



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

CAMPAIGN STATEMENT OF ACCOUNT - CANDIDATE
2016 **GENERAL** **SPECIAL ELECTION**
(Year)

Report Type:
 Final Report
 Amendment

OFFICE OF THE PUBLIC AUDITOR
20816 [Signature]

IMPORTANT: FILE THIS REPORT NOT LATER THAN **DECEMBER 28, 2016.**
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): <u>FLORES, JOSEPH A.</u>	Office Sought: <u>HOUSE REP</u>
Treasurer Name (Last Name, First Name, MI): <u>FLORES, LARISSA</u>	Preferred Mailing (P.O. Box) Address: <u>P.O.-BOX 503330 CK SAIPAN MP 96950</u>
	Telephone: <u>483-7848</u>

	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	1,300-	0
5. OTHER RECEIPTS		
6. TOTAL AVAILABLE (Add Lines 1 through 5)	1,300-	0
LESS: DISBURSEMENTS THIS ELECTION PERIOD		
7. DISBURSEMENTS FOR FUNDRAISING EVENTS	-0-	0
8. MULTI-CANDIDATE EXPENSES	-0-	0
9. DISBURSEMENTS FOR GENERAL EXPENDITURES	1,530.-	0
10. OTHER DISBURSEMENTS	-0-	0
11. TOTAL DISBURSEMENTS (Add Lines 7 through 10)	1,530.-	0
12. EXCESS (SHORTFALL) OF RECEIPTS OVER DISBURSEMENTS (Subtract Line 11 from Line 6)	170.-	0

VERIFICATION

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

I, JOSEPH A. FLORES, 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: _____ Date (Month, Day, Year): 12/28/16

Subscribed and sworn before me this 28th day of December, 2016

ELENA M. ESPIRITU
NOTARY PUBLIC
Commonwealth of the Northern Mariana Islands

My Commission expires: 10-1-2018

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

I, LARISSA FLORES, 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: _____ Date (Month, Day, Year): 12/12/2016

Subscribed and sworn before me this 28th day of December, 2016

ELENA M. ESPIRITU
NOTARY PUBLIC
Commonwealth of the Northern Mariana Islands

My Commission expires: 10-1-2018



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

FUNDRAISING EVENT REPORT

FUNDRAISING DATE(S): NONE

IMPORTANT: USE A SEPARATE REPORT FOR EACH FUNDRAISING EVENT.

Candidate Name (Last Name, First Name, MI): FLORES, JOSEPH A.	Treasurer Full Name (Last Name, First Name, MI): FLORES, LARISSA S.
Name of Fundraising Event: NONE	Date(s) Held: NONE

SUMMARY OF FUNDRAISING RECEIPTS AND DISBURSEMENTS

(Complete Supporting Schedules Before Completing This Section)

RECEIPTS	CASH	IN-KIND
1. GROSS PROCEEDS FROM FUNDRAISING EVENT (Total Cash Proceeds from Line 3 of Result Summary of Supporting Schedule FR-A)	- 0 -	
2. IN-KIND CONTRIBUTIONS RECEIVED (Total In-kind Contributions Received from Schedule FR-B. Bring down this value to Line 6 below.)		
3. CONTRIBUTED PROPERTY RECEIVED (Total Contributed Property Received from Schedule FR-C)		
4. TOTAL RECEIPTS (Transfer to Line 1 of Campaign Statement of Account)		
DISBURSEMENTS		
5. FUNDRAISING EXPENSES (Total Fundraising Expenses from Line 4 of Result Summary of Schedule FR-A)		
6. ADJUSTMENT FOR IN-KIND CONTRIBUTIONS RECEIVED (From Line 2 above)		
7. TOTAL DISBURSEMENTS (Transfer to Line 6 of Campaign Statement of Account)	- 0 -	
NET RECEIPTS AND DISBURSEMENTS (Subtract Line 7 from Line 4)	- 0 -	

IMPORTANT: FILE SEPARATE SCHEDULE FOR EACH FUNDRAISING EVENT.

