FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) — **TYPE OR PRINT ▼** — Example: If typing, type over the lines. 12FE4M5

Democratic Party of the Northern Marianas

ADDRESS (number and street) ▼ P49+7RM, Asusena Ave

Garapan

Saipan | MP | 96950 –

☐ Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER ▼** C C00850065

CITY ▲ | STATE ▲ | ZIP CODE ▲

3. IS THIS REPORT ☒ NEW (N) **OR** ☐ AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
- ☐ July 15 Quarterly Report (Q2)
- ☐ October 15 Quarterly Report (Q3)
- ☐ January 31 Year-End Report (YE)
- ☐ July 31 Mid-Year Report (Non-election Year Only) (MY)
- ☐ Termination Report (TER)

(b) Monthly Report Due On:

- ☐ Feb 20 (M2)
- ☐ Mar 20 (M3)
- ☐ Apr 20 (M4)
- ☐ May 20 (M5)
- ☐ Jun 20 (M6)
- ☐ Jul 20 (M7)
- ☒ Aug 20 (M8)
- ☐ Sep 20 (M9)
- ☐ Oct 20 (M10)
- ☐ Nov 20 (M11) (Non-Election Year Only)
- ☐ Dec 20 (M12) (Non-Election Year Only)
- ☐ Jan 31 (YE)

(c) 12-Day **PRE**-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R) ☐ Convention (12C) ☐ Special (12S)

Election on M M / D D / Y Y Y Y in the State of

(d) 30-Day **POST**-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on M M / D D / Y Y Y Y in the State of

5. Covering Period 07 / 01 / 2026 through 07 / 31 / 2026

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer: Indalecio, Shawna, , ,

Signature of Treasurer: *Indalecio, Shawna, , ,* Date: 08 / 20 / 2026

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only							

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC **Form 3X** (Rev. 05/2016)

Write or Type Committee Name

Democratic Party of the Northern Marianas

Report Covering the Period: From: 07 / 01 / 2026 To: 07 / 31 / 2026

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2026		15604.21
(b) Cash on Hand at Beginning of Reporting Period	73173.43	
(c) Total Receipts (from Line 19)	17500.00	142385.37
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	90673.43	157989.58
7. Total Disbursements (from Line 31)	18789.19	86105.34
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	71884.24	71884.24
9. Debts and Obligations Owed **TO** the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed **BY** the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☐ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE
of Receipts

FEC **Form 3X** (Rev. 05/2016)

Write or Type Committee Name

Democratic Party of the Northern Marianas

Report Covering the Period: From: 07 / 01 / 2026 To: 07 / 31 / 2026

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized	0.00	9385.37
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	0.00	9385.37
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ▶	0.00	9385.37
12. Transfers From Affiliated/Other Party Committees	17500.00	133000.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) ▶	17500.00	142385.37
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶	17500.00	142385.37

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	17789.19	82442.21
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶	17789.19	82442.21
22. Transfers to Affiliated/Other Party Committees	1000.00	2000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ▶	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations)	0.00	1663.13
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	18789.19	86105.34
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶	18789.19	86105.34

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	9385.37
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	9385.37
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	17789.19	82442.21
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶	17789.19	82442.21

Image# 202608209903336711

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
PAGE 6 OF 15

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Democratic Party of the Northern Marianas

A.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
DEMOCRATIC GRASSROOTS VICTORY FUND

Mailing Address 430 SOUTH CAPITOL ST SE

City: WASHINGTON | State: DC | Zip Code: 20003

FEC ID number of contributing federal political committee: C C00658476

Name of Employer (for Individual) | Occupation (for Individual)

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 105900.00

Date of Receipt: 07 / 27 / 2026

Transaction ID : SA12.4616

Amount of Each Receipt this Period: 17500.00

☐ Memo Item

Joint Fundraising Proceeds

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City | State | Zip Code

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual) | Occupation (for Individual)

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt: M M / D D / Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City | State | Zip Code

