

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

**CANDIDATE
CAMPAIGN STATEMENT OF ACCOUNT - POLITICAL PARTY**

2016 **GENERAL** **SPECIAL ELECTION**
(Year)

Report Type:
 Final Report
 Amendment

INSTRUCTIONS: FILE THIS REPORT NOT LATER THAN **DECEMBER 28, 2016**.
FILE ORIGINAL AND TWO COPIES WITH THE OFFICE OF THE PUBLIC AUDITOR.

OFFICE OF THE PUBLIC AUDITOR
1/12/17
SIGNATURE: *[Signature]*

This Campaign Statement of Account form is **mandatory**. Political Parties 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.

Political Party Name: Manglora, Paul A.	Party Chairperson: Senate
Treasurer Name (Last Name, First Name, MI): Masga, Camille Joy S.	Preferred Mailing (P.O. Box) Address: P.O. Box 1083, Rota MP 96951
	Telephone: (670)532-0309

	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	\$1,650.00	0.00
3. MULTI-CANDIDATE CONTRIBUTIONS	0.00	
4. RECEIPTS FROM GENERAL CONTRIBUTIONS	\$5,000.00	\$14,300.00
5. OTHER RECEIPTS	0.00	
6. TOTAL AVAILABLE (Add Lines 1 through 5)	\$6,650.00	\$14,300.00
LESS: DISBURSEMENTS THIS ELECTION PERIOD		
7. DISBURSEMENTS FOR FUNDRAISING EVENTS	\$600.00	0.00
8. MULTI-CANDIDATE EXPENSES	0.00	
9. DISBURSEMENTS FOR GENERAL EXPENDITURES	\$22,960.00	\$14,300.00
10. OTHER DISBURSEMENTS	0.00	
11. TOTAL DISBURSEMENTS (Add Lines 7 through 10)	\$23,560.00	\$14,300.00
12. EXCESS (SHORTFALL) OF RECEIPTS OVER DISBURSEMENTS (Subtract Line 11 from Line 6)	(16,910.00)	0.00

VERIFICATION

Commonwealth of the Northern Mariana Islands
Island of Saipan S.S.

I, Paul A. Manglora, being duly sworn on oath, depose and say:
(Party Chairperson)
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] Date (Month, Day, Year) Jan. 12, 2017

Signature of Party Chairperson Date (Month, Day, Year)

Subscribed and sworn before me this 12th of January, 2017.

Commonwealth of the Northern Mariana Islands
Island of Saipan S.S.

I, Camille Joy S. Masga, 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] Date (Month, Day, Year) January 12, 2017

Signature of Treasurer Date (Month, Day, Year)

Subscribed and sworn before me this 12th of January, 2017.

Notary Stamp
MICHELINA CAMACHO
P.O. Box 90053 CK, Saipan, MP 96950 0053
Notary Public
BY AND FOR THE COMMONWEALTH
OF THE NORTHERN MARIANA ISLANDS
My Commission Expires: 9/10/17

Notary Stamp
MA. KRISTINA H. ROMERO
PMB 432 Box 10001 Saipan, MP 96950
Notary Public Reg. No. 762A
BY AND FOR THE COMMONWEALTH
OF THE NORTHERN MARIANA ISLANDS
My Commission Expires: 10/18

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

FUNDRAISING EVENT REPORT

FUNDRAISING DATE(S): October 15, 2016

IMPORTANT: USE A SEPARATE REPORT FOR EACH FUNDRAISING EVENT.

Candidate Name (Last Name, First Name, MI): <u>Manglona, Paul A.</u>	Treasurer Full Name (Last Name, First Name, MI): <u>Masga, Camille Joy S. CM</u>
Name of Fundraising Event: <u>Raffle Ticket</u>	Date(s) Held: <u>October 15, 2016</u>

