



COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
CAMPAIGN FINANCIAL DISCLOSURE

RECEIVED

Report Type:
[X] Final Report
[] Amendment

CAMPAIGN STATEMENT OF ACCOUNT - CANDIDATE

2009 [X] GENERAL [] SPECIAL ELECTION

OFFICE OF THE PUBLIC AUDITOR

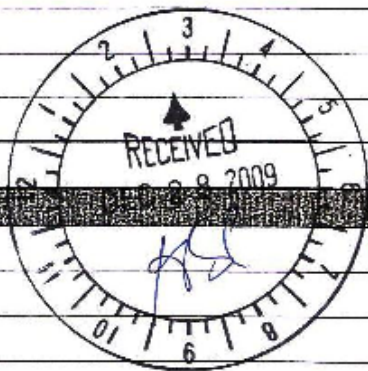
SIGNATURE [Signature] 12/28/09

IMPORTANT: FILE THIS REPORT NOT LATER THAN DECEMBER 28, 2009. 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 a minimum, detailed information as required in the Act.

Candidate Name (Last Name, First Name, MI): CRUZ, JOSEPH SN. Office Sought: TINIAN
Treasurer Name (Last Name, First Name, MI): CRUZ, HENRIETA S. Preferred Mailing (P.O. Box) Address: P.O. BOX 2 Tinian, M.P. 96952 Telephone: 433-2871

Table with columns: CASH, IN-KIND. Rows include: BALANCE CARRIED FORWARD FROM PREVIOUS ELECTION(S), RECEIPTS FROM FUNDRAISING EVENTS, MULTI-CANDIDATE CONTRIBUTIONS, RECEIPTS FROM GENERAL CONTRIBUTIONS, OTHER RECEIPTS, TOTAL AVAILABLE, DISBURSEMENTS FOR FUNDRAISING EVENTS, MULTI-CANDIDATE EXPENSES, DISBURSEMENTS FOR GENERAL EXPENDITURES, OTHER DISBURSEMENTS, TOTAL DISBURSEMENTS, EXCESS (SHORTFALL) OF RECEIPTS OVER DISBURSEMENTS.



VERIFICATION

Commonwealth of the Northern Mariana Islands } s.s.
Island of TINIAN }
I, JOSEPH SN. CRUZ, being duly sworn on oath, depose and say:
That I am the individual named above; that I prepared the foregoing Campaign Statement of Account, that I have used all reasonable diligence in preparing this Statement, and that the contents thereof, including the contents of all supporting attachments, are a true, full and exact 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 §5423.
Signature of Candidate: [Signature]
Date (Month, Day, Year): 12/23/09
Notary Public: EDGAR G. TIRONA

Commonwealth of the Northern Mariana Islands } s.s.
Island of TINIAN }
I, HENRIETA S. CRUZ, being duly sworn on oath, depose and say:
That I am the individual named above; that the foregoing Campaign Statement of Account, and the contents thereof, including the contents of all supporting attachments, are true, full and exact 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 §5423.
Signature of Treasurer: [Signature]
Date (Month, Day, Year): 12-23-09
Notary Public: EDGAR G. TIRONA

CFD-007, Revised June 28, 2009 7-8-11
P.O. Box 104
Tinian, MP 96952

My Commission expires: 7-8-11
P.O. Box 104
Tinian, MP 96952