

ORIGINAL

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
CAMPAIGN FINANCIAL DISCLOSURE



CAMPAIGN STATEMENT OF ACCOUNT - CANDIDATE

2018 [X] GENERAL [ ] SPECIAL ELECTION
(Year)

Report Type:

- [X] Final Report
[ ] Amendment

IMPORTANT: THIS REPORT MUST BE FILED WITHIN 50 DAYS AFTER THE ELECTION.
FILE ORIGINAL AND TWO COPIES WITH THE OFFICE OF THE PUBLIC AUDITOR

OFFICE OF THE PUBLIC AUDITOR
1/6/19
SIGNATURE

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 the minimum, detailed information as required in the Act.

Candidate Name (Last Name, First Name, MI): HOCOG, VICTOR B.
Office Sought: SENATE
Treasurer Name (Last Name, First Name, MI): Masaga, Sandra M. &
Preferred Mailing (P.O. Box) Address: HOCOG ATALIG, VIOLA JEANNE M.
P.O. BOX 602, ROTA, MP 96951
Telephone: 670-285-4472

Table with 3 columns: Line Item, CASH, IN-KIND. Rows include BALANCE CARRIED FORWARD, RECEIPTS THIS ELECTION PERIOD (Fundraising, Multi-candidate, General, Other), DISBURSEMENTS THIS ELECTION PERIOD (Fundraising, Multi-candidate, General, Other), and EXCESS (SHORTFALL) OF RECEIPTS OVER DISBURSEMENTS.

VERIFICATION

Commonwealth of the Northern Mariana Islands )
Island of SAIPAN ) s.s.
I, VICTOR B. HOCOG, 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 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): 1/5/19
Subscribed and sworn before me this 5th day of Jan., 2019
Notary Stamp: MA. KRISTINA H. ROMERO, Notary Public Reg. No. 762A

Commonwealth of the Northern Mariana Islands )
Island of SAIPAN ) s.s.
I, VIOLA JEANNE M. HOCOG ATALIG, being duly sworn on oath, depose and say:
(Treasurer)
That I am the individual named above; that I prepared the foregoing Campaign Statement of Account, that I have used all 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 Treasurer: [Signature] Date (Month, Day, Year): 01-06-19
Subscribed and sworn before me this 6th day of JAN, 2019
Notary Stamp: DENISE KING M.S., Notary Public Reg. No. 689A

**COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS  
CAMPAIGN FINANCIAL DISCLOSURE**

**FUNDRAISING EVENT REPORT**

**FUNDRAISING DATES:** \_\_\_\_\_

**IMPORTANT: USE A SEPARATE REPORT FOR EACH FUNDRAISING EVENT.**

Candidate Name (Last Name, First Name, MI): HOCOG, VICTOR B.	Treasurer Full Name (Last Name, First Name, MI): <i>Masga, Sandra M.</i> HOCOG-ATALIG, VIOLA JEANNE M.
Name of Fundraising Event: NONE	Date(s) Held:

**SUMMARY OF FUNDRAISING RECEIPTS AND DISBURSEMENTS**

(Complete Supporting Schedules Before Completing This Section)

RECEIPTS	CASH	IN-KIND
1. <b>GROSS PROCEEDS FROM FUNDRAISING EVENT</b> (Total Cash Proceeds from Line 3 of the Result Summary of Supporting Schedule FR-A)	0.00	
2. <b>IN-KIND CONTRIBUTIONS RECEIVED</b> (Total In-Kind Contributions Received from Schedule FR-B. Bring down this value to Line 6 below.)	Type text here	0.00
3. <b>CONTRIBUTED PROPERTY RECEIVED</b> (Total Contributed Property Received from Schedule FR-C)		0.00
4. <b>TOTAL RECEIPTS</b> (Add Lines 1 through 3) (Transfer to Line 2 of Campaign Statement of Account)	0.00	0.00
<b>DISBURSEMENTS</b>		
5. <b>FUNDRAISING EXPENSES</b> (Total Fundraising Expenses from Line 4 of Result Summary of Schedule FR-A)	0.00	
6. <b>ADJUSTMENTS FOR IN-KIND CONTRIBUTIONS RECEIVED</b> (From Line 2 above)		0.00
7. <b>TOTAL DISBURSEMENTS</b> (Add Lines 5 and 6) (Transfer to Line 7 of Campaign Statement of Account)	0.00	0.00
<b>NET RECEIPTS AND DISBURSEMENTS</b> (Subtract Line 7 from Line 4)	0.00	0.00

