

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS CAMPAIGN FINANCIAL DISCLOSURE

Rep	oort Type:
	Final Report
	Amendment

CAMPAIGN STATEMENT OF ACCOUNT - CANDIDATE

20/8 GENERAL SPECIAL ELECTION

IMPORTANT:

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

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

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.

Candi	date Name (Last Name, First Name, MI): Auna, Defer Reyos 20th House of Re	prosento	Line
Treas	rer Name (Last Name, First Name, MI): Preferred Mailing (P.O. Box) Address:	prosenie	Telephone:
1	Juna, Margaret L. P.O. Box 500501		670-287-0292
		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	2,134.78	-0-
5.	OTHER RECEIPTS	-0-	-0-
6.	TOTAL AVAILABLE (Add Lines 1 through 5)	2,134.78	-0-
	LESS: DISBURSEMENTS THIS ELECTION PERIOD		
7.	DISBURSEMENTS FOR FUNDRAISING EVENTS	-0-	-0-
8.	MULTI-CANDIDATE EXPENSES	-0-	_0-
9.	DISBURSEMENTS FOR GENERAL EXPENDITURES	2,134.78	
10.	OTHER DISBURSEMENTS	-0-	-0-
11.	TOTAL DISBURSEMENTS (Add Lines 7 through 10)	2,134.78	-0-
12.	EXCESS (SHORTFALL) OF RECEIPTS OVER DISBURSEMENTS (Subtract Line 11 from Line 6)	-0-	_0-

VERIFI	VERIFICATION				
Commonwealth of the Northern Mariana Islands) Island of	Commonwealth of the Northern Mariana Islands) Island of				
That I am the individual names 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 Marana Islands Election Reform Act of 2000, 1 CMC §6428.	That I am the individual names 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 Subscribed and sworn before me this day of Candidate, 20 candi	Signature of Treasurer Date (Month, Day, Year) Subscribed and sworn before me this day of Legenter, 2018				
MICHELLE A. CAMACHO P.O. Box 504613, Saipan, MP 96950 Notary Public Reg. No. 633A Otary Public Reg. No. 633A OF THE NOTHERN MARIANA ISLANDS & S.A. My Commission Expires.	Notary Stands MICHELLE A. CANACTEO 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:				

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS CAMPAIGN FINANCIAL DISCLOSURE

FUNDRAISING EVENT REPORT FUNDRAISING DATES: ____

NONE

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

Candidate Name (Last Name, First Name, MI):		Treasurer Full Name (Last Name, First Name, MI):
Muna, Peter	Keyes	Muna, Margaret X
Name of Fundraising Event:		Date(s) Held:

SUMMARY OF FUNDRAISING RECEIPTS AND DISBURSEMENTS

(Complete Supporting Schedules Before Completing This Section)

REC	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.)		_0-
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)	_0-	-0-
DIS	BURSEMENTS		
5.	FUNDRAISING EXPENSES (Total Fundraising Expenses from Line 4 of Result Summary of Schedule FR-A)	-0-	
6.	ADJUSTMENTS FOR IN-KIND CONTRIBUTIONS RECEIVED (From Line 2 above)		-0-
7.	TOTAL DISBURSEMENTS (Transfer to Line 6 of Campaign Statement of Account)	_0-	-0-
	F RECEIPTS AND DISBURSEMENTS tract Line 7 from Line 4)	_0-	-0-

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

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

					/	-
Candidate Name (In Full):		Signat	are of Treasurer:		Date:	. / _/
1111-400	2 -	min			12/2	9117
PATER	X D1105	11/18/00		1	10/00)// \
1	1 conje	/ /			/	

SUPPORTING SCHEDULE FR-A

GROSS PROCEEDS AND EXPENSES FROM FUNDRAISING EVENT

RESULT SUMMARY

1.	TOTAL CASH	PROCEEDS	FROM INDIVIDUALS V	WHO CONTRIBUTED	LESS THAN \$500
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2. 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)

5. NET CASH PROCEEDS

SECTION 1 – NAMES OF CONTRIBI	ITORS 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		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):		PAGE OF _			
Candidate Name (In Full)		41	Signature of Treasurer:	Date:	/ /

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

SECTION 2 – FUNDRAISING EXPENSES

FULL NAME OF PAYEE OR VENDOR	PARTICULARS/	AMOUNT				
FULL NAME OF PAYEE OR VENDOR	DESCRIPTION	Food & Drinks	Advertising	Supplies	Fees/Donation	Othe
Example: Taste Good Restaurant	Food Catering	\$ 600				
	6					
				NEATH LINE	The second	
	277					
					Man Asia	
OTAL 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	
	0	The state of		
•				
SUB-TOTAL OF RECEIPTS THIS PAGE ONLY				
TOTAL RECEIPTS (IF LAST PAGE ONLY) (Transfer Total to Line 2 of either the Fundraising Event Repo	rt or the General Contribution and Expense 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	
	7			
SUB-TOTAL OF RECEIPTS THIS PAGE ONLY (Use additional sheets as necessary)		\Rightarrow		
TOTAL RECEIPTS (IF LAST PAGE ONLY)	port or the General Contribution and Expense Report)	\Rightarrow		

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):	1
Muna, Peter	Reyes	Myria, Mari	gret R.

