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COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
CAMPAIGN FINANCIAL DISCLOSURE

Report Type:

Final Report

Amendment

CAMPAIGN STATEMENT OF ACCOUNT - CANDIDATE

2018 GENERAL SPECIAL ELECTION

OFFICE OF THE PUBLIC AUDITOR
12/19/18
SIGNATURE *[Signature]*

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): MANGLONA, GLENN H.	Office Sought: P-1 - HOUSE OF REPRESENTATIVE
Treasurer Name (Last Name, First Name, MI): SABLAN, MERCEDES M.	Preferred Mailing (P.O. Box) Address: P.O. BOX 5408 CHR B SAIPAN
	Telephone: 287 4536

	CASH	IN-KIND
1. BALANCE CARRIED FORWARD FROM PREVIOUS ELECTION(S)	0	0
ADD: RECEIPTS THIS ELECTION PERIOD		
2. RECEIPT FROM FUNDRAISING EVENTS	7090	
3. MULTI-CANDIDATE CONTRIBUTIONS	0	0
4. RECEIPTS FROM GENERAL CONTRIBUTIONS	2800	
5. OTHER RECEIPTS	0	
6. TOTAL AVAILABLE (Add Lines 1 through 5)	\$9890	
LESS: DISBURSEMENTS THIS ELECTION PERIOD		
7. DISBURSEMENTS FOR FUNDRAISING EVENTS	7190	
8. MULTI-CANDIDATE EXPENSES	0	
9. DISBURSEMENTS FOR GENERAL EXPENDITURES	2850	
10. OTHER DISBURSEMENTS	250	
11. TOTAL DISBURSEMENTS (Add Lines 7 through 10)	10,290	
12. EXCESS (SHORTFALL) OF RECEIPTS OVER DISBURSEMENTS (Subtract Line 11 from Line 6)	400	

VERIFICATION

Commonwealth of the Northern Mariana Islands)
Island of SAIPAN) s.s.
I, Glenn H. 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
Date (Month, Day, Year) 12/19/18

Subscribed and sworn before me this 19th day of December, 2018

Notary Stamp
MA. KRISTINA H. ROMERO
PMB 432 Box 10001, Saipan, MP 96950
Notary Public Reg. No. 762A
BY AND FOR THE COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
My Commission Expires: 11/6/2020

Commonwealth of the Northern Mariana Islands)
Island of SAIPAN) s.s.
I, Mercedes Sablan, 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
Date (Month, Day, Year) 12/19/18

Subscribed and sworn before me this 19th day of December, 2018

Notary Stamp
MA. KRISTINA H. ROMERO
PMB 432 Box 10001, Saipan, MP 96950
Notary Public Reg. No. 762A
BY AND FOR THE COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
My Commission Expires: 11/6/2020

Candidate Name (In Full): <i>MARIONNA, Glenn Hocog</i>	Signature of Treasurer: <i>[Signature]</i>	Date: <i>12/18/18</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>2,800</u>
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)	_____

FULL NAME OF CONTRIBUTOR	AMOUNT	FULL NAME OF CONTRIBUTOR	AMOUNT
Example: Ms. Jane Doe	\$ 1,500.00		
<i>John Doe</i>	<i>400</i>		
<i>Jane Doe</i>	<i>450</i>		
	<i>200</i>		
	<i>100</i>		
	<i>300</i>		
	<i>200</i>		
	<i>400</i>		
	<i>50</i>		
	<i>150</i>		
	<i>200</i>		
	<i>150</i>		
<i>John Doe</i>	<i>200</i>		
TOTAL CONTRIBUTIONS RECEIVED, IF LAST PAGE OTHERWISE CONTINUE ON NEXT COLUMN	<i>2800</i>	TOTAL CONTRIBUTIONS RECEIVED (LAST PAGE ONLY) (Transfer to Line 2 of Result Summary above)	

Candidate Name (In Full): <i>MARBLETON, GLENN ADAM</i>	Signature of Treasurer: <i>[Signature]</i>	Date: <i>12/18/18</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
<i>N/A</i>	<i>N/A</i>	<i>N/A</i>
<i>N/A</i>	<i>N/A</i>	<i>N/A</i>
<i>N/A</i>	<i>N/A</i>	<i>N/A</i>
<i>N/A</i>	<i>N/A</i>	<i>N/A</i>
SUB-TOTAL OF RECEIPTS THIS PAGE ONLY <small>(Use additional sheets as necessary)</small>		→
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>		→

**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
<i>N/A</i>	<i>N/A</i>	<i>N/A</i>
<i>N/A</i>	<i>N/A</i>	<i>N/A</i>
<i>N/A</i>	<i>N/A</i>	<i>N/A</i>
<i>N/A</i>	<i>N/A</i>	<i>N/A</i>
SUB-TOTAL OF RECEIPTS THIS PAGE ONLY <small>(Use additional sheets as necessary)</small>		→
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>		→

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

FUNDRAISING EVENT REPORT

FUNDRAISING DATES: Aug 18 2018

IMPORTANT: USE A SEPARATE REPORT FOR EACH FUNDRAISING EVENT.

