR	DESCRIPTION	Food & Drinks	Advertising	Supplies	Fees/Donation	Other
Example: Taste Good Restaurant	Food Catering	\$ 600				
			[a]			
FOTAL FUNDRAISING EXPENSES	(Total)					

SUPPORTING SCHEDULE FR-B IN-KIND CONTRIBUTIONS RECEIVED

FULL NAME OF CONTRIBUTOR	DESCRIPTION OF CONTRIBUTION	FAIR MARKET 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)		

SUPPORTING SCHEDULE FR-C CONTRIBUTED PROPERTY RECEIVED

FULL NAME OF CONTRIBUTOR	DESCRIPTION OF CONTRIBUTION	FAIR MARKET VALUE
Example: Island Computers	Old Computer with printer	\$ 600
SUB-TOTAL OF RECEIPTS THIS PAGE ONLY (Use additional sheets as necessary)		⇒
TOTAL RECEIPTS (IF LAST PAGE ONLY)		•

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):
DELEON GUERNERS EDITH E	TOGAWA, Consolación C.

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.)		ð
3.	CONTRIBUTED PROPERTY RECEIVED (Total Contributed Property Received from Schedule GC-C)		ی
4.	TOTAL RECEIPTS (Transfer to Line 4 of Campaign Statement of Account)	300.00	ی
DIS	BURSEMENTS		
5.	GENERAL EXPENDITURES (Total General Expenditures from Schedule GC-D)	862.15	
6.	CONTRIBUTIONS TO OTHER CANDIDATES (Total Contribution to Other Candidates from Schedule GC-E)	٥	
7.	ADJUSTMENTS FOR IN-KIND CONTRIBUTIONS RECEIVED (From Line 2 above)		D
8.	TOTAL DISBURSEMENTS (Transfer to Line 9 of Campaign Statement of Account)	862.15	0
	RECEIPTS AND DISBURSEMENTS tract Line 8 from Line 4)	(562.15)	٥

SUPPORTING SCHEDULE FOR GENERAL CONTRIBUTIONS

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Candidate Name (In Full):	Signature of Treasurer:	Date:	/	
DELEON GUERNENO EDITUE	Umire C Jogani-	01/1	7/1	9
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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		
Furey + Associates LLC Dr. Carlos S. Camacho Lourdes P. Camacho	\$100		
Dr. Carlos S. Gamacho			
Lourdes P. Common	\$ 200		
TOTAL CONTRIBUTIONS RECEIVED, IF LAST PAGE OTHERWISE CONTINUE ON NEXT COLUMN	\$300	TOTAL CONTRIBUTIONS RECEIVED (LAST PAGE ONLY) (Transfer to Line 2 of Result Summary above)	

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Candidate Name (In Full):	Signature of Treasurer:	Date:	Λ
DELEON GUERNERO EDITHE	Canice O Jogan a	01/1	7/19

SUPPORTING SCHEDULE GC-B IN-KIND CONTRIBUTIONS RECEIVED

FULL NAME OF CONTRIBUTOR	DESCRIPTION OF CONTRIBUTION	FAIR MARKET 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)		0
TOTAL RECEIPTS (IF LAST PAGE ONLY)	spense Report, Summary of Receipts and Disbursements).	0

SUPPORTING SCHEDULE GC-C CONTRIBUTED PROPERTY RECEIVED

FULL NAME OF CONTRIBUTOR DESCRIPTION OF CONTRIBUTION		FAIR MARKET VALUE	
Example: Island Computers	Old Computer with printer	\$ 600	
SUB-TOTAL OF RECEIPTS THIS PAGE ONLY (Use additional sheets as necessary)		0	
TOTAL CONTRIBUTED PROPERTY RECEIVED		0	

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Candidate Name (In Full):	Signature of Treasurer:	Date:	_ /	
DELECT GUERNERO EDITHE	(mil O Jogun-	0/11	1//	9

SUPPORTING SCHEDULE GC-D GENERAL EXPENDITURES

FULL NAME OF PAYEE OR VENDOR	PARTICULARS/	AMOUNT				
FULL NAME OF FAYEE OR VENDOR	DESCRIPTION	Food & Drinks	Advertising	Supplies	Fees/Donation	Other
Example: Marianas Daily	One-page ad		\$ 500			
SAIPAN ADVENTISING	BAnners					265
EXPRESS PRINTING MATTY'S STINGBOR MOBIL GAS (HOUSE)	Ryers		300			
MATTY'S STINGBBQ	Lumpia	20				
MOBIL GAS (House)	625					277.15
101131781	6 43					
					+	
					-	-
					-	-
					-	
•						
SUB-TOTAL OF PAYMENTS THIS PAGE ONLY (Use additional sheets as necessary)	(Suh-total)	20	300			542.11
TOTAL GEN. EXPENDITURES (IF LAST PAGE ONLY) (Transfer Total to Line 5 of Gen. Contributions & Exp. Report, Summary of Receipts and Disbursements)	(Total)	20	300			542.15

CFD-GC (D), 2018

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Candidate Name (In Full):	Signature of Treasurer:	Date:	_ /	
DELEON CHERNERO BOITHE	Como Giga	2111	///	9

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)		2
TOTAL CONTRIBUTIONS TO OTHER CANDIDATE (Transfer Total to Line 6 of General Contribution and Expenses	S (IF LAST PAGE ONLY) Report, Summary of Receipts and Disbursements)	٥

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):
DELEON GUERRONO DITHE	TOGAWA, consolación C.

CONTRIBUTIONS RECEIVED

RECEIVED FROM	DESCRIPTION	AMOUNT
Example: BEST PARTY IN THE LAND	Cash Allocation of Party General Fundraising Proceeds	\$ 20,000
CUB TOTAL OF CONTRIBUTIONS RECEIVE	D /THIC DA CE ONLY)	
SUB-TOTAL OF CONTRIBUTIONS RECEIVE. (Use additional sheets as necessary)	D (THIS PAGE ONLY)	
TOTAL CONTRIBUTIONS RECEIVED (IF LA	ST PAGE ONLY) Account)	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)			0	
TOTAL ALLOCATED EXPENDITURES (IF LAS			O	