**IMPORTANT:** FILE SEPARATE SCHEDULE FOR EACH FUNDRAISING EVENT.

SUPPORTING SCHEDULE FOR FUNDRAISING EVENT HELD ON DATE(S): \_\_\_\_\_ PAGE 1 OF 1

Candidate Name (In Full): <b>VICTOR B. HOCOG</b>	Signature of Treasurer: <i>[Signature]</i>	Date: <b>01-06-19</b>
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### SUPPORTING SCHEDULE FR-A GROSS PROCEEDS AND EXPENSES FROM FUNDRAISING EVENT

#### RESULT SUMMARY

1. TOTAL CASH PROCEEDS FROM INDIVIDUALS WHO CONTRIBUTED LESS THAN \$500	\$ 0.00
2. TOTAL CASH PROCEEDS FROM INDIVIDUALS WHO CONTRIBUTED MORE THAN \$500 (Details on Section 1 below)	+ 0.00
3. TOTAL CASH PROCEEDS FROM FUNDRAISING EVENT (Transfer this total to Line 1 of Fundraising Event Report)	<u>0.00</u>
4. TOTAL FUNDRAISING EXPENSES (Details of Section 2-Fundraising Expense on the reverse side of this form. Transfer this total to Line 5 of Fundraising Event Report)	<u>0.00</u>
5. NET CASH PROCEEDS (Subtract Line 4 from Line 3)	<u>0.00</u>

SECTION 1 – NAMES OF CONTRIBUTORS WITH \$500 OR MORE TOTAL AGGREGATE CONTRIBUTIONS			
FULL NAME OF CONTRIBUTOR	AMOUNT	FULL NAME OF CONTRIBUTOR	AMOUNT
Example: Mr. John Doe	\$ 600.00		
NONE		NONE	
TOTAL PROCEEDS OF CONTRIBUTIONS, IF LAST PAGE OTHERWISE CONTINUE ON NEXT COLUMN		TOTAL PROCEEDS OF CONTRIBUTIONS \$500 OR MORE (LAST PAGE ONLY-MUST AGREE WITH LINE 2 ABOVE)	

**IMPORTANT:** FILE SEPARATE SCHEDULE FOR EACH FUNDRAISING EVENT.

SUPPORTING SCHEDULE FOR FUNDRAISING EVENT HELD ON DATE(S): \_\_\_\_\_ PAGE \_\_\_\_ OF \_\_\_\_

Candidate Name (In Full): <b>VICTOR B. HOCO</b>	Signature of Treasurer: 	Date: <b>01-06-19</b>
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**SUPPORTING SCHEDULE FR-A  
GROSS PROCEEDS AND EXPENSES FROM FUNDRAISING EVENT**

**SECTION 2 – FUNDRAISING EXPENSES**

FULL NAME OF PAYEE OR VENDOR	PARTICULARS/ DESCRIPTION	AMOUNT				
		Food & Drinks	Advertising	Supplies	Fees/Donation	Other
Example: Taste Good Restaurant	Food Catering	\$ 600				
NONE						
<b>TOTAL FUNDRAISING EXPENSES</b> <small>(Transfer Total to Line 4, Result Summary of Schedule FR-A)</small>	<small>(Total)</small> ←					

**IMPORTANT:** FILE SEPARATE SCHEDULE FOR EACH FUNDRAISING EVENT.

SUPPORTING SCHEDULE FOR FUNDRAISING EVENT HELD ON DATE(S): \_\_\_\_\_ PAGE \_\_\_\_\_ OF \_\_\_\_\_

Candidate Name (In Full): <b>VICTOR B. HOCOG</b>	Signature of Treasurer: 	Date: <b>01.06.19</b>
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**SUPPORTING SCHEDULE FR-B  
IN-KIND CONTRIBUTIONS RECEIVED**

FULL NAME OF CONTRIBUTOR	DESCRIPTION OF CONTRIBUTION	FAIR MARKET VALUE
Example: ABC Retail	Give-away t-shirts (250 @ \$5.00)	\$ 1,250
NONE		
<b>SUB-TOTAL OF RECEIPTS THIS PAGE ONLY</b> (Use additional sheets as necessary) .....		0.00
<b>TOTAL RECEIPTS (IF LAST PAGE ONLY)</b> (Transfer Total to Line 2 of the Fundraising Event Report) .....		

