



**COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS  
COMMONWEALTH ELECTION COMMISSION**

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Report Type:

Final

Amendment

**CANDIDATE'S COMMITTEE ORGANIZATIONAL REPORT**

**1 Candidate**

Candidate's Name (Last, First, Middle):

Mailing Address:

Contact No.:

Business:

Other:

Email Address:

Office Sought:

Municipality/District:

**2 Candidate's Committee**

Party Affiliation:

Committee Name:

Mailing Address:

Contact No.:

Business:

Other:

Email Address:

**3 Chairperson (Required)**

Name of Chairperson (Last, First, Middle):

Mailing Address:

Contact No.:

Business:

Other:

Email Address:

**I hereby accept this appointment as Chairperson for the committee mentioned above and for the above mentioned candidate.**

Chairperson's Signature/Date:

**4 Treasurer (Required)**

Name of Treasurer (Last, First, Middle):

Mailing Address:

Contact No.:

Business:

Other:

Email Address:

**I hereby accept this appointment as Treasurer for the committee mentioned above and for the above mentioned candidate.**

Treasurer's Signature/Date:

**I hereby certify that the information on this report is true, correct, and complete to the best of my knowledge.**

Candidate's Signature/Date: