

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS CAMPAIGN FINANCIAL DISCLOSURE

Report Type:
Final Report
☐ Amendment

CAMPAIGN STATEMENT OF ACCOUNT – CANDIDATE _______ □ GENERAL □ SPECIAL ELECTION

IMPORTANT:

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

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.

		State of the State	CASH	IN-KIND
1,	BALANCE CARRIED FORWARD FROM PREVIOUS ELECTION	(S)	0.00	12.00
	ADD: RECEIPTS THIS ELECTION PERIOD		Manager Bar	REPORT OF THE
2.	RECEIPT FROM FUNDRAISING EVENTS		0.00	1.00
3	MULTI-CANDIDATE CONTRIBUTIONS		0.00	02.00
4.	RECEIPTS FROM GENERAL CONTRIBUTIONS		500.00	10.00
5.	OTHER RECEIPTS		0.00	0.00
6.	TOTAL AVAILABLE (Add Lines 1 through 5)		500.00	0.00
4	LESS: DISBURSEMENTS THIS ELECTION PERIOD			
7.	DISBURSEMENTS FOR FUNDRAISING EVENTS		10.100	0.00
8.	MULTI-CANDIDATE EXPENSES		0.00	0.00
9.	DISBURSEMENTS FOR GENERAL EXPENDITURES		3578.17	10,00
10.	OTHER DISBURSEMENTS		10.00	0.00
11.	TOTAL DISBURSEMENTS (Add Lines 7 through 10)		3528 00	6 60
12.	EXCESS (SHORTFALL) OF RECEIPTS OVER DISBURSEMENTS	(Subtract Line 11 from Line 6)	2018 79	70 70
	nonwealth of the Northern Mariana Islands)	Commonwealth of the Northern	,	- 7
Com	nonwealth of the Northern Mariana Islands)	Commonwealth of the Northern	Mariana Islands)	-
Island	of <u>Scupeen</u>)	Island of Caipen) s.s.)	
That Stater and the attack and e information the N	(Candidate) I am the individual named above; that I prepared the foregoing Campaign ment of Account, that I have used all diligence in preparing this Statement, not the contents thereof, including the contents of all supporting ments, are a true, full and explicit accounting of all contributions received expenses incurred in aid of the campaign. I understand that providing false mation herein may subject me to civil and criminal penalties as provided by orthern Mariana Islands Election Reform Act of 2000, 1 CMC \$6428. Signature of Candidate Date (Month, Day, Year) Tibed and sworn before me this 33 day of 1000 days of 1000 days.	I, Torres, Ara Artere (ci) (Treasurer) That I am the individual named Statement of Account, that I has and that the contents thereof, in attachments, are a true, full and and expenses incurred in aid of information herein may subject the Northern Mariana Islands E Signature of Treasurer Subscribed and sworn before me	above; that I prepared the ve used all diligence in pre- cluding the contents of all explicit accounting of all the campaign. I understan me to civil and criminal plection Reform Act of 200	foregoing Campaign paring this Statement, supporting contributions received d that providing false enalties as provided by 0, 1 CMC §6428
	Notary Stamp (WHO CALLUMITY NOTARY Seal CHRISTINE MAGOFNA FRANCISCO P.O. Box 501 399, Saipan, MP 96950	WE NORTHE CH	RISTINE MAGOFNA FR.	ANCISCO
CFD-00	D1, 20 Notary Public Reg. No. 20A BY AND FOR THE COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS U.S.A. My Commission Expires: 4 4 204	OF My	Notary Public Reg. No BY AND FOR THE COMMONW THE NORTHERN MARIANA ISL. Commission Expires: 04 04	EALTH ANDS U.S.A.

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS CAMPAIGN FINANCIAL DISCLOSURE

FUNDRAISING EVENT REPORT FUNDRAISING DATES:

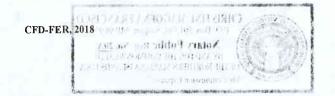
IMPORTANT: USE A SEPARATE REPORT FOR EACH FUNDRAISING EVENT.

