



**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: