



COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
CAMPAIGN FINANCIAL DISCLOSURE

CAMPAIN 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 is mandatory. Candidates may use the suggested reports and schedules in the Office of the Public Auditor's Election Committee Guide, 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 this Act.

OFFICE OF THE PUBLIC AUDITOR

6PM

12/28/09

Candidate Name (Last Name, First Name, MI): Octavio T. Dela Cruz T.	Office Sought: U.S. House of Representatives
Treasurer Name (Last Name, First Name, MI): Octavio T. Dela Cruz T.	Preferred Mailing (P.O. Box) Address: P.O. Box 501310 Saipan, MP 96950
	Telephone: 285-3282

	CASH	IN-KIND
1. BALANCE CARRIED FORWARD FROM PREVIOUS ELECTION(S)		
2. ADD: RECEIPTS THIS ELECTION PERIOD		
3. RECEIPTS FROM FUNDRAISING EVENTS		
4. MULTICANDIDATE CONTRIBUTIONS	\$ 2,895.65	# 250.00
5. RECEIPTS FROM GENERAL CONTRIBUTIONS		
6. OTHER RECEIPTS		
7. TOTAL AVAILABLE (Add Lines 1 through 6)	\$ 2,895.65	# 250.00
8. LESS: DISBURSEMENTS THIS ELECTION PERIOD		
9. DISBURSEMENTS FOR FUNDRAISING EVENTS		
10. MULTICANDIDATE EXPENSES	\$ 2,826.25	
11. DISBURSEMENTS FOR GENERAL EXPENDITURES		
12. OTHER DISBURSEMENTS		
13. TOTAL DISBURSEMENTS (Add Lines 9 through 12)	\$ 2,826.25	
14. EXCESS (SHORTFALL) OF RECEIPTS OVER DISBURSEMENTS (Subtract Line 11 from Line 6)	# 69.40	

VERIFICATION

Commonwealth of the Northern Mariana Islands Title of Position: <u>Secretary of State</u>	Date: <u>Dec. 26, 2009</u>
<u>Octavio T. Dela Cruz</u> , candidate name as above and no (Signature)	
That I am the individual named above for the foregoing Campaign Statement of Account, that I have read the foregoing Campaign Statement of Account, and that the contents thereof, including the disclosure of all sources of disbursements, are true, full and correct inasmuch as all contributions received and expenses incurred in aid of the campaign, I understand, do not exceed the maximum amounts authorized by law for the election period, as provided by Title 16, Northern Mariana Islands Act of 2000, 1 CMC §6422.	
<u>Octavio T. Dela Cruz</u> , candidate name as above and no (Signature)	
Subscribed and sworn to before me on <u>26 December 2009</u>	
NOTARY PUBLIQUE	
IN WITNESS WHEREOF, I, the Notary Public whose name is <u>Michelle A. Camacho</u> , My Commission Expires: <u>May 31, 2010</u>	

CFD-PST, Revised June 18, 2009

Commonwealth of the Northern Mariana Islands Title of Position: <u>Secretary of State</u>	Date: <u>Dec. 26, 2009</u>
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Subscribed and sworn to before me on <u>26 December 2009</u>	
NOTARY PUBLIQUE	
IN WITNESS WHEREOF, I, the Notary Public whose name is <u>Michelle A. Camacho</u> , My Commission Expires: <u>May 31, 2010</u>	