



**COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
CAMPAIGN FINANCIAL DISCLOSURE**

CAMPAIGN STATEMENT OF ACCOUNT - CANDIDATE

2014 **GENERAL** **SPECIAL ELECTION**

(Year)

Report Type:

- Final Report
 Amendment

OFFICE OF THE PUBLIC AUDITOR
12/9/14
SIGNATURE *[Signature]*

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): IGITOL, ALICE SANTOS	Office Sought: MUNICIPAL COUNCIL
Treasurer Name (Last Name, First Name, MI): SANTOS, ELAINE C	Preferred Mailing (P.O. Box) Address: PO 506555, SAIPAN, MP 96950
	Telephone: 670-287-4000

	CASH	IN-KIND
1. BALANCE CARRIED FORWARD FROM PREVIOUS ELECTION(S)	0.00	0.00
ADD: RECEIPTS THIS ELECTION PERIOD		
2. RECEIPTS FROM FUNDRAISING EVENTS		
3. MULTI-CANDIDATE CONTRIBUTIONS		
4. RECEIPTS FROM GENERAL CONTRIBUTIONS		
5. OTHER RECEIPTS		
6. TOTAL AVAILABLE (Add Lines 1 through 5)	0.00	0.00
LESS: DISBURSEMENTS THIS ELECTION PERIOD		
7. DISBURSEMENTS FOR FUNDRAISING EVENTS		
8. MULTI-CANDIDATE EXPENSES		
9. DISBURSEMENTS FOR GENERAL EXPENDITURES	2,313.02	
10. OTHER DISBURSEMENTS		
11. TOTAL DISBURSEMENTS (Add Lines 7 through 10)	2,313.02	
12. EXCESS (SHORTFALL) OF RECEIPTS OVER DISBURSEMENTS (Subtract Line 11 from Line 6)	(2,313.02)	0.00

VERIFICATION

Commonwealth of the Northern Mariana Islands } Island of <u>SAIPAN</u> } s.s.	Commonwealth of the Northern Mariana Islands } Island of <u>SAIPAN</u> } s.s.
I, <u>ALICE S. IGITOL</u> , being duly sworn on oath, depose and say: (Candidate)	I, <u>ELAINE C. SANTOS</u> , being duly sworn on oath, depose and say: (Treasurer)
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 Date (Month, Day, Year) <u>Dec. 09, 2014</u>	<i>[Signature]</i> Signature of Treasurer Date (Month, Day, Year) <u>Dec 09, 2014</u>
Subscribed and sworn before me this <u>9th</u> day of <u>December</u> , 20 <u>14</u> .	Subscribed and sworn before me this <u>9th</u> day of <u>December</u> , 20 <u>14</u> .
Notary Stamp MICHELLE A. CAMACHO P.O. Box 500053 CK, Saipan, MP 96950 0053 Notary Public BY AND FOR THE COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS My Commission Expires: <u>5/1/15</u>	Notary Stamp MICHELLE A. CAMACHO P.O. Box 500053 CK, Saipan, MP 96950 0053 Notary Public BY AND FOR THE COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS My Commission Expires: <u>5/1/15</u>