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual) | Occupation (for Individual)

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt: M M / D D / Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 17500.00

TOTAL This Period (last page this line number only) ▶ 17500.00

Image# 202608209903336712

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

NAME OF COMMITTEE (In Full)
Democratic Party of the Northern Marianas

A.
Full Name (Last, First, Middle Initial)
Cabrera, Jonathan, , ,
Mailing Address P.O. Box 504789
City: Saipan | State: MP | Zip Code: 96950
Purpose of Disbursement: Strategic Consulting
Candidate Name:
Category/ Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 17 / 2026
FEC Identification Number: C
Transaction ID : SB21B.4634
Amount of Each Disbursement this Period: 1300.00
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
Cabrera, Jonathan, , ,
Mailing Address P.O. Box 504789
City: Saipan | State: MP | Zip Code: 96950
Purpose of Disbursement: Reimbursement (See Memoed)
Candidate Name:
Category/ Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 17 / 2026
FEC Identification Number: C
Transaction ID : SB21B.4636
Amount of Each Disbursement this Period: 2261.58
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
United Airlines
Mailing Address 233 S Wacker Drive
City: Chicago | State: IL | Zip Code: 60606
Purpose of Disbursement: Travel
Candidate Name:
Category/ Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 17 / 2026
FEC Identification Number: C
Transaction ID : SB21B.4636.
Amount of Each Disbursement this Period: 835.75
☒ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 3561.58

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

NAME OF COMMITTEE (In Full)
Democratic Party of the Northern Marianas

A. Full Name (Last, First, Middle Initial)
Hilton Austin
Mailing Address 500 E 4th St
City: Austin, | State: TX | Zip Code: 78701
Purpose of Disbursement: Lodging
Candidate Name:
Category/ Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 17 / 2026
FEC Identification Number: C
Transaction ID : SB21B.4636.
Amount of Each Disbursement this Period: 1425.83
☒ Memo Item

B. Full Name (Last, First, Middle Initial)
Cabrera, Jonathan, , ,
Mailing Address P.O. Box 504789
City: Saipan | State: MP | Zip Code: 96950
Purpose of Disbursement: Strategic Consulting
Candidate Name:
Category/ Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 28 / 2026
FEC Identification Number: C
Transaction ID : SB21B.4652
Amount of Each Disbursement this Period: 1300.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial)
Chargualaf, Emilia, , ,
Mailing Address P.O. Box 503190
City: Saipan | State: MP | Zip Code: 96950
Purpose of Disbursement: Officer Stipend
Candidate Name:
Category/ Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 03 / 2026
FEC Identification Number: C
Transaction ID : SB21B.4622
Amount of Each Disbursement this Period: 600.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1900.00

TOTAL This Period (last page this line number only) ▶

Image# 202608209903336714

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 21b
- [ ] 22
- [ ] 23
- [ ] 26
- [ ] 27
- [ ] 28a
- [ ] 28b
- [ ] 28c
- [ ] 29
- [ ] 30b

NAME OF COMMITTEE (In Full)

Democratic Party of the Northern Marianas

A.

Full Name (Last, First, Middle Initial)

CNMI Treasury

Mailing Address PO Box 5234 CHRB

City: Saipan | State: MP | Zip Code: 96950

Purpose of Disbursement: Candidate Filing Fee (CEC)

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President

State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 07 / 30 / 2026

FEC Identification Number: C

Transaction ID : SB21B.4653

Amount of Each Disbursement this Period: 600.00

[ ] Memo Item

B.

Full Name (Last, First, Middle Initial)

Hilton Austin

Mailing Address 500 E 4th St

City: Austin, | State: TX | Zip Code: 78701

Purpose of Disbursement: Lodging

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President

State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 07 / 11 / 2026

FEC Identification Number: C

Transaction ID : SB21B.4624

Amount of Each Disbursement this Period: 274.48

[ ] Memo Item

C.

