



ORIGINAL

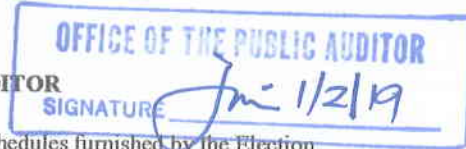
COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
CAMPAIGN FINANCIAL DISCLOSURE

Report Type:
[] Amendment
[X] Final Report

CAMPAIGN STATEMENT OF ACCOUNT - CANDIDATE

2018 [X] GENERAL [] SPECIAL ELECTION
(Year)

IMPORTANT: THIS REPORT MUST BE FILED WITHIN 50 DAYS AFTER THE ELECTION.
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 the minimum, detailed information as required in the Act.

Candidate Name (Last Name, First Name, MI): Orsini, Andrew L.
Office Sought: Board of Education, Saipan
Treasurer Name (Last Name, First Name, MI): Orsini, Bertha F.
Preferred Mailing (P.O. Box) Address: P.O. Box 504141 Saipan MP 96950
Telephone: 989-7961

Table with columns: Description, CASH, IN-KIND. Rows include BALANCE CARRIED FORWARD, RECEIPTS (Fundraising, Multi-candidate, General, Other), DISBURSEMENTS (Fundraising, Multi-candidate, General, Other), and EXCESS (SHORTFALL) OF RECEIPTS OVER DISBURSEMENTS.

VERIFICATION

Commonwealth of the Northern Mariana Islands)
Island of Saipan) s.s. 586-64-7921

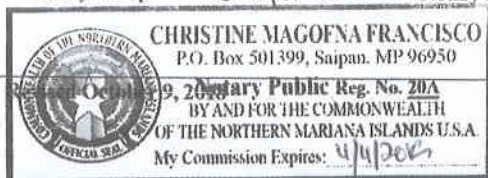
I, Andrew L. Orsini, being duly sworn on oath, depose and say:
(Candidate)

That I am the individual named above; that I prepared the foregoing Campaign Statement of Account, that I have used all 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): 01/2/19

Subscribed and sworn before me this 2 day of January, 2019

Notary Stamp Notary Seal



Commonwealth of the Northern Mariana Islands)
Island of Saipan) s.s. 586-14-0124

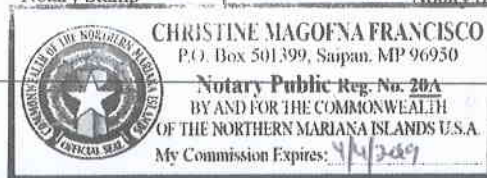
I, Bertha F. Orsini, being duly sworn on oath, depose and say:
(Treasurer)

That I am the individual named above; that I prepared the foregoing Campaign Statement of Account, that I have used all 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 Treasurer: [Signature]
Date (Month, Day, Year): 01-02-19

Subscribed and sworn before me this 2 day of January, 2019

Notary Stamp Notary Seal



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

GENERAL CONTRIBUTION AND EXPENSE REPORT

Candidate Name (Last Name, First Name, MI): Orsini, Andrew L.	Treasurer Full Name (Last Name, First Name, MI): Orsini, Bertha F.
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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)	0	
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)		0
4. TOTAL RECEIPTS (Transfer to Line 4 of Campaign Statement of Account)	0	0
DISBURSEMENTS		
5. GENERAL EXPENDITURES (Total General Expenditures from Schedule GC-D)	\$2151.31	
6. CONTRIBUTIONS TO OTHER CANDIDATES (Total Contribution to Other Candidates from Schedule GC-E)	\$760.00	
7. ADJUSTMENTS FOR IN-KIND CONTRIBUTIONS RECEIVED (From Line 2 above)		0
8. TOTAL DISBURSEMENTS (Transfer to Line 9 of Campaign Statement of Account)	\$2911.31	
NET RECEIPTS AND DISBURSEMENTS (Subtract Line 8 from Line 4)	\$2911.31	

IMPORTANT: FILE SEPARATE SCHEDULE FOR EACH FUNDRAISING EVENT.