SUPPORTING SCHEDULE FOR FUNDRAISING EVENT HELD ON DATE(S):

NONE

PAGE _____ OF _____

Candidate Name (In Full): JOSEPH ARRIOLA FLORES	Signature of Treasurer: LARISSA S. FLORES	Date: 12/12/16
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SUPPORTING SCHEDULE FR-A GROSS PROCEEDS AND EXPENSES FROM FUNDRAISING EVENT

RESULT SUMMARY

- | | |
|--|--------|
| 1. TOTAL CASH PROCEEDS FROM INDIVIDUALS WHO CONTRIBUTED LESS THAN \$500 | \$ -0- |
| 2. TOTAL CASH PROCEEDS FROM INDIVIDUALS WHO CONTRIBUTED MORE THAN \$500 (Details on Section 1 below) | + |
| 3. TOTAL CASH PROCEEDS FROM THIS FUNDRAISING EVENT (Transfer this total to Line 1 of Fundraising Event) | -0- |
| 4. TOTAL FUNDRAISING EXPENSES (Details on Section 2 on the reverse side of this form. Transfer this total to Line 5 of Fundraising Event Report) | = |
| 5. NET CASH PROCEEDS | \$ -0- |

SECTION 1 - NAMES OF CONTRIBUTORS WITH \$500 OR MORE TOTAL AGGREGATE CONTRIBUTIONS

FULL NAME OF CONTRIBUTOR	AMOUNT	FULL NAME OF CONTRIBUTOR	AMOUNT
Example : Mr. John Doe	\$ 600.00		
- 0 -			
TOTAL PROCEEDS OF CONTRIBUTIONS, IF LAST PAGE OTHERWISE CONTINUE ON NEXT COLUMN		TOTAL PROCEEDS OF CONTRIBUTIONS \$500 OR MORE (LAST PAGE ONLY - MUST AGREE WITH LINE 2 ABOVE)	

IMPORTANT: FILE SEPARATE SCHEDULE A FOR EACH FUNDRAISING EVENT.

SUPPORTING SCHEDULE FOR FUNDRAISING EVENT HELD ON DATE(S): NONE PAGE _____ OF _____

Candidate Name (In Full): <u>JOSEPH ARRIOLA FLORES</u>	Signature of Treasurer: <u>[Signature]</u>	Date: <u>12/22/16</u>
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SUPPORTING SCHEDULE FR-A GROSS PROCEEDS AND EXPENSES FROM FUNDRAISING EVENT

SECTION 2 - FUNDRAISING EXPENSES

FULL NAME OF PAYEE OR VENDOR	PARTICULARS/ DESCRIPTION	AMOUNT				
		Food & Drinks	Advertising	Supplies	Fees/Donation	Other
Example : Taste Good Restaurant	Food catering	\$ 600				
- 0 -						
TOTAL FUNDRAISING EXPENSES (Transfer Total to Line 4, Section 1 of Schedule A)	(Total) ←					

IMPORTANT: FILE SEPARATE SCHEDULE FOR EACH FUNDRAISING EVENT.

SUPPORTING SCHEDULE FOR FUNDRAISING EVENT HELD ON DATE(S): NONE PAGE ____ OF ____

Candidate Name (In Full): <u>JOSEPH ARRIOLA FLORES</u>	Signature of Treasurer: 	Date: <u>12/28/16</u>
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SUPPORTING SCHEDULE FR-B IN-KIND CONTRIBUTIONS RECEIVED

FULL NAME OF CONTRIBUTOR	DESCRIPTION OF CONTRIBUTION	FAIR MARKET VALUE
Example : ABC Retail	Give-away t-shirts (250 pcs @ \$ 5.00)	\$ 1,250
- 0 -		
SUB-TOTAL OF RECEIPTS THIS PAGE ONLY <small>(Use additional sheets as necessary)</small>		➔
TOTAL RECEIPTS (IF LAST PAGE ONLY) <small>(Transfer Total to Line 2 of either the Fundraising Event Report or the General Contribution and Expense Report)</small>		➔

