



COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
CAMPAIGN FINANCIAL DISCLOSURE

Report Type:
 Final Report
 Amendment

CAMPAIGN STATEMENT OF ACCOUNT - CANDIDATE
 2009 GENERAL SPECIAL ELECTION
 (Year)

IMPORTANT: FILE THIS REPORT NOT LATER THAN DECEMBER 28, 2009
 FILE ORIGINAL AND TWO COPIES WITH THE OFFICE OF THE PUBLIC AUDITOR.

OFFICE OF THE PUBLIC AUDITOR
 RECEIVED 1-12-10

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): TORRES STANLEY T. MCBINNIS	Office Sought: HOUSE OF REPRESENTATIVES
Treasurer Name (Last Name, First Name, MI): TORRES ARLENE C.	Preferred Mailing (P.O. Box) Address: PO BOX 500610
	Telephone: 322-7660

	CASH	IN-KIND
1. BALANCE CARRIED FORWARD FROM PREVIOUS ELECTION(S)	0	0
ADD: RECEIPTS THIS ELECTION PERIOD		
2. RECEIPTS FROM FUNDRAISING EVENTS	1800.00	/
3. MULTI-CANDIDATE CONTRIBUTIONS		
4. RECEIPTS FROM GENERAL CONTRIBUTIONS		
5. OTHER RECEIPTS		
6. TOTAL AVAILABLE (Add Lines 1 through 5)	1800.00	/
LESS: DISBURSEMENTS THIS ELECTION PERIOD		
7. DISBURSEMENTS FOR FUNDRAISING EVENTS	1269.22	/
8. MULTI-CANDIDATE EXPENSES RADIO-101.1 1346.00	150.00	/
9. DISBURSEMENTS FOR GENERAL EXPENDITURES	2199.99	/
10. OTHER DISBURSEMENTS PRINTING, MPL, CEC FILING FEES, ADS	5773.75	/
11. TOTAL DISBURSEMENTS (Add Lines 7 through 10)	2199.99 2765.76	/
12. EXCESS (SHORTFALL) OF RECEIPTS OVER DISBURSEMENTS (Subtract Line 11 from Line 6)	1334.24	915.26

VERIFICATION

Commonwealth of the Northern Mariana Islands } s.s.
 Island of **Saipan**
Stanley T. M. Torres 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 reasonable 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 §642B.
 Signature of Candidate: *[Signature]* Date (Month, Day, Year): **1-12-10**
 Subscribed and sworn before me this **12th** day of **January**, 20**10**

Commonwealth of the Northern Mariana Islands } s.s.
 Island of **Saipan**
Arlene C. Torres being duly sworn on oath, depose and say:
 (Treasurer)
 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 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 §642B.
 Signature of Treasurer: *[Signature]* Date (Month, Day, Year): **1-12-10**
 Subscribed and sworn before me this **12th** day of **January**, 20**10**

Notary Public
MICHELLE A. CAMACHO
 P.O. Box 500053 CK, Saipan, MP 96950 0053
 My Commission Expires: **5/6/11**

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