



COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
CAMPAIGN FINANCIAL DISCLOSURE

Report Type:
[] Final Report
[] Amendment

CAMPAIGN STATEMENT OF ACCOUNT - CANDIDATE

2018 [X] 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
12/11/18
SIGNATURE: [Signature]
Michelle [Name]

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): SANDOS, TERESITA A.
Office Sought: SENATE
Treasurer Name (Last Name, First Name, MI): THIMAND, TILUC C.
Preferred Mailing (P.O. Box) Address: P.O. BOX 1161 ROTA
Telephone: 285-7377

Table with 3 columns: Description, CASH, IN-KIND. Rows include BALANCE CARRIED FORWARD, ADD: RECEIPTS THIS ELECTION PERIOD, RECEIPT FROM FUNDRAISING EVENTS, MULTI-CANDIDATE CONTRIBUTIONS, RECEIPTS FROM GENERAL CONTRIBUTIONS, OTHER RECEIPTS, TOTAL AVAILABLE, LESS: DISBURSEMENTS THIS ELECTION PERIOD, DISBURSEMENTS FOR FUNDRAISING EVENTS, MULTI-CANDIDATE EXPENSES, DISBURSEMENTS FOR GENERAL EXPENDITURES, OTHER DISBURSEMENTS, TOTAL DISBURSEMENTS, EXCESS (SHORTFALL) OF RECEIPTS OVER DISBURSEMENTS.

VERIFICATION

Commonwealth of the Northern Mariana Islands)
Island of ROTA) s.s.
I, Teresita A. Sandos, being duly sworn on oath, depose and say:
That I am the individual names 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 of Candidate: [Signature] Date (Month, Day, Year): 12/11/18

Commonwealth of the Northern Mariana Islands)
Island of ROTA) s.s.
I, Tiluc C. Thimand, being duly sworn on oath, depose and say:
That I am the individual names 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 of Treasurer: [Signature] Date (Month, Day, Year): 12/11/18

Subscribed and sworn before me this 11 day of DEC, 2018

Subscribed and sworn before me this 11 day of DEC, 2018

Notary Stamp: DENISE KING M.S., P.O. Box 523, Rota, MP 96951, Notary Public Reg. No. 6884, BY AND FOR THE COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS U.S.A., My Commission Expires: 5-21-20

Notary Stamp: DENISE KING M.S., P.O. Box 523, Rota, MP 96951, Notary Public Reg. No. 6884, BY AND FOR THE COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS U.S.A., My Commission Expires: 5-21-20

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): SANTOS, TERESIPA A.	Treasurer Full Name (Last Name, First Name, MI): THOMAS, TILUE C.
Name of Fundraising Event:	Date(s) Held:

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>none</i>	
2. IN-KIND CONTRIBUTIONS RECEIVED (Total In-Kind Contributions Received from Schedule FR-B. Bring down this value to Line 6 below.)		<i>none</i>
3. CONTRIBUTED PROPERTY RECEIVED (Total Contributed Property Received from Schedule FR-C)		<i>none</i>
4. TOTAL RECEIPTS (Transfer to Line 1 of Campaign Statement of Account)	<i>none</i>	<i>none</i>
DISBURSEMENTS		
5. FUNDRAISING EXPENSES (Total Fundraising Expenses from Line 4 of Result Summary of Schedule FR-A)	<i>none</i>	
6. ADJUSTMENTS FOR IN-KIND CONTRIBUTIONS RECEIVED (From Line 2 above)		<i>none</i>
7. TOTAL DISBURSEMENTS (Transfer to Line 6 of Campaign Statement of Account)	<i>none</i>	<i>none</i>
NET RECEIPTS AND DISBURSEMENTS (Subtract Line 7 from Line 4)	<i>none</i>	<i>none</i>

IMPORTANT: FILE SEPARATE SCHEDULE FOR EACH FUNDRAISING EVENT.

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

Candidate Name (In Full): TERESA A. SANDS	Signature of Treasurer: 	Date: 12-11-18
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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 | \$ | 0 |
| 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) | | 0 |
| 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) | | 0 |
| 5. NET CASH PROCEEDS | | 0 |

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		0
TOTAL PROCEEDS OF CONTRIBUTIONS, IF LAST PAGE OTHERWISE CONTINUE ON NEXT COLUMN		TOTAL PROCEEDS OF CONTRIBUTIONS \$500 OR MORE (LAST PAGE ONLY-MUST AGREE WITH LINE 2 ABOVE)	0

IMPORTANT: FILE SEPARATE SCHEDULE FOR EACH FUNDRAISING EVENT.

