



COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
CAMPAIGN FINANCIAL DISCLOSURE

Report Type:

- Final Report
 Amendment

CAMPAIGN STATEMENT OF ACCOUNT - CANDIDATE
2014 **GENERAL** **SPECIAL ELECTION**
(Year)

IMPORTANT: FILE THIS REPORT NOT LATER THAN **DECEMBER 24, 2014.**
FILE ORIGINAL AND TWO COPIES WITH THE OFFICE OF THE PUBLIC AUDITOR

OFFICE OF THE PUBLIC AUDITOR
SIGNATURE: *[Signature]* 12/23/14

This Campaign Statement of Account form is **mandatory**. Candidates may use the suggested reports and schedules furnished by the Election Commission, or they may use their own detailed formats. Should you use an alternative schedule format, you must provide, at a minimum, detailed information as required in the Act.

Candidate Name (Last Name, First Name, MI): Dela Cruz, Francisco S.	Office Sought: House of Representatives
Treasurer Name (Last Name, First Name, MI): Salalila, Cheryl D.	Preferred Mailing (P.O. Box) Address: P.O. Box 500342 Saipan, MP 96950
	Telephone: 323-3606

	CASH	IN-KIND
1. BALANCE CARRIED FORWARD FROM PREVIOUS ELECTION(S)		
2. RECEIPTS FROM FUNDRAISING EVENTS	-0-	-0-
3. MULTI-CANDIDATE CONTRIBUTIONS	-0-	-0-
4. RECEIPTS FROM GENERAL CONTRIBUTIONS	\$1,560.00	-0-
5. OTHER RECEIPTS	-0-	-0-
6. TOTAL AVAILABLE (Add Lines 1 through 5)	\$1,560.00	-0-
7. DISBURSEMENTS FOR FUNDRAISING EVENTS	-0-	-0-
8. MULTI-CANDIDATE EXPENSES	-0-	-0-
9. DISBURSEMENTS FOR GENERAL EXPENDITURES	\$1,552.76	-0-
10. OTHER DISBURSEMENTS	-0-	-0-
11. TOTAL DISBURSEMENTS (Add Lines 7 through 10)	\$1,552.76	-0-
	\$ 7.24	-0-

VERIFICATION

<p>Commonwealth of the Northern Mariana Islands) Island of <u>Saipan</u>) s.s.</p> <p>I, <u>Francisco S. DelaCruz</u> being duly sworn on oath, depose and say: (Candidate)</p> <p>That I am the individual named above; that I prepared the foregoing Campaign Statement of Account, that I have used all reasonable diligence in preparing this Statement, and that the contents thereof, including the contents of all supporting attachments, are a true, full and explicit accounting of all contributions received and expenses incurred in aid of the campaign. I understand that providing false information herein may subject me to civil and criminal penalties as provided by the Northern Mariana Islands Election Reform Act of 2000, 1 CMC §6428.</p> <p><i>[Signature]</i> 12/23/14 Signature of Candidate Date (Month, Day, Year)</p> <p>Subscribed and sworn before me this <u>23rd</u> day of <u>December</u>, 20<u>14</u>.</p>	<p>Commonwealth of the Northern Mariana Islands) Island of _____) s.s.</p> <p>I, <u>Cheryl D. Salalila</u> being duly sworn on oath, depose and say: (Treasurer)</p> <p>That I am the individual named above; that the foregoing Campaign Statement of Account, and the contents thereof, including the contents of all supporting attachments, are true, full and explicit accounting of all contributions received and expenses incurred in aid of the campaign. I understand that providing false information herein may subject me to civil and criminal penalties as provided by the Northern Mariana Islands Election Reform Act of 2000, 1 CMC §6428.</p> <p><i>[Signature]</i> 12/23/14 Signature of Treasurer Date (Month, Day, Year)</p> <p>Subscribed and sworn before me this <u>23rd</u> day of <u>December</u>, 20<u>14</u>.</p>
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VIOLITA A. DIAZ
P.O. Box 7657 SVRB, Saipan, MP 96950
Notary Public
BY AND FOR THE COMMONWEALTH
OF THE NORTHERN MARIANA ISLANDS
My Commission Expires: 5.10.15

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