



COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
CAMPAIGN FINANCIAL DISCLOSURE

Report Type:
 Final Report
 Amendment

CAMPAIGN STATEMENT OF ACCOUNT - CANDIDATE

2014 **GENERAL** **SPECIAL ELECTION**
 (Year)

OFFICE OF THE PUBLIC AUDITOR
 COMMONWEALTH OF THE
 NORTHERN MARIANA ISLANDS
 P.O. BOX 1355 CK
 SAIPAN, MP 96950
Jan 17/15

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): Hofschneider, Edwin M.	Office Sought: MUNICIPAL COUNCIL
Treasurer Name (Last Name, First Name, MI): BORJA, ARSENE M.	Preferred Mailing (P.O. Box) Address: P.O. BOX 520152, TINIAN MP 96952
	Telephone: (670)285-0018

	CASH	IN-KIND
1. BALANCE CARRIED FORWARD FROM PREVIOUS ELECTION(S)		
ADD: RECEIPTS THIS ELECTION PERIOD		
2. RECEIPTS FROM FUNDRAISING EVENTS	2238.50	30.00
3. MULTI-CANDIDATE CONTRIBUTIONS	0.00	0.00
4. RECEIPTS FROM GENERAL CONTRIBUTIONS	386.61	2014.95
5. OTHER RECEIPTS		
6. TOTAL AVAILABLE (Add Lines 1 through 5)	2625.11	2144.95
LESS: DISBURSEMENTS THIS ELECTION PERIOD		
7. DISBURSEMENTS FOR FUNDRAISING EVENTS	588.12	30.00
8. MULTI-CANDIDATE EXPENSES	0.00	
9. DISBURSEMENTS FOR GENERAL EXPENDITURES	2036.99	2014.95
10. OTHER DISBURSEMENTS		
11. TOTAL DISBURSEMENTS (Add Lines 7 through 10)	2625.11	2044.95
12. EXCESS (SHORTFALL) OF RECEIPTS OVER DISBURSEMENTS (Subtract Line 11 from Line 6)	0.00	0.00

VERIFICATION

Commonwealth of the Northern Mariana Islands) Island of <u>Tinian</u>) s.s. I, <u>Edwin M. Hofschneider</u> , being duly sworn on oath, depose and say: (Candidate) 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. Signature of Candidate: <u>[Signature]</u> Date (Month, Day, Year): <u>12/15/14</u> Subscribed and sworn before me this <u>15th</u> day of <u>December</u> , 20 <u>14</u> .	Commonwealth of the Northern Mariana Islands) Island of <u>Tinian</u>) s.s. I, <u>Arsene M. Borja</u> , being duly sworn on oath, depose and say: (Treasurer) 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. Signature of Treasurer: <u>[Signature]</u> Date (Month, Day, Year): <u>12-15-14</u> Subscribed and sworn before me this <u>15th</u> day of <u>December</u> , 20 <u>14</u> .
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Notary Seal
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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