



COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
CAMPAIGN FINANCIAL DISCLOSURE

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

Report Type:
 Final Report
 Amendment

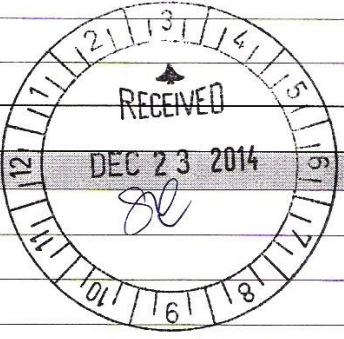
IMPORTANT: FILE THIS REPORT NOT LATER THAN DECEMBER 24, 2014.
FILE ORIGINAL AND TWO COPIES WITH THE OFFICE OF THE PUBLIC AUDITOR.

12/24/14
OFFICE OF THE PUBLIC AUDITOR
SIGNATURE as required in the Act.

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, VICENTE C.	Office Sought: HOUSE OF REPRESENTATIVE
Treasurer Name (Last Name, First Name, MI): CRISTOSTOMO, CAROL S.	Preferred Mailing (P.O. Box) Address: P.O. BOX 501727 SAIPAN, MP 96950
	Telephone: 670-287-5251

	CASH	IN-KIND
1. BALANCE CARRIED FORWARD FROM PREVIOUS ELECTION(S)	0	0
ADD: RECEIPTS THIS ELECTION PERIOD	3678.06	
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)	3678.06	0
LESS: DISBURSEMENTS THIS ELECTION PERIOD		
7. DISBURSEMENTS FOR FUNDRAISING EVENTS	0	0
8. MULTI-CANDIDATE EXPENSES	0	0
9. DISBURSEMENTS FOR GENERAL EXPENDITURES	3678.06	0
10. OTHER DISBURSEMENTS	0	0
11. TOTAL DISBURSEMENTS (Add Lines 7 through 10)	3678.06	0
12. EXCESS (SHORTFALL) OF RECEIPTS OVER DISBURSEMENTS (Subtract Line 11 from Line 6)		



VERIFICATION

Commonwealth of the Northern Mariana Islands)
Island of Saipan) s.s.
I, Vicente E. Camacho 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] 12/24/2014
Signature of Candidate Date (Month, Day, Year)
Subscribed and sworn before me this 24th day of December, 2014.

Commonwealth of the Northern Mariana Islands)
Island of Saipan) s.s.
I, Carol S. Cristostomo 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] 12/24/14
Signature of Treasurer Date (Month, Day, Year)
Subscribed and sworn before me this 24th day of December, 2014.

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

Notary Seal
VIOLITA A. DIAZ
P.O. Box 7657 SVRB, Saipan, MP 96950
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