



**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

OFFICE OF THE PUBLIC AUDITOR
 SIGNATURE *[Signature]* 1/17/2019

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): Manglona, Donald M.	Office Sought: House of Representatives
Treasurer Name (Last Name, First Name, MI): Manglona, Chanelle A.	Preferred Mailing (P.O. Box) Address: P.O. Box 911, Rota, MP 96951
	Telephone: 287-3750

	CASH	IN-KIND
1. BALANCE CARRIED FORWARD FROM PREVIOUS ELECTION(S)	0	0
ADD: RECEIPTS THIS ELECTION PERIOD		
2. RECEIPT FROM FUNDRAISING EVENTS	2,100.00	350.00
3. MULTI-CANDIDATE CONTRIBUTIONS		
4. RECEIPTS FROM GENERAL CONTRIBUTIONS	300.00	
5. OTHER RECEIPTS		
6. TOTAL AVAILABLE (Add Lines 1 through 5)	2400.00	350.00
LESS: DISBURSEMENTS THIS ELECTION PERIOD		
7. DISBURSEMENTS FOR FUNDRAISING EVENTS	291.50	350.00
8. MULTI-CANDIDATE EXPENSES		
9. DISBURSEMENTS FOR GENERAL EXPENDITURES	2,415.47	
10. OTHER DISBURSEMENTS		
11. TOTAL DISBURSEMENTS (Add Lines 7 through 10)	2,706.97	350.00
12. EXCESS (SHORTFALL) OF RECEIPTS OVER DISBURSEMENTS (Subtract Line 11 from Line 6)	(306.97)	0

VERIFICATION

Commonwealth of the Northern Mariana Islands)
 Island of Rota) s.s.
 I, Donald M. 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 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

01/17/19
 Date (Month, Day, Year)

Subscribed and sworn before me this 17th day of January, 20 19

ARVIN C. OGO
 P.O. Box 527, Rota, MP 96951
 Notary Seal
 Notary Public Reg. No. 792A
 BY AND FOR THE COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
 My Commission Expires: 12/31/2010

Commonwealth of the Northern Mariana Islands)
 Island of Rota) s.s.
 I, Chanelle A. 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]
 Signature of Treasurer

01/17/19
 Date (Month, Day, Year)

Subscribed and sworn before me this 17th day of January, 20 19

ARVIN C. OGO
 P.O. Box 527, Rota, MP 96951
 Notary Seal
 Notary Public Reg. No. 792A
 BY AND FOR THE COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
 My Commission Expires: 12/31/2010

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

FUNDRAISING EVENT REPORT
FUNDRAISING DATES: October 28, 2018

IMPORTANT: USE A SEPARATE REPORT FOR EACH FUNDRAISING EVENT.

Candidate Name (Last Name, First Name, MI): <i>Manglona, Donald M.</i>	Treasurer Full Name (Last Name, First Name, MI): <i>Manglona, Chanelle A.</i>
Name of Fundraising Event: <i>Raffle</i>	Date(s) Held: <i>October 28, 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)	<i>2,100.00</i>	
2. IN-KIND CONTRIBUTIONS RECEIVED (Total In-Kind Contributions Received from Schedule FR-B. Bring down this value to Line 6 below.)		<i>350.00</i>
3. CONTRIBUTED PROPERTY RECEIVED (Total Contributed Property Received from Schedule FR-C)		<i>0</i>
4. TOTAL RECEIPTS (Add Lines 1 through 3) (Transfer to Line 2 of Campaign Statement of Account)	<i>2,100.00</i>	<i>350.00</i>
DISBURSEMENTS		
5. FUNDRAISING EXPENSES (Total Fundraising Expenses from Line 4 of Result Summary of Schedule FR-A)	<i>291.50</i>	
6. ADJUSTMENTS FOR IN-KIND CONTRIBUTIONS RECEIVED (From Line 2 above)		<i>350.00</i>
7. TOTAL DISBURSEMENTS (Add Lines 5 and 6) (Transfer to Line 7 of Campaign Statement of Account)	<i>291.50</i>	<i>350.00</i>
NET RECEIPTS AND DISBURSEMENTS (Subtract Line 7 from Line 4)	<i>1,808.50</i>	<i>0</i>

IMPORTANT: FILE SEPARATE SCHEDULE FOR EACH FUNDRAISING EVENT.

