FEC FORM 2

STATEMENT OF CANDIDACY

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FEC MAIL CENTER

1. (a) Name of Candidate (in full)
Dr. Ignacia T. DeMapan

(b) Address (number and street) ☐ Check if address changed
P.O. Box 7309 SVRB

(c) City, State, and ZIP Code
Saipan MP 96950

2. Candidate's FEC Identification Number

3. Is This Statement New (N) X OR Amended (A)

4. Party Affiliation
Republican Party of Northern Islands Association

5. Office Sought
U.S. Delegate

6. State & District of Candidate
Commonwealth of Northern Mariana Islands

12030900880

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2012 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full)
Committee to Elect Dr. Ignacia T. DeMapan For U.S. Delegate

(b) Address (number and street)
P.O. Box 7309 SVRB

(c) City, State, and ZIP Code
Saipan, MP 96950

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

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

X **Signature of Candidate**
Ignacia T. DeMapan

Date
8/12/2012

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

Federal Election Commission
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(3/2005)

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