**SUPPORTING SCHEDULE FR-C  
CONTRIBUTED PROPERTY RECEIVED**

FULL NAME OF CONTRIBUTOR	DESCRIPTION OF CONTRIBUTION	FAIR MARKET VALUE
Example: Island Computers	Old Computer with printer	\$ 600
NONE		
<b>SUB-TOTAL OF RECEIPTS THIS PAGE ONLY</b> (Use additional sheets as necessary) .....		0.00
<b>TOTAL RECEIPTS (IF LAST PAGE ONLY)</b> (Transfer Total to Line 3 of Fundraising Event Report) .....		

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS  
CAMPAIGN FINANCIAL DISCLOSURE

## GENERAL CONTRIBUTION AND EXPENSE REPORT

Candidate Name (Last Name, First Name, MI): <b>VICTOR B. HOCO</b>	Treasurer Full Name (Last Name, First Name, MI): <i>Masga, Sandra M.</i>
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### SUMMARY OF RECEIPTS AND DISBURSEMENTS

(Complete Supporting Schedules Before Completing This Section)

RECEIPTS	CASH	IN-KIND
1. <b>MONETARY CONTRIBUTIONS FROM NON-FUNDRAISING EVENTS</b> (Total Contributions from Schedule GC-A)	\$5,500.00	
2. <b>IN-KIND CONTRIBUTIONS RECEIVED</b> (Total In-Kind Contributions Received from Schedule GC-B. Bring down this value to Line 7 below.)		\$39,157.25
3. <b>CONTRIBUTED PROPERTY RECEIVED</b> (Total Contributed Property Received from Schedule GC-C)		0.00
4. <b>TOTAL RECEIPTS</b> (Transfer to Line 4 of Campaign Statement of Account)	\$5,500.00	\$39,157.25
<b>DISBURSEMENTS</b>		
5. <b>GENERAL EXPENDITURES</b> (Total General Expenditures from Schedule GC-D)	\$5,337.42	
6. <b>CONTRIBUTIONS TO OTHER CANDIDATES</b> (Total Contribution to Other Candidates from Schedule GC-E)	0.00	
7. <b>ADJUSTMENTS FOR IN-KIND CONTRIBUTIONS RECEIVED</b> (From Line 2 above)		\$39,157.25
8. <b>TOTAL DISBURSEMENTS</b> (Transfer to Line 9 of Campaign Statement of Account)	\$5,337.42	\$39,157.25
<b>NET RECEIPTS AND DISBURSEMENTS</b> (Subtract Line 8 from Line 4)	\$162.58	0.00

Candidate Name (In Full): <b>VICTOR B. HOCOG</b>	Signature of Treasurer: 	Date: <b>01-06-19</b>
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**SUPPORTING SCHEDULE GC-A  
MONETARY CONTRIBUTIONS FROM NON-FUNDRAISING EVENTS**

RESULT SUMMARY	
1. TOTAL MONETARY CONTRIBUTIONS FROM INDIVIDUALS WHO CONTRIBUTED LESS THAN \$500	\$ 0.00
2. TOTAL MONETARY CONTRIBUTIONS FROM INDIVIDUALS WHO CONTRIBUTED MORE THAN \$500	+\$5,500.00
3. TOTAL MONETARY CONTRIBUTIONS (Transfer to Line 1 of the General Contribution and Expense Report)	\$5,500.00

FULL NAME OF CONTRIBUTOR	AMOUNT	FULL NAME OF CONTRIBUTOR	AMOUNT
Example: Ms. Jane Doe	\$ 1,500.00		
Mr. Shawn A. Scott	\$2,500.00		
Mr. John K. Baldwin	\$2,500.00		
Mr. Joaquin Q. Dela Cruz	\$500.00		
TOTAL CONTRIBUTIONS RECEIVED, IF LAST PAGE OTHERWISE CONTINUE ON NEXT COLUMN	<b>\$5,500.00</b>	TOTAL CONTRIBUTIONS RECEIVED (LAST PAGE ONLY) (Transfer to Line 2 of Result Summary above)	

Candidate Name (In Full): <b>VICTOR B. HOCOG</b>	Signature of Treasurer: 	Date: <b>01-06-19</b>
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**SUPPORTING SCHEDULE GC-B  
IN-KIND CONTRIBUTIONS RECEIVED**

