

IMPORTANT:

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS CAMPAIGN FINANCIAL DISCLOSURE

Report	Type:

☑ Final Report

CAMPAIGN STATEMENT OF ACCOUNT - CANDIDATE **□**GENERAL □SPECIAL ELECTION

☐ Amendment

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

(Year)

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

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:	
ATALIG, THOMAS TAIMANAO	HOUSE OF REPRESENTATIVE	
Treasurer Name (Last Name, First Name, MI):	Preferred Mailing (P.O. Box) Address:	Telephone:
TONIJEAN M.BAPARI	P.O. BOX 503928, SAIPAN MP 96950	287-4386

172		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	1,405.00	528.00
5,	OTHER RECEIPTS	0	0
6.	TOTAL AVAILABLE (Add Lines 1 through 5)	1,405.00	528.00
	LESS: DISBURSEMENTS THIS ELECTION PERIOD		
7.	DISBURSEMENTS FOR FUNDRAISING EVENTS	0	0
8.	MULTI-CANDIDATE EXPENSES	0	0
9.	DISBURSEMENTS FOR GENERAL EXPENDITURES	1,405.00	528.00
10.	OTHER DISBURSEMENTS	0	0
11.	TOTAL DISBURSEMENTS (Add Lines 7 through 10)	1,405.00	528.00
12.	EXCESS (SHORTFALL) OF RECEIPTS OVER DISBURSEMENTS (Subtract Line 11 from Line 6)	Ø	Ø

12. EXCESS (SHORTFALL) OF RECEIPTS OVER DISBURSEMENTS	(Subtract Line 11 from Line 6) φ
VERIFI	CATION
Commonwealth of the Northern Mariana Islands)	Commonwealth of the Northern Mariana Islands)
Island of SAIPAN)s.s.	Island of SAIPAN)s.s.
THOMAS T. ATALIG being duly swom 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.	TONIJEAN M. BAPARI (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 Candidate Date (Month, Day, Year)	Signature of Treasurer Date (Month, Day, Year)
Subscribed and sworn before me this 19 day of December , 2018	Subscribed and swom before methis day of December 20 by
CHRISTINE MAGOFNA FRANCISCO P.O. Box 501399, Saipan. MP 96950 P.D-001, 1 PD-001, 1 OF THE NORTHERN MARIANA ISLANDS U.S.A. My Commission Expires: P(IOU 19)	Notary Stamp CHRISTINE MAGOFNA FRANCISCO P.O. Box 501399, Saipan. MP 96950 Notary Public Reg. No. 20A BY AND FOR THE COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS U.S.A. My Commission Expires: [M. D.

COMMONWEALT OF THE NORTHERN MARIANA ISLANDS CAMPAIGN FINANCIAL DISCLOSURE

GENERAL CONTRIBUTION AND EXPENSE REPORT

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

ATALIG, THOMAS TAIMANAO

Treasurer Full Name (Last Name, First Name, MI):

TONIJEAN M. BAPARI

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)	1,405	
2.	IN-KIND CONTRIBUTIONS RECEIVED (Total In-Kind Contributions Received from Schedule GC-B, Bring down this value to Line 7 below.)		528
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)	1,405	528
DIS	BURSEMENTS		
5.	GENERAL EXPENDITURES (Total General Expenditures from Schedule GC-D)	1,405	
6.	CONTRIBUTIONS TO OTHER CANDIDATES (Total Contribution to Other Candidates from Schedule GC-E)	0	
7.	ADJUSTMENTS FOR IN-KIND CONTRIBUTIONS RECEIVED (From Line 2 above)		528
8.	TOTAL DISBURSEMENTS (Transfer to Line 9 of Campaign Statement of Account)	1405	528
	RECEIPTS AND DISBURSEMENTS ract Line 8 from Line 4)	0	0

PAGE ____OF ___

Candidate Nam	e (In Full):	
ATALIG,	THOMAS	TAIMANAO

Signature of Treasurer:
TONIJEAN M. BAPARI

Date:

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

	RESULT SUMMARY	
To	TOTAL MONETARY CONTRIBUTIONS FROM INDIVIDUALS WHO CONTRIBUTED LESS THAN \$500	s 150
2.	TOTAL MONETARY CONTRIBUTIONS FROM INDIVIDUALS WHO CONTRIBUTED MORE THAN \$500	_+ 1,255
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		
Thomas Taimanao Atalig	1,255		
TOTAL CONTRIBUTIONS RECEIVED, IF LAST PAGE OTHERWISE CONTINUE ON NEXT COLUMN	1,255.00	TOTAL CONTRIBUTIONS RECEIVED (LAST PAGE ONLY) (Transfer to Line 2 of Result Summary above)	

