



COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
CAMPAIGN FINANCIAL DISCLOSURE

COPY

Report Type:
 Final Report
 Amendment

CAMPAIGN STATEMENT OF ACCOUNT - CANDIDATE
2014 **GENERAL** **SPECIAL ELECTION**
 (Year)

IMPORTANT: FILE THIS REPORT NOT LATER THAN **DECEMBER 24, 2014**.
 FILE ORIGINAL AND TWO COPIES WITH THE OFFICE OF THE PUBLIC AUDITOR.

OFFICE OF THE PUBLIC AUDITOR
 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 a minimum, detailed information as required in the Act.

| | |
|---|---|
| Candidate Name (Last Name, First Name, MI): Camacho, Ramon "RB" Jose Blas | Office Sought: Mayor of Saipan |
| Treasurer Name (Last Name, First Name, MI): Camacho, Esterlita B. | Preferred Mailing (P.O. Box) Address: P.O. Box 501284 |
| | Telephone: 670-234-7424 |

| | CASH | IN-KIND |
|---|-------------|---------|
| 1. BALANCE CARRIED FORWARD FROM PREVIOUS ELECTION(S) | -0- | -0- |
| ADD: RECEIPTS THIS ELECTION PERIOD | | |
| 2. RECEIPTS FROM FUNDRAISING EVENTS | -0- | -0- |
| 3. MULTI-CANDIDATE CONTRIBUTIONS | -0- | -0- |
| 4. RECEIPTS FROM GENERAL CONTRIBUTIONS | -0- | -0- |
| 5. OTHER RECEIPTS | -0- | -0- |
| 6. TOTAL AVAILABLE (Add Lines 1 through 5) | -0- | -0- |
| LESS: DISBURSEMENTS THIS ELECTION PERIOD | | |
| 7. DISBURSEMENTS FOR FUNDRAISING EVENTS | \$27,416.64 | -0- |
| 8. MULTI-CANDIDATE EXPENSES | \$870.00 | -0- |
| 9. DISBURSEMENTS FOR GENERAL EXPENDITURES | \$520.40 | -0- |
| 10. OTHER DISBURSEMENTS | \$4,215.04 | -0- |
| 11. TOTAL DISBURSEMENTS (Add Lines 7 through 10) | \$33,022.08 | -0- |
| 12. EXCESS (SHORTFALL) OF RECEIPTS OVER DISBURSEMENTS (Subtract Line 11 from Line 6) | \$33,022.08 | -0- |



VERIFICATION

| | |
|---|--|
| Commonwealth of the Northern Mariana Islands } Island of _____ } s.s. | Commonwealth of the Northern Mariana Islands } Island of _____ } s.s. |
| Ramon (RB) Jose B. Camacho (Candidate) being duly sworn on oath, depose and say: | Esterlita B. Camacho (Treasurer) 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 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. | 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 §6428. |
| <i>[Signature]</i> Signature of Candidate | <i>[Signature]</i> Signature of Treasurer |
| 12/24/14 Date (Month, Day, Year) | 12-24-14 Date (Month, Day, Year) |
| Subscribed and sworn before me this <u>24th</u> day of <u>December</u> , 20 <u>14</u> | Subscribed and sworn before me this <u>24th</u> day of <u>December</u> , 20 <u>14</u> |
| <i>[Signature]</i> Notary Seal | <i>[Signature]</i> Notary Seal |

VIOLITA A. DIAZ
 P.O. Box 7057 NARB Saipan, MP 96950
 Notary Public
 My Commission Expires 5.10.15

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 P.O. Box 7057 NARB Saipan, MP 96950
 Notary Public
 My Commission Expires 5.10.15



COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
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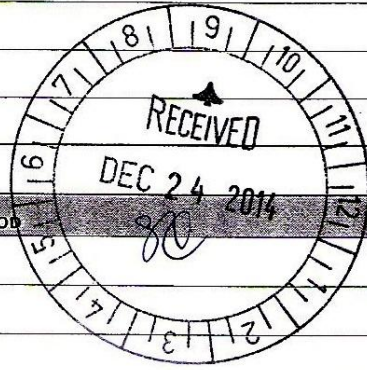
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OFFICE OF THE PUBLIC AUDITOR
12-23-14
SIGNATURE

| | | | |
|--|--|--|-----------------------------------|
| Candidate Name (Last Name, First Name, MI): FRANKIE FERNANDO ANGEL | | Office Sought: HOUSE OF REPRESENTATIVE | |
| Treasurer Name (Last Name, First Name, MI): GERALDINE A. BORJA | | Preferred Mailing (P.O. Box) Address: P.O. BOX 501757, SAIPAN MP 96950 | Telephone: 670-989-1344 |

| | CASH | IN-KIND |
|--|------------|----------|
| 1. BALANCE CARRIED FORWARD FROM PREVIOUS ELECTION(S) | -0- | -0- |
| ADD: RECEIPTS THIS ELECTION PERIOD | | |
| 2. RECEIPTS FROM FUNDRAISING EVENTS | \$4,360.00 | -0- |
| 3. MULTI-CANDIDATE CONTRIBUTIONS | | \$225.00 |
| 4. RECEIPTS FROM GENERAL CONTRIBUTIONS | -0- | -0- |
| 5. OTHER RECEIPTS | | |
| 6. TOTAL AVAILABLE (Add Lines 1 through 5) | \$4,360.00 | \$225.00 |
| LESS: DISBURSEMENTS THIS ELECTION PERIOD | | |
| 7. DISBURSEMENTS FOR FUNDRAISING EVENTS | 2,979.11 | -0- |
| 8. MULTI-CANDIDATE EXPENSES | \$120.00 | \$225.00 |
| 9. DISBURSEMENTS FOR GENERAL EXPENDITURES | \$1,257.97 | -0- |
| 10. OTHER DISBURSEMENTS | -0- | -0- |
| 11. TOTAL DISBURSEMENTS (Add Lines 7 through 10) | \$4,357.08 | \$225.00 |
| 12. EXCESS (SHORTFALL) OF RECEIPTS OVER DISBURSEMENTS (Subtract Line 11 from Line 6) | \$2.92 | -0- |



VERIFICATION

Commonwealth of the Northern Mariana Islands)
Island of SAIPAN) s.s.

I, FRANKIE F. ANGEL, 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 §6428.

Signature of Candidate: [Signature]
Date (Month, Day, Year): 12/23/14

Subscribed and sworn before me this 23rd day of December, 2014

Notary Stamp: [Signature] Notary Seal

Commonwealth of the Northern Mariana Islands)
Island of SAIPAN) s.s.

I, GERALDINE A. BORJA, 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 §6428.

Signature of Treasurer: [Signature]
Date (Month, Day, Year): 12/23/14

Subscribed and sworn before me this 23rd day of December, 2014

Notary Stamp: [Signature] Notary Seal

VIOLITA A. DIAZ
P.O. Box 7657 SVRB, Saipan, MP 96950
Notary Public
BY AND FOR THE COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
My Commission Expires: 5.10.15

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