Candidate Name (Last Name, First Name, MI):	Treasurer Full Name (Last Name, First Name, MI):
T. 1000 (T. 1/2) 10 T	100 10016
IDRIES STAXIED 19.11	ANG C JURCOS
Name of Fundraising Event:	Date(s) Held:

SUMMARY OF FUNDRAISING RECEIPTS AND DISBURSEMENTS

(Complete Supporting Schedules Before Completing This Section)

CASH	IN-KIND
	Cash





COMMONWEALT 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):
TOKKES, STANCEY M.T.	TORRES, ANX C.
, , , , , , ,	,

SUMMARY OF RECEIPTS AND DISBURSEMENTS

(Complete Supporting Schedules Before Completing This Section)

RE	CEIPTS	CASH	IN-KIND
1.	MONETARY CONTRIBUTIONS FROM NON-FUNDRAISING EVENTS (Total Contributions from Schedule GC-A)	510. Q	
2.	IN-KIND CONTRIBUTIONS RECEIVED (Total In-Kind Contributions Received from Schedule GC-B. Bring down this value to Line 7 below.)		0.00
3.	CONTRIBUTED PROPERTY RECEIVED (Total Contributed Property Received from Schedule GC-C)		0.00
4.	TOTAL RECEIPTS (Transfer to Line 4 of Campaign Statement of Account)	300. d	0,00
		THE SECTION AND THE SECTION ASSESSMENT OF TH	
W	BURSEMENTS		
W	GENERAL EXPENDITURES (Total General Expenditures from Schedule GC-D)	3599.02	
5.	GENERAL EXPENDITURES	3529.02	
5.	GENERAL EXPENDITURES (Total General Expenditures from Schedule GC-D) CONTRIBUTIONS TO OTHER CANDIDATES	.3529.02 0.00	0.00
5.	GENERAL EXPENDITURES (Total General Expenditures from Schedule GC-D) CONTRIBUTIONS TO OTHER CANDIDATES (Total Contribution to Other Candidates from Schedule GC-E) ADJUSTMENTS FOR IN-KIND CONTRIBUTIONS RECEIVED	3529.02	0.00

IMPORTANT: FILE SEPARATE SCHEDULE FOR EACH FUNDRAISING EVENT. SUPPORTING SCHEDULE FOR FUNDRAISING EVENT HELD ON DATE(S): PAGE_ OF SUPPORTING SCHEDULE FR-B IN-KIND CONTRIBUTIONS RECEIVED FAIR MARKET **FULL NAME OF CONTRIBUTOR DESCRIPTION OF CONTRIBUTION 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) TOTAL RECEIPTS (IF LAST PAGE ONLY) (Transfer Total to Line 2 of the Fundraising Event Report)

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)				
TOTAL RECEIPTS (IF LAST PAGE ONLY)		- Section 1		

IMPORTANT: FILE SEPARATE SCHEDULE FOR <u>EACH</u> FUNDRAISING EVENT.

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

		0 0 0	
Candidate Name (In Sull):		Signature of Treasurous	Date:
(/x ./x / /-	1/10/15		
-7/11/1/2011/11/11/11/11/11/11/11/11/11/11/11/11/	1/10/1/2		120
IMACE TIT	10 De	010/	- 1011
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SUPPORTING SCHEDULE FR-A GROSS PROCEEDS AND EXPENSES FROM FUNDRAISING EVENT

SECTION 2 – FUNDRAISING EXPENSES

FULL NAME OF PAYEE OR VENDOR	PARTICULARS/ DESCRIPTION	ICULARS/ AMOUNT				
FULL NAME OF PAYEE OR VENDOR		Food & Drinks	Advertising	Supplies	Fees/Donation	Othe
Example: Taste Good Restaurant	Food Catering	\$ 600				
		X				
	1	1				
	M	1				
OTAL FUNDRAISING EXPENSES ransfer Total to Line 4, Result Summary of Schedule FR-A)	(Total)					

IMPORTANT: FILE SEPARATE SCHEDULE FOR <u>EACH</u> FUNDRAISING EVENT.

SU	PPORTING SCHEDULE FOR FUNDRAISING EVENT HELD ON DATE(S):	PAGE	OF
(andidate Namo (In Full): Signature of Treasurer: MANCEY T. M. M. Signature of Treasurer:	Date:	6/10
	SUPPORTING SCHEDULE FR-A GROSS PROCEEDS AND EXPENSES FROM FUNDRAISING EVENT		
	RESULT SUMMARY	Linksky.	
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)		

FULL NAME OF CONTRIBUTOR	AMOUNT	FULL NAME OF CONTRIBUTOR	AMOUNT
Example: Mr. John Doe	\$ 600.00		
	1		
	<i>r</i> /		
	1		
	t		
OTAL PROCEEDS OF CONTRIBUTIONS, IF LAST AGE OTHERWISE CONTINUE ON NEXT COLUMN		TOTAL PROCEEDS OF CONTRIBUTIONS \$500 OR MORE (LAST PAGE ONLY-MUST AGREE WITH	

PAGE ____OF ___

Candidate Name (In Full):		Signature of (Treasurer:	Date:
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O/ANCE 9	1./1. /OKKES	901	10,000
-			

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)

