

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS CAMPAIGN FINANCIAL DISCLOSURE

Report Type:

Final Report

Amendment

CAMPAIGN STATEMENT OF ACCOUNT - CANDIDATE

2018 ☐GENERAL ☐SPECIAL ELECTION

OFFICE OF THE PUBLIC AUDITOR

IMPORTANT: THIS REPORT MUS

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

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

E ANY 1/15/2019

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);	Office Sought:	
Villagomez, Edmund Joseph S.	House of Representatives (Precinct 3)	
Treasurer Name (Last Name, First Name, MI):	Preferred Mailing (P.O. Box) Address:	Telephone:
Sablan, Queanna C.	P.O. Box 500635 CK, Saipan, MP 96950	483-4769

100		CASH	IN-KIND
1.	BALANCE CARRIED FORWARD FROM PREVIOUS ELECTION(S)	0.00	0.00
	ADD: RECEIPTS THIS ELECTION PERIOD		0.00
2	RECEIPT FROM FUNDRAISING EVENTS	6,145.00	2,503.00
3	MULTI-CANDIDATE CONTRIBUTIONS	0.00	0.00
4	RECEIPTS FROM GENERAL CONTRIBUTIONS	0.00	0.00
5	OTHER RECEIPTS	0.00	0.00
6	TOTAL AVAILABLE (Add Lines 1 through 5)	6,145.00	2,503.00
	LESS: DISBURSEMENTS THIS ELECTION PERIOD		2,505.00
7.	DISBURSEMENTS FOR FUNDRAISING EVENTS	1,015.95	2,503.00
8	MULTI-CANDIDATE EXPENSES	0.00	0.00
9.	DISBURSEMENTS FOR GENERAL EXPENDITURES	3,755.97	0.00
10_	OTHER DISBURSEMENTS	0.00	0.00
11.	TOTAL DISBURSEMENTS (Add Lines 7 through 10)	4,771.92	0.00
12,	EXCESS (SHORTFALL) OF RECEIPTS OVER DISBURSEMENTS (Subtract Line 11 from Line 6)	1,373.08	50.00

	Ør .00
VERIFI	CATION
Commonwealth of the Northern Mariana Islands)	Commonwealth of the Northern Mariana Islands)
Island of Saipan)ss.	Island of Saipan)ss.
1. Echand 5. Village being duly sworn on oath, depose and say (Candidate) 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)	I. Execute C. Sables, being duly sworn on oath, depose and say (Treasurer) 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 Treasurer Date (Month Pay Maria)
Subscribed and sworn before me this day of January 20	Subscribed and sworn before me his 13 day of Jahuan 20 19
MICHELE A. CAMACHO P.O. Box 504613, Suipan, MP 96950 9, 2008 ary Public Reg. No. 633A BY AND FOR THE COMMONWEATTH OF THE NORTHERN MARIANA ISLANDS U.S.A. My Commission Expires:	MICHELLE A. CAMACHO P.O. Box 504613, Saipan, MP 96950 Notary Public Reg. No. 633A BY AND FOR THE COMMONWEALTH OF THE NORTHERN MARIANA ISLAMDS U.S.A. My Commission Expires:

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS CAMPAIGN FINANCIAL DISCLOSURE

FUNDRAISING EVENT REPORT

FUNDRAISING DATES: August 31, 2018

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

Candidate Name (Last Name, First Name, MI):	Treasurer Full Name (Last Name, First Name, MI):
Villagomez, Edmund Joseph S.	Sablan, Queanna C.
Name of Fundraising Event:	Date(s) Held:
Happy Hour for Edmund S. Villagomez	August 31, 2018

SUMMARY OF FUNDRAISING RECEIPTS AND DISBURSEMENTS

(Complete Supporting Schedules Before Completing This Section)

RE	CEIPTS	CASH	IN-KIND
Į,	GROSS PROCEEDS FROM FUNDRAISING EVENT (Total Cash Proceeds from Line 3 of the Result Summary of Supporting Schedule FR-A)	6,145.00	
2.	IN-KIND CONTRIBUTIONS RECEIVED (Total In-Kind Contributions Received from Schedule FR-B, Bring down this value to Line 6 below.)		2,503.00
3.	CONTRIBUTED PROPERTY RECEIVED (Total Contributed Property Received from Schedule FR-C)		0.00
4.	TOTAL RECEIPTS (Add Lines 1 through 3) (Transfer to Line 2 of Campaign Statement of Account)	6,145.00	2,503.00
DIS	BURSEMENTS		
5.	FUNDRAISING EXPENSES (Total Fundraising Expenses from Line 4 of Result Summary of Schedule FR-A)	1,015.85	
6.	ADJUSTMENTS FOR IN-KIND CONTRIBUTIONS RECEIVED (From Line 2 above)		2,503.00
7	TOTAL DISBURSEMENTS (Add Lines 5 and 6) (Transfer to Line 7 of Campaign Statement of Account)	1,015.85	0.00
NET Sub	RECEIPTS AND DISBURSEMENTS ract Line 7 from Line 4)	5,129.15	0.00
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IMPORTANT: FILE SEPARATE SCHEDULE FOR EACH FUNDRAISING EVENT.