Party Chairperson (Last Name, First Name, MI): <u>MANGIWA, Glenn Harold</u>	Treasurer Full Name (Last Name, First Name, MI): <u>SABLAN Merced M</u>
Name of Fundraising Event: <u>LOP- GOLF Tournament</u>	Date(s) Held: <u>Aug. 18 2018</u>

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)	<u>2,300</u>	
2. IN-KIND CONTRIBUTIONS RECEIVED (Total In-Kind Contributions Received from Schedule FR-B. Bring down this value to Line 6 below.)		<u>0</u>
3. CONTRIBUTED PROPERTY RECEIVED (Total Contributed Property Received from Schedule FR-C)		<u>0</u>
4. TOTAL RECEIPTS (Transfer to Line 1 of Campaign Statement of Account)	<u>2,300</u>	<u>-</u>
DISBURSEMENTS		
5. FUNDRAISING EXPENSES (Total Fundraising Expenses from Line 4 of Result Summary of Schedule FR-A)	<u>1,400</u>	
6. ADJUSTMENTS FOR IN-KIND CONTRIBUTIONS RECEIVED (From Line 2 above)		<u>0</u>
7. TOTAL DISBURSEMENTS (Transfer to Line 6 of Campaign Statement of Account)	<u>1,400</u>	
NET RECEIPTS AND DISBURSEMENTS (Subtract Line 7 from Line 4)	<u>900</u>	<u>0</u>

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

FUNDRAISING EVENT REPORT

FUNDRAISING DATES: May 4 2018

IMPORTANT: USE A SEPARATE REPORT FOR EACH FUNDRAISING EVENT.

Candidate Name (Last Name, First Name, MI): MANGLONA, Glenn HOCOG	Treasurer Full Name (Last Name, First Name, MI): SABLON, MARETH M
Name of Fundraising Event: PIC	Date(s) Held: MAY 4 2018

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)	3590	
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)	3590	0
DISBURSEMENTS		
5. FUNDRAISING EXPENSES (Total Fundraising Expenses from Line 4 of Result Summary of Schedule FR-A)	4590	
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)	4590	
NET RECEIPTS AND DISBURSEMENTS (Subtract Line 7 from Line 4)	-910	

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

FUNDRAISING EVENT REPORT

FUNDRAISING DATES: June 15 2018

IMPORTANT: USE A SEPARATE REPROT FOR EACH FUNDRAISING EVENT.

Party Chairperson (Last Name, First Name, MI): <u>WIANGLONIA Glenn Ham</u>	Treasurer Full Name (Last Name, First Name, MI): <u>SABLAN, MICHELE M.</u>
Name of Fundraising Event: <u>AMARI LUNCH</u>	Date(s) Held: <u>JUNE 15 2018</u>

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)	<u>1,200⁻</u>	
2. IN-KIND CONTRIBUTIONS RECEIVED (Total In-Kind Contributions Received from Schedule FR-B. Bring down this value to Line 6 below.)		<u>0</u>
3. CONTRIBUTED PROPERTY RECEIVED (Total Contributed Property Received from Schedule FR-C)		<u>0</u>
4. TOTAL RECEIPTS (Transfer to Line 1 of Campaign Statement of Account)	<u>1,200⁻</u>	
DISBURSEMENTS		
5. FUNDRAISING EXPENSES (Total Fundraising Expenses from Line 4 of Result Summary of Schedule FR-A)	<u>1,200⁻</u>	
6. ADJUSTMENTS FOR IN-KIND CONTRIBUTIONS RECEIVED (From Line 2 above)		<u>0</u>
7. TOTAL DISBURSEMENTS (Transfer to Line 6 of Campaign Statement of Account)	<u>1200⁻</u>	
NET RECEIPTS AND DISBURSEMENTS (Subtract Line 7 from Line 4)	<u>0</u>	

IMPORTANT: FILE SEPARATE SCHEDULE FOR EACH FUNDRAISING EVENT.

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

Candidate Name (In Full): MANGONK, Glenn Hogan	Signature of Treasurer: 	Date: 12/18/18
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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
BANNER / SIGNAGE		
1. NOLA MIX	BANNER / SIGNAGE	450
2.		
SUB-TOTAL OF RECEIPTS THIS PAGE ONLY (Use additional sheets as necessary)		450
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
N/A	N/A	N/A
SUB-TOTAL OF RECEIPTS THIS PAGE ONLY (Use additional sheets as necessary)		
TOTAL RECEIPTS (IF LAST PAGE ONLY) (Transfer Total to Line 3 of Fundraising Event Report)		

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

**MULTI-CANDIDATE
CONTRIBUTION AND EXPENSE REPORT**

Candidate Name (Last Name, First Name, MI): MAWGLONA Glenn H.	Treasurer Full Name (Last Name, First Name, MI): MERCEDES M. SABLADO
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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
N/A		N/A
		{
SUB-TOTAL OF CONTRIBUTIONS RECEIVED (THIS PAGE ONLY) (Use additional sheets as necessary)		N/A
TOTAL CONTRIBUTIONS RECEIVED (IF LAST PAGE ONLY) (Transfer Total to Line 3 of the Campaign Statement of Account)		N/A

EXPENSES

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