



**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]* 1/15/2019

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):<br><b>ATALIG, Efraim M</b>           | Office Sought:<br><b>MAYORAL</b>   |
| Treasurer Name (Last Name, First Name, MI):<br><b>CHARFAUROS, Vanessa Lynn G</b> | Preferred Mailing (P.O. Box) Address:<br><b>P.O. BOX 1115, ROTA MP 96951</b> |
|  | Telephone:<br><b>532-9451/52</b>   |

|  | CASH       | IN-KIND |
|--|------------|---------|
| 1. BALANCE CARRIED FORWARD FROM PREVIOUS ELECTION(S)                                 | - 0 -      | - 0 -   |
| <b>ADD: RECEIPTS THIS ELECTION PERIOD</b>  |            |         |
| 2. RECEIPT FROM FUNDRAISING EVENTS   | \$3,050.00 | - 0 -   |
| 3. MULTI-CANDIDATE CONTRIBUTIONS   | - 0 -      | - 0 -   |
| 4. RECEIPTS FROM GENERAL CONTRIBUTIONS   | - 0 -      | - 0 -   |
| 5. OTHER RECEIPTS  | - 0 -      | - 0 -   |
| 6. TOTAL AVAILABLE (Add Lines 1 through 5)   | \$3,050.00 | - 0 -   |
| <b>LESS: DISBURSEMENTS THIS ELECTION PERIOD</b>                                      |            |         |
| 7. DISBURSEMENTS FOR FUNDRAISING EVENTS  | \$ 363.00  | - 0 -   |
| 8. MULTI-CANDIDATE EXPENSES  | - 0 -      | - 0 -   |
| 9. DISBURSEMENTS FOR GENERAL EXPENDITURES  | - 0 -      | - 0 -   |
| 10. OTHER DISBURSEMENTS  | \$ 237.00  | - 0 -   |
| 11. TOTAL DISBURSEMENTS (Add Lines 7 through 10)                                     | \$ 600.00  | - 0 -   |
| 12. EXCESS (SHORTFALL) OF RECEIPTS OVER DISBURSEMENTS (Subtract Line 11 from Line 6) | \$2,450.00 | - 0 -   |

**VERIFICATION**

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

I, Efraim M Atalig, 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

11/13/19  
Date (Month, Day, Year)

Subscribed and sworn before me this 13<sup>TH</sup> day of JAN, 2019

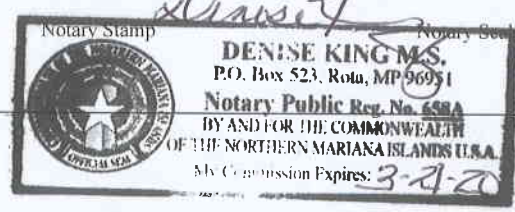
Commonwealth of the Northern Mariana Islands )  
) s.s.  
Island of ROTA )

I, Vanessa G Charfauros, 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

01/13/19  
Date (Month, Day, Year)

Subscribed and sworn before me this 13 day of JAN, 2019



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

**FUNDRAISING EVENT REPORT**

**FUNDRAISING DATES:** 09/22/17

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

|  |   |
|--|---|
| Candidate Name (Last Name, First Name, MI):<br><b>ATALIG, Efraim M</b> | Treasurer Full Name (Last Name, First Name, MI):<br><b>CHARFAUROS, Vanessa Lynn G</b> |
| Name of Fundraising Event:<br><b>Birthday Fundraiser</b>               | Date(s) Held:<br><b>September 22, 2017</b>  |

