

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

Report Type:

N Final Report

☐ Amendment

## CAMPAIGN STATEMENT OF ACCOUNT. - CANDIDATE

□GENERAL □SPECIAL ELECTION

**IMPORTANT:** 

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

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

OFFICE OF THE PUBLIC AUDITOR

My Commission Expires:

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.

Candi	date Name (Last Name, First Name, MI):  ANGUNA GLENN H. P. HOUSE OF HE	PRESENTATIV	E
Treas SA	date Name (Last Name, First Name, MI):    ANGLOVA GLEVN	HRB SAIPEN	Telephone: 287-453
B ##		CASH	IN-KIND
Is	BALANCE CARRIED FORWARD FROM PREVIOUS ELECTION(S)	0	6
	ADD: RECEIPTS THIS ELECTION PERIOD		
2.	RECEIPT FROM FUNDRAISING EVENTS	7090	
3.	MULTI-CANDIDATE CONTRIBUTIONS	0	6
4	RECEIPTS FROM GENERAL CONTRIBUTIONS	2800	180
5.	OTHER RECEIPTS	0	9
6.	TOTAL AVAILABLE (Add Lines   through 5)	119890	
	LESS: DISBURSEMENTS THIS ELECTION PERIOD		
7.	DISBURSEMENTS FOR FUNDRAISING EVENTS	7190	
8.	MULTI-CANDIDATE EXPENSES	0	
9.	DISBURSEMENTS FOR GENERAL EXPENDITURES	2850	
10.	OTHER DISBURSEMENTS	250	
11.	TOTAL DISBURSEMENTS (Add Lines 7 through 10)	10,290	
12.	EXCESS (SHORTFALL) OF RECEIPTS OVER DISBURSEMENTS (Subtract Line 11 from Line 6)	1/90	
	VERIFICATION	100	and the same

#### Commonwealth of the Northern Mariana Islands ) Commonwealth of the Northern Mariana Islands ) duly sworn on oath, depose and say: 1, Morced Sablan, being duly sworn on oath, depose and say: (Candidal 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 Election Reform Act of 2000, 1 CMC §6428. the Northern Mariana Islands Election Reform Act of 2000, I CMC §6428. Date (Month, Day, Signature of Candidate Subscribed and sworn before me this Subscribed and sworn before me this Notary Stamp Notary Seal MA. KRISTINA H. ROMERO PMJ 432 Box 10001, Saipan, MP 96950 MA. KRISTINA H. ROMERO Notary Public Reg. No. 762A PMB 432 Dox 10001, Saipan, MP 96950 CFD-001, Revise BY AND FOR THE COMMONWEALTH OF THE NORTHERN MARLANA ISLANDS Notary Public Reg. No. 762A BY AND FOR THE COMMONWEALTH My Commission Expires: OF THE NORTHERN MARIANA SLANDS

Candidate Name (In Full):	11	1/	Signature of Treasurer	Dates	,	1
MANGIONA.	Olenn	Hacog	Alaklan	10-1	1181	18
1 11/20/1001	1	1		,		

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

#### RESULT SUMMARY

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



FULL NAME OF CONTRIBUTOR	AMOUNT	FULL NAME OF CONTRIBUTOR	AMOUNT
Example: Ms. Jane Doe	\$ 1,500.00		
Tehn Due	400		
Jane Doe	450		
	200		
	100		
	300		
	200		
	400		
	50		
	150		
	200		
	150		
mw Hoe	200		
TOTAL CONTRIBUTIONS RECEIVED, IF LAST PAC OTHERWISE CONTINUE ON NEXT COLUMN	GE 2800	TOTAL CONTRIBUTIONS RECEIVED (LAST PAGE ONLY) (Transfer to Line 2 of Result Summary above)	

SUPPORTING SCHEDULE	FOR	GENERAL	CONTRIBUTIONS

PAGE OF

				Date:	1 1
Candidate Name (In Full):	/-	. 1	Signature of Treasurer:	Date.	101
Combinate Company	/ /	110		/	10/10
VILLOT V. AAA	( Digit	MARIE	F 115 - 6 11-	10-11	10/18
VIROUSIANOR	( L(GVIII I	010110	r Hara	,-,	1.0
1 11.100001		1001			

