

OFFICE OF THE PUBLIC AUDITOR
SIGNATURE *AMJ 1/17/19*



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

Report Type:
 Final Report
 Amendment

CAMPAIGN STATEMENT OF ACCOUNT - CANDIDATE
2018 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): <i>Ayuya Crispin Masga</i>	Office Sought: <i>Mayor</i>
Treasurer Name (Last Name, First Name, MI): <i>Manglona, Alby</i>	Preferred Mailing (P.O. Box) Address: <i>P.O. Box 541 Rota MP 96951</i>
	Telephone: <i>(670) 532-6677</i>

	CASH	IN-KIND
1. BALANCE CARRIED FORWARD FROM PREVIOUS ELECTION(S)	<i>0</i>	<i>0</i>
ADD RECEIPTS IN THIS ELECTION PERIOD		
2. RECEIPT FROM FUNDRAISING EVENTS	<i>\$ 3,750.00</i>	
3. MULTI-CANDIDATE CONTRIBUTIONS	<i>0</i>	<i>0</i>
4. RECEIPTS FROM GENERAL CONTRIBUTIONS	<i>0</i>	<i>0</i>
5. OTHER RECEIPTS	<i>0</i>	<i>0</i>
6. TOTAL AVAILABLE (Add Lines 1 through 5)	<i>\$ 3,750.00</i>	
LESS DISBURSEMENTS IN THIS ELECTION PERIOD		
7. DISBURSEMENTS FOR FUNDRAISING EVENTS	<i>\$ 2,910.00</i>	
8. MULTI-CANDIDATE EXPENSES	<i>0</i>	<i>0</i>
9. DISBURSEMENTS FOR GENERAL EXPENDITURES	<i>\$ 3,889.00</i>	<i>0</i>
10. OTHER DISBURSEMENTS	<i>0</i>	
11. TOTAL DISBURSEMENTS (Add Lines 7 through 10)	<i>\$ 6,799.00</i>	
12. BALANCE CARRIED FORWARD TO NEXT ELECTION PERIOD	<i>\$ 3,029.00</i>	

VERIFICATION

Commonwealth of the Northern Mariana Islands)
Island of Rota) s.s.

I, Crispin M Ayuya, 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] 01/17/19
Signature of Candidate Date (Month, Day, Year)

Subscribed and sworn before me this 17 day of January, 2019

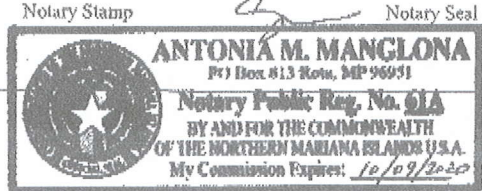
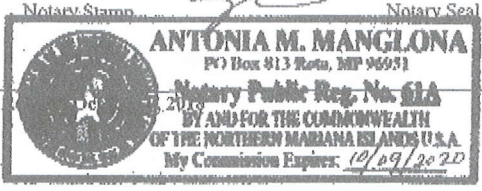
Commonwealth of the Northern Mariana Islands)
Island of Rota) s.s.

I, Alby Manglona, 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] 01/17/19
Signature of Treasurer Date (Month, Day, Year)

Subscribed and sworn before me this 17 day of January, 2019





DIVISION OF REVENUE AND TAXATION
Department of Finance
Commonwealth of the Northern Mariana Islands
Application for Business License



A. TYPE OF APPLICATION

- NEW
RENEWAL - BUSINESS LICENSE NO.:
AMENDMENT (Check below)

TAXPAYER'S I.D. NO.:
FEDERAL EMPLOYER I.D. NO. (FEIN):
FIRST YEAR OF OPERATION:

- Additional location
Additional line(s) of business (please specify below)
Change of location
Request for duplicate license(s)
Add D.B.A.
Change of business name

B. APPLICANT INFORMATION

1. Form of business and name of applicant

- Sole Proprietorship
Partnership
Corporation
LLC
Joint Venture
Other

CERTIFIED CLEAR
Department of Commerce
WORKERS' COMPENSATION COMMISSION
BY: ATG DATE: 10/17/18
Pursuant to PL 9-33, Section 9346
11:41

Mailing address: PO BOX 54 / ROTA MP 96951
Telephone: (570) 788-3528 Fax:
Email address:

C. LINE(S) OF BUSINESS APPLIED FOR (list every activity location separately)

Table with 5 columns: Line of Business, DBA (assumed name), Island, Village, Lot No.
Row 1: FUNDRAISING / Political, COMMITTEE TO ELECT CRISPIN M. AYUYU ROT, SONGSONG

If the applicant is a foreign corporation or a Non-CNMI resident, please specify the name of the registered/resident agent below.

