



COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
CAMPAIGN FINANCIAL DISCLOSURE

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

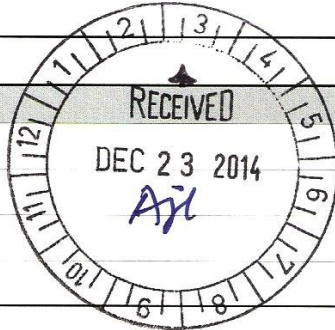
Report Type:
[X] Final Report
[ ] Amendment

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 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): REYES, JOSE A.
Office Sought: MAYOR
Treasurer Name (Last Name, First Name, MI): BORJA, ZENAIDA B.
Preferred Mailing (P.O. Box) Address: P.O. BOX 506214 SAIPAN MP 96950
Telephone: (670)287-2610

Table with 3 columns: Description, CASH, IN-KIND. Rows include BALANCE CARRIED FORWARD, RECEIPTS FROM FUNDRAISING EVENTS, MULTI-CANDIDATE CONTRIBUTIONS, RECEIPTS FROM GENERAL CONTRIBUTIONS, OTHER RECEIPTS, TOTAL AVAILABLE, DISBURSEMENTS FOR FUNDRAISING EVENTS, MULTI-CANDIDATE EXPENSES, DISBURSEMENTS FOR GENERAL EXPENDITURES, OTHER DISBURSEMENTS, TOTAL DISBURSEMENTS, EXCESS (SHORTFALL) OF RECEIPTS OVER DISBURSEMENTS.



VERIFICATION

Commonwealth of the Northern Mariana Islands )
Island of \_\_\_\_\_ ) s.s.
I, Jose A. Reyes, being duly sworn on oath, depose and say:
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: [Signature]
Date (Month, Day, Year): 12/23/14
Subscribed and sworn before me this 23 day of Dec, 2014

Commonwealth of the Northern Mariana Islands )
Island of \_\_\_\_\_ ) s.s.
I, ZENAIDA B. BORJA, being duly sworn on oath, depose and say:
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: [Signature]
Date (Month, Day, Year): 12/23/14
Subscribed and sworn before me this 23 day of Dec, 2014

WILMA ATALIG
NOTARY PUBLIC
Commonwealth of the Northern Mariana Islands
My Commission Expires: 6-21-15
P.O. Box 8028 SVRB
Saipan, MP 96950

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