**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><br>(Total Cash Proceeds from Line 3 of the Result Summary of Supporting Schedule FR-A)        | \$3,050.00 |         |
| 2. <b>IN-KIND CONTRIBUTIONS RECEIVED</b><br>(Total In-Kind Contributions Received from Schedule FR-B. Bring down this value to Line 6 below.) |            | - 0 -   |
| 3. <b>CONTRIBUTED PROPERTY RECEIVED</b><br>(Total Contributed Property Received from Schedule FR-C)   |            | - 0 -   |
| 4. <b>TOTAL RECEIPTS</b> (Add Lines 1 through 3)<br>(Transfer to Line 2 of Campaign Statement of Account)                                     | \$3,050.00 | - 0 -   |
| <b>DISBURSEMENTS</b>  |            |         |
| 5. <b>FUNDRAISING EXPENSES</b><br>(Total Fundraising Expenses from Line 4 of Result Summary of Schedule FR-A)                                 | \$2,563.00 |         |
| 6. <b>ADJUSTMENTS FOR IN-KIND CONTRIBUTIONS RECEIVED</b><br>(From Line 2 above)   |            | - 0 -   |
| 7. <b>TOTAL DISBURSEMENTS</b> (Add Lines 5 and 6)<br>(Transfer to Line 7 of Campaign Statement of Account)                                    | \$2,563.00 | - 0 -   |
| <b>NET RECEIPTS AND DISBURSEMENTS</b><br>(Subtract Line 7 from Line 4)  | \$ 487.00  | - 0 -   |

IMPORTANT: FILE SEPARATE SCHEDULE FOR EACH FUNDRAISING EVENT.

SUPPORTING SCHEDULE FOR FUNDRAISING EVENT HELD ON DATE(S): 09/22/17 PAGE 01 OF 01

|  |                             |                          |
|--|-----------------------------|--------------------------|
| Candidate Name (In Full):<br><b>ATALIG, Efraim M</b> | Signature of Treasurer:<br> | Date:<br><b>01/12/19</b> |
|--|-----------------------------|--------------------------|

SUPPORTING SCHEDULE FOR FUNDRAISING EVENT **SUPPORTING SCHEDULE FR-A**  
GROSS PROCEEDS AND EXPENSES FROM FUNDRAISING EVENT

SECTION 2 - FUNDRAISING EXPENSES

| FULL NAME OF PAYEE OR VENDOR  | PARTICULARS/ DESCRIPTION | AMOUNT           |             |          |               |               |
|---|--------------------------|------------------|-------------|----------|---------------|---------------|
|   |                          | Food & Drinks    | Advertising | Supplies | Fees/Donation | Other         |
| Example: Taste Good Restaurant  | Food Catering            | \$ 600           |             |          |               |               |
| Birthday Cake   |                          | \$ 110           |             |          |               |               |
| Dance Competition   |                          |                  |             |          |               | \$225         |
| Playing Cards   |                          |                  |             |          |               | \$ 28         |
| Beer/Sodas  |                          | \$ 875           |             |          |               |               |
| Birthday Events   |                          |                  |             |          | \$ 875        |               |
| Fried Chicken   |                          | \$ 450           |             |          |               |               |
|   |                          |                  |             |          |               |               |
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|   |                          |                  |             |          |               |               |
| <b>TOTAL FUNDRAISING EXPENSES</b><br><small>(Transfer Total to Line 4, Result Summary of Schedule FR-A)</small> | <small>(Total)</small>   | <b>\$2,563</b> ← |             |          | <b>\$ 875</b> | <b>\$ 363</b> |

IMPORTANT: FILE SEPARATE SCHEDULE FOR EACH FUNDRAISING EVENT.

SUPPORTING SCHEDULE FOR FUNDRAISING EVENT HELD ON DATE(S): 09/22/17 PAGE 02 OF 01

|  |                         |                       |
|--|-------------------------|-----------------------|
| Candidate Name (In Full):<br><b>ATALIG, Efraim M</b> | Signature of Treasurer: | Date: <u>09/12/19</u> |
|--|-------------------------|-----------------------|