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

Candidate Name (In Full): TERESHA A. SANDS	Signature of Treasurer: 	Date: 12-11-18
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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
		0
SUB-TOTAL OF RECEIPTS THIS PAGE ONLY (Use additional sheets as necessary)		0
TOTAL RECEIPTS (IF LAST PAGE ONLY) (Transfer Total to Line 2 of either the Fundraising Event Report or the General Contribution and Expense Report)		0

**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
		0
SUB-TOTAL OF RECEIPTS THIS PAGE ONLY (Use additional sheets as necessary)		0
TOTAL RECEIPTS (IF LAST PAGE ONLY) (Transfer Total to Line 2 of either the Fundraising Event Report or the General Contribution and Expense Report)		0

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
CAMPAIGN FINANCIAL DISCLOSURE

GENERAL CONTRIBUTION AND EXPENSE REPORT

Candidate Name (Last Name, First Name, MI): SANTOS, TERESITA A.	Treasurer Full Name (Last Name, First Name, MI): TAIMANAO, TILUE C.
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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>none</i>	
2. IN-KIND CONTRIBUTIONS RECEIVED (Total In-Kind Contributions Received from Schedule GC-B. Bring down this value to Line 7 below.)		<i>"267.00</i>
3. CONTRIBUTED PROPERTY RECEIVED (Total Contributed Property Received from Schedule GC-C)		<i>none</i>
4. TOTAL RECEIPTS (Transfer to Line 4 of Campaign Statement of Account)	<i>none</i>	<i>"267.00</i>
DISBURSEMENTS		
5. GENERAL EXPENDITURES (Total General Expenditures from Schedule GC-D)	<i>"2,464.00</i>	
6. CONTRIBUTIONS TO OTHER CANDIDATES (Total Contribution to Other Candidates from Schedule E)	<i>none</i>	
7. ADJUSTMENTS FOR IN-KIND CONTRIBUTIONS RECEIVED (From Line 2 above)		<i>"267.00</i>
7. TOTAL DISBURSEMENTS (Transfer to Line 9 of Campaign Statement of Account)	<i>"2,464.00</i>	<i>"267.00</i>
NET RECEIPTS AND DISBURSEMENTS (Subtract Line 8 from Line 4)	<i>"2,464.00</i>	<i>∅</i>

Candidate Name (In Full): TERESITA A. SANDS	Signature of Treasurer: 	Date: 12-11-18
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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
Severina Atahig	1 case of bottled water	17. ⁰⁰
Consolacion A. Atahig	2 boxes empanada	100. ⁰⁰
Consolacion A. Atahig	2 boxes egg sandwich	100. ⁰⁰
Nicolas Songsony	2 cases soft drinks	50. ⁰⁰
SUB-TOTAL OF RECEIPTS THIS PAGE ONLY (Use additional sheets as necessary)		➔ 267. ⁰⁰
TOTAL RECEIPTS (IF LAST PAGE ONLY) (Transfer Total to Line 2 of the General Contribution and Expense Report)		➔ 267. ⁰⁰

**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
		Ø
SUB-TOTAL OF RECEIPTS THIS PAGE ONLY (Use additional sheets as necessary)		➔ Ø
TOTAL CONTRIBUTED PROPERTY RECEIVED (IF LAST PAGE ONLY) (Transfer Total to Line 3 of the General Contribution and Expense Report)		➔ Ø

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
CAMPAIGN FINANCIAL DISCLOSURE

**MULTI-CANDIDATE
CONTRIBUTION AND EXPENSE REPORT**

Candidate Name (Last Name, First Name, MI): TERESITA A. SANTOS	Treasurer Full Name (Last Name, First Name, MI): TAIMANAO - TIUME C.
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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
		Ø
SUB-TOTAL OF CONTRIBUTIONS RECEIVED (THIS PAGE ONLY) (Use additional sheets as necessary)		Ø
TOTAL CONTRIBUTIONS RECEIVED (IF LAST PAGE ONLY) (Transfer Total to Line 2 of the Campaign Statement of Account)		Ø

EXPENSES

FULL NAME OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT
Example: BEST PARTY IN THE LAND	Allocation of Party General Expenses	\$ 15,000
		Ø
SUB-TOTAL OF EXPENSES THIS PAGE ONLY (Use additional sheets as necessary)		Ø
TOTAL ALLOCATED EXPENDITURES (IF LAST PAGE ONLY) (Transfer Total to Line 7 of the Campaign Statement of Account)		Ø

