



COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
CAMPAIGN FINANCIAL DISCLOSURE

Report Type:
 Final Report
 Amendment

CAMPAIGN STATEMENT OF ACCOUNT – CANDIDATE

2018 GENERAL SPECIAL ELECTION
(Year)

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
 1/7/19
 SIGNATURE *[Signature]*

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): RAYPHAND, JAMES, M.	Office Sought: BOARD OF EDUCATION
Treasurer Name (Last Name, First Name, MI): NENING, CLEWYN	Preferred Mailing (P.O. Box) Address: P.O. Box 502020 / SAIPAN
	Telephone: 785-3554

	CASH	IN-KIND
1. BALANCE CARRIED FORWARD FROM PREVIOUS ELECTION(S)	0	0
ADD: RECEIPTS THIS ELECTION PERIOD		
2. RECEIPT FROM FUNDRAISING EVENTS	0	0
3. MULTI-CANDIDATE CONTRIBUTIONS	0	0
4. RECEIPTS FROM GENERAL CONTRIBUTIONS	\$ 100.00	0
5. OTHER RECEIPTS	(12) 0	0
6. TOTAL AVAILABLE (Add Lines 1 through 5)	\$ 100.00	0
LESS: DISBURSEMENTS THIS ELECTION PERIOD		
7. DISBURSEMENTS FOR FUNDRAISING EVENTS	0	0
8. MULTI-CANDIDATE EXPENSES	0	0
9. DISBURSEMENTS FOR GENERAL EXPENDITURES	\$ 100.00	0
10. OTHER DISBURSEMENTS	0	0
11. TOTAL DISBURSEMENTS (Add Lines 7 through 10)	\$ 100.00	0
12. EXCESS (SHORTFALL) OF RECEIPTS OVER DISBURSEMENTS (Subtract Line 11 from Line 6)	0	0

VERIFICATION

Commonwealth of the Northern Mariana Islands)
) s.s.
 Island of Saipan)
 I, James Rayphand, 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] Date (Month, Day, Year) 1/7/19
 Signature of Candidate

Subscribed and sworn before me this 7th day of Jan., 2019

Notary Stamp
 MA. KRISTINA H. ROMERO
 PMB 432 Box 10001, Saipan, MP 96950
 Notary Public Reg. No. 762A
 BY AND FOR THE COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
 My Commission Expires: 1/15/2020

Commonwealth of the Northern Mariana Islands)
) s.s.
 Island of Saipan)
 I, Clewyn Nening, 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] Date (Month, Day, Year) 01/07/19
 Signature of Treasurer

Subscribed and sworn before me this 7th day of Jan., 2019

Notary Stamp
 MA. KRISTINA H. ROMERO
 PMB 432 Box 10001, Saipan, MP 96950
 Notary Public Reg. No. 762A
 BY AND FOR THE COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
 My Commission Expires: 1/15/2020

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
CAMPAIGN FINANCIAL DISCLOSURE

FUNDRAISING EVENT REPORT

FUNDRAISING DATES: N/A

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

Candidate Name (Last Name, First Name, MI): <u>RAYPHAND, JAMES, M.</u>	Treasurer Full Name (Last Name, First Name, MI): <u>Nening, Cleodyn A.</u>
Name of Fundraising Event:	Date(s) Held: <u>1/9/10 CN</u>

SUMMARY OF FUNDRAISING RECEIPTS AND DISBURSEMENTS

(Complete Supporting Schedules Before Completing This Section)

RECEIPTS	CASH	IN-KIND
1. GROSS PROCEEDS FROM FUNDRAISING EVENT (Total Cash Proceeds from Line 3 of the Result Summary of Supporting Schedule FR-A)	<u>0</u>	
2. IN-KIND CONTRIBUTIONS RECEIVED (Total In-Kind Contributions Received from Schedule FR-B. Bring down this value to Line 6 below.)		<u>0</u>
3. CONTRIBUTED PROPERTY RECEIVED (Total Contributed Property Received from Schedule FR-C)		<u>0</u>
4. TOTAL RECEIPTS (Add Lines 1 through 3) (Transfer to Line 2 of Campaign Statement of Account)	<u>0</u>	<u>0</u>
DISBURSEMENTS		
5. FUNDRAISING EXPENSES (Total Fundraising Expenses from Line 4 of Result Summary of Schedule FR-A)	<u>0</u>	
6. ADJUSTMENTS FOR IN-KIND CONTRIBUTIONS RECEIVED (From Line 2 above)		<u>0</u>
7. TOTAL DISBURSEMENTS (Add Lines 5 and 6) (Transfer to Line 7 of Campaign Statement of Account)	<u>0</u>	<u>0</u>
NET RECEIPTS AND DISBURSEMENTS (Subtract Line 7 from Line 4)		

Candidate Name (In Full): JAMES M. RAYPHAND	Signature of Treasurer: <i>[Signature]</i>	Date: 1/7/19
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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		\$ 100.00
2. TOTAL MONETARY CONTRIBUTIONS FROM INDIVIDUALS WHO CONTRIBUTED MORE THAN \$500		+ 0
3. TOTAL MONETARY CONTRIBUTIONS (Transfer to Line 1 of the General Contribution and Expense Report)		<u>\$ 100.00</u>

FULL NAME OF CONTRIBUTOR	AMOUNT	FULL NAME OF CONTRIBUTOR	AMOUNT
Example: Ms. Jane Doe	\$ 1,500.00		0
SELF (JAMES M. RAYPHAND)	\$ 100.00		
TOTAL CONTRIBUTIONS RECEIVED, IF LAST PAGE OTHERWISE CONTINUE ON NEXT COLUMN	\$ 100.00	TOTAL CONTRIBUTIONS RECEIVED (LAST PAGE ONLY) (Transfer to Line 2 of Result Summary above)	0

Candidate Name (In Full): <u>JAMES M. RAYHARD</u>	Signature of Treasurer: <i>[Signature]</i>	Date: <u>1/7/19</u>
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SUPPORTING SCHEDULE GC-D
GENERAL EXPENDITURES

FULL NAME OF PAYEE OR VENDOR	PARTICULARS/ DESCRIPTION	AMOUNT				
		Food & Drinks	Advertising	Supplies	Fees/Donation	Other
Example: Marianas Daily	One-page ad		\$ 500			
<u>CNME TREASURY</u>	<u>CANDIDATE FEE</u>		1000 <u>(J.P.)</u>		<u>\$ 100.00</u>	
SUB-TOTAL OF PAYMENTS THIS PAGE ONLY <small>(Use additional sheets as necessary)</small>	(Sub-total) ←					
TOTAL GEN. EXPENDITURES (IF LAST PAGE ONLY) <small>(Transfer Total to Line 5 of Gen. Contributions & Exp. Report, Summary of Receipts and Disbursements)</small>	(Total) ←				<u>\$100.00</u>	