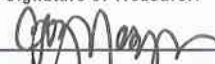
SUMMARY OF FUNDRAISING RECEIPTS AND DISBURSEMENTS

(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)	\$ 1,650.00	
2. IN-KIND CONTRIBUTIONS RECEIVED (Total In-kind Contributions Received from Schedule FR-B. Bring down this value to Line 6 below.)		0.00
3. CONTRIBUTED PROPERTY RECEIVED (Total Contributed Property Received from Schedule FR-C)		0.00
4. TOTAL RECEIPTS (Transfer to Line 1 of Campaign Statement of Account)	\$ 1,650.00	
DISBURSEMENTS		
5. FUNDRAISING EXPENSES (Total Fundraising Expenses from Line 4 of Result Summary of Schedule FR-A)	\$ 600.00	
6. ADJUSTMENT FOR IN-KIND CONTRIBUTIONS RECEIVED (From Line 2 above)		0.00
7. TOTAL DISBURSEMENTS (Transfer to Line 6 of Campaign Statement of Account)	\$ 600.00	0.00
NET RECEIPTS AND DISBURSEMENTS (Subtract Line 7 from Line 4)	\$ 1,050.00	

IMPORTANT: FILE SEPARATE SCHEDULE FOR EACH FUNDRAISING EVENT.

SUPPORTING SCHEDULE FOR FUNDRAISING EVENT HELD ON DATE(S): 10/15/16 PAGE ____ OF ____

Candidate Name (In Full): <u>Manglora, Paul A.</u>	Signature of Treasurer: 	Date: <u>1/12/17</u>
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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	\$ <u>650.00</u>
2. TOTAL CASH PROCEEDS FROM INDIVIDUALS WHO CONTRIBUTED MORE THAN \$500 (Details on Section 1 below)	+ <u>1000.00</u>
3. TOTAL CASH PROCEEDS FROM THIS FUNDRAISING EVENT (Transfer this total to Line 1 of Fundraising Event)	\$ <u>1,650.00</u>
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)	\$ <u>600.00</u>
5. NET CASH PROCEEDS	\$ <u>1,050.00</u>

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			
Priscilla Guzman	\$500.00			
Joe Ayuyu	\$500.00			
TOTAL PROCEEDS OF CONTRIBUTIONS, IF LAST PAGE OTHERWISE CONTINUE ON NEXT COLUMN		\$1,000.00	TOTAL PROCEEDS OF CONTRIBUTIONS \$500 OR MORE (LAST PAGE ONLY - MUST AGREE WITH LINE 2 ABOVE)	
			0.00	

IMPORTANT: FILE SEPARATE SCHEDULE A FOR EACH FUNDRAISING EVENT.

SUPPORTING SCHEDULE FOR FUNDRAISING EVENT HELD ON DATE(S): OCT. 15, 2016 PAGE OF

Candidate Name (In Full): <u>Mandona, Paul A.</u>	Signature of Treasurer: 	Date: <u>1/12/17</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				
R & M Printers	Raffle Tickets					\$300.00
Camille Masga	Fuel expenses/ Others					\$300.00
TOTAL FUNDRAISING EXPENSES (Transfer Total to Line 4, Section 1 of Schedule A)	(Total) <u>600.00</u> ←	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>600.00</u>

IMPORTANT: FILE SEPARATE SCHEDULE FOR EACH FUNDRAISING EVENT.

SUPPORTING SCHEDULE FOR FUNDRAISING EVENT HELD ON DATE(S): OCT. 15, 2016 PAGE ____ OF ____

Candidate Name (In Full): <u>Mangiona, Paul A.</u>	Signature of Treasurer: 	Date: <u>1/12/17</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
NO IN-KIND CONTRIBUTIONS		
SUB-TOTAL OF RECEIPTS THIS PAGE ONLY (Use additional sheets as necessary)		➔
TOTAL RECEIPTS (IF LAST PAGE ONLY) (Transfer Total to Line 2 of either the Fundraising Event Report or the General Contribution and Expense Report)		➔ 0.00

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
NO CONTRIBUTED PROPERTY RECEIVED		
SUB-TOTAL OF RECEIPTS THIS PAGE ONLY (Use additional sheets as necessary)		➔
TOTAL RECEIPTS (IF LAST PAGE ONLY) (Transfer Total to Line 3 of either the Fundraising Event Report or the General Contribution and Expense Report)		➔ 0.00

