



COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
CAMPAIGN FINANCIAL DISCLOSURE

Report Type:

- Final Report
 Amendment

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

IMPORTANT: 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
12/27/16
SIGNATURE: [Signature]

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): YIUMIL, RAY NARAJA	Office Sought: SENATE (SAIPAN)
Treasurer Name (Last Name, First Name, MI): CRUZ, CHRISTINA DLG	Preferred Mailing (P.O. Box) Address: PO BOX 504447
	Telephone: 233-3112

	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	\$4,50.00	\$1,800.00
5. OTHER RECEIPTS	0	0
6. TOTAL AVAILABLE (Add Lines 1 through 5)	\$4,50.00	\$1,800.00
LESS: DISBURSEMENTS THIS ELECTION PERIOD		
7. DISBURSEMENTS FOR FUNDRAISING EVENTS	0	0
8. MULTI-CANDIDATE EXPENSES	0	0
9. DISBURSEMENTS FOR GENERAL EXPENDITURES	\$4,555.15	\$1,800.00
10. OTHER DISBURSEMENTS	0	0
11. TOTAL DISBURSEMENTS (Add Lines 7 through 10)	\$,4555.15	\$1,800.00
12. EXCESS (SHORTFALL) OF RECEIPTS OVER DISBURSEMENTS (Subtract Line 11 from Line 6)	(\$505.15)	0

VERIFICATION

Commonwealth of the Northern Mariana Islands)
Island of SAIPAN) s.s.
I, RAY N. YIUMIL, 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): 12/27/16
Subscribed and sworn before me this 27th day of December, 2016.
Notary Stamp: JOHN JOSEPH MAFNAS SEMAN, Notary Public Reg. No. 797A, BY AND FOR THE COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS, My Commission Expires 03/20/2017

Commonwealth of the Northern Mariana Islands)
Island of SAIPAN) s.s.
I, CHRISTINA CRUZ, 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): 12/27/16
Subscribed and sworn before me this 27th day of December, 2016.
Notary Stamp: JOHN JOSEPH MAFNAS SEMAN, Notary Public Reg. No. 797A, BY AND FOR THE COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS, My Commission Expires 03/20/2017



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

CAMPAIGN STATEMENT OF ACCOUNT - POLITICAL PARTY

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

Report Type:
 Final Report
 Amendment

OFFICE OF THE PUBLIC AUDITOR
2/22/16
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**. 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: COMM TO ELECT RAY YUMUL	Party Chairperson: TOM TEBUTER
Treasurer Name (Last Name, First Name, MI): CHRISTINA DLG CRUZ	Preferred Mailing (P.O. Box) Address: PO BOX 504447
	Telephone: 233-3112

	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	\$4050.00	\$1800
5. OTHER RECEIPTS	0	0
6. TOTAL AVAILABLE (Add Lines 1 through 5)	\$4050.00	\$1800
LESS: DISBURSEMENTS THIS ELECTION PERIOD		
7. DISBURSEMENTS FOR FUNDRAISING EVENTS	0	0
8. MULTI-CANDIDATE EXPENSES	0	0
9. DISBURSEMENTS FOR GENERAL EXPENDITURES	\$4050.00	\$1800
10. OTHER DISBURSEMENTS	0	0
11. TOTAL DISBURSEMENTS (Add Lines 7 through 10)	\$4050.00	\$1800
12. EXCESS (SHORTFALL) OF RECEIPTS OVER DISBURSEMENTS (Subtract Line 11 from Line 6)	[505.15]	0