FULL NAME OF CONTRIBUTOR	DESCRIPTION OF CONTRIBUTION	FAIR MARKET VALUE
Example: ABC Retail	Give-away t-shirts (250 @ \$5.00)	\$ 1,250
Mr. & Mrs. Antonio C. Atalig, Jr.	Assorted Grocery Food (Non-Frozen & Frozen Foods)	\$8,500.00
Mr. & Mrs. Antonio C. Atalig, Jr.	Beer (100 cases @ \$28.99 per case), Assd Sodas (50 cs @ \$22.80 p/cs) & Bottled Water (25 cs @ \$14.45 p/cs)	\$4,400.25
Mrs. Fermina S. Mendiola	Assorted Grocery Food (Non-Frozen & Frozen Foods)	\$1,500.00
Mr. & Mrs. Fidel S. Mendiola, Jr.	Sound System Equipment (\$300.00 per day x 20)	\$6,000.00
Mr. Juan S. Tenorio	Beer (30 cases @ \$22.50 p/case)	\$675.00
Mr. Pedro H. Hocog	2 Roasted Pigs (\$175.00 p/pig)	\$350.00
Mr. & Mrs. Victor B. & Villia M. Hocog	Assorted Grocery Food Items, Printed Hats & T-Shirts, Printed Banners, Gasoline, Misc.	
	Expenses (hardware mtrls, drinks, gasoline, ice), Hotel Rms & Car Rental, Dinner Hostings for CNMI Voters (Hawaii)	\$17,732.00
<b>SUB-TOTAL OF RECEIPTS THIS PAGE ONLY</b> (Use additional sheets as necessary) .....		➡ \$39,157.25
<b>TOTAL RECEIPTS (IF LAST PAGE ONLY)</b> (Transfer Total to Line 2 of the General Contribution and Expense Report, Summary of Receipts and Disbursements).....		➡ \$39,157.25

**SUPPORTING SCHEDULE GC-C  
CONTRIBUTED PROPERTY RECEIVED**

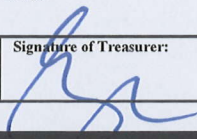
FULL NAME OF CONTRIBUTOR	DESCRIPTION OF CONTRIBUTION	FAIR MARKET VALUE
Example: Island Computers	Old Computer with printer	\$ 600
NONE		
<b>SUB-TOTAL OF RECEIPTS THIS PAGE ONLY</b> (Use additional sheets as necessary) .....		➡ 0.00
<b>TOTAL CONTRIBUTED PROPERTY RECEIVED (IF LAST PAGE ONLY)</b> (Transfer Total to Line 3 of the General Contribution and Expense Report, Summary of Receipts and Disbursements).....		➡ 0.00



Candidate Name (In Full): <b>VICTOR B. HOCOG</b>	Signature of Treasurer: 	Date: <b>01-06-19</b>
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**SUPPORTING SCHEDULE GC-D**  
GENERAL EXPENDITURES

FULL NAME OF PAYEE OR VENDOR	PARTICULARS/DESCRIPTION	AMOUNT				
		Food & Drinks	Advertising	Supplies	Fees/Donation	Other
Example: Marianas Daily	One-page ad		\$ 500			
Leticia U. Palacios	Reimbursement of Airfare (D. Mendiola)					\$2,749.99
Sunshine Variety Store	Hardware Materials			\$159.78		
3 Kings Too	Drinks-Gathering	\$193.75				
Sinapalo Safeway	Drinks-Gathering	\$98.05				
Villia M. Hocog	Reimbursements of Receipts	\$1,600.00				
Leticia U. Palacios	Reimbursements of Receipts	\$143.70				
Leticia U. Palacios	Reimbursements of Receipts	\$188.40				
3 Kings Too	Drinks-Appreciation Gathering	\$182.75				
Bank of Guam	Bank Fees (May 2018 to December 2018)				\$21.00	
<b>SUB-TOTAL OF PAYMENTS THIS PAGE ONLY</b> (Use additional sheets as necessary)	(Sub-total) \$5,337.42 ←	\$2,406.65	0.00	\$159.78	\$21.00	\$2,749.99
<b>TOTAL GEN. EXPENDITURES (IF LAST PAGE ONLY)</b> (Transfer Total to Line 5 of Gen. Contributions & Exp. Report, Summary of Receipts and Disbursements)	(Total) \$5,337.42 ←	\$2,406.65	0.00	\$159.78	\$21.00	\$2,749.99