Name:
Mailing address:
Telephone No.:

D. APPLICANT DECLARATION

I declare under penalty of perjury that the information above are true and correct and that I have complied with all CNMI laws and regulations for purposes of obtaining a business license. This declaration is made on this day of at

CRISPIN M. AYUYU
Print applicant's name Signature Title OWNER Date 9/27/2018

OFFICIAL USE ONLY

The applicant is not recommended for approval for the issuance of a business license.
Reviewed by: Date: 10-17-18
Approved by: License No.
License fee paid: \$ 50.00 Date paid: 10-17-18

Original: Business License Office Yellow: Workers Compensation Office Pink: Applicant

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
CAMPAIGN FINANCIAL DISCLOSURE

FUNDRAISING EVENT REPORT
FUNDRAISING DATES: _____

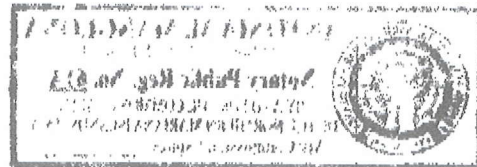
IMPORTANT: USE A SEPARATE REPORT FOR EACH FUNDRAISING EVENT.

Candidate Name (Last Name, First Name, MI): <i>Axuyu, Crispin Masga</i>	Treasurer Full Name (Last Name, First Name, MI): <i>Mangona, Abby</i>
Name of Fundraising Event:	Date(s) Held: <i>August 17, 2018</i>

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 the Result Summary of Supporting Schedule FR-A)	\$ 3,750.00	
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 (Add Lines 1 through 3) (Transfer to Line 2 of Campaign Statement of Account)	\$ 3,750.00	0
DISBURSEMENTS		
5. FUNDRAISING EXPENSES (Total Fundraising Expenses from Line 4 of Result Summary of Schedule FR-A)	\$ 2,910.00	
6. ADJUSTMENTS FOR IN-KIND CONTRIBUTIONS RECEIVED (From Line 2 above)		0
7. TOTAL DISBURSEMENTS (Add Lines 5 and 6) (Transfer to Line 7 of Campaign Statement of Account)	\$ 2,910.00	0
NET RECEIPTS AND DISBURSEMENTS (Supporting Schedule FR-1)	\$ 840.00	0

CFD-FER, 2018



IMPORTANT: FILE SEPARATE SCHEDULE FOR EACH FUNDRAISING EVENT.

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

Candidate Name (In Full): <i>Crispin H. Ayala</i>	Signature of Treasurer: <i>[Signature]</i>	Date: <i>01/17/19</i>
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**SUPPORTING SCHEDULE FR-B
IN-KIND CONTRIBUTIONS RECEIVED**

FULL NAME OF CONTRIBUTOR	DESCRIPTION OF CONTRIBUTION	FAIR MARKET VALUE
<small>Example: ABC Rev</small>	<small>Gift of \$1000</small>	<small>1000</small>
SUB-TOTAL OF RECEIPTS THIS PAGE ONLY <small>(Use additional sheets as necessary)</small>		➔ <i>0</i>
TOTAL RECEIPTS (IF LAST PAGE ONLY) <small>(Transfer Total to Line 2 of the Fundraising Event Report)</small>		➔ <i>0</i>

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

FULL NAME OF CONTRIBUTOR	DESCRIPTION OF CONTRIBUTION	FAIR MARKET VALUE
SUB-TOTAL OF RECEIPTS THIS PAGE ONLY <small>(Use additional sheets as necessary)</small>		➔ <i>0</i>
TOTAL RECEIPTS (IF LAST PAGE ONLY) <small>(Transfer Total to Line 3 of Fundraising Event Report)</small>		➔ <i>0</i>