SUPPORTING SCHEDULE FOR FUNDRAISING EVENT HELD ON DATE(S): August 31, 2018

PAGE 1 OF 1

Candidate Name (In Full):

Villagomez, Edmund Joseph S.

Signature of Treasurer:

Date: 01/15/19

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

1. TOTAL CASH PROCEEDS FROM INDIVIDUALS WHO CONTRIBUTED LESS THAN \$500 \$6,145.00 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) 6,145.00 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) 1,015.85 5. NET CASH PROCEEDS (Subtract Line 4 from Line 3) 5,129.15

SECTION 1 – NAMES OF CONTRIBUTORS WITH \$500 OR MORE TOTAL AGGREGATE CONTRIBUTIONS					
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)			

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

SUPPORTING SCHEDULE FOR FUNDRAISING EVENT HELD ON DATE(S): August 31, 2018 PAGE 1 OF 1

Candidate Name (In Full):

Villagomez, Edmund Joseph S.

Signature of Treasurer:

Ol/15/19

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

SECTION 2 – FUNDRAISING EXPENSES

FULL NAME OF PAYEE OR VENDOR	PARTICULARS/					
	DESCRIPTION	Food & Drinks	Advertising	Supplies	Fees/Donation	Oth
Example: Taste Good Restaurant	Food Catering	\$ 600	MESON INC.	Rest Bill India		
Naked Fish Bar & Grill	Venue, Food					
James "Big Jay" Selepeo	Entertainme	nt			300.00	
Modern Stationery	Supplies			5.85		
			-			
		14				
	 					
	(Total)					
OTAL FUNDRAISING EXPENSES ransfer Total to Line 4. Result Summary of Schedule FR-A)	1,015.85	710.00		F 05	000	
D-FR (A-2), 2018	~,015.05	110.00		5.85	300.00	

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

SUPPORTING SCHEDULE FOR FUNDRAISING EVENT HELD ON DATE(S): August 31, 2018

PAGE 1 OF 1

Candidate Name (In Full):

Villagomez, Edmund Joseph S.

Signature of Treasurer:

01/15/19

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
Joeten Enterprises, Inc.	Gift certificates (10 @ \$100.00)	1,000.00
Mrs. Emma S. Villagomez	Raffle prizes (bags and wallets)	927.00
Mr. Glen Hunter	The Shack gift cards (6 @ \$96.00)	576.00
SUB-TOTAL OF RECEIPTS THIS PAGE ONLY (Use additional sheets as necessary) TOTAL RECEIPTS (IF LAST PAGE ONLY)		2,503.00
TOTAL RECEIPTS (IF LAST PAGE ONLY) Transfer Total to Line 2 of the Fundraising Event Report)		2,503.00

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)	→	
Transfer Total to Line 3 of Fundraising Event Report)	→	

COMMONWEALT OF THE NORTHERN MARIANA ISLANDS CAMPAIGN FINANCIAL DISCLOSURE

MULTI-CANDIDATE CONTRIBUTION AND EXPENSE REPORT

Candidate Name (Last Name, First Name, M1):	Treasurer Full Name (Last Name, First Name, MI):
Villagomez, Edmund Joseph S.	Sablan, Queanna C.

RECEIVED FROM DESCRIPTION AMOUNT Example: BEST PARTY IN THE LAND Cash Allocation of Party General Fundraising Proceeds Cash Allocation of Party General Fundraising Proceeds

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):
Villagomez, Edmund Joseph S.	Sablan, Queanna C.

SUMMARY OF RECEIPTS AND DISBURSEMENTS

(Complete Supporting Schedules Before Completing This Section)

RI	CEIPTS	CASH	IN-KIND
1,	MONETARY CONTRIBUTIONS FROM NON-FUNDRAISING EVENTS (Total Contributions from Schedule GC-A)	0.00	
2.	IN-KIND CONTRIBUTIONS RECEIVED (Total In-Kind Contributions Received from Schedule GC-B. Bring down this value to Line 7 below.)	0.00	0.00
3,:	CONTRIBUTED PROPERTY RECEIVED (Total Contributed Property Received from Schedule GC-C)		0.00
4.	TOTAL RECEIPTS (Transfer to Line 4 of Campaign Statement of Account)	0.00	0.00
DIS	BURSEMENTS		
5.	GENERAL EXPENDITURES (Total General Expenditures from Schedule GC-D)	3,755.97	
6.	CONTRIBUTIONS TO OTHER CANDIDATES (Total Contribution to Other Candidates from Schedule GC-E)	0.00	
	A D. WYLOGOV & Province of the Control of the Contr	Medical College States	
7.	ADJUSTMENTS FOR IN-KIND CONTRIBUTIONS RECEIVED (From Line 2 above)		0.00
7.	ADJUSTMENTS FOR IN-KIND CONTRIBUTIONS RECEIVED (From Line 2 above) TOTAL DISBURSEMENTS (Transfer to Line 9 of Campaign Statement of Account)	3,755.97	0.00

SUPPORTING SCHEDULE FOR GENERAL CONTRIBUTIONS

PAGE ____OF __

Candidate Name (In Full);

Villagomez, Edmund Joseph S.