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

GENERAL CONTRIBUTION AND EXPENSE REPORT

Candidate Name (Last Name, First Name, MI): <i>Manglona, Paul A.</i>	Treasurer Full Name (Last Name, First Name, MI): <i>Masga, Camille Joy S. ^{BSM}</i>
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SUMMARY OF RECEIPTS AND DISBURSEMENTS

(Complete Supporting Schedules Before Completing This Section)

RECEIPTS	CASH	IN-KIND
1. MONETARY CONTRIBUTIONS FROM NON-FUNDRAISING EVENTS (Total Contributions from Schedule GC-A)	\$ 5,000.00	
2. IN-KIND CONTRIBUTIONS RECEIVED (Total In-kind Contributions Received from Schedule GC-B. Bring down this value to Line 7 below.)		\$ 14,300.00
3. CONTRIBUTED PROPERTY RECEIVED (Total Contributed Property Received from Schedule GC-C)		0.00
4. TOTAL RECEIPTS (Transfer to Line 4 of Campaign Statement of Account)	\$ 5,000.00	\$ 14,300.00
DISBURSEMENTS		
5. GENERAL EXPENDITURES (Total General Expenditures from Schedule GC-D)	\$ 22,960.00	
6. CONTRIBUTIONS TO OTHER CANDIDATES (Total Contributions To Other Candidates from Schedule E)	0.00	
7. ADJUSTMENT FOR IN-KIND CONTRIBUTIONS RECEIVED (From Line 2 above)		\$ 14,300.00
8. TOTAL DISBURSEMENTS (Transfer to Line 9 of Campaign Statement of Account)	\$ 22,960.00	\$ 14,300.00
NET RECEIPTS AND DISBURSEMENTS (Subtract Line 8 from Line 4)	(17,960.00)	0.00

Candidate Name (In Full): Manglona, Paul A.	Signature of Treasurer: 	Date: 1/12/17
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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		
Alice Atalig	\$ 3,000.00		
GPPC	\$ 1,000.00		
Amelia Maribusan	\$ 1,000.00		
TOTAL CONTRIBUTIONS RECEIVED, IF LAST PAGE OTHERWISE CONTINUE ON NEXT COLUMN		TOTAL CONTRIBUTIONS RECEIVED (LAST PAGE ONLY) (Transfer to Line 1 of Gen. Contrib.& Exp. Report)	
	\$5,000.00		

Candidate Name (In Full): Mangiona, Paul A.	Signature of Treasurer: 	Date: 1/12/17
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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
SEE ATTACHMENT OF SCHEDULE		
SUB-TOTAL OF RECEIPTS THIS PAGE ONLY <small>(Use additional sheets as necessary)</small>		➔
TOTAL IN-KIND CONTRIBUTIONS RECEIVED (IF LAST PAGE ONLY) <small>(Transfer Total to Line 2 of the General Contribution and Expense Report)</small>		➔ \$14,300.00

**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
NO CONTRIBUTED PROPERTY RECEIVED		
SUB-TOTAL OF RECEIPTS THIS PAGE ONLY <small>(Use additional sheets as necessary)</small>		➔
TOTAL CONTRIBUTED PROPERTY RECEIVED (IF LAST PAGE ONLY) <small>(Transfer Total to Line 3 of the General Contribution and Expense Report)</small>		➔ \$ 0.00

SUPPORTING SCHEDULE FOR GENERAL CONTRIBUTIONS

Candidate Name (In Full) : Mangiona, Paul A.	Signature of Treasurer: 	Date: 1/12/17
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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			
SEE ATTACHMENT OF SCHEDULE						
SUB-TOTAL OF PAYMENTS THIS PAGE ONLY (Use additional sheets as necessary)	(Sub-Total) ←					
TOTAL GEN. EXPENDITURES (IF LAST PAGE ONLY) (Transfer to Line 5 of Gen. Contribution & Exp. Report)	(Total) \$ 22,960.00					