SUPPORTING SCHEDULE FR-C CONTRIBUTED PROPERTY RECEIVED

FULL NAME OF CONTRIBUTOR	DESCRIPTION OF PROPERTY RECEIVED	FAIR MARKET VALUE
Example : Island Computers	Old Computer with printer	\$ 600
- 0 -		
SUB-TOTAL OF RECEIPTS THIS PAGE ONLY <small>(Use additional sheets as necessary)</small>		➔
TOTAL RECEIPTS (IF LAST PAGE ONLY) <small>(Transfer Total to Line 3 of either the Fundraising Event Report or the General Contribution and Expense Report)</small>		➔

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

GENERAL CONTRIBUTION AND EXPENSE REPORT

Candidate Name (Last Name, First Name, MI): FLORES, JOSEPH ARRIOLA	Treasurer Full Name (Last Name, First Name, MI): FLORES, LARISSA SABLAN
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SUMMARY OF RECEIPTS AND DISBURSEMENTS

(Complete Supporting Schedules Before Completing This Section)

	CASH	IN-KIND
RECEIPTS		
1. MONETARY CONTRIBUTIONS FROM NON-FUNDRAISING EVENTS (Total Contributions from Schedule GC-A)	1,300.-	
2. IN-KIND CONTRIBUTIONS RECEIVED (Total In-kind Contributions Received from Schedule GC-B. Bring down this value to Line 7 below.)		-0-
3. CONTRIBUTED PROPERTY RECEIVED (Total Contributed Property Received from Schedule GC-C)		
4. TOTAL RECEIPTS (Transfer to Line 4 of Campaign Statement of Account)	1,300.-	
DISBURSEMENTS		
5. GENERAL EXPENDITURES (Total General Expenditures from Schedule GC-D)	1,530.-	
6. CONTRIBUTIONS TO OTHER CANDIDATES (Total Contributions To Other Candidates from Schedule E)	-0-	
7. ADJUSTMENT FOR IN-KIND CONTRIBUTIONS RECEIVED (From Line 2 above)		
8. TOTAL DISBURSEMENTS (Transfer to Line 9 of Campaign Statement of Account)	1,530.-	
NET RECEIPTS AND DISBURSEMENTS (Subtract Line 8 from Line 4)	\$ 170.-	

Candidate Name (In Full): JOSEPH ARRIOLA FLORES	Signature of Treasurer: <i>[Signature]</i>	Date: 12/28/16
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**SUPPORTING SCHEDULE GC-A
MONETARY CONTRIBUTIONS FROM NON-FUNDRAISING EVENTS**

FULL NAME OF CONTRIBUTOR	AMOUNT	FULL NAME OF CONTRIBUTOR	AMOUNT
Example : Ms. Jane Doe	\$ 1,500.00		
IGNACIO DELA CRUZ	500.-		
EDWARD FLORES	500.-		
FRANCES RAMON	300.-		
TOTAL CONTRIBUTIONS RECEIVED, IF LAST PAGE OTHERWISE CONTINUE ON NEXT COLUMN	1,300	TOTAL CONTRIBUTIONS RECEIVED (LAST PAGE ONLY) <small>(Transfer to Line 1 of Gen. Contrib. & Exp. Report)</small>	

Candidate Name (In Full) : <u>JOSEPH ARRIOLA FLORES</u>	Signature of Treasurer: <u>[Signature]</u>	Date: <u>12/28/16</u>
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**SUPPORTING SCHEDULE GC-B
IN-KIND CONTRIBUTIONS RECEIVED**

FULL NAME OF CONTRIBUTOR	DESCRIPTION OF CONTRIBUTION	FAIR MARKET VALUE
Example : ABC Retail	Give-away t-shirts (250 pcs @ \$ 5.00)	\$ 1,250
- 0 -		- 0 -
SUB-TOTAL OF RECEIPTS THIS PAGE ONLY (Use additional sheets as necessary)		➔
TOTAL IN-KIND CONTRIBUTIONS RECEIVED (IF LAST PAGE ONLY) (Transfer Total to Line 2 of the General Contribution and Expense Report)		➔