Signature of Treasurer:

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

FULL NAME OF CONTRIBUTOR	AMOUNT	FULL NAME OF CONTRIBUTOR	AMOUNT
Example: Ms. Jane Doe	\$ 1,500.00		
	-		
	1		
TAL CONTRIBUTIONS RECEIVED, IF LAST PAGE THERWISE CONTINUE ON NEXT COLUMN	TO	TAL CONTRIBUTIONS RECEIVED (LAST PAGE 2) (Transfer to Line 2 of Result Summary above)	

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

PAGE	OF	
IAUL	OI.	

Candidate Name (In Full):

Villagomez, Edmund Joseph S.

Signature	of Treasurer
7	00
V.	O'NO

Date: 01/15/19

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)		•
I OTAL RECEIPTS OF LAST PAGE UNITY	xpense Report, Summary of Receipts and Disbursements).	

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)	11001100 0000 0000 0000 0000 0000 0000			
101AL CONTRIBUTED PROPERTY RECEIVED	(IF LAST PAGE ONLY) pense Report, Summary of Receipts and Disbursements)	→		

PAGE 1 OF 1

Candidate Name (In Full):

Villagomez, Edmund Joseph S.

Signature of Treasurer;

Date: 01/15/19

SUPPORTING SCHEDULE GC-D GENERAL EXPENDITURES

FULL NAME OF PAYEE OR VENDOR	PARTICULARS/		AMOUNT			
	DESCRIPTION	Food & Drinks	Advertising	Supplies	Fees/Donation	Other
Example: Marianas Daily	One-page ad		\$ 500			
Commonwealth Treasury	Zoning Perm	<u>i</u> t			40.0	0
Tropical Instant Press	Stickers					80.0
Tropical Instant Press	Stickers					80.0
Ace Hardware	Supplies			18.57		00.0
Commonwealth Treasury	Candidate F	iling			100.0	Q
670 Rocksteady Shop	T-shirts					1,017.0
Ideal Signs	Stickers					120.0
Ideal Signs	Banners					240.0
Ideal Signs	Banners					720.0
Saipan Tribune, Inc.	Full page a	d	560.00			720.0
Guangdong Dev. Co., Ltd.	Supplies		300.00	49.25		
Daisuke Yanai Photography				T7.4J	150.0	0
Green Consume Market II	Beverages	141.88			130.0	0
Pizza Hut	Food	44.99				
Ace Hardware	Supplies	11133		9.78		
Middle Road Mobil	Gas			7.70		20.00
Joeten's Dandan Market	Food	130.00				20.00
Martha's Store	Food	29.50				
Terry's Snack Bar	Food	50.00				
Terry's Snack Bar	Food	155.00				
		133,00				
CR TOTAL OF DAVMENTS MINOR.	TSub totals					
NLY (Use additional sheets as necessary)	3,755.97 ←	551.37	560.00	77.60	290.00	2.277 0
OTAL GEN. EXPENDITURES (IF LAST AGE ONLY) (Transfer Total to Line 5 of Gen. ontributions & Exp. Report, Summary of Receipts	(Total)					
D-GC (D), 2018	2,/22.9/	551.37	560.00	77.60	290.00	2,277.q

PAGE ____OF __

Candidate Name (In Full):

Villagomez, Edmund Joseph S.

Signature of Treasurer:

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)	\$ 50		
-				
B-TOTAL OF EXPENSES THIS PAGE ONLY				
se additional sheets as necessary) OTAL CONTRIBUTIONS TO OTHER CANDIDATE	TECHE LAST DUCK CON AN	7		
ansfer Total to Line 6 of General Contribution and Expense	es Report, Summary of Receipts and Disbursements).	•		
ransfer Total to Line 6 of General Contribution and Expense P-GC (E), 2018	ES (IF LAST PAGE ONLY) es Report, Summary of Receipts and Disbursements)	>		

PAGE _____ OF ____

Candidate Name (In Full):

Villagomez, Edmund Joseph S.

Signature	of	Treasurer

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01/15/19

SUPPORTING SCHEDULE GC-D GENERAL EXPENDITURES

FULL NAME OF PAYEE OR VENDOR	PARTICULARS/	AMOUNT				
	DESCRIPTION	P- 4 0 D 1 t				Other
Example: Marianas Daily	One-page ad		\$ 500		7 CCS DOMALION	Other
B-TOTAL OF PAYMENTS THIS PAGE	(Sub-total)					
NLY (Use additional sheets as necessary)	(==					
OTAL GEN. EXPENDITURES (IF LAST AGE ONLY) (Transfer Total to Line 5 of Gen.	(Tetal)					
ntilbutions & Exp. Report Suppose of Pagainter	- dent					
Disbursements)						