SUPPORTING SCHEDULE FOR FUNDRAISING EVENT HELD ON DATE(S): Oct. 28, 2018

PAGE 1 OF 1

Candidate Name (In Full): <u>Mangiona, Donald M.</u>	Signature of Treasurer: <u>[Signature]</u>	Date: <u>1/17/19</u>
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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	\$ <u>0</u>
2. TOTAL CASH PROCEEDS FROM INDIVIDUALS WHO CONTRIBUTED MORE THAN \$500 (Details on Section 1 below)	+ <u>0</u>
3. TOTAL CASH PROCEEDS FROM FUNDRAISING EVENT (Transfer this total to Line 1 of Fundraising Event Report)	<u>amt 2,100</u>
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)	<u>291.50</u>
5. NET CASH PROCEEDS (Subtract Line 4 from Line 3)	<u>1,808.50</u>

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	<u>0</u>	TOTAL PROCEEDS OF CONTRIBUTIONS \$500 OR MORE (LAST PAGE ONLY-MUST AGREE WITH LINE 2 ABOVE)	<u>0</u>

IMPORTANT: FILE SEPARATE SCHEDULE FOR EACH FUNDRAISING EVENT.

SUPPORTING SCHEDULE FOR FUNDRAISING EVENT HELD ON DATE(S): Oct. 28, 2018 PAGE 1 OF 1

Candidate Name (In Full): <i>Mangiona, Donald M.</i>	Signature of Treasurer: <i>CWA</i>	Date: <i>1/17/19</i>
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**SUPPORTING SCHEDULE FR-B
IN-KIND CONTRIBUTIONS RECEIVED**

FULL NAME OF CONTRIBUTOR	DESCRIPTION OF CONTRIBUTION	FAIR MARKET VALUE
Example: ABC Retail	Give-away t-shirts (250 @ \$5.00)	\$ 1,250
<i>Lorna Mangiona</i>	<i>Prizes</i>	<i>350.00</i>
SUB-TOTAL OF RECEIPTS THIS PAGE ONLY (Use additional sheets as necessary)		<i>350.00</i>
TOTAL RECEIPTS (IF LAST PAGE ONLY) (Transfer Total to Line 2 of the Fundraising Event Report)		<i>350.00</i>

**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 (Use additional sheets as necessary)		<i>0</i>
TOTAL RECEIPTS (IF LAST PAGE ONLY) (Transfer Total to Line 3 of Fundraising Event Report)		<i>0</i>

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
CAMPAIGN FINANCIAL DISCLOSURE

GENERAL CONTRIBUTION AND EXPENSE REPORT

Candidate Name (Last Name, First Name, MI): <i>Manglona, Donald M.</i>	Treasurer Full Name (Last Name, First Name, MI): <i>Manglona, Chanelle 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>300.00</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>300.00</i>	<i>0</i>
DISBURSEMENTS		
5. GENERAL EXPENDITURES (Total General Expenditures from Schedule GC-D)	<i>2,415.47</i>	
6. CONTRIBUTIONS TO OTHER CANDIDATES (Total Contribution to Other Candidates from Schedule GC-E)	<i>0</i>	
7. ADJUSTMENTS FOR IN-KIND CONTRIBUTIONS RECEIVED (From Line 2 above)		<i>0</i>
8. TOTAL DISBURSEMENTS (Transfer to Line 9 of Campaign Statement of Account)	<i>2,415.47</i>	<i>0</i>
NET RECEIPTS AND DISBURSEMENTS (Subtract Line 8 from Line 4)	<i>2,115.47</i>	<i>0</i>

