



**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
SUB-TOTAL OF RECEIPTS THIS PAGE ONLY (Use additional sheets as necessary) .....		➡
TOTAL RECEIPTS (IF LAST PAGE ONLY) (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
SUB-TOTAL OF RECEIPTS THIS PAGE ONLY (Use additional sheets as necessary) .....		➡
TOTAL RECEIPTS (IF LAST PAGE ONLY) (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)

RECEIPTS	CASH	IN-KIND
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  
CAMPAIGN FINANCIAL DISCLOSURE**

**MULTI-CANDIDATE  
CONTRIBUTION AND EXPENSE REPORT**

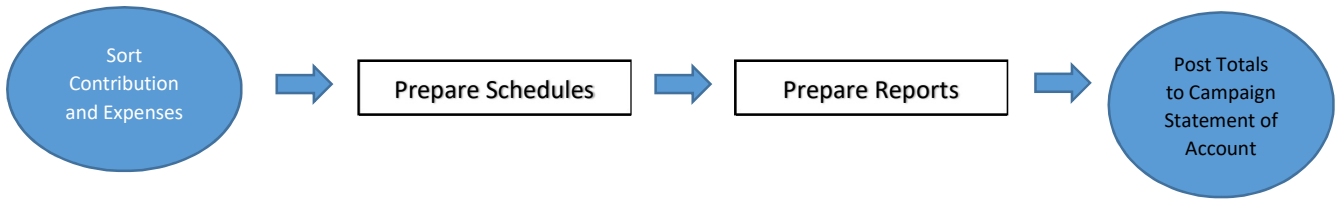
Candidate Name (Last Name, First Name, MI):	Treasurer Full Name (Last Name, First Name, MI):
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**CONTRIBUTIONS RECEIVED**

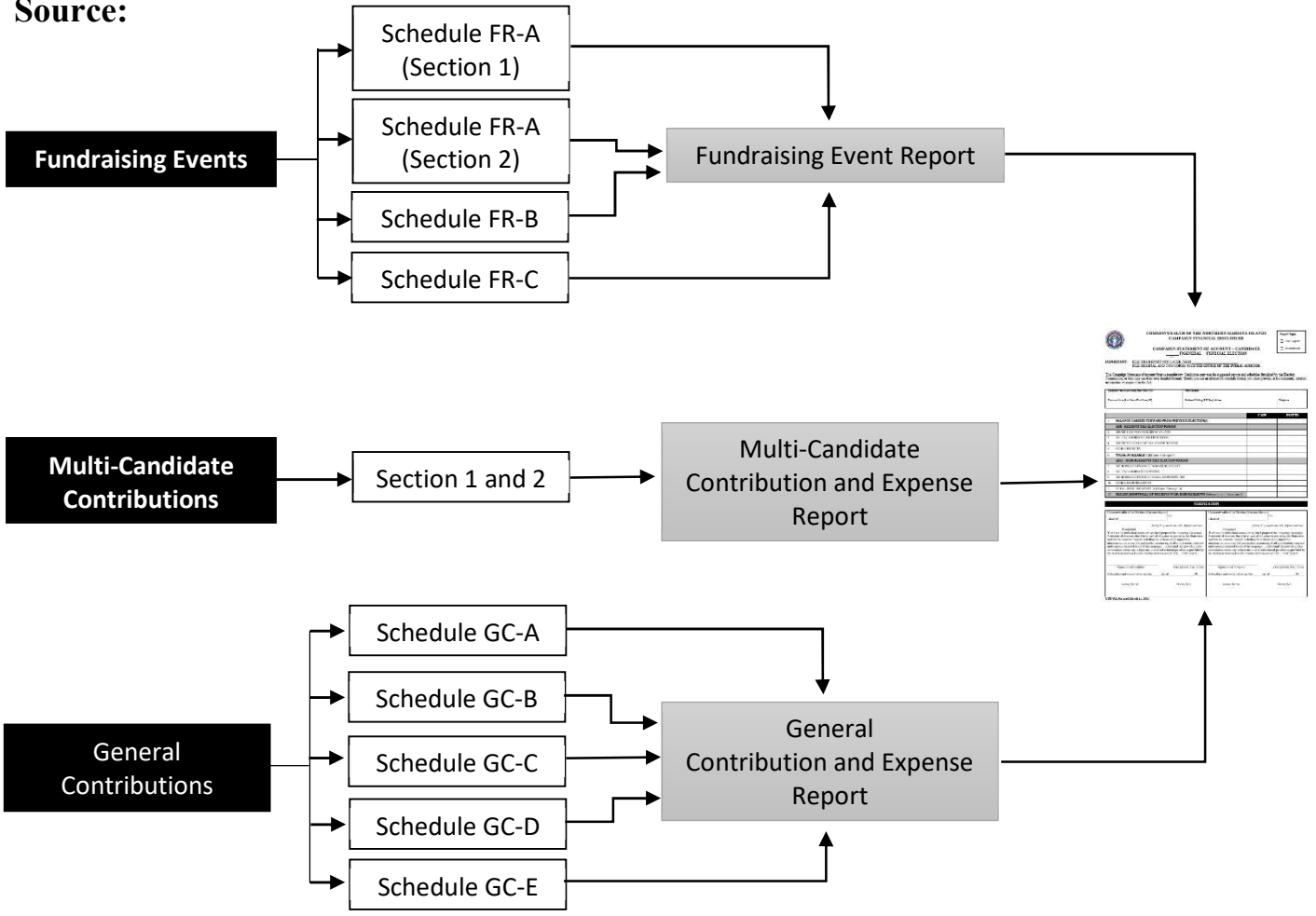
RECEIVED FROM	DESCRIPTION	AMOUNT
Example: BEST PARTY IN THE LAND	Cash Allocation of Party General Fundraising Proceeds	\$ 20,000
<b>SUB-TOTAL OF CONTRIBUTIONS RECEIVED (THIS PAGE ONLY)</b> (Use additional sheets as necessary) .....		➔
<b>TOTAL CONTRIBUTIONS RECEIVED (IF LAST PAGE ONLY)</b> (Transfer 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) .....		➔



**Source:**



COMMISSIONER OF THE TREASURY DEPARTMENT HEALTH CARE FINANCIAL SERVICES DIVISION		CAMPAIGN FINANCIAL STATEMENT SUMMARY - FUNDRAISING EVENT REPORT	
SUMMARY		PERIOD: 1/1/2018 - 12/31/2018	
CONTRIBUTIONS	EXPENSES	NET CONTRIBUTIONS	NET EXPENSES
1,234,567	567,890	666,677	567,890
123,456	78,901	44,555	78,901
567,890	123,456	444,434	123,456
1,234,567	567,890	666,677	567,890