



COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
CAMPAIGN FINANCIAL DISCLOSURE

CAMPAIGN STATEMENT OF ACCOUNT - CANDIDATE
2009 GENERAL SPECIAL ELECTION

Report Type:
<input checked="" type="checkbox"/> Final Report
<input type="checkbox"/> Amendment

IMPORTANT: FILE THIS REPORT NOT LATER THAN DECEMBER 28, 2009.
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 Administrator or they may use their own detailed formats. Should you use an alternative schedule format, you must provide, at a minimum, detailed information as required in the Act.

Candidate Name (Last Name, First Name, MI): <i>Dela Cruz, Ramon M.</i>	Office Sought: <i>Mayor of Tinian & Aguijan</i>
Transcriber Name (Last Name, First Name, MI): <i>Dela Cruz, Valerie T.</i>	Preferred Mailing (P.O. Box) Address: <i>P.O. Box 520347</i>
	Telephone: <i>433-0923</i>

	CASH	IN-KIND
1. BALANCE CARRIED FORWARD FROM PREVIOUS ELECTION(S)	<i>-0-</i>	<i>-0-</i>
2. RECEIPTS FROM FUNDRAISING EVENTS	<i>1,732.00</i>	<i>-0-</i>
3. MULTI-CANDIDATE CONTRIBUTIONS	<i>-6-</i>	<i>250.00</i>
4. RECEIPTS FROM GENERAL CONTRIBUTIONS	<i>10,100.00</i>	<i>8,425.00</i>
5. OTHER RECEIPTS	<i>-0-</i>	
6. TOTAL AVAILABLE (Add Lines 1 through 5)	<i>11,832.00</i>	<i>8,675.00</i>
7. DISBURSEMENTS FOR FUNDRAISING EVENTS	<i>833.98</i>	
8. MULTI-CANDIDATE EXPENSES	<i>960.65</i>	
9. DISBURSEMENTS FOR GENERAL EXPENSES	<i>12,211.00</i>	
10. OTHER DISBURSEMENTS		
11. TOTAL DISBURSEMENTS (Add Lines 7 through 10)	<i>14,006.64</i>	
	<i>3,174.36</i>	

VERIFICATION

Commonwealth of the Northern Mariana Islands Name of _____ <i>Ramon M. Dela Cruz</i> Signature _____ [Signature]	Commonwealth of the Northern Mariana Islands Name of _____ <i>Valerie T. Dela Cruz</i> Signature _____ [Signature]
That I have carefully reviewed above, that I prepared the foregoing Campaign Statement of Account and I declare all reasonable diligence is being given to preparing this Statement, and that the contents thereof, including the contents of all supporting schedules, are true, full and explicit accounts of all contributions received and expenses incurred in the conduct of the campaign. I understand that failure to file this information with the Office of the Election Administrator is a violation of the Northern Mariana Islands Election Returns Act of 2000, 1 CMC § 6426.	
Signature of Candidate <i>Frances H. Schneider Diaz</i>	Signature of Transcriber <i>Valerie T. Dela Cruz</i>
Date this and every before me this _____ day of _____ <i>12/28/09</i>	Date this and every before me this _____ day of _____ <i>12/28/09</i>
FRANCES H. SCHNEIDER DIAZ NOTARY PUBLIC COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS MY COMMISSION EXPIRES: <i>12/31/2012</i>	