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FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

Committee To Elect David Mendiola Cing

ADDRESS (number and street) Marpo Valley

(Check if address is changed) P. O. Box 60

Tinian | MP | 96952 - 0060

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

dcing54@hotmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

N/A

COMMITTEE'S FAX NUMBER

- N/A -

2. DATE 11 14 2008

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT X NEW (N) OR AMENDED (A)

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

Type or Print Name of Treasurer Noberto A. Mendiola

Signature of Treasurer [signature] Date 11 24 2008

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only					For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 12/2007)

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5. TYPE OF COMMITTEE

Candidate Committee:

(a) [X] This committee is a principal campaign committee. (Complete the candidate information below.)

(b) [ ] This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate: David Mendiola Cing

Candidate Party Affiliation: D E M

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

State: M P

District:

(c) [X] This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate: David Mendiola Cing

Party Committee:

(d) [X] This committee is a [ ] (National, State or subordinate) committee of the D E M (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

(e) [ ] This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

[ ] Corporation [ ] Corporation w/o Capital Stock [ ] Labor Organization

[ ] Membership Organization [ ] Trade Association [ ] Cooperative

(f) [ ] This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

[ ] In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

(g) [ ] This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.

(h) [ ] This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. FEC ID number C
2. FEC ID number C
3. FEC ID number C
4. FEC ID number C
5. FEC ID number C

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Write or Type Committee Name

Committee to elect David M. Cing

6. **Name of Any Connected Organization, Affiliated Committee, Leadership PAC Sponsor or Joint Fundraising Representative**

Democratic Party of the Northern Marianas, Inc.

Mailing Address P.O.Box 504789

Saipan, MP 96950 - 4789

CITY STATE ZIP CODE

Relationship:

Connected Organization [X] Affiliated Committee [ ] Leadership PAC Sponsor [ ] Joint Fundraising Representative

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7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Pedro C. Arriola

Mailing Address P.O.Box 501957

Chalan Kanoa

Saipan MP 96950 - 1957

CITY STATE ZIP CODE

Title or Position

Vice-President

Telephone number 670 - 256 - 3864

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g.. assistant treasurer).

Full Name of Treasurer Noberto A. Mendiola

Mailing Address P.O.Box 502995

Chalan Kanoa

Saipan MP 96950 - 2995

CITY STATE ZIP CODE

Title or Position

Treasurer

Telephone number 670 - 235 - 0398

Full Name of Designated Agent

Mailing Address

CITY STATE ZIP CODE

Title or Position

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

First Hawaiian Bank

Mailing Address Gualo Rai Branch

Gualo Rai Commercial Center

Saipan MP 96950-9999

CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY STATE ZIP CODE

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Federal Election Commission
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PREPARER	DATE PREPARED 12/16/08

(3/2005)

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