



**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
 12-19-18
 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): ATALIG, THOMAS TAIMANAO	Office Sought: HOUSE OF REPRESENTATIVE
Treasurer Name (Last Name, First Name, MI): TONIJEAN M. BAPARI	Preferred Mailing (P.O. Box) Address: P.O. BOX 503928, SAIPAN MP 96950
	Telephone: 287-4386

	CASH	IN-KIND
1. BALANCE CARRIED FORWARD FROM PREVIOUS ELECTION(S)	0	0
ADD: RECEIPTS THIS ELECTION PERIOD		
2. RECEIPT FROM FUNDRAISING EVENTS	0	0
3. MULTI-CANDIDATE CONTRIBUTIONS	0	0
4. RECEIPTS FROM GENERAL CONTRIBUTIONS	1,405.00	528.00
5. OTHER RECEIPTS	0	0
6. TOTAL AVAILABLE (Add Lines 1 through 5)	1,405.00	528.00
LESS: DISBURSEMENTS THIS ELECTION PERIOD		
7. DISBURSEMENTS FOR FUNDRAISING EVENTS	0	0
8. MULTI-CANDIDATE EXPENSES	0	0
9. DISBURSEMENTS FOR GENERAL EXPENDITURES	1,405.00	528.00
10. OTHER DISBURSEMENTS	0	0
11. TOTAL DISBURSEMENTS (Add Lines 7 through 10)	1,405.00	528.00
12. EXCESS (SHORTFALL) OF RECEIPTS OVER DISBURSEMENTS (Subtract Line 11 from Line 6)	0	0

VERIFICATION

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

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

Notary Stamp *[Signature]* Notary Seal
CHRISTINE MAGOFNA FRANCISCO
 P.O. Box 501399, Saipan, MP 96950
 Notary Public Reg. No. 20A
 BY AND FOR THE COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS U.S.A.
 My Commission Expires: 04/01/19

Commonwealth of the Northern Mariana Islands)
 Island of SAIPAN) s.s.
 I, **TONIJEAN M. BAPARI**, 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)

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

Notary Stamp *[Signature]* Notary Seal
CHRISTINE MAGOFNA FRANCISCO
 P.O. Box 501399, Saipan, MP 96950
 Notary Public Reg. No. 20A
 BY AND FOR THE COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS U.S.A.
 My Commission Expires: 04/01/19

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

GENERAL CONTRIBUTION AND EXPENSE REPORT

Candidate Name (Last Name, First Name, MI): ATALIG, THOMAS TAIMANAO	Treasurer Full Name (Last Name, First Name, MI): TONIJEAN M. BAPARI
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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)	1,405	
2. IN-KIND CONTRIBUTIONS RECEIVED (Total In-Kind Contributions Received from Schedule GC-B. Bring down this value to Line 7 below.)		528
3. CONTRIBUTED PROPERTY RECEIVED (Total Contributed Property Received from Schedule GC-C)		0
4. TOTAL RECEIPTS (Transfer to Line 4 of Campaign Statement of Account)	1,405	528
DISBURSEMENTS		
5. GENERAL EXPENDITURES (Total General Expenditures from Schedule GC-D)	1,405	
6. CONTRIBUTIONS TO OTHER CANDIDATES (Total Contribution to Other Candidates from Schedule GC-E)	0	
7. ADJUSTMENTS FOR IN-KIND CONTRIBUTIONS RECEIVED (From Line 2 above)		528
8. TOTAL DISBURSEMENTS (Transfer to Line 9 of Campaign Statement of Account)	1405	528
NET RECEIPTS AND DISBURSEMENTS (Subtract Line 8 from Line 4)	0	0



Amendment

Commonwealth of the Northern Mariana Islands
COMMONWEALTH ELECTION COMMISSION

CANDIDATE'S COMMITTEE
ORGANIZATIONAL REPORT

1.	Candidate
Candidate's Name THOMAS TAIMANAO ATALIG	
Mailing Address PO BOX 1202 ROTA MP 96951	
Contact No.: Business: (670) 287-6827 Other:	Email Address
Office Sought: HOUSE OF REP	Municipality/District ROTA #07

2.	Candidate's Committee
Party Affiliation: INDEPENDANT	
Committee Name:	
Mailing Address: P.O. BOX 1202 ROTA MP 96950	Contact No.: 287-4386

3.	Chairperson (Required)	4.	Treasurer (Required)
Full Name: Joseph Borian		Full Name: Toni Juan M. Bepari D25 Sampas	
Mailing Address: Aelobo st Kororville		Mailing Address: Box 501278 CK	
Contact No.:		Contact No.:	
Business: 783-7266 Other:		Business: Other:	

I hereby accept this appointment as Chairperson and Treasurer for the above mentioned Committee and Candidate.

Chairperson's Signature/Date 08/03/18	Treasurer's Signature/Date
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I hereby certify that the information on this report is true, correct and complete to the best of my knowledge.

Candidate's Signature: 	Date: 8/2/18
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