### SUPPORTING SCHEDULE GC-D GENERAL EXPENDITURES

DENT MANGE OF BANGE OF MENISOR	PARTICULARS/			AMOUNT	D /D : 1	Ott
FULL NAME OF PAYEE OR VENDOR	DESCRIPTION	Food & Drinks	Advertising	Supplies	Fees/Donation	Other
Example: Marianas Daily	One-page ad	(15 S. H. 18)	\$ 500			
CHS-IBAE CD.	CAI Sticker			1450		
Stickers CD.	Ch mas			1450		
5770EG (300110	ZINDEGE			1		
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OND MORAL OF BANKENIES THE BACK	(Sub-total)			0:-		
SUB-TOTAL OF PAYMENTS THIS PAGE ONLY (Use additional sheets as necessary)	( <del></del>			2850 2850		
TOTAL GEN. EXPENDITURES (IF LAST	(Total)				_	
PAGE ONLY) (Transfer Total to Line 5 of Gen.	<b>(</b>			3 QCA		
Contributions & Exp. Report, Summary of Receipts and Disbursements)				1000		

SHIPPORTING SC	HEDIH E EOD	CENEDAL C	CONTRIBUTIONS
CHDDORTING SC	нипп к вок	CFENERAL	JUNIKIDULIUM

PAGE \_\_\_\_OF \_\_\_

Candidate Name (In Full): Signature of Treasurer:	Date:
	( )
	" leader
1 /ANGURUA GURUN (1)09 ( I)1 / Lla	12-118-118
Million Colon Colonia	

### 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
NA	N/A	NA
//		177
/	//	1
1		1 1 1
NIA	NIA	11)12
SUB-TOTAL OF RECEIPTS THIS PAGE ONLY (Use additional sheets as necessary)	(32)	
TOTAL DECEIPTS (IF LAST PAGE ONLY)	150	
(Transfer Total to Line 2 of the General Contribution and F	Expense 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
NA	NA	WA
	/	
N)/n	NA	NIA
SUB-TOTAL OF RECEIPTS THIS PAGE ONLY (Use additional sheets as necessary)		
TOTAL CONTRIBUTED PROPERTY RECEIVED (Transfer Total to Line 3 of the General Contribution and E	(IF LAST PAGE ONLY) Expense Report, Summary of Receipts and Disbursements)	

740

PAGE 1 OF 1

		T 01	Date:
Candidate Name (In Full):		Signature of Treasurer:	
Canadate Name (in 1 m).			/ /
MILA VII. A	1 10 1000 1001		m 11 D11 G
MANGHOWA,	1 - 11/1/10 1 (11/1/X	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	100-110111
(VIMILENDAVI)	(SUM) (JUU)	C X IIIC DVA-	10/ 11 11
1 つけいけい アレバン・1	10001110000		

### 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
-	Findraigus Ticket	140-
	V WOO TO THE TOTAL	70
		50
		30
	)	25
		2.0
		70
	7800-	50
	Fundraionz Victor	30
		1/
		250
TOTAL CONTRIBUTIONS TO OTHER CANDII (Transfer Total to Line 6 of General Contribution and Exp	DATES (IF LAST PAGE ONLY) penses Report, Summary of Receipts and Disbursements)	20

## COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS CAMPAIGN FINANCIAL DISCLOSURE

# FUNDRAISING EVENT REPORT FUNDRAISING DATES: Aug 18 7019

IMPORTANT: USE A SEPARATE REPROT FOR EACH FUNDRAISING EVENT.