**SUPPORTING SCHEDULE GC-C
CONTRIBUTED PROPERTY RECEIVED**

FULL NAME OF CONTRIBUTOR	DESCRIPTION OF PROPERTY RECEIVED	FAIR MARKET VALUE
Example : Island Computers	Old Computer with printer	\$ 600
- 0 -		- 0 -
SUB-TOTAL OF RECEIPTS THIS PAGE ONLY (Use additional sheets as necessary)		➔
TOTAL CONTRIBUTED PROPERTY RECEIVED (IF LAST PAGE ONLY) (Transfer Total to Line 3 of the General Contribution and Expense Report)		➔

SUPPORTING SCHEDULE FOR GENERAL CONTRIBUTIONS

Candidate Name (In Full): JOSEPH ARRIOA FLORES	Signature of Treasurer: <i>[Signature]</i>	Date: 12/18/11
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**SUPPORTING SCHEDULE GC-D
GENERAL EXPENDITURES**

FULL NAME OF PAYEE OR VENDOR	PARTICULARS/ DESCRIPTION	AMOUNT				
		Food &	Advertising	Supplies	Fees/Donation	Other
Example : Marianas Daily	One-page ad		\$ 500			
ZONING BOARD	SIGN BOARD				\$ 25.-	
CNMI CANDIDACY FEE AT TREASURY	CANDIDATE FEE				\$ 100.-	
CNMI TREASURY	VOTERS LISTING				\$ 50.-	
ISLAND APPAREL	T-SHIRTS 135 PCS.			\$1,115.-		
TROPICAL INSTANT PRESS	POSTERS/ STICKERS		\$100.-			
3HI-RES DESIGNS	FLAGS BANNER 20 PCS.		\$140.-			
SUB-TOTAL OF PAYMENTS THIS PAGE ONLY (Use additional sheets as necessary)	(Sub-Total) 1,530.- ←		240.-	1,115	175.-	
TOTAL GEN. EXPENDITURES (IF LAST PAGE ONLY) (Transfer to Line 5 of Gen. Contribution & Exp. Report)	(Total) 1,530.- ←					

<<<<<<<<

CHHI Tax System Release 6.0
Commonwealth of the Northern Mariana Islands

OFFICIAL CASH RECEIPT

Payment Entered: 8/02/2016

Receipt No.: 003225799

Received From: Flores, Joseph Arriola

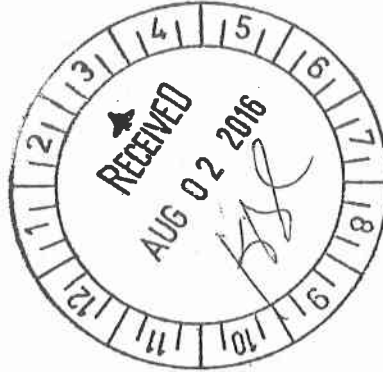
Received by : Jason David Kelley 8/02/2016 9:23:44 67312 999

Payment to Account(s):

Candidate Filing Fee 1000 43340 100.00
Candidacy for House of Rep.

Payment(s) Tendered:
Cash

TOTAL : 100.00



*** KEEP THIS RECEIPT FOR YOUR RECORDS ***

0000 0000 0000 0000
0000 0000 0000 0000
0000 0000 0000 0000
0000 0000 0000 0000

Bank ID: 1234
Merchant ID: 0000000000000000
Term ID: 005

Sale

XXXXXXXXXXXX0117
MASTERCARD Entry Method: Swiped

Total: \$ 50.00

10/03/16 14:14:46
Inv #: 000004 Appr Code: 03225B
Approved: Online Batch#: 276002
Retailer Ref #: 50000000

CNMI Tax System Release 6.0
Commonwealth of the Northern Mariana Islands
Commonwealth Treasury
Department of Finance
P.O. Box 5234 CHR8
Saipan, MP 96950

OFFICIAL CASH RECEIPT

THANK YOU FOR VISITING
PLEASE SEE STORE FOR
RETURN POLICY
5069251

10/03/2016

Receipt No: 003252087

PH A. FLORES
0000000

Taxpayer ID : 000000000 Date: 10/03/2016 14:29:38 Received By: REVBPK1

Payment to Account(s):

Repro & Other Service Fees 1000 44660 50.00
VOTERS LISTING

Payment(s) Tendered:
MasterCard

50.00

TOTAL 50.00

*** KEEP THIS RECEIPT FOR YOUR RECORDS ***



REV. A. FLORES
CASHIER - 3

3Hi•Res
Creativity
Quality
Designs and Technology

P.O. Box 506013, Saipan, MP 96950
Tel. No: 234-1137

RECEIPT

Date OCT 13, 2014 NO 016145

Received From JR FLORES

The Amount of ONE HUNDRED FORTY

For 20 Pcs FLAG Dollars \$ 140

ACCOUNT		HOW PAID		
AMOUNT OF ACCOUNT		CASH	<input checked="" type="checkbox"/>	
AMOUNT PAID		CHECK	<input type="checkbox"/>	
BALANCE DUE		MONEY ORDER	<input type="checkbox"/>	

Thank You!

By D. LAMAS



Tropical Instant Press, Inc.

MMC 1 Bldg., Chalan Piao
P.O. Box 500238, Saipan, MP 96950
Tel/Fax: 235-9806 • Email: tropicalprint@gmail.com

INVOICE

COMPANY NAME: Joseph Flores INV.: Nº 11464
 CONTACT PERSON: _____ P.O. NO: _____
 DATE: sep 23, 2016 J.O. NO: _____

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
20 ps	POSTER w/ lamination		100 00
Paid check FHB			
<input type="checkbox"/> Charged <input type="checkbox"/> Cash		Check no. <u>13578</u> Bank _____	TOTAL \$ <u>100.00</u>

All accounts are due and payable within 30 days from invoice date. An Interest of 1.5% per month will be charged on all past due accounts. There will be a \$25.00 penalty for returned check. In case of default in payment, customer agrees to pay all collection charges, attorney's fees and other court costs.

Above items received by:

Customer's Signature

Tropical Instant Press Representative

ISLAND APPAREL

P.O. BOX 502912
 SAIPAN, MP 96950

Voice: (670) 288-3441/3442
 Fax: (670) 288-3444

Invoice

No.: 80877
 Date: Aug 26, 2016
 Page: 1

Bill To:
JOE FLORES SAIPAN, MP 96950 USA

Ship to:
JOE FLORES SAIPAN, MP 96950 USA

Customer ID	Customer PO	Payment Terms	
J100		C.O.D.	
Sales Rep ID	Shipping Method	Ship Date	Due Date
Jun	PL17429/J0961P	8/26/16	8/26/16

Quantity	Item	Description	Unit Price	Amount
3.00	PC61 Royal L	Port & Company Essential Tee	8.00	24.00
16.00	PC61 Royal XL	Port & Company Essential Tee	8.00	128.00
5.00	PC61 Royal 2X	Port & Company Essential Tee	8.00	40.00
5.00	PC61 Royal 3X	Port & Company Essential Tee	8.00	40.00
1.00	Set-up	Set-Up/Screen Fee	35.00	35.00
		- JOE FLORES campaign tee		

Received the above mentioned goods in good order and condition.
 Signed: _____
 Print Name: _____
 Date: _____

SubTotal:	267.00
Sales Tax:	
Total Amount:	267.00
Payment/Credit Applied:	
TOTAL:	267.00

TERMS AND CONDITIONS

Terms Specified Above Must Be Strictly Followed

Purchaser agrees to pay interest at the rate of 1 1/2% per month on all overdue accounts. If said accounts are placed in the hands of an attorney or collector for collection or suit is brought on same, purchaser agrees to pay an additional amount of 33.33% of the amount found due as attorney or collector fees, plus all cost of suit.