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
CAMPAIGN FINANCIAL DISCLOSURE

GENERAL CONTRIBUTION AND EXPENSE REPORT

Candidate Name (Last Name, First Name, MI):	Treasurer Full Name (Last Name, First Name, MI): <i>Manghona, Abigail A.</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)	<i>0</i>	
2. IN-KIND CONTRIBUTIONS RECEIVED (Total In-Kind Contributions Received from Schedule GC-B. Bring down this value to Line 7 below.)		<i>0</i>
3. CONTRIBUTED PROPERTY RECEIVED (Total Contributed Property Received from Schedule GC-C)		<i>0</i>
4. TOTAL RECEIPTS (Transfer to Line 4 of Campaign Statement of Account)	<i>0</i>	<i>0</i>
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		

SUPPORTING SCHEDULE FOR GENERAL CONTRIBUTIONS

Candidate Name (In Full): <i>Crispin M. Arroyu</i>	Signature of Treasurer: <i>[Signature]</i>	Date: <i>01/17/19</i>
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SUPPORTING SCHEDULE GC-A
MONETARY CONTRIBUTIONS FROM NON-FUNDRAISING EVENTS

RESULT SUMMARY

1. TOTAL MONETARY CONTRIBUTIONS FROM INDIVIDUALS WHO CONTRIBUTED LESS THAN \$500
2. TOTAL MONETARY CONTRIBUTIONS FROM INDIVIDUALS WHO CONTRIBUTED MORE THAN \$500
3. TOTAL MONETARY CONTRIBUTIONS (Transfer to Line 1 of the General Contribution and Expense Report)

\$ *0*
 + *0*
 = *0*

FULL NAME OF CONTRIBUTOR	AMOUNT	FULL NAME OF CONTRIBUTOR	AMOUNT
<i>Example: Mr. Jane Doe</i>	<i>\$ 1,500.00</i>		
TOTAL CONTRIBUTIONS RECEIVED, IF LAST PAGE OTHERWISE CONTINUE ON NEXT COLUMN	<i>[Signature]</i>	TOTAL CONTRIBUTIONS RECEIVED (LAST PAGE ONLY) (Transfer to Line 2 of Result Summary above)	<i>[Signature]</i>

SUPPORTING SCHEDULE FOR GENERAL CONTRIBUTIONS

PAGE ____ OF ____

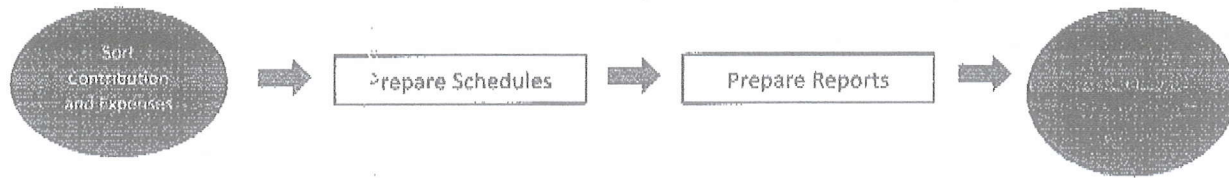
Candidate Name (In Full):	Signature of Treasurer: <i>Hammagora</i>	Date: 01/17/19
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**SUPPORTING SCHEDULE GC-B
IN-KIND CONTRIBUTIONS RECEIVED**

