



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  
1/9/17

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): <i>Manglona, Tricia</i>	Office Sought: <i>House of Representatives</i>
Treasurer Name (Last Name, First Name, MI): <i>Manglona Kimberly</i>	Preferred Mailing (P.O. Box) Address: <i>P.O. Box 497</i>
	Telephone: <i>789-2252</i>

	CASH	IN-KIND
1. <b>BALANCE CARRIED FORWARD FROM PREVIOUS ELECTION(S)</b>	0	0
<b>ADD: RECEIPTS THIS ELECTION PERIOD</b>		
2. RECEIPTS FROM FUNDRAISING EVENTS	2,635	200
3. MULTI-CANDIDATE CONTRIBUTIONS	0	0
4. RECEIPTS FROM GENERAL CONTRIBUTIONS	70	150
5. OTHER RECEIPTS	0	0
6. <b>TOTAL AVAILABLE</b> (Add Lines 1 through 5)	2705	350
<b>LESS: DISBURSEMENTS THIS ELECTION PERIOD</b>		
7. DISBURSEMENTS FOR FUNDRAISING EVENTS	2537	0
8. MULTI-CANDIDATE EXPENSES	0	0
9. DISBURSEMENTS FOR GENERAL EXPENDITURES	493.50	0
10. OTHER DISBURSEMENTS	0	0
11. <b>TOTAL DISBURSEMENTS</b> (Add Lines 7 through 10)	3,030.50	0
12. <b>EXCESS (SHORTFALL) OF RECEIPTS OVER DISBURSEMENTS</b> (Subtract Line 11 from Line 6)	325.50	350

**VERIFICATION**

Commonwealth of the Northern Mariana Islands }  
Island of Rota-Saipan } s.s.  
I, Tricia Manglona, 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]*  
Signature of Candidate  
Date (Month, Day, Year) 01/09/17  
Subscribed and sworn before me this 9th day of January, 2017.

**MICHELLE A. CAMACHO**  
P.O. Box 50005-CR, Saipan, MP 96950-0053  
Notary Public  
BY AND FOR THE COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS  
My Commission Expires: 4/10/17

Commonwealth of the Northern Mariana Islands }  
Island of Saipan } s.s.  
I, Kimberly R. Manglona, 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]*  
Signature of Treasurer  
Date (Month, Day, Year) 1/9/17  
Subscribed and sworn before me this 9th day of January, 2017.

**MICHELLE A. CAMACHO**  
P.O. Box 50005-CR, Saipan, MP 96950-0053  
Notary Public  
BY AND FOR THE COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS  
My Commission Expires: 4/10/17

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

**FUNDRAISING EVENT REPORT**

**FUNDRAISING DATE(S):** July 23, 2016

**IMPORTANT:** USE A SEPARATE REPORT FOR EACH FUNDRAISING EVENT.

*Kimberly Reyes*

Candidate Name (Last Name, First Name, MI): <i>Manglona Tricia Marie</i>	Treasurer Full Name (Last Name, First Name, MI): <i>Manglona, Tricia Marie</i>
Name of Fundraising Event: <i>Concert</i>	Date(s) Held: <i>July 23, 2016</i>

**SUMMARY OF FUNDRAISING RECEIPTS AND DISBURSEMENTS**  
(Complete Supporting Schedules Before Completing This Section)

RECEIPTS	CASH	IN-KIND
1. <b>GROSS PROCEEDS FROM FUNDRAISING EVENT</b> (Total Cash Proceeds from Line 3 of Result Summary of Supporting Schedule FR-A)	1185	
2. <b>IN-KIND CONTRIBUTIONS RECEIVED</b> (Total In-kind Contributions Received from Schedule FR-B. Bring down this value to Line 6 below.)		200
3. <b>CONTRIBUTED PROPERTY RECEIVED</b> (Total Contributed Property Received from Schedule FR-C)		Ø
4. <b>TOTAL RECEIPTS</b> (Transfer to Line 1 of Campaign Statement of Account)	1185	200
DISBURSEMENTS		
5. <b>FUNDRAISING EXPENSES</b> (Total Fundraising Expenses from Line 4 of Result Summary of Schedule FR- A)	1285	
6. <b>ADJUSTMENT FOR IN-KIND CONTRIBUTIONS RECEIVED</b> (From Line 2 above)		200
7. <b>TOTAL DISBURSEMENTS</b> (Transfer to Line 6 of Campaign Statement of Account)	1285	200
<b>NET RECEIPTS AND DISBURSEMENTS</b> (Subtract Line 7 from Line 4)	(100)	Ø