ISLAND APPAREL

P.O: BOX 502912
 SAIPAN, MP 96950

Voice: (670) 288-3441/3442
 Fax: (670) 288-3444

Invoice

No.: 81031
 Date: Oct 6, 2016
 Page: 1

Bill To:
JOE FLORES SAIPAN, MP 96950 USA

Ship to:
JOE FLORES SAIPAN, MP 96950 USA

Customer ID	Customer PO	Payment Terms	
J100		C.O.D.	
Sales Rep ID	Shipping Method	Ship Date	Due Date
Jun	PL17600/J1114P	10/6/16	10/6/16

Quantity	Item	Description	Unit Price	Amount
5.00	PC61 Royal S	Port & Company Essential Tee	8.00	40.00
5.00	PC61 Royal M	Port & Company Essential Tee	8.00	40.00
10.00	PC61 Royal L	Port & Company Essential Tee	8.00	80.00
10.00	PC61 Royal XL	Port & Company Essential Tee	8.00	80.00
5.00	PC61 Royal 2X	Port & Company Essential Tee - CAMPAIGN TEE	8.00	40.00

Received the above mentioned goods in good order and condition.
 Signed: _____
 Print Name: _____
 Date: _____

SubTotal:	280.00
Sales Tax:	
Total Amount:	280.00
Payment/Credit Applied:	
TOTAL:	280.00

TERMS AND CONDITIONS

Terms Specified Above Must Be Strictly Followed

Purchases agrees to pay interest at the rate of 1 1/2% per month on all overdue accounts. If said accounts are placed in the hands of an attorney or collector for collection or suit is brought on same, purchaser agrees to pay an additional amount of 33.33% of the amount found due as attorney or collector fees, plus all cost of suit.

ISLAND APPAREL

P.O. BOX 502912
 SAIPAN, MP 96950

Voice: (670) 288-3441/3442
 Fax: (670) 288-3444

Invoice

No.: 80943
 Date: Sep 16, 2016
 Page: 1

Bill To:
JOE FLORES SAIPAN, MP 96950 USA

Ship to:
JOE FLORES SAIPAN, MP 96950 USA

Customer ID	Customer PO	Payment Terms	
J100		C.O.D.	
Sales Rep ID	Shipping Method	Ship Date	Due Date
Jun	PL17503/J0961P	9/16/16	9/16/16

Quantity	Item	Description	Unit Price	Amount
10.00	PC61 Royal S	Port & Company Essential Tee	8.00	80.00
10.00	PC61 Royal M	Port & Company Essential Tee	8.00	80.00
32.00	PC61 Royal L	Port & Company Essential Tee	8.00	256.00
14.00	PC61 Royal XL	Port & Company Essential Tee	8.00	112.00
5.00	PC61Y Royal L	Port & Company Youth T-Shirt - JOE FLORES (campaign tee)	8.00	40.00

Received the above mentioned goods in good order and condition.

Signed: _____

Print Name: _____

Date: _____

SubTotal:	568.00
Sales Tax:	
Total Amount:	568.00
Payment/Credit Applied:	
TOTAL:	568.00

TERMS AND CONDITIONS

Terms Specified Above Must Be Strictly Followed

Purchaser agrees to pay interest at the rate of 1 1/2% per month on all overdue accounts. If said accounts are placed in the hands of an attorney or collector for collection or suit is brought on same, purchaser agrees to pay an additional amount of 33.33% of the amount found due as attorney or collector fees, plus all cost of suit.

Candidate Name (In Full): <i>Joseph ARRIOLA FLORES</i>	Signature of Treasurer: <i>[Signature]</i>	Date:
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**SUPPORTING SCHEDULE GC-E
CONTRIBUTIONS TO OTHER CANDIDATES (EXPENDITURES)**

FULL NAME OF PAYEE	DESCRIPTION	AMOUNT
Example : Mr. Winning Candidate Like Me	Fundraising tickets purchased (10 tickets @ \$50)	\$ 500
<i>- 0 -</i>	<i>- 0 -</i>	<i>- 0 -</i>
SUB-TOTAL OF EXPENSES THIS PAGE ONLY (Use additional sheets as necessary)		<i>- 0 -</i>
TOTAL CONTRIBUTIONS TO OTHER CANDIDATES (IF LAST PAGE ONLY) (Transfer Total to Line 6 of General Contribution and Expense Report)		<i>- 0 -</i>