VERIFICATION

<p>Commonwealth of the Northern Mariana Islands Island of <u>SAIPAN</u> s.s.</p> <p>I, <u>RAY N. YUMUL</u>, being duly sworn on oath, depose and say: (Party Chairperson)</p> <p>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.</p> <p>Signature of Party Chairperson: <u>[Signature]</u> Date (Month, Day, Year): <u>12/22/16</u></p> <p>Subscribed and sworn before me this <u>22nd</u> of <u>December</u>, 20<u>16</u></p> <p>BARBARA C. HUNTER Notary Stamp P.O. Box 501250 Saipan, MP 96950 NOTARY PUBLIC</p>	<p>Commonwealth of the Northern Mariana Islands Island of <u>SKIPAN</u> s.s.</p> <p>I, <u>CHRISTINA CRUZ</u>, being duly sworn on oath, depose and say: (Treasurer)</p> <p>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.</p> <p>Signature of Treasurer: <u>[Signature]</u> Date (Month, Day, Year): <u>12/22/16</u></p> <p>Subscribed and sworn before me this <u>22nd</u> of <u>December</u>, 20<u>16</u></p> <p>BARBARA C. HUNTER Notary Stamp P.O. Box 501250 Saipan, MP 96950 NOTARY PUBLIC</p>
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CPD-001, Revised July 21, 2016
Commonwealth of the Northern Mariana Islands
My Commission expires: 12-29-16

Commonwealth of the Northern Mariana Islands
My Commission expires: 12-29-16



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

FUNDRAISING EVENT REPORT

FUNDRAISING DATE(S): _____

IMPORTANT: USE A SEPARATE REPORT FOR EACH FUNDRAISING EVENT.

Candidate Name (Last Name, First Name, MI): YUMUL, RAY NARAJA	Treasurer Full Name (Last Name, First Name, MI): CRISTINA DLG CRUZ
Name of Fundraising Event: N/A	Date(s) Held:

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.)		0
3. CONTRIBUTED PROPERTY RECEIVED (Total Contributed Property Received from Schedule FR-C)		0
4. TOTAL RECEIPTS (Transfer to Line 1 of Campaign Statement of Account)	0	0
DISBURSEMENTS		
5. FUNDRAISING EXPENSES (Total Fundraising Expenses from Line 4 of Result Summary of Schedule FR-A)	0	
6. ADJUSTMENT FOR IN-KIND CONTRIBUTIONS RECEIVED (From Line 2 above)		0
7. TOTAL DISBURSEMENTS (Transfer to Line 6 of Campaign Statement of Account)	0	0
NET RECEIPTS AND DISBURSEMENTS (Subtract Line 7 from Line 4)	0	0

IMPORTANT: FILE SEPARATE SCHEDULE FOR EACH FUNDRAISING EVENT.

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

Candidate Name (In Full): <p style="text-align:center;">RAV NARAJA YUMUL</p>	Signature of Treasurer: 	Date: <p style="text-align:center;">12/22/16</p>
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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)	+ 0
3. TOTAL CASH PROCEEDS FROM THIS FUNDRAISING EVENT (Transfer this total to Line 1 of Fundraising Event Report)	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)	0
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		
NONE			
TOTAL PROCEEDS OF CONTRIBUTIONS, IF LAST PAGE OTHERWISE CONTINUE ON NEXT COLUMN	0	TOTAL PROCEEDS OF CONTRIBUTIONS \$500 OR MORE (LAST PAGE ONLY - MUST AGREE WITH LINE 2 ABOVE)	

IMPORTANT: FILE SEPARATE SCHEDULE FOR EACH FUNDRAISING EVENT.

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

Candidate Name (In Full) : RAY NARAJA YUMUL	Signature of Treasurer: 	Date: 12/22/16
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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
NONE		0
SUB-TOTAL OF RECEIPTS THIS PAGE ONLY (Use additional sheets as necessary).....		0
TOTAL RECEIPTS (IF LAST PAGE ONLY) (Transfer Total to Line 2 of either the Fundraising Event Report or the General Contribution and Expense Report)		

**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
NONE		0
SUB-TOTAL OF RECEIPTS THIS PAGE ONLY (Use additional sheets as necessary).....		0
TOTAL RECEIPTS (IF LAST PAGE ONLY) (Transfer Total to Line 3 of either the Fundraising Event Report or the General Contribution and Expense Report)		