**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>400</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>\$3,050.00</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>\$2,563.00</u> |
| 5. NET CASH PROCEEDS (Subtract Line 4 from Line 3)   | <u>\$ 487.00</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 |   |        |
| Mr David Santos & Ms Bella M  | \$ 175    |   |        |
| M/M Antonio C Reyes, Jr   | \$ 175    |   |        |
| Ms Vanessa G Charfauros   | \$ 175    |   |        |
| M/M Rita M Garces   | \$ 175    |   |        |
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|   |           |   |        |
| TOTAL PROCEEDS OF CONTRIBUTIONS, IF LAST PAGE OTHERWISE CONTINUE ON NEXT COLUMN | \$ 700    | 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):<br><b>ATALIG, Efraim M</b> | Signature of Treasurer:<br> | Date:<br><b>01/10/19</b> |
|--|-----------------------------|--------------------------|

**SUPPORTING SCHEDULE FR-B  
IN-KIND CONTRIBUTIONS RECEIVED**

| FULL NAME OF CONTRIBUTOR  | DESCRIPTION OF CONTRIBUTION       | FAIR MARKET VALUE |
|---|-----------------------------------|-------------------|
| Example: ABC Retail   | Giveaway: t-shirts (250 @ \$5.00) | \$ 1,250          |
|   | N/A                               | - 0 -             |
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| SUB-TOTAL OF RECEIPTS THIS PAGE ONLY<br><small>(Use additional sheets as necessary)</small> .....                     |                                   | ➔                 |
| TOTAL RECEIPTS (IF LAST PAGE ONLY)<br><small>(Transfer Total to Line 2 of the Fundraising Event Report)</small> ..... |                                   | ➔                 |

**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            |
|   | N/A                         | - 0 -             |
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| SUB-TOTAL OF RECEIPTS THIS PAGE ONLY<br><small>(Use additional sheets as necessary)</small> .....                 |                             | ➔                 |
| TOTAL RECEIPTS (IF LAST PAGE ONLY)<br><small>(Transfer Total to Line 3 of Fundraising Event Report)</small> ..... |                             | ➔                 |

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

**MULTI-CANDIDATE  
CONTRIBUTION AND EXPENSE REPORT**


|  |  |
|--|--|
| Candidate Name (Last Name, First Name, MI):<br><p style="text-align: center;">ATALIG, Efraim M</p> | Treasurer Full Name (Last Name, First Name, MI):<br><p style="text-align: center;">CHARFAUROS, Vanessa G</p> |
|--|--|

**CONTRIBUTIONS RECEIVED**

| RECEIVED FROM  | DESCRIPTION   | AMOUNT    |
|--|---|-----------|
| Example: BEST PARTY IN THE LAND  | Cash Allocation of Party General Fundraising Proceeds | \$ 20,000 |
|  | N/A   | - 0 -     |
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| <b>SUB-TOTAL OF CONTRIBUTIONS RECEIVED (THIS PAGE ONLY)</b><br>(Use additional sheets as necessary) .....                        |   | - 0 -     |
| <b>TOTAL CONTRIBUTIONS RECEIVED (IF LAST PAGE ONLY)</b><br>(Transfer Total to Line 3 of the Campaign Statement of Account) ..... |   | - 0 -     |

**EXPENSES**

| FULL NAME OF PAYEE   | DESCRIPTION OF EXPENDITURE           | AMOUNT    |
|--|--------------------------------------|-----------|
| Example: BEST PARTY IN THE LAND  | Allocation of Party General Expenses | \$ 15,000 |
|  | N/A                                  | - 0 -     |
|  |                                      |           |
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| <b>SUB-TOTAL OF EXPENSES THIS PAGE ONLY</b><br>(Use additional sheets as necessary) .....  |                                      | - 0 -     |
| <b>TOTAL ALLOCATED EXPENDITURES (IF LAST PAGE ONLY)</b><br>(Transfer Total to Line 8 of the Campaign Statement of Account) ..... |                                      | - 0 -     |

|  |   |                          |
|--|---|--------------------------|
| Candidate Name (In Full):<br><b>ATALIG, Efraim M</b> | Signature of Treasurer:<br> | Date:<br><b>01/13/19</b> |
|--|---|--------------------------|

**SUPPORTING SCHEDULE GC-A  
MONETARY CONTRIBUTIONS FROM NON-FUNDRAISING EVENTS**

| RESULT SUMMARY  |  |          |
|---|--|----------|
| 1. TOTAL MONETARY CONTRIBUTIONS FROM INDIVIDUALS WHO CONTRIBUTED LESS THAN \$500                    |  | \$ - 0 - |
| 2. TOTAL MONETARY CONTRIBUTIONS FROM INDIVIDUALS WHO CONTRIBUTED MORE THAN \$500                    |  | + - 0 -  |
| 3. TOTAL MONETARY CONTRIBUTIONS (Transfer to Line 1 of the General Contribution and Expense Report) |  | - 0 -    |

| FULL NAME OF CONTRIBUTOR   | AMOUNT      | FULL NAME OF CONTRIBUTOR   | AMOUNT |
|--|-------------|--|--------|
| Example: Ms. Jane Doe  | \$ 1,500.00 |  |        |
| N/A  | - 0 -       |  |        |
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| TOTAL CONTRIBUTIONS RECEIVED, IF LAST PAGE OTHERWISE CONTINUE ON NEXT COLUMN | - 0 -       | TOTAL CONTRIBUTIONS RECEIVED (LAST PAGE ONLY) (Transfer to Line 2 of Result Summary above) |        |

|  |                         |                       |
|--|-------------------------|-----------------------|
| Candidate Name (In Full):<br><b>ATALIG, Efraim M</b> | Signature of Treasurer: | Date: <u>01/23/19</u> |
|--|-------------------------|-----------------------|

**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          |
|   |                                   |                   |
| N/A   | N/A                               | - 0 -             |
|   |                                   |                   |
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| SUB-TOTAL OF RECEIPTS THIS PAGE ONLY<br><small>(Use additional sheets as necessary)</small>   |                                   | ➔                 |
| TOTAL RECEIPTS (IF LAST PAGE ONLY)<br><small>(Transfer Total to Line 2 of the General Contribution and Expense Report, Summary of Receipts and Disbursements)</small> |                                   | ➔                 |

**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            |
|  |                             |                   |
| N/A  | N/A                         | - 0 -             |
|  |                             |                   |
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| SUB-TOTAL OF RECEIPTS THIS PAGE ONLY<br><small>(Use additional sheets as necessary)</small>  |                             | ➔ - 0 -           |
| TOTAL CONTRIBUTED PROPERTY RECEIVED (IF LAST PAGE ONLY)<br><small>(Transfer Total to Line 3 of the General Contribution and Expense Report, Summary of Receipts and Disbursements)</small> |                             | ➔ - 0 -           |









**OFFICE OF THE PUBLIC AUDITOR**

Commonwealth of the Northern Mariana Islands  
1236 Yap Drive, Capitol Hill  
Saipan, MP 96950

**MEMORANDUM**

To: Treasury, Department of Finance

From: Audit Unit, OPA

CC: File

Date: January 7, 2019

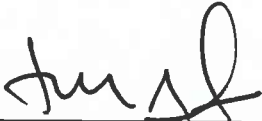
Subject: Payment for Late Filing Penalty

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Please receive payment from **Efraim Atalig** in payment of penalty fee for late filing of Campaign Statement of Account for 2018 General Election. You may record the payment as follows:

- Account Charged: Penalty on Fees/Charges
- Account Number: 1000 48370
- Explanation: Campaign Statement of Account Late Filing Penalty for 2018 General Election
- Amount to be Paid: \$1,300.00

**We hereby acknowledge receipt of notice to pay a penalty for late filing of our 2018 Campaign Statement of Account. (Provide OPA a copy of the payment receipt)**

Signature:   
Candidate

Date: 1/15/19

Signature: \_\_\_\_\_  
Treasurer

Date: \_\_\_\_\_