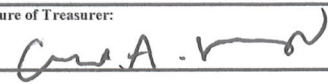
Candidate Name (In Full): <i>Mangiona, Donald M.</i>	Signature of Treasurer: <i>Chris A. [Signature]</i>	Date: <i>1/17/19</i>
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**SUPPORTING SCHEDULE GC-A
MONETARY CONTRIBUTIONS FROM NON-FUNDRAISING EVENTS**

RESULT SUMMARY

1. TOTAL MONETARY CONTRIBUTIONS FROM INDIVIDUALS WHO CONTRIBUTED LESS THAN \$500	\$ <u><i>300.00</i></u>
2. TOTAL MONETARY CONTRIBUTIONS FROM INDIVIDUALS WHO CONTRIBUTED MORE THAN \$500	+ <u><i>0</i></u>
3. TOTAL MONETARY CONTRIBUTIONS (Transfer to Line 1 of the General Contribution and Expense Report)	<u><u><i>300.00</i></u></u>

FULL NAME OF CONTRIBUTOR	AMOUNT	FULL NAME OF CONTRIBUTOR	AMOUNT
Example: Ms. Jane Doe	\$ 1,500.00		
<i>Lorna Mangiona</i>	<i>300.00</i>		
TOTAL CONTRIBUTIONS RECEIVED, IF LAST PAGE OTHERWISE CONTINUE ON NEXT COLUMN	<i>300.00</i>	TOTAL CONTRIBUTIONS RECEIVED (LAST PAGE ONLY) (Transfer to Line 2 of Result Summary above)	

Candidate Name (In Full): <i>Mangiona, Donald M.</i>	Signature of Treasurer: 	Date: <i>1/17/19</i>
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SUPPORTING SCHEDULE GC-D
GENERAL EXPENDITURES

FULL NAME OF PAYEE OR VENDOR	PARTICULARS/ DESCRIPTION	AMOUNT				
		Food & Drinks	Advertising	Supplies	Fees/Donation	Other
Example: Marianas Daily	One-page ad		\$ 500			
<i>MingYang Supermarket</i>	<i>Food</i>	<i>451.72</i>				
<i>Star Man'ulas</i>	<i>Airfare</i>					<i>245.00</i>
<i>3 Kings</i>	<i>Drinks</i>	<i>1,526.75</i>				
<i>RCE Engraving Services</i>	<i>Banners</i>	<i>192.00</i>	<i>192.00</i>			
SUB-TOTAL OF PAYMENTS THIS PAGE ONLY (Use additional sheets as necessary)	(Sub Total)	<i>2,415.47</i>	<i>1,978.47</i>	<i>192.00</i>		<i>245.00</i>
TOTAL GEN. EXPENDITURES (IF LAST PAGE ONLY) (Transfer Total to Line 5 of Gen. Contributions & Exp. Report, Summary of Receipts and Disbursements)	(Total)	<i>2,415.47</i>	<i>1,978.47</i>	<i>192.00</i>		<i>245.00</i>

Candidate Name (In Full): <i>Donald Manalang Manglas</i>	Signature of Treasurer: <i>Chris A. Manglas</i>	Date: <i>1/17/19</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 <i>N/A</i>	Give-away t-shirts (250 @ \$5.00)	\$ 1,250
SUB-TOTAL OF RECEIPTS THIS PAGE ONLY (Use additional sheets as necessary)		→
TOTAL RECEIPTS (IF LAST PAGE ONLY) (Transfer Total to Line 2 of the General Contribution and Expense Report, Summary of Receipts and Disbursements).....		→

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

FULL NAME OF CONTRIBUTOR	DESCRIPTION OF CONTRIBUTION	FAIR MARKET VALUE
Example: Island Computers <i>N/A</i>	Old Computer with printer	\$ 600
SUB-TOTAL OF RECEIPTS THIS PAGE ONLY (Use additional sheets as necessary)		→
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).....		→

Candidate Name (In Full): <i>Donald Manalang Margjona</i>	Signature of Treasurer: <i>[Handwritten Signature]</i>	Date: <i>4/17/19</i>
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SUPPORTING SCHEDULE GC-E
CONTRIBUTIONS TO OTHER CANDIDATES (EXPENDITURES)