Candidate Name (In Full): VICTOR B. HOCO G	Signature of Treasurer: 	Date: 01-06-19
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**SUPPORTING SCHEDULE GC-E**  
CONTRIBUTIONS TO OTHER CANDIDATES (EXPENDITURES)

FULL NAME OF PAYEE	DESCRIPTION	AMOUNT
Example: Mr. Winning Candidate Like Me	Fundraising tickets purchased (10 tickets @ \$50)	\$ 500
NONE		
<b>SUB-TOTAL OF EXPENSES THIS PAGE ONLY</b> (Use additional sheets as necessary) .....		→ 0.00
<b>TOTAL CONTRIBUTIONS TO OTHER CANDIDATES (IF LAST PAGE ONLY)</b> (Transfer Total to Line 6 of General Contribution and Expenses Report, Summary of Receipts and Disbursements).....		→ 0.00

**COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS  
CAMPAIGN FINANCIAL DISCLOSURE**

**MULTI-CANDIDATE  
CONTRIBUTION AND EXPENSE REPORT**

Candidate Name (Last Name, First Name, MI): <b>VICTOR B. HOCOG</b>	Treasurer Full Name (Last Name, First Name, MI): <i>Masga, Sandra M.</i> Hocog-Atalig, Viola Jeanne M.
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**CONTRIBUTIONS RECEIVED**

RECEIVED FROM	DESCRIPTION	AMOUNT
Example: BEST PARTY IN THE LAND	Cash Allocation of Party General Fundraising Proceeds	\$ 20,000
Arnold I. Palacios	10 cs. Beer, 10 cs. Sodas, 10 cs Bottled Water	\$445.00
<b>SUB-TOTAL OF CONTRIBUTIONS RECEIVED (THIS PAGE ONLY)</b> (Use additional sheets as necessary) .....		➔ \$445.00
<b>TOTAL CONTRIBUTIONS RECEIVED (IF LAST PAGE ONLY)</b> (Transfer Total to Line 3 of the Campaign Statement of Account) .....		➔ \$445.00

**EXPENSES**

FULL NAME OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT
Example: BEST PARTY IN THE LAND	Allocation of Party General Expenses	\$ 15,000
<b>SUB-TOTAL OF EXPENSES THIS PAGE ONLY</b> (Use additional sheets as necessary) .....		➔
<b>TOTAL ALLOCATED EXPENDITURES (IF LAST PAGE ONLY)</b> (Transfer Total to Line 8 of the Campaign Statement of Account) .....		➔



**OFFICE OF THE PUBLIC AUDITOR**

Commonwealth of the Northern Mariana Islands  
1236 Yap Drive, Capitol Hill  
Saipan, MP 96950

# MEMORANDUM

To: Treasury, Department of Finance

From: Audit Unit, OPA

CC: File

Date: January 7, 2019

Subject: Payment for Late Filing Penalty

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Please receive payment from **Victor B. Hocog** in payment of penalty fee for late filing of Campaign Statement of Account for 2018 General Election. You may record the payment as follows:

- Account Charged: Penalty on Fees/Charges
- Account Number: 1000 48370
- Explanation: Campaign Statement of Account Late Filing Penalty for 2018 General Election
- Amount to be Paid: \$400.00

**We hereby acknowledge receipt of notice to pay a penalty for late filing of our 2018 Campaign Statement of Account. (Provide OPA a copy of the payment receipt)**

Signature: *Horvata Aldin Rosario*  
for Candidate

Date: 01/7/19

Signature: \_\_\_\_\_  
Treasurer

Date: \_\_\_\_\_

CNMI Tax Svsteme Release 6.0  
Commonwealth of the Northern Mariana Islands

OFFICIAL CASH RECEIPT

Receipt No.: 003637072

Payment Entered: 1/08/2019

Received From: LETICIA U PALACIOS

Received by : Melissa D. Diaz      1/08/2019 8:27:34      91175 999

Payment to Account(s):

Penalty on Fees/Charges      1000 48370      400.00  
4 DAYS PENALTY FEE

Payment(s) Tendered:  
MasterCard      400.00

\*\*\*\*\*  
TOTAL . . . . . : 400.00

\*\*\* KEEP THIS RECEIPT FOR YOUR RECORDS \*\*\*

↑ PRINT THIS SIDE

↑ PRINT THIS SIDE