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

Candidate Name (In Full): <i>Andrew L. Orsini</i>	Signature of Treasurer: <i>[Signature]</i>	Date: <i>01-02-19</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 \$ _____
- 2. TOTAL CASH PROCEEDS FROM INDIVIDUALS WHO CONTRIBUTED MORE THAN \$500 (Details on Section 1 below) + _____
- 3. TOTAL CASH PROCEEDS FROM FUNDRAISING EVENT (Transfer this total to Line 1 of Fundraising Event Report) _____
- 4. TOTAL FUNDRAISING EXPENSES (Details of Section 2-Fundraising Expense on the reverse side of this form. Transfer this total to Line 5 of Fundraising Event Report) _____
- 5. NET CASH PROCEEDS (Subtract Line 4 from Line 3) _____

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		
TOTAL PROCEEDS OF CONTRIBUTIONS, IF LAST PAGE OTHERWISE CONTINUE ON NEXT COLUMN	<i>0</i>	TOTAL PROCEEDS OF CONTRIBUTIONS \$500 OR MORE (LAST PAGE ONLY-MUST AGREE WITH LINE 2 ABOVE)	<i>0</i>

IMPORTANT: FILE SEPARATE SCHEDULE FOR EACH FUNDRAISING EVENT.

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

Candidate Name (In Full): <i>Andrew L. Orsini</i>	Signature of Treasurer: <i>[Signature]</i>	Date: <i>01-02-19</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 @ \$5.00)	\$ 1,250
SUB-TOTAL OF RECEIPTS THIS PAGE ONLY <small>(Use additional sheets as necessary)</small>		➔ 0
TOTAL RECEIPTS (IF LAST PAGE ONLY) <small>(Transfer Total to Line 2 of the Fundraising Event Report)</small>		➔ 0

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

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

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
CAMPAIGN FINANCIAL DISCLOSURE

GENERAL CONTRIBUTION AND EXPENSE REPORT

Candidate Name (Last Name, First Name, MI): <i>Osini, Andrew L.</i>	Treasurer Full Name (Last Name, First Name, MI): <i>Osini, Bertha F.</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)		
2. IN-KIND CONTRIBUTIONS RECEIVED (Total In-Kind Contributions Received from Schedule GC-B. Bring down this value to Line 7 below.)		
3. CONTRIBUTED PROPERTY RECEIVED (Total Contributed Property Received from Schedule GC-C)		
4. TOTAL RECEIPTS (Transfer to Line 4 of Campaign Statement of Account)		
DISBURSEMENTS		
5. GENERAL EXPENDITURES (Total General Expenditures from Schedule GC-D)		
6. CONTRIBUTIONS TO OTHER CANDIDATES (Total Contribution to Other Candidates from Schedule GC-E)		
7. ADJUSTMENTS FOR IN-KIND CONTRIBUTIONS RECEIVED (From Line 2 above)		
8. TOTAL DISBURSEMENTS (Transfer to Line 9 of Campaign Statement of Account)		
NET RECEIPTS AND DISBURSEMENTS (Subtract Line 8 from Line 4)		

Candidate Name (In Full): <i>Andrew L. Orsini</i>	Signature of Treasurer: <i>[Signature]</i>	Date: <i>01-02-19</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 @ \$5.00)	\$ 1,250
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 the General Contribution and Expense Report, Summary of Receipts and Disbursements).....		0

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

FULL NAME OF CONTRIBUTOR	DESCRIPTION OF CONTRIBUTION	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 CONTRIBUTED PROPERTY RECEIVED (IF LAST PAGE ONLY) (Transfer Total to Line 3 of the General Contribution and Expense Report, Summary of Receipts and Disbursements).....		0

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

**MULTI-CANDIDATE
CONTRIBUTION AND EXPENSE REPORT**

Candidate Name (Last Name, First Name, MI): <i>Orsini, Andrew L.</i>	Treasurer Full Name (Last Name, First Name, MI): <i>Orsini, Bertha F.</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) <small>(Use additional sheets as necessary)</small>		➔ 0
TOTAL CONTRIBUTIONS RECEIVED (IF LAST PAGE ONLY) <small>(Transfer Total to Line 3 of the Campaign Statement of Account)</small>		➔ 0

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 <small>(Use additional sheets as necessary)</small>		➔ 0
TOTAL ALLOCATED EXPENDITURES (IF LAST PAGE ONLY) <small>(Transfer Total to Line 8 of the Campaign Statement of Account)</small>		➔ 0