



COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS CAMPAIGN FINANCIAL DISCLOSURE

Report Type:

Final Report

Amendment

CAMPAIGN STATEMENT OF ACCOUNT - CANDIDATE 2016 GENERAL SPECIAL ELECTION

OFFICE OF THE PUBLIC AUDITOR 1121A [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: Cing, Reynaldo M. Office Sought: Municipal Council
Treasurer Name: King, Ana Rita Preferred Mailing (P.O. Box) Address: San Jose Village, Tinian NP 96952 Telephone: 783-4078

Table with 3 columns: Description, CASH, IN-KIND. Rows include BALANCE CARRIED FORWARD, RECEIPTS FROM FUNDRAISING EVENTS, DISBURSEMENTS FOR FUNDRAISING EVENTS, etc.

VERIFICATION

Verification section with two columns for Candidate (Reynaldo Cing) and Treasurer (Ana Rita King), including oaths, signatures, and dates.

IMPORTANT: FILE SEPARATE SCHEDULE FOR EACH FUNDRAISING EVENT.

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

Candidate Name (In Full): <i>Raynaldo M. Cong</i>	Signature of Treasurer: <i>[Signature]</i>	Date: <i>1-12-17</i>
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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) _____
- 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 \$ _____

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		
<i>None</i>	<i>0</i>		
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 FOR EACH FUNDRAISING EVENT.

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

Candidate Name (In Full): <i>Raynaldo M-Cing</i>	Signature of Treasurer: <i>[Signature]</i>	Date: <i>1-12-17</i>
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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
<i>None</i>	<i>⊘</i>	
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)		➔

**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
<i>None</i>	<i>⊘</i>	
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)		➔

SUPPORTING SCHEDULE FOR GENERAL CONTRIBUTIONS

PAGE ____ OF ____

Candidate Name (In Full): <i>Raynaldo M. Cing</i>	Signature of Treasurer: <i>[Signature]</i>	Date: <i>1-12-17</i>
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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		
<i>None</i>	<i>Ø</i>		
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)	

SUPPORTING SCHEDULE FOR GENERAL CONTRIBUTIONS

PAGE _____ OF _____

Candidate Name (In Full): <i>Raynaldo M. King</i>	Signature of Treasurer: <i>[Signature]</i>	Date:
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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			
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)	←			

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
CAMPAIGN FINANCIAL DISCLOSURE

**MULTI-CANDIDATE
CONTRIBUTION AND EXPENSE REPORT**

Candidate Name (Last Name, First Name, MI): <i>Cing, Reynaldo M.</i>	Treasurer Full Name (Last Name, First Name, MI): <i>Amey</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
<i>None</i>	<i>0</i>	
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)		➔

EXPENSES

FULL NAME OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT
Example: BEST PARTY IN THE LAND	Allocation of Party General Expenses	\$ 15,000
<i>3K's Market</i>	<i>Debt - Store</i>	<i>\$12,000-</i>
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)		➔



COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
COMMONWEALTH ELECTION COMMISSION



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Esber A. Yaver
Rota

Vacant
Saipan & Northern Islands

Vacant
Saipan & Northern Islands

December 28, 2016

Mr. Raynoldo M. Cing
2016 Candidate
Tinian, MP 96952

Re: Extension on Campaign Financial Statement

Dear Mr. Cing:

This is to acknowledge receipt of your letter dated December 28, 2016, regarding request for an extension on your Campaign Financial Statement of Account.

Pursuant to 1 CMC Division 6 § 6429 (Extension of Deadline) as follows:

- 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.

After consideration, I have decided to grant your request to extend the December 28, 2016 deadline to 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,


KAYLA S. IGITOL
Administrative officer

cc: OPA/file