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)	-0-	
2.	IN-KIND CONTRIBUTIONS RECEIVED (Total In-Kind Contributions Received from Schedule GC-B. Bring down this value to Line 7 below.)		-0-
3.	CONTRIBUTED PROPERTY RECEIVED (Total Contributed Property Received from Schedule GC-C)		-0-
4.	TOTAL RECEIPTS (Transfer to Line 4 of Campaign Statement of Account)	-0-	
DIS	BURSEMENTS		
5.	GENERAL EXPENDITURES (Total General Expenditures from Schedule GC-D)	2,134.78	
6.	CONTRIBUTIONS TO OTHER CANDIDATES (Total Contribution to Other Candidates from Schedule E)	-0-	
7.	ADJUSTMENTS FOR IN-KIND CONTRIBUTIONS RECEIVED (From Line 2 above)		-0-
7.	TOTAL DISBURSEMENTS (Transfer to Line 9 of Campaign Statement of Account)	2,134.78	-0-
	F RECEIPTS AND DISBURSEMENTS stract Line 8 from Line 4)	2,134.78	-0-

PAGE	OF	

Candidate Name (In Full);	Signature of Treasurer:	Date:	/	1,
Peter Keyes Muna		12/	28/1	18

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		
John Doe	\$ 250		
•			
TOTAL CONTRIBUTIONS RECEIVED, IF LAST PAGE OTHERWISE CONTINUE ON NEXT COLUMN	# 250	TOTAL CONTRIBUTIONS RECEIVED (LAST PAGE ONLY) (Transfer to Line 1 of Gen. Contrib. & Exp. Report)	

SUPPORTING	SCHEDIII	FFOR	CENERAL.	CONTR	IRLITIONS
SUPPORTING	SCHEDUL	EFUR	GENERAL	CUNIN	IDUIIONS

PAGE _____ OF ____

Candidate Name (In Full):		Signature of Treasurer:	Date: /
Do Lon	2.2-c mana	C XC	12/29/19
TETEIL NE	VIES PIONICE		1-0/1

SUPPORTING SCHEDULE GC-B IN-KIND CONTRIBUTIONS RECEIVED

FULL NAME OF CONTRIBUTOR	DESCRIPTION OF CONTRIBUTION		MARKET ALUE
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)	ense Report)	>	

SUPPORTING SCHEDULE GC-C CONTRIBUTED PROPERTY RECEIVED

FULL NAME OF CONTRIBUTOR	DESCRIPTION OF CONTRIBUTION	MARKET LUE
Example: Island Computers	Old Computer with printer	\$ 600
10		
CAND TOTAL OF DECEMPER THIS DAGE ONLY		
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 Ex-	(IF LAST PAGE ONLY) spense Report)	

SUPPORTING SCHEDULE FOR	GENERAL	CONTRIBU	TIONS
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PAGE	OF

Candidate Name (In Full):	Signature of Treasurer:	Date:	1
Peter Leves Muna	The	12/28/1	18

SUPPORTING SCHEDULE GC-D GENERAL EXPENDITURES

PARTICULARS/ DESCRIPTION AMOUNT FULL NAME OF PAYEE OR VENDOR Food & Drinks Advertising Supplies Fees/Donation Other One-page ad Example: Marianas Daily Boards 186.43 (Sub-total) SUB-TOTAL OF PAYMENTS THIS PAGE **ONLY** (Use additional sheets as necessary) TOTAL GEN. EXPENDITURES (IF LAST PAGE ONLY) (Transfer Total to Line 5 of Gen. Contributions & Exp. Report)

CFD-GC (D), 2018

PAGE	OF	
PAGE	OF	

Candidate Name (In Full):	Signature of Treasurer:	Date:	. /	
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toton vine Win =		11/10	X //	
IFICE KDILDS PIGOR	No.	101	0//)

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

FULL NAME OF PAYEE	DESCRIPTION	A	MOUNT
Example: Mr. Winning Candidate Like Me	Fundraising tickets purchased (10 tickets @ \$50)	S	500
	0		
SUB-TOTAL OF EXPENSES THIS PAGE ONLY (Use additional sheets as necessary)		=	
TOTAL CONTRIBUTIONS TO OTHER CANDIDATI		=	

COMMONWEALT OF THE NORTHERN MARIANA ISLANDS CAMPAIGN FINANCIAL DISCLOSURE

MULTI-CANDIDATE CONTRIBUTION AND EXPENSE REPORT

	CONTRIBUTIONS RECEIVED	
	CONTRIBUTIONS RECEIVED	
RECEIVED FROM	DESCRIPTION	AMOUNT
example: BEST PARTY IN THE LAND	Cash Allocation of Party General Fundraising Proceeds	\$ 20,00
	B/	
	0	
UB-TOTAL OF CONTRIBUTIONS RECEIVED Use additional sheets as necessary)) (THIS PAGE ONLY)	
TOTAL CONTRIBUTIONS RECEIVED (IF LAS	T PAGE ONLY) Account)	

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		>		
TOTAL ALLOCATED EXPENDITURES (IF LAS (Transfer Total to Line 7 of the Campaign Statement of Ac	T PAGE ONLY)	\Rightarrow		