Candidate Name (In Full): <i>Mangiona, Paul A.</i>	Signature of Treasurer: <i>[Signature]</i>	Date: <i>1/12/17</i>
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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
NO CONTRIBUTIONS		
SUB-TOTAL OF EXPENSES THIS PAGE ONLY (Use additional sheets as necessary)		
TOTAL CONTRIBUTIONS TO OTHER CANDIDATES (IF LAST PAGE ONLY) (Transfer Total to Line 6 of General Contribution and Expense Report)		0.00

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

**MULTI-CANDIDATE
CONTRIBUTION AND EXPENSE REPORT**

Candidate Name (Last Name, First Name, MI): <i>Mangiona, Paul A.</i>	Treasurer Full Name (Last Name, First Name, MI): <i>Masga, Camille Joy S. BM</i>
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CONTRIBUTIONS RECEIVED

RECEIVED FROM	DESCRIPTION	AMOUNT
Example : BEST PARTY IN THE LAND	Cash Allocation of Party General Fundraising Proceeds	\$ 20,000
SUB-TOTAL OF CONTRIBUTIONS RECEIVED THIS PAGE ONLY (Use additional sheets as necessary)		➔
TOTAL CONTRIBUTIONS RECEIVED (IF LAST PAGE ONLY) (Transfer Total to Line 2 of Campaign Statement of Account)		➔ 0.00

EXPENSES

FULL NAME OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT
Example : BEST PARTY IN THE LAND	Allocation of Party General Expenses	\$ 15,000
SUB-TOTAL OF EXPENSES THIS PAGE ONLY (Use additional sheets as necessary)		➔
TOTAL ALLOCATED EXPENDITURES (IF LAST PAGE ONLY) (Transfer Total to Line 7 of Campaign Statement of Account)		➔ 0.00

**ATTACHMENT: SUPPORTING SCHEDULE GC-B
IN-KIND CONTRIBUTIONS RECEIVED**

FULL NAME OF CONTRIBUTOR	DESCRIPTION OF CONTRIBUTION	FAIR MARKET VALUE
ALICE ATALIG	T-SHIRTS	\$2,400.00
ALICE ATALIG	DRINKS/FOOD	\$2,500.00
SEVERINA OGO	DRINKS/FOOD	\$1,000.00
LYDIA MANGLONA	DRINKS/FOOD	\$2,000.00
SHARON MANGLONA	FOOD	\$1,400.00
LORNA MANGLONA	BARBEQUE	\$1,500.00
ANTONIO MANGLONA	DRINKS	\$800.00
MARLA BARCINAS	PASTRIES	\$500.00
PEDRO DELA CRUZ	PIG/BEER	\$500.00
RICARDO BARCINAS	PIG/COW	\$600.00
HERMAN ATALIG	5 CS. SOFTDRINKS	\$100.00
MARIA MANGLONA	ASSORTED PICKLES/FOOD	\$300.00
CHENG PALACIOS	FOOD INGREDIENTS/SEASONINGS	\$200.00
JOAN SAN NICOLAS	FOOD	\$100.00
ALFRED APATANG	FOOD	\$200.00
CAMILLE MASGA	FOOD	\$200.00
TOTAL IN-KIND CONTRIBUTIONS RECEIVED =====>		\$14,300.00

ATTACHMENT: SUPPORTING SCHEDULE GC-D
GENERAL EXPENDITURES

FULL NAME OF PAYEE OR VENDOR	PARTICULARS/ DESCRIPTION	AMOUNT				
		FOOD & DRINKS	ADVER- TISING	SUPPLIES	FEES/ DONATION	OTHER
Board of Election	Filing Fee				250.00	
Happy Market	Food Purchased for Campaign	500.00				
Star Marianas	Cargo Freight Charges					1,010.00
Star Marianas Air	Airline Tickets Guam/ Saipan					250.00
United Airlines	Airline Ticket to Portland, OR					1,500.00
Rota Resort	Lunch Meeting for Gathering Preparation	300.00				
Mendy's Restaurant	Lunch Meeting for Gathering Preparation	450.00				
Harvest Market	Food/Drinks for Campaign	7,000.00				
3 Kings 1	Various Foods & Drinks for Campaign	4,000.00				
3 Kings Too	Food/Drinks for Campaign	1,000.00				
Luta Gas	Fuel					1,900.00
Sasanhaya Gas Station	Fuel					300.00
Joanne Contreras	Banners, Posters		2,000.00			
R&M Printers	Posters, Brochures		500.00			
Lydia Manglona	Miscellaneous	2,000.00				
TOTAL GEN. EXPENDITURES	(TOTAL) \$22,960.00 ←=====	\$15,250.00	\$2,500.00	\$0.00	\$250.00	\$4,960.00



COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
COMMONWEALTH ELECTION COMMISSION



Julita A. Villagomez
Executive Director

Commissioners

Frances M. Sablan
Chairperson
Saipan & Northern Islands

Jenny I. Sablan
Saipan & Northern Islands

Yrividak L. Rethaulman
Saipan & Northern Islands

Donald Hofschneider
Tinian & Agaña

Joseph E. Santos
Tinian & Agaña

Leilani I. Manglona
Rota

Esther A. Yatur
Rota

Vacant
Saipan & Northern Islands

Vacant
Saipan & Northern Islands

December 15, 2016

ORIGINAL

Senator Paul A. Manglona
P.O. Box 1083
Saipan MP 96950

Re: Letter dated 12/13/16 (Campaign Financial Statement)

Dear Senator Manglona:

This is to acknowledge receipt of your letter dated December 13, 2016, regarding your request for an extension on your Campaign Financial Statement of Account. Pursuant to 1 CMC Division 6 § 6429 (Extension of Deadline), for good cause, the Commission may extend the deadline imposed on Section 6424 by not more than fifteen (15) days, upon written request by a candidate. A candidate shall be fined a non-waivable One Hundred dollars (\$100.00) penalty for each day the financial report is late without a Commission approved extension period.

Therefore; after considering your request due to being off-island with your, Committee to Elect Treasurer, I do hereby grant the extension of deadline, on or before January 12, 2017.

Should you have any questions regarding the above matter, please do not hesitate to contact our office at 670/235-8683.

Sincerely,


JULITA A. VILLAGOMEZ
Executive Director

Acting Treasurer for Senator Paul A. Manglona Committee to Elect

Add label



sen.manglona@gmail.com

to Kayla

Hide details



To: Kayla Igitol administrative@votecnmi.gov.mp

Date: 12 Jan 2017, 12:00 p.m.

Dear Executive Director Villagomez,

This is to inform your office that for the submittal today of my Committee's Campaign Statement of Account I have appointed a committee member, Ms. Camille Masga, as my acting Committee Treasurer. My Treasurer, Marla M. Barcinas, was seriously ill in the last 3 days and was medivac from Rota to Saipan yesterday. She is in ICU.

Thank you for your understanding.

Paul A. Manglona


Reply


Reply all


Forward



COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
COMMONWEALTH ELECTION COMMISSION

CANDIDATE'S COMMITTEE
ORGANIZATIONAL REPORT

1	Candidate
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Candidate's Name Paul A. Manglona	
Mailing Address: P.O. Box 1083 Rota MP 96951	
Contact No.: 287-4361	Email Address: Sen.manglona@gmail.com
Business: _____ Other: _____	
Office Sought: Senate	Municipality/District: Rota / District 7

2	Candidate's Committee
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Party Affiliation: Independent	
Committee Name: Committee-to-elect	
Mailing Address:	Contact No.:

3	Chairperson (Required)
---	------------------------

Full Name	
Mailing Address:	
Contact No.:	Business: _____ Other: _____

4	Treasurer (Required)
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Full Name Camille Joy S. Masga	
Mailing Address: guiyaluta@gmail.com	
Contact No.: 285-0261	Business: _____ Other: _____

I hereby accept this appointment as Chairperson and Treasurer for the committee mentioned above for the above mentioned candidate.

Chairperson's Signature/Date	Treasurer's Signature/Date
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 1/12/2017 
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I hereby certify that the information on this report is true, correct and complete to the best of my knowledge.

Candidate's Signature/Date

 Jan. 12, 2017