Party Chairperson (Last Name, First Name, MI):	Trousurer Full Name (Last Name, First Name, MI);
MANGIONA, Glen HEXCOS	SABIAN Merces M
Name of Fundraising Event:	Date(a) Held:
1 DP-GOLF TOUVESAMENT	Aug. 18 2018
	1

## SUMMARY OF FUNDRAISING RECEIPTS AND DISBURSEMENTS

(Complete Supporting Schedules Before Completing This Section)

RE	CEPTS	CASH	IN-KIND
1.	GROSS PROCEEDS FROM FUNDRAISING EVENT (Total Cash Proceeds from Line 3 of the Result Summary of Supporting Schedule FR-A)	2300	
2.	IN-KIND CONTRIBUTIONS RECEIVED (Total In-Kind Contributions Received from Schedule FR-B. Bring down this value to Line 6 below.)		0
3.	CONTRIBUTED PROPERTY RECEIVED (Total Contributed Property Received from Schedule FR-C)	4.04	0
4.	TOTAL RECEIPTS (Transfer to Line 1 of Campaign Statement of Account)	2,300	-
DIS	BURSEMENTS		
5.	FUNDRAISING EXPENSES (Total Fundraising Expenses from Line 4 of Result Summary of Schedule FR-A)	1.1600	
6.	ADJUSTMENTS FOR IN-KIND CONTRIBUTIONS RECEIVED (From Line 2 above)		0
7.	TOTAL DISBURSEMENTS (Transfer to Line 6 of Campaign Statement of Account)	1400	
NET Subti	RECEIPTS AND DISBURSEMENTS act Line 7 from Line 4)	900	0

## 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):
MANGLONA, Glenn HOCOG	SABLOW, MARCHI M
Name of Fundraising Event:	Date(s) Held:
PIC	MAY 4 2018

## SUMMARY OF FUNDRAISING RECEIPTS AND DISBURSEMENTS

(Complete Supporting Schedules Before Completing This Section)

RE	CEIPTS	CASH	IN-KIND
14.	GROSS PROCEEDS FROM FUNDRAISING EVENT (Total Cash Proceeds from Line 3 of the Result Summary of Supporting Schedule FR-A)	3590	
2.	IN-KIND CONTRIBUTIONS RECEIVED (Total In-Kind Contributions Received from Schedule FR-B. Bring down this value to Line 6 below.)		-0
3.	CONTRIBUTED PROPERTY RECEIVED (Total Contributed Property Received from Schedule FR-C)		4
4.	TOTAL RECEIPTS (Add Lines 1 through 3) (Transfer to Line 2 of Campaign Statement of Account)	3.590	Ð
DIS	BURSEMENTS		
5.	FUNDRAISING EXPENSES (Total Fundraising Expenses from Line 4 of Result Summary of Schedule FR-A)	4500	
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)	4.500	
	F RECEIPTS AND DISBURSEMENTS tract Line 7 from Line 4)	-910	

## COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS CAMPAIGN FINANCIAL DISCLOSURE

# FUNDRAISING EVENT REPORT FUNDRAISING DATES: Time 15 2019

IMPORTANT: USE A SEPARATE REPROT FOR EACH FUNDRAISING EVENT.

Party Chairperson (Last Name, First Name, M1):	1	Treasurer Full Name (Lust Name, First Name, MI):	
hipublowa (denn 1	town	SABLAN MITALED	M.
Name of Fundraising Event:	1	Date(v) Held:	
AMARI LANCH		June 15 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)	1,700	
2,	IN-KIND CONTRIBUTIONS RECEIVED (Total In-Kind Contributions Received from Schedule FR-B, Bring down this value to Line 6 below.)		25
3.	CONTRIBUTED PROPERTY RECEIVED (Total Contributed Property Received from Schedule FR-C)		0
4.	TOTAL RECEIPTS (Transfer to Line 1 of Campaign Statement of Account)	1,200	
DIS	BURSEMENTS		
5.	FUNDRAISING EXPENSES (Total Fundraising Expenses from Line 4 of Result Summary of Schedule FR-A)	1,200-	
6.	ADJUSTMENTS FOR IN-KIND CONTRIBUTIONS RECEIVED (From Line 2 above)		0
7.	TOTAL DISBURSEMENTS (Transfer to Line 6 of Campaign Statement of Account)	1200-	
	RECEIPTS AND DISBURSEMENTS ract Line 7 from Line 4)	2	

