



OFFICE OF THE PUBLIC AUDITOR

SIGNATURE

12-23-14

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
CAMPAIGN FINANCIAL DISCLOSURE

CAMPAIGN STATEMENT OF ACCOUNT - CANDIDATE
2014 X GENERAL [ ] SPECIAL ELECTION

(Year)

Report Type:

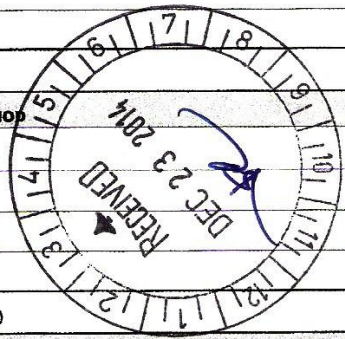
- [X] Final Report
[ ] Amendment

IMPORTANT: FILE THIS REPORT NOT LATER THAN DECEMBER 24, 2014.
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): BERMUDEZ, ILLUMIWANDA R.
Office Sought: SENATE (SAIPAN)
Treasurer Name (Last Name, First Name, MI): SABLAN, SHAWNA A.
Preferred Mailing (P.O. Box) Address: P.O. BOX 502796 SAIPAN
Telephone: 288-4586

Table with columns: CASH, IN-KIND. Rows include: BALANCE CARRIED FORWARD FROM PREVIOUS ELECTION(S), ADD: RECEIPTS THIS ELECTION PERIOD, RECEIPTS FROM FUNDRAISING EVENTS, MULTI-CANDIDATE CONTRIBUTIONS, RECEIPTS FROM GENERAL CONTRIBUTIONS, OTHER RECEIPTS, TOTAL AVAILABLE, LESS: DISBURSEMENTS THIS ELECTION PERIOD, 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 SAIPAN }

I, ILLUMIWANDA R. BERMUDEZ 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): 11-24-2014
Subscribed and sworn before me this 29th day of November, 2014



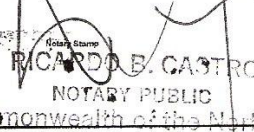
Susan A. Burgess
NOTARY PUBLIC
Commonwealth of Virginia
Reg. #7514132
My Commission Expires
August 31, 2016

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

I, SHAWNA A. SABLAN 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 29th day of December, 2014



RICARDO B. CASTRO
NOTARY PUBLIC
Commonwealth of the Northern Mariana Islands

My Commission expires: 03 SEP 2016
P.O. Box 504043
Saipan, MP 96950-4043