Candidate Name (In Full): TERESITA A. SANTOS	Signature of Candidate: 	Date: 12-11-18
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**SUPPORTING SCHEDULE GC-A
MONETARY CONTRIBUTIONS FROM NON-FUNDRAISING EVENTS**

FULL NAME OF CONTRIBUTOR	AMOUNT	FULL NAME OF CONTRIBUTOR	AMOUNT
Example: Ms. Jane Doe	\$ 1,500.00		
Teresita A. Santos for election candidacy fee	"250.00		
Teresita A. Santos for banners - stickers	"824.00		
Teresita A. Santos for Plywood - 2x4	"510.00		
Teresita A. Santos for T-shirts	"510.00		
Teresita A. Santos for flyers & stickers - banners	"190.00		
Teresita A. Santos for Pastries / Sandwichs	"180.00		
TOTAL CONTRIBUTIONS RECEIVED, IF LAST PAGE OTHERWISE CONTINUE ON NEXT COLUMN	"2464.00	TOTAL CONTRIBUTIONS RECEIVED (LAST PAGE ONLY) (Transfer to Line 1 of Gen. Contrib. & Exp. Report)	

REQUIRED FORM

The Campaign Statement of Account form (CFD-001) is required to be completed and filed by candidates.

SUGGESTED REPORT SCHEDULES

To assist candidates, track and report details supporting the Campaign Statement of Account, the Commonwealth Election Commission has developed the following terms:

1. Summary of Fundraising Receipts and Disbursements (CFD-FER)
2. List of Monetary Fundraising Contributions (CFD-FR (A-1))
3. Itemized List of Fundraising Expenses (CFD-FR (A-2))
4. List of In-Kind Contributions and Contributed Property from Fundraising Event(s) (CFD-FR (B&C))
5. Summary of General Contributions and Expenses (CFD-GCER)
6. Itemized List of General Contributions (CFD-GC (A))
7. List of In-Kind Contributions and Contributed Property from General Contributions (CFD-GC (B&C))
8. Itemized List of General Expenses (CFD-GC (D))
9. List of Contributions to Other Candidates (E))
10. List of Multi-Candidate Contributions and Expenses (CFD-MCCER)

FILLING OUT THE CAMPAIGN STATEMENT OF ACCOUNT FORM (CFD-001)

Report Type – Check whether final or amendment.

Candidate Name – Full, legal name of candidate.

Office Sought – Position candidate is seeking.

Treasurer Name – Full name of candidate's treasurer.

Preferred Mailing Address – Candidate's P.O. Box

Telephone – Candidates contact number.

Line 1 – Enter the total cash balance and in-kind balance from previous election.

Line 2 – Enter the total of all fundraising receipts. Record cash under cash column and in-kind contributions under the in-kind column.

Line 3 – Enter the total of all allocated multi-candidate contributions received from a party or committee.

Line 4 – Enter the total of all receipts from general contributions that are not related to fundraising events or multi-candidate contributions.

Line 5 – Enter the total of all receipts not classified as fundraising events, multi-candidate or general contributions (i.e. fund balance carried over from previous election campaigns).

Line 6 – Add lines 1 through 5.

Line 7 – Enter the total of all fundraising expenses incurred. Record cash under cash column and in-kind contributions and contributed property under the in-kind column.

Line 8 – Enter allocated expenses or share in the expenditures made by a party or

committee to benefit more than one candidate.

Line 9 – Enter all disbursements not related to either fundraising events or multi-candidate.

Line 10 – Enter other disbursements that cannot be classified under fundraising events, multi-candidate or general expenditures.

Line 11 – Add lines 7 through 10.

Line 12 – Subtract line 11 from line 6.

FILLING OUT THE SUPPORTING SCHEDULE FORMS

Instructions for filling out the suggested schedules are available upon request. Candidates may use their own supporting schedule formats. Should a candidate use an alternative schedule format, the candidate must provide, at the minimum, detailed information as required by the Act.

WHERE TO OBTAIN FORMS AND ASSISTANCE.

To obtain forms and further assistance, candidates may contact:

Office of the Public Auditor
#1236 Yap Drive, Capitol Hill
P.O. Box 501399
Saipan, MP 96950
Tel. No. 322-6481/2
Fax No. 322-7812
Website: www.opacnmi.com

Or

Commonwealth Election Commission
P.O. Box 500470
Saipan, MP 96950
Tel. No. 235-VOTE (8683)
Fax No. 664-8689
Website: www.votecnmi.gov.mo