



COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
CAMPAIGN FINANCIAL DISCLOSURE

Report Type:
[X] Final Report
[] Amendment

CAMPAIGN STATEMENT OF ACCOUNT - CANDIDATE
2014 [X] GENERAL [] SPECIAL ELECTION
(Year)

OFFICE OF THE PUBLIC AUDITOR
1/8/15
SIGNATURE

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

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): HOCOG, ROSE A.
Office Sought: House of Representative, Precint 1
Treasurer Name (Last Name, First Name, MI):
Preferred Mailing (P.O. Box) Address:
Telephone:

Table with 3 columns: Description, CASH, IN-KIND. Rows include BALANCE CARRIED FORWARD, RECEIPTS (Fundraising, Multi-candidate, General, Other), TOTAL AVAILABLE, DISBURSEMENTS (Fundraising, Multi-candidate, General, Other), TOTAL DISBURSEMENTS, and EXCESS (SHORTFALL) OF RECEIPTS OVER DISBURSEMENTS.

VERIFICATION

Two verification sections. Left: Rose A. Hocog, Candidate, sworn on 1-8-15. Right: Karen Kalen, Treasurer, sworn on 01-08-15. Both include notary stamps and seals.

3/13/2015

3/13/2015