Full Name (Last, First, Middle Initial)

Indalecio, John Paul, , ,

Mailing Address P.O. Box 10007

City: Saipan | State: MP | Zip Code: 96950

Purpose of Disbursement: Officer Stipend

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President

State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 07 / 03 / 2026

FEC Identification Number: C

Transaction ID : SB21B.4621

Amount of Each Disbursement this Period: 700.00

[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1574.48

TOTAL This Period (last page this line number only) ▶

Image# 202608209903336715

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

NAME OF COMMITTEE (In Full)
Democratic Party of the Northern Marianas

A.
Full Name (Last, First, Middle Initial)
Indalecio, John Paul, , ,
Mailing Address P.O. Box 10007
City: Saipan | State: MP | Zip Code: 96950
Purpose of Disbursement: Officer Stipend
Candidate Name:
Category/ Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 28 / 2026
FEC Identification Number: C
Transaction ID : SB21B.4651
Amount of Each Disbursement this Period: 700.00
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
Marianas Business Plaza
Mailing Address 1 Nauru Loop
City: Saipan | State: MP | Zip Code: 96950
Purpose of Disbursement: Utilities
Candidate Name:
Category/ Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 21 / 2026
FEC Identification Number: C
Transaction ID : SB21B.4643
Amount of Each Disbursement this Period: 684.88
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
Marianas Business Plaza
Mailing Address 1 Nauru Loop
City: Saipan | State: MP | Zip Code: 96950
Purpose of Disbursement: Utilities
Candidate Name:
Category/ Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 21 / 2026
FEC Identification Number: C
Transaction ID : SB21B.4644
Amount of Each Disbursement this Period: 32.09
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1416.97

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

NAME OF COMMITTEE (In Full)
Democratic Party of the Northern Marianas

A.
Full Name (Last, First, Middle Initial)
Marianas Business Plaza
Mailing Address 1 Nauru Loop
City: Saipan | State: MP | Zip Code: 96950
Purpose of Disbursement: Office Rent
Candidate Name:
Category/ Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 28 / 2026
FEC Identification Number: C
Transaction ID : SB21B.4645
Amount of Each Disbursement this Period: 250.00
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
Marianas Business Plaza
Mailing Address 1 Nauru Loop
City: Saipan | State: MP | Zip Code: 96950
Purpose of Disbursement: Office Rent
Candidate Name:
Category/ Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 28 / 2026
FEC Identification Number: C
Transaction ID : SB21B.4646
Amount of Each Disbursement this Period: 1500.00
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
National Office Supplies
Mailing Address Beach Rd
City: Saipan | State: MP | Zip Code: 96950
Purpose of Disbursement: Office Supplies
Candidate Name:
Category/ Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 15 / 2026
FEC Identification Number: C
Transaction ID : SB21B.4630
Amount of Each Disbursement this Period: 45.82
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1795.82

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

NAME OF COMMITTEE (In Full)
Democratic Party of the Northern Marianas

A.
Full Name (Last, First, Middle Initial)
Pickelsimer, Annie, , ,
Mailing Address P.O. Box 501202
City: Saipan | State: MP | Zip Code: 96950
Purpose of Disbursement: Officer Stipend
Candidate Name:
Category/ Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 03 / 2026
FEC Identification Number: C
Transaction ID : SB21B.4623
Amount of Each Disbursement this Period: 1300.00
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
Pickelsimer, Annie, , ,
Mailing Address P.O. Box 501202
City: Saipan | State: MP | Zip Code: 96950
Purpose of Disbursement: Reimbursement (See Memoed)
Candidate Name:
Category/ Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 16 / 2026
FEC Identification Number: C
Transaction ID : SB21B.4631
Amount of Each Disbursement this Period: 2025.00
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
United Airlines
Mailing Address 233 S Wacker Drive
City: Chicago | State: IL | Zip Code: 60606
Purpose of Disbursement: Travel
Candidate Name:
Category/ Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 16 / 2026
FEC Identification Number: C
Transaction ID : SB21B.4631.
Amount of Each Disbursement this Period: 2025.00
☒ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 3325.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