**IMPORTANT:** FILE SEPARATE SCHEDULE FOR EACH FUNDRAISING EVENT.

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

Candidate Name (In Full): <i>Tricia Marie Mangiona</i>	Signature of Treasurer: <i>[Signature]</i>	Date: <i>01/06/17</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
Swirls	Gift Certificates	\$ 50
Food Tickets	Appetizers	\$ 40
	Concert tickets	\$ 110
SUB-TOTAL OF RECEIPTS THIS PAGE ONLY (Use additional sheets as necessary).....		200
TOTAL RECEIPTS (IF LAST PAGE ONLY) (Transfer Total to Line 2 of either the Fundraising Event Report or the General Contribution and Expense Report) .....		200

**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
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) .....		0

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

**FUNDRAISING EVENT REPORT**

**FUNDRAISING DATE(S):** November 7, 2016

**IMPORTANT:** USE A SEPARATE REPORT FOR EACH FUNDRAISING EVENT.

*Kimberly Reyes*

Candidate Name (Last Name, First Name, MI): <i>Manglona, Jencia Marie A.</i>	Treasurer Full Name (Last Name, First Name, MI): <i>Manglona, Jencia Marie A.</i>
Name of Fundraising Event: <i>Raffle</i>	Date(s) Held: <i>November 7, 2016</i>

**SUMMARY OF FUNDRAISING RECEIPTS AND DISBURSEMENTS**

(Complete Supporting Schedules Before Completing This Section)

	CASH	IN-KIND
<b>1. GROSS PROCEEDS FROM FUNDRAISING EVENT</b> (Total Cash Proceeds from Line 3 of Result Summary of Supporting Schedule FR-A)	1450	
<b>2. IN-KIND CONTRIBUTIONS RECEIVED</b> (Total In-kind Contributions Received from Schedule FR-B. Bring down this value to Line 6 below.)		Ø
<b>3. CONTRIBUTED PROPERTY RECEIVED</b> (Total Contributed Property Received from Schedule FR-C)		Ø
<b>4. TOTAL RECEIPTS</b> (Transfer to Line 1 of Campaign Statement of Account)	1450	
<b>DISBURSEMENTS</b>		
<b>5. FUNDRAISING EXPENSES</b> (Total Fundraising Expenses from Line 4 of Result Summary of Schedule FR-A)	1252	
<b>6. ADJUSTMENT FOR IN-KIND CONTRIBUTIONS RECEIVED</b> (From Line 2 above)		Ø
<b>7. TOTAL DISBURSEMENTS</b> (Transfer to Line 6 of Campaign Statement of Account)	1252	Ø
<b>NET RECEIPTS AND DISBURSEMENTS</b> (Subtract Line 7 from Line 4)	198	Ø









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

# GENERAL CONTRIBUTION AND EXPENSE REPORT

Candidate Name (Last Name, First Name, MI):

*Manglona, Tricia Marie*

Treasurer Full Name (Last Name, First Name, MI):

*Manglona, Tricia Marie*  
*Manglona, Kimberly Reyes*

## SUMMARY OF RECEIPTS AND DISBURSEMENTS

(Complete Supporting Schedules Before Completing This Section)

RECEIPTS		CASH	IN-KIND
<b>1. MONETARY CONTRIBUTIONS FROM NON-FUNDRAISING EVENTS</b> (Total Contributions from Schedule GC-A)		70	
<b>2. IN-KIND CONTRIBUTIONS RECEIVED</b> (Total In-kind Contributions Received from Schedule GC-B. Bring down this value to Line 7 below.)			150
<b>3. CONTRIBUTED PROPERTY RECEIVED</b> (Total Contributed Property Received from Schedule GC-C)			Ø
<b>4. TOTAL RECEIPTS</b> (Transfer to Line 4 of Campaign Statement of Account)		70	150
DISBURSEMENTS			
<b>5. GENERAL EXPENDITURES</b> (Total General Expenditures from Schedule GC-D)		493.50	
<b>6. CONTRIBUTIONS TO OTHER CANDIDATES</b> (Total Contributions To Other Candidates from Schedule E)		Ø	
<b>7. ADJUSTMENT FOR IN-KIND CONTRIBUTIONS RECEIVED</b> (From Line 2 above)			150
<b>8. TOTAL DISBURSEMENTS</b> (Transfer to Line 9 of Campaign Statement of Account)		493.50	150
<b>NET RECEIPTS AND DISBURSEMENTS</b> (Subtract Line 8 from Line 4)		(423.50)	Ø