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+	.5	שר.	AR
	9	DAS.	m

FULL NAME OF CONTRIBUTOR	AMOUNT	FULL NAME OF CONTRIBUTOR	AMOUNT
Example: Ms. Jane Doe	\$ 1,500.00		
· Annual Control	1	T	
7			
HORI GUOHHMORIYASU	500,01		
///			
		A.	
		par and the same a	
	1	5	
TOTAL CONTRIBUTIONS RECEIVED, IF LAST PAGE OTHERWISE CONTINUE ON NEXT COLUMN	300. N	TOTAL CONTRIBUTIONS RECEIVED (LAST PAGE ONLY) (Transfer to Line 2 of Result Summary above)	

			1		, ,
Candidate Name (In Full):	- 1-	Signature of Treasurer:		Date:	2/-
STANGIII. M.	2011/2		11/2	12/2	111
James 1 1.	1000		1/00	1010	0//(
/ / / /					7

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	
		Jakinet -	
SUB TOTAL OF DECEMPE THE D. CD ONLY			
TOTAL RECEIPTS (IF LAST PAGE ONLY)	xpense Report, Summary of Receipts and Disbursements)	→	

SUPPORTING SCHEDULE GC-C CONTRIBUTED PROPERTY RECEIVED

FULL NAME OF CONTRIBUTOR	FULL NAME OF CONTRIBUTOR DESCRIPTION OF CONTRIBUTION		
Example: Island Computers	Old Computer with printer	\$ 60	
	XIII	+	
	()		
SUB-TOTAL OF RECEIPTS THIS PAGE ONLY		=	
TOTAL CONTRIBUTED PROPERTY RECEIVED		→	

SUPPORTING	SCHEDIII E EOD	GENERAL CONTRIBUTIONS
SUPPORTING	SCHEDULE FUR	GENERAL CUNTRIBUTIONS

PAGE ____OF ___

			1
Candidate Name (In Full):		Signature of Treasurer:	17
STANAIL	11-101150	(///	//
JIBUCEY / · /	1. OKKE	1	14
1			

SUPPORTING SCHEDULE GC-D GENERAL EXPENDITURES

PHILE MARKS OF PARISH OF MEND OF	PARTICULARS/			AMOUNT		
FULL NAME OF PAYEE OR VENDOR	DESCRIPTION	Food & Drinks	Advertising	Supplies	Fees/Donation	Other
Example: Marianas Daily	One-page ad		\$ 500			
CAPITEL MARKET		217.13				
RODICALISIDAL FORS			1653.0			
1200				18.74		
TRADSAMERIOD				6.10		
MAN/ONDE				300 111		
Maron RES		15 10	-	372.00		
Pizza Atris		45 10				
50,000 70,000		75.12	2//0 /			
1110,000451/2005			CHILL I			
THOUSE VILLEY			995/	8	0 - 0	
4191 116H 841XI					290.00	
(FI 11009 FEE 1)						
POD OTHER						
	No.		•			
		1				
		\				
SUB-TOTAL OF PAYMENTS THIS PAGE	(Sub-tetal)	202 2	Dilan m	1/11/0	00-	
ONLY (Use additional sheets as necessary)	(Total)	085.25	1438.18	416.19	290,10	
TOTAL GEN. EXPENDITURES (IF LAST PAGE ONLY) (Transfer Total to Line 5 of Gen.	(Total)	383.25	2438.18 2438.18	111170	290.10 290.00	
Contributions & Exp. Report, Summary of Receipts and Disbursements)		383.21	2438.18	4617	040.00	

PAGE _____ OF ____

Candidate Name (In Full):	11/20	Signature of Tryasure
STAX)(647.1	J. 104	ES C)
777	(

Date: /0/28/18

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
E-11:		
Editorial Telephone	,	
SUB-TOTAL OF EXPENSES THIS PAGE ONL	V	
(Use additional sheets as necessary)		
TOTAL CONTRIBUTIONS TO OTHER CAND	IDATES (IF LAST PAGE ONLY) xpenses Report, Summary of Receipts and Disbursements)	

COMMONWEALT OF THE NORTHERN MARIANA ISLANDS CAMPAIGN FINANCIAL DISCLOSURE

MULTI-CANDIDATE CONTRIBUTION AND EXPENSE REPORT

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 RECEIVE Use additional sheets as necessary)	ED (THIS PAGE ONLY)			

EXPENSES

FULL NAME OF PAYEE	DESCRIPTION OF EXPENDITURE Allocation of Party General Expenses	AMOUNT	
Example: BEST PARTY IN THE LAND		\$	15,000
SUB-TOTAL OF EXPENSES THIS PAGE ONLY (Use additional sheets as necessary)		→	
TOTAL ALLOCATED EXPENDITURES (IF LAS (Transfer Total to Line 8 of the Campaign Statement of A	ST PAGE ONLY) ccount)	\Rightarrow	