NAME OF COMMITTEE (In Full)
Democratic Party of the Northern Marianas

A.
Full Name (Last, First, Middle Initial)
Punzalan, Katrina, , ,
Mailing Address P.O. Box 502750
City: Saipan | State: MP | Zip Code: 96950
Purpose of Disbursement: Strategic Consulting
Candidate Name:
Category/ Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 17 / 2026
FEC Identification Number: C
Transaction ID : SB21B.4633
Amount of Each Disbursement this Period: 1300.00
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
Sablan, Melva, , ,
Mailing Address P.O. Box 8209
City: Saipan | State: MP | Zip Code: 96950
Purpose of Disbursement: Officer Stipend
Candidate Name:
Category/ Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 03 / 2026
FEC Identification Number: C
Transaction ID : SB21B.4620
Amount of Each Disbursement this Period: 500.00
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
Tropical Instant Press
Mailing Address 4PV2+69Q, Rte 30 Chalan Kanoa
City: Saipan | State: MP | Zip Code: 96950
Purpose of Disbursement: Printing of Party Stickers, Business Cards, and Fundraiser Tickets
Candidate Name:
Category/ Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 21 / 2026
FEC Identification Number: C
Transaction ID : SB21B.4641
Amount of Each Disbursement this Period: 586.50
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 2386.50

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

NAME OF COMMITTEE (In Full)
Democratic Party of the Northern Marianas

A.
Full Name (Last, First, Middle Initial)
United Airlines
Mailing Address 233 S Wacker Drive
City: Chicago | State: IL | Zip Code: 60606
Purpose of Disbursement: Travel
Candidate Name:
Category/ Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 13 / 2026
FEC Identification Number: C
Transaction ID : SB21B.4626
Amount of Each Disbursement this Period: 820.60
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
Woodruff, Stephen, , ,
Mailing Address FS 25 Rebwong, Ct
City: Saipan | State: MP | Zip Code: 96950
Purpose of Disbursement: Officer Stipend
Candidate Name:
Category/ Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 01 / 2026
FEC Identification Number: C
Transaction ID : SB21B.4617
Amount of Each Disbursement this Period: 500.00
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
Woodruff, Stephen, , ,
Mailing Address FS 25 Rebwong, Ct
City: Saipan | State: MP | Zip Code: 96950
Purpose of Disbursement: Officer Stipend
Candidate Name:
Category/ Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 17 / 2026
FEC Identification Number: C
Transaction ID : SB21B.4635
Amount of Each Disbursement this Period: 250.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1570.60

TOTAL This Period (last page this line number only) ▶ 17530.95

Image# 202608209903336720

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
21b [X] 22 23 26 27
28a 28b 28c 29 30b

NAME OF COMMITTEE (In Full)
Democratic Party of the Northern Marianas

A.
Full Name (Last, First, Middle Initial)
Association of State Democratic Parties
Mailing Address 430 S Capitol Street SE
City: Washington | State: DC | Zip Code: 20003
Purpose of Disbursement: Transfer Out
Candidate Name
Category/ Type
Office Sought: House Senate President
State: District:
Disbursement For: Primary General Other (specify)
Date of Disbursement: 07 / 14 / 2026
FEC Identification Number: C C00259481
Transaction ID : SB22.4627
Amount of Each Disbursement this Period: 1000.00
Memo Item

B.
Full Name (Last, First, Middle Initial)
Mailing Address
City | State | Zip Code
Purpose of Disbursement
Candidate Name
Category/ Type
Office Sought: House Senate President
State: District:
Disbursement For: Primary General Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
FEC Identification Number: C
Amount of Each Disbursement this Period
Memo Item

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City | State | Zip Code
Purpose of Disbursement
Candidate Name
Category/ Type
Office Sought: House Senate President
State: District:
Disbursement For: Primary General Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
FEC Identification Number: C
Amount of Each Disbursement this Period
Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1000.00

TOTAL This Period (last page this line number only) ▶ 1000.00