FULL NAME OF PAYEE	DESCRIPTION	AMOUNT
Example: Mr. Winning Candidate Like Me	Fundraising tickets purchased (10 tickets @ \$50)	\$ 500
<i>N/A</i>		
SUB-TOTAL OF EXPENSES THIS PAGE ONLY (Use additional sheets as necessary)		➔
TOTAL CONTRIBUTIONS TO OTHER CANDIDATES (IF LAST PAGE ONLY) (Transfer Total to Line 6 of General Contribution and Expenses Report, Summary of Receipts and Disbursements).....		➔

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

**MULTI-CANDIDATE
CONTRIBUTION AND EXPENSE REPORT**

Candidate Name (Last Name, First Name, MI): <i>Mangiona, Donald Maralung</i>	Treasurer Full Name (Last Name, First Name, MI): <i>Chanette ^{GM} Mangiona Chenelle A.</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>N/A</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 3 of the 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>N/A</i>		
SUB-TOTAL OF EXPENSES THIS PAGE ONLY (Use additional sheets as necessary)		→
TOTAL ALLOCATED EXPENDITURES (IF LAST PAGE ONLY) (Transfer Total to Line 8 of the Campaign Statement of Account)		→



**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

OFFICE OF THE PUBLIC AUDITOR
5/1/17/19
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 the minimum, detailed information as required in the Act.

Candidate Name (Last Name, First Name, MI): <i>Manglona, Donald M.</i>	Office Sought: <i>House of Representatives</i>
Treasurer Name (Last Name, First Name, MI): <i>Manglona, Chanelle A.</i>	Preferred Mailing (P.O. Box) Address: <i>P.O. Box 911, Rota, MP 96951</i>
	Telephone: <i>287-3750</i>

	CASH	IN-KIND
1. BALANCE CARRIED FORWARD FROM PREVIOUS ELECTION(S)	<i>0</i>	<i>0</i>
ADD: RECEIPTS THIS ELECTION PERIOD		
2. RECEIPT FROM FUNDRAISING EVENTS	<i>2,100.00</i>	<i>350.00</i>
3. MULTI-CANDIDATE CONTRIBUTIONS		
4. RECEIPTS FROM GENERAL CONTRIBUTIONS	<i>300.00</i>	
5. OTHER RECEIPTS		
6. TOTAL AVAILABLE (Add Lines 1 through 5)	<i>2400.00</i>	<i>350.00</i>
LESS: DISBURSEMENTS THIS ELECTION PERIOD		
7. DISBURSEMENTS FOR FUNDRAISING EVENTS	<i>291.50</i>	<i>350.00</i>
8. MULTI-CANDIDATE EXPENSES		
9. DISBURSEMENTS FOR GENERAL EXPENDITURES	<i>2415.47</i>	
10. OTHER DISBURSEMENTS		
11. TOTAL DISBURSEMENTS (Add Lines 7 through 10)	<i>2,706.97</i>	<i>350.00</i>
12. EXCESS (SHORTFALL) OF RECEIPTS OVER DISBURSEMENTS (Subtract Line 11 from Line 6)	<i>(306.97)</i>	<i>0</i>

VERIFICATION

Commonwealth of the Northern Mariana Islands)
Island of Rota) s.s.
I, Donald M. 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 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] Date (Month, Day, Year) 01/17/19
Signature of Candidate
Subscribed and sworn before me this 17th day of January, 2019

Commonwealth of the Northern Mariana Islands)
Island of Rota) s.s.
I, Chanelle A. 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] Date (Month, Day, Year) 01/17/19
Signature of Treasurer
Subscribed and sworn before me this 17th day of January, 2019

ARVIN C. OGO
P.O. Box 527 Rota, MP 96951
Notary Seal
Notary Public Reg. No. 792A
BY AND FOR THE COMMONWEALTH
OF THE NORTHERN MARIANA ISLANDS
My Commission Expires: 12/31/2019

ARVIN C. OGO
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