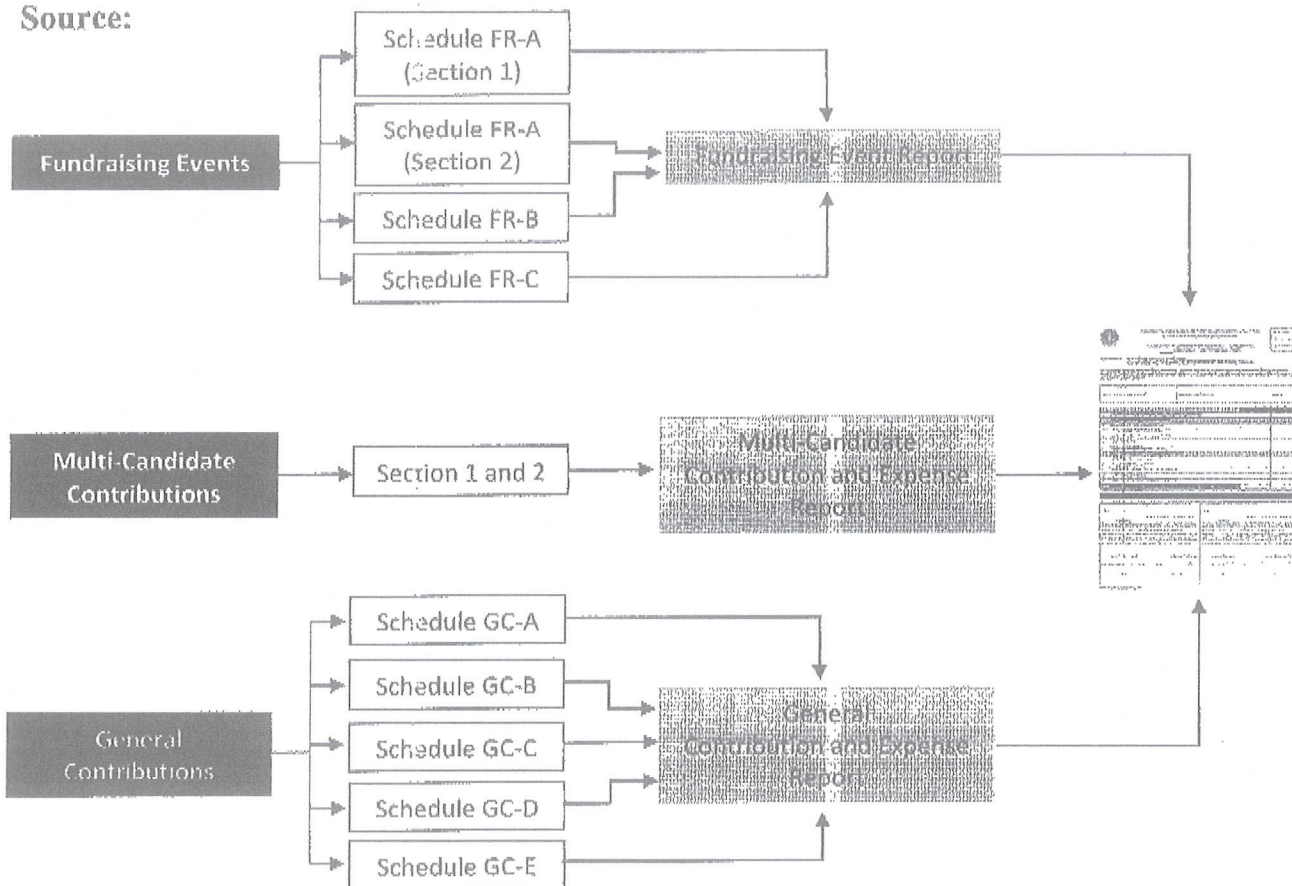
FULL NAME OF CONTRIBUTOR	DESCRIPTION OF CONTRIBUTION	FAIR MARKET VALUE
SUB-TOTAL OF RECEIPTS THIS PAGE ONLY <small>(Use additional sheets as necessary)</small>		→ <i>0</i>
TOTAL RECEIPTS (IF LAST PAGE ONLY) <small>(Transfer Total to Line 2 of the General Contribution and Expense Report, Summary of Receipts and Disbursements)</small>		→ <i>0</i>

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

FULL NAME OF CONTRIBUTOR	DESCRIPTION OF CONTRIBUTION	FAIR MARKET VALUE
	Old Computer with printer	
SUB-TOTAL OF RECEIPTS THIS PAGE ONLY <small>(Use additional sheets as necessary)</small>		→ <i>0</i>
TOTAL CONTRIBUTED PROPERTY RECEIVED (IF LAST PAGE ONLY) <small>(Transfer Total to Line 3 of the General Contribution and Expense Report, Summary of Receipts and Disbursements)</small>		→ <i>0</i>



Source:





ATTN: MICHELLE CHAMACHO
OPA, SAIPAN MP 96950
FAX: 670332-7812

FROM: CRISPIN AYUYU, ROTA