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

GENERAL CONTRIBUTION AND EXPENSE REPORT

Candidate Name (Last Name, First Name, MI): <p style="text-align: center;">YUMUL, RAY NARAJA</p>	Treasurer Full Name (Last Name, First Name, MI): <p style="text-align: center;">CRISTINA DLG CRUZ</p>
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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)	\$4050.	
2. IN-KIND CONTRIBUTIONS RECEIVED (Total In-kind Contributions Received from Schedule GC-B. Bring down this value to Line 7 below.)		\$1800
3. CONTRIBUTED PROPERTY RECEIVED (Total Contributed Property Received from Schedule GC-C)		0
4. TOTAL RECEIPTS (Transfer to Line 4 of Campaign Statement of Account)	\$4050.	\$1800
DISBURSEMENTS		
5. GENERAL EXPENDITURES (Total General Expenditures from Schedule GC-D)	\$4050	
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)		0
8. TOTAL DISBURSEMENTS (Transfer to Line 9 of Campaign Statement of Account)	\$4555.15	\$1800
NET RECEIPTS AND DISBURSEMENTS (Subtract Line 8 from Line 4)	[505.15]	0

SUPPORTING SCHEDULE FOR GENERAL CONTRIBUTIONS

Candidate Name (In Full): RAY NARAJA YUMUL	Signature of Treasurer: 	Date: 12/22/16
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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		
YCO CORPORATION	\$ 3300		
JUAN SANTIAGO	\$ 750		
TOTAL CONTRIBUTIONS RECEIVED, IF LAST PAGE OTHERWISE CONTINUE ON NEXT COLUMN	\$ 4050.00	TOTAL CONTRIBUTIONS RECEIVED (LAST PAGE ONLY) (Transfer to Line 1 of Gen. Contrib. & Exp. Report)	

Candidate Name (In Full) : RAY NARAJA YUMUL	Signature of Treasurer: 	Date: 12/22/16
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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
CLARENCE TENORIO	GIFT CERTIFICATE (JOETEN)	\$1000
RAY YUMUL	T-SHIRTS	\$500
MARITES YUMUL	CAMPAIGN STICKERS	\$300
SUB-TOTAL OF RECEIPTS THIS PAGE ONLY <small>(Use additional sheets as necessary)</small>		\$1800
TOTAL IN-KIND CONTRIBUTIONS RECEIVED (IF LAST PAGE ONLY) <small>(Transfer Total to Line 2 of the General Contribution and Expense Report)</small>		

**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
NONE		0
SUB-TOTAL OF RECEIPTS THIS PAGE ONLY <small>(Use additional sheets as necessary)</small>		0
TOTAL CONTRIBUTED PROPERTY RECEIVED (IF LAST PAGE ONLY) <small>(Transfer Total to Line 3 of the General Contribution and Expense Report)</small>		

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

**MULTI-CANDIDATE
CONTRIBUTION AND EXPENSE REPORT**

Candidate Name (Last Name, First Name, MI): <p align="center">YUMUL, RAY NARAJA</p>	Treasurer Full Name (Last Name, First Name, MI): <p align="center">CRUZ, CHRISTINA D.</p>
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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
NONE		0
SUB-TOTAL OF CONTRIBUTIONS RECEIVED THIS PAGE ONLY (Use additional sheets as necessary)		0
TOTAL CONTRIBUTIONS RECEIVED (IF LAST PAGE ONLY) (Transfer Total to Line 2 of Campaign Statement of Account)		

EXPENSES

FULL NAME OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT
Example : BEST PARTY IN THE LAND	Allocation of Party General Expenses	\$ 15,000
NONE		0
SUB-TOTAL OF EXPENSES THIS PAGE ONLY (Use additional sheets as necessary)		0
TOTAL ALLOCATED EXPENDITURES (IF LAST PAGE ONLY) (Transfer Total to Line 7 of Campaign Statement of Account)		