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

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

	The State of	
DΛ	GE	
	UL	

Candidate Name (In Full):

Hocog

enature of Treasurer:

Date: 12/18/18

OF \_\_\_

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

### SECTION 2 – FUNDRAISING EXPENSES

ELL L NAME OF DAVES OF VENDOR	PARTICULARS/	AMOUNT				o di l Odhan
FULL NAME OF PAYEE OR VENDOR	DESCRIPTION	Food & Drinks	Advertising	Supplies	Fees/Donation	Other
Example: Taste Good Restaurant	Food Catering	\$ 600				
	×	4500	0	0	0	0000
AMARI COP-GOLF Tour		1,200	A	0	2-	0
COO- CALE TOUR	×	1.400	5	0	0-	0
COP - CIDI IDUI		1,-(00				
OK.						
			7			
					-	
	(Total)					
TOTAL FUNDRAISING EXPENSES (Transfer Total to Line 4, Result Summary of Schedule FR-A)	(Tetat)	7,000				

IMPORTANT: FILE SEPARATE SCHEDULE FOR EACH FUNDRAISING EVENT. OF PAGE SUPPORTING SCHEDULE FOR FUNDRAISING EVENT HELD ON DATE(S): SUPPORTING SCHEDULE FR-B IN-KIND CONTRIBUTIONS RECEIVED FAIR MARKET DESCRIPTION OF CONTRIBUTION FULL NAME OF CONTRIBUTOR VALUE \$ 1,250 Give-away t-shirts (250 @ \$5.00) Example: ABC Retail SIGNAGE PANNER SIGNAGE 450 2. SUB-TOTAL OF RECEIPTS THIS PAGE ONLY 450 (Use additional sheets as necessary) ..... TOTAL RECEIPTS (IF LAST PAGE ONLY) WAY. (Transfer Total to Line 2 of the Fundraising Event Report) 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
NA	N/A	NIM
SUB-TOTAL OF RECEIPTS THIS PAGE ONLY		<b>&gt;</b>
TOTAL RECEIPTS (IF LAST PAGE ONLY)		>

1.	TOTAL CASH PROCEEDS FROM INDIVIDUALS WHO CONTRIBUTED LESS THAN \$500	\$ 2,500
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)	6,050
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)	7,100
5.	NET CASH PROCEEDS (Subtract Line 4 from Line 3)	1,050

SECTION 1 – NAMES OF CONTRIBU	TORS WITH \$50	OOR MORE TOTAL AGGREGATE CONTRIBU	HONS
FULL NAME OF CONTRIBUTOR	AMOUNT	FULL NAME OF CONTRIBUTOR	AMOUNT
Example: Mr. John Doe	\$ 600.00		
1	1/10	t .	
·	0		
			F
	1 1		
	MIT		
	•		
TOTAL PROCEEDS OF CONTRIBUTIONS, IF LAST PAGE OTHERWISE CONTINUE ON NEXT COLUMN	Nh	TOTAL PROCEEDS OF CONTRIBUTIONS \$500 OR MORE (LAST PAGE ONLY-MUST AGREE WITH LINE 2 ABOVE)	

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

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

Candidate Name (Last Name, First Name, MI):  MANG USNA (Juna	Treasurer Full Name (Last Name, First Name, MI):	- SABLAM
CO	NTRIBUTIONS RECEIVED	1.60 . 7
RECEIVED FROM	DESCRIPTION	AMOUNT
Example: BEST PARTY IN THE LAND	Cash Allocation of Party General Fundraising Proceeds	\$ 20,000
		N/N
SUB-TOTAL OF CONTRIBUTIONS RECEIVED (T. (Use additional sheets as necessary)	AGE ONLY)	11/1-
(Transfer Total to Line 3 of the Campaign Statement of Acco	unt)	
	EXPENSES	
FULL NAME OF PAYEE	DESCRIPTION OF EXPENDITURE	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)

TOTAL ALLOCATED EXPENDITURES (IF LAST PAGE ONLY) (Transfer Total to Line 8 of the Campaign Statement of Account)