PAGE ____OF ___

Candidate Name (In Full):	Signature of Treasurer:	Date:
ATALIG, THOMAS TAIMANAO	TONIJEAN M. BAPARI	12 79-10
	9111	

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
HERMAN PANGELINAN	1 CASE SPARERIBS & CHICKEN	38.00
JOAQUIN Q. ATALIG	POSTER 2pcs. @ \$45 EACH	90.00
JOAQUIN Q. ATALIG	POLITICAL STICKERS 50pcs @ \$2 EACH	100.00
JOAQUIN Q. ATALIG	POLITICAL POSTERS & STICKERS	300.00
SUB-TOTAL OF RECEIPTS THIS PAGE ONLY (Use additional sheets as necessary)	<u>→</u>	
TOTAL RECEIPTS (IF LAST PAGE ONLY)	xpense Report, Summary of Receipts and Disbursements)	528.00

SUPPORTING SCHEDULE GC-C CONTRIBUTED PROPERTY RECEIVED

FULL NAME OF CONTRIBUTOR	DESCRIPTION OF CONTRIBUTION		MARKET ALUE
Example: Island Computers	Old Computer with printer	\$	600
		_	
SUB-TOTAL OF RECEIPTS THIS PAGE ONLY		⇒	
OTAL CONTRIBUTED PROPERTY RECEIVED	(IF LAST PAGE ONLY) tpense Report, Summary of Receipts and Disbursements)	⇒	

PAGE	OF	

Candidate Name (In Full):
ATALIG, THOMAS TAIMANAO

Signature of Treasurer:

TONIJEAN M. BAPARI

Date:

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			
SAIPAN ADVERTISING	POSTERS		180			
STAR MARIANAS	FREIGHT					135
STAR MARIANAS (10/19/18)	AIRLINE TICKE	Т				230
GREEN CONSUME		150				
HAPPY MARKET		200				
HARVEST MARKET		100				
SINAPALO SAFEWAY		50				
SUNSHINE		30				
STAR MARIANAS (11/12/18)	AIRLINE TICKE	Т				230
CNMI TREASURY	CANDIDATE FE	E			100	
ONIN THE TOOK						
	(Sub-total)					
SUB-TOTAL OF PAYMENTS THIS PAGE ONLY (Use additional sheets as necessary)	(Sub-total)					
TOTAL GEN. EXPENDITURES (IF LAST	(Total)					
PAGE ONLY) (Transfer Total to Line 5 of Gen. Contributions & Exp. Report, Summary of Receipts and Disbursements)	\$1,405	530	180	0	100	595



Amendment

Commonwealth of the Northern Mariana Islands COMMONWEALTH ELECTION COMMISSION

CANDIDATE'S COMMITTEE ORGANIZATIONAL REPORT

1. Candidate	
Candidate Name IAIMANAO	ATALIG
THOMAS PHINA	N10 06951
Mailing Address X 1202 ROTA	The Advances
Contact No.: (670) 281. 6821	
Business: Other: Mun	icipality/District
Office Sought: REP	07/4 \$70.
2. Candidate's Committee	
Party Affiliation: NDEPENDANT	
Committee Name:	Contact Na: 0 /1240/
Mailing Address: 1000 Dara MP 91	6950 Contact No: 1, 4386
Mailing Address: 1202 ROTA MP 91	
3. Chairperson (Required)	Full Name: Jon's Troin
Mailing Address: St. Ko Blanill	4. Treasurer (Required) Full Name: Jon's Jon for Supari
Mailing Address: 1 (1 / 1)	Mailing Address: 501278 CK
Herbo St Ko Grant	Contact No.:
Contact No.:	
Business: 783-726 Other:	Business: Other:
Business: 1 6 3	n and Treasurer for the above mentioned Committee and
I hereby accept this appointment as Chairperson	n and Treasurer for the above its
Candidate.	Treasurer's Signature Date
Chairperson's Signature/Date	1 1 2 m
08/63/10	Justin
	at and complete to the best of my knowledge.
I hereby certify that the information on this report is	s true, correct and complete to the best of my knowledge.
	Date:
Candidate's Signature:	1 dh. 18
(1) ttt	8/2/0