



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

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

**CAMPAIGN STATEMENT OF ACCOUNT  
FOR GOVERNOR AND LT. GOVERNOR CANDIDATES**

\_\_\_\_\_ 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**

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.

Name of Candidate for Governor (Last Name, First Name, MI):	Name of Candidate for Lt. Governor (Last Name, First Name, MI):	
Treasurer Name (Last Name, First Name, MI):	Preferred Mailing (P.O. Box) Address:	Telephone:

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

**VERIFICATION**

Commonwealth of the Northern Mariana Islands ) ) s.s. Island of _____ )  I, _____, being duly sworn on (Candidate for Governor) oath, depose and say:  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 of Candidate _____ Date (Month, Day, Year) _____ Subscribed and sworn before me this ____ day of _____, 20____  Notary Stamp _____ Notary Seal _____	Commonwealth of the Northern Mariana Islands ) ) s.s. Island of _____ )  I, _____, being duly sworn on (Candidate for Lt. Governor) oath, depose and say:  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 of Candidate _____ Date (Month, Day, Year) _____ Subscribed and sworn before me this ____ day of _____, 20____  Notary Stamp _____ Notary Seal _____	Commonwealth of the Northern Mariana Islands ) ) s.s. Island of _____ )  I, _____, being duly sworn on (Treasurer) oath, depose and say:  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 of Treasurer _____ Date (Month, Day, Year) _____ Subscribed and sworn before me this ____ day of _____, 20____  Notary Stamp _____ Notary Seal _____
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**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):	Treasurer Full Name (Last Name, First Name, MI):
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. <b>GROSS PROCEEDS FROM FUNDRAISING EVENT</b> (Total Cash Proceeds from Line 3 of the Result Summary of Supporting Schedule FR-A)		
2. <b>IN-KIND CONTRIBUTIONS RECEIVED</b> (Total In-Kind Contributions Received from Schedule FR-B. Bring down this value to Line 6 below.)		
3. <b>CONTRIBUTED PROPERTY RECEIVED</b> (Total Contributed Property Received from Schedule FR-C)		
4. <b>TOTAL RECEIPTS</b> (Add Lines 1 through 3) (Transfer to Line 2 of Campaign Statement of Account)		
<b>DISBURSEMENTS</b>		
5. <b>FUNDRAISING EXPENSES</b> (Total Fundraising Expenses from Line 4 of Result Summary of Schedule FR-A)		
6. <b>ADJUSTMENTS FOR IN-KIND CONTRIBUTIONS RECEIVED</b> (From Line 2 above)		
7. <b>TOTAL DISBURSEMENTS</b> (Add Lines 5 and 6) (Transfer to Line 7 of Campaign Statement of Account)		
<b>NET RECEIPTS AND DISBURSEMENTS</b> (Subtract Line 7 from Line 4)		

**IMPORTANT:** FILE SEPARATE SCHEDULE FOR **EACH** FUNDRAISING EVENT.

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

Candidate Name (In Full):	Signature of Treasurer:	Date:
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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  |  | \$ _____ |
| 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)  |  | =====    |
| 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) |  | =====    |
| 5. NET CASH PROCEEDS (Subtract Line 4 from Line 3)   |  | .....    |

**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		
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)	



**IMPORTANT:** FILE SEPARATE SCHEDULE FOR EACH FUNDRAISING EVENT.

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

Candidate Name (In Full):	Signature of Treasurer:	Date:
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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
<b>SUB-TOTAL OF RECEIPTS THIS PAGE ONLY</b> (Use additional sheets as necessary) .....		➡
<b>TOTAL RECEIPTS (IF LAST PAGE ONLY)</b> (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
<b>SUB-TOTAL OF RECEIPTS THIS PAGE ONLY</b> (Use additional sheets as necessary) .....		➡
<b>TOTAL RECEIPTS (IF LAST PAGE ONLY)</b> (Transfer Total to Line 3 of Fundraising Event Report) .....		➡

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

**GENERAL CONTRIBUTION AND EXPENSE REPORT**

Candidate Name (Last Name, First Name, MI):	Treasurer Full Name (Last Name, First Name, MI):
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**SUMMARY OF RECEIPTS AND DISBURSEMENTS**

(Complete Supporting Schedules Before Completing This Section)

<b>RECEIPTS</b>	<b>CASH</b>	<b>IN-KIND</b>
1. <b>MONETARY CONTRIBUTIONS FROM NON-FUNDRAISING EVENTS</b> (Total Contributions from Schedule GC-A)		
2. <b>IN-KIND CONTRIBUTIONS RECEIVED</b> (Total In-Kind Contributions Received from Schedule GC-B. Bring down this value to Line 7 below.)		
3. <b>CONTRIBUTED PROPERTY RECEIVED</b> (Total Contributed Property Received from Schedule GC-C)		
4. <b>TOTAL RECEIPTS</b> (Transfer to Line 4 of Campaign Statement of Account)		
<b>DISBURSEMENTS</b>		
5. <b>GENERAL EXPENDITURES</b> (Total General Expenditures from Schedule GC-D)		
6. <b>CONTRIBUTIONS TO OTHER CANDIDATES</b> (Total Contribution to Other Candidates from Schedule GC-E)		
7. <b>ADJUSTMENTS FOR IN-KIND CONTRIBUTIONS RECEIVED</b> (From Line 2 above)		
8. <b>TOTAL DISBURSEMENTS</b> (Transfer to Line 9 of Campaign Statement of Account)		
<b>NET RECEIPTS AND DISBURSEMENTS</b> (Subtract Line 8 from Line 4)		



Candidate Name (In Full):	Signature of Treasurer:	Date:
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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
<b>SUB-TOTAL OF RECEIPTS THIS PAGE ONLY</b> (Use additional sheets as necessary) .....		➡
<b>TOTAL RECEIPTS (IF LAST PAGE ONLY)</b> (Transfer Total to Line 2 of the General Contribution and Expense Report, Summary of Receipts and Disbursements).....		➡

**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
<b>SUB-TOTAL OF RECEIPTS THIS PAGE ONLY</b> (Use additional sheets as necessary) .....		➡
<b>TOTAL CONTRIBUTED PROPERTY RECEIVED (IF LAST PAGE ONLY)</b> (Transfer Total to Line 3 of the General Contribution and Expense Report, Summary of Receipts and Disbursements).....		➡







**COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS  
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**MULTI-CANDIDATE  
CONTRIBUTION AND EXPENSE REPORT**

Candidate Name (Last Name, First Name, MI):	Treasurer Full Name (Last Name, First Name, MI):
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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
<b>SUB-TOTAL OF CONTRIBUTIONS RECEIVED (THIS PAGE ONLY)</b> (Use additional sheets as necessary) .....		➡
<b>TOTAL CONTRIBUTIONS RECEIVED (IF LAST PAGE ONLY)</b> (Transfer Total to Line 3 of the Campaign Statement of Account) .....		➡

**EXPENSES**

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