Candidate Name (In Full): <i>Tricia Mane Manglona</i>	Signature of Treasurer: <i>[Signature]</i>	Date: <i>01/06/17</i>
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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
<i>Patricia SongSong</i>	<i>Business License</i>	<i>\$ 50</i>
<i>Joaquin Atalia</i>	<i>Democratic Party fee</i>	<i>\$ 100</i>
SUB-TOTAL OF RECEIPTS THIS PAGE ONLY (Use additional sheets as necessary) .....		➔ <i>150</i>
TOTAL IN-KIND CONTRIBUTIONS RECEIVED (IF LAST PAGE ONLY) (Transfer Total to Line 2 of the General Contribution and Expense Report) .....		➔ <i>150</i>

**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
SUB-TOTAL OF RECEIPTS THIS PAGE ONLY (Use additional sheets as necessary) .....		➔ <i>Ø</i>
TOTAL CONTRIBUTED PROPERTY RECEIVED (IF LAST PAGE ONLY) (Transfer Total to Line 3 of the General Contribution and Expense Report) .....		➔ <i>Ø</i>





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

**MULTI-CANDIDATE  
CONTRIBUTION AND EXPENSE REPORT**

*Kimberly Reyes*

Candidate Name (Last Name, First Name, MI): <i>Manglona, Thera Marie</i>	Treasurer Full Name (Last Name, First Name, MI): <i>Manglona, Thera Marie</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) .....		→ <i>0</i>
TOTAL CONTRIBUTIONS RECEIVED (IF LAST PAGE ONLY) (Transfer Total to Line 2 of Campaign Statement of Account) .....		→ <i>0</i>

**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) .....		→ <i>0</i>
TOTAL ALLOCATED EXPENDITURES (IF LAST PAGE ONLY) (Transfer Total to Line 7 of Campaign Statement of Account) .....		→ <i>0</i>



COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS  
COMMONWEALTH ELECTION COMMISSION

CANDIDATE'S COMMITTEE  
ORGANIZATIONAL REPORT

1	Candidate
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AMENDMENT

Candidate's Name <b>TRICIA MARIE ATALIG MANGLONA</b>	
Mailing Address: <b>P.O. BOX 497, ROTA MP 96950</b>	
Contact No.: (670) 789-2252 Business: _____ Other: _____	Email Address: <b>tricia.luta@gmail.com</b>
Office Sought: <b>HOUSE OF REPRESENTATIVE</b>	Municipality/District: <b>DISTRICT #7</b>

2	Candidate's Committee
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Party Affiliation: <b>DEMOCRATIC PARTY</b>	
Committee Name: <b>COMMITTEE TO ELECT TRICIA MARIE ATALIG MANGLONA</b>	
Mailing Address: <b>P.O. BOX 497, ROTA MP 96951</b>	Contact No.: (670) 789-2252

3	Chairperson (Required)
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4	Treasurer (Required)
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Full Name <b>KIMBERLY R. MANGLONA</b>
Mailing Address: <b>P.O. BOX 500533, SPN MP 96950</b>
Contact No.: (670) 287-9527 Business: _____ Other: _____

Full Name <b>KIMBERLY R. MANGLONA</b>
Mailing Address: <b>P.O. Box 500533, SPN MP 96950</b>
Contact No.: (670) 287-9527 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  <b>KIMBERLY R. MANGLONA</b>
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Treasurer's Signature/Date  <b>KIMBERLY R. MANGLONA</b>
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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  <b>TRICIA MARIE ATALIG MANGLONA</b>	<b>01/09/17</b>
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COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS  
COMMONWEALTH ELECTION COMMISSION



Julita A. Villogones  
Executive Director

Commissioners

Frances M. Sablan  
Chairperson  
Saipan & Northern Islands

Jesus J. Sablan  
Saipan & Northern Islands

Irindal I. Robatliman  
Saipan & Northern Islands

Donald Hofschneider  
Tinian & Agaña

Joseph E. Santos  
Tinian & Agaña

Leikani I. Matigloner  
Rota

Esther A. Yular  
Rota

Vacant  
Saipan & Northern Islands

Vacant  
Saipan & Northern Islands

December 28, 2016

**Ms. Tricia Marie Manglona**  
**2016 Candidate**  
**Rota, MP 96951**

Re: Extension on Campaign Financial Statement

Dear Ms. Manglona:

This is to acknowledge receipt of your email 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