

IMPORTANT:

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

Report Type:

CAMPAIGN STATEMENT OF ACCOUNT - CANDIDATE 2014 GENERAL SPECIAL ELECTIONOFFICE OF THE

Final Report

(Year)

FILE THIS REPORT NOT LATER THAN DECEMBER 24, 2014.

FILE ORIGINAL AND TWO COPIES WITH THE OFFICE OF THE PUBLIC AUDITOR.

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

Candidate Name (Last Name, First Name, MI):	Office Sought:	1
SABLAN, GREGOILLI KILLI C	UELEOH 1E	
Treasurer Name (Last Name, First Name, MI): ASSISTANTIFEAS	Preferred Mailing (P.O. Box) Address:	Telephone:
SABLIAN, ANDREA C	10 BOX SO2924	670233 2424
	CASH	IN-KIND
1. BALANCE CARRIED FORWARD FROM PREVIOUS ELECT	TION(S)	
ADD: RECEIPTS THIS ELECTION PERIOD		
RECEIPTS FROM FUNDRAISING EVENTS		
MULTI-CANDIDATE CONTRIBUTIONS		
RECEIPTS FROM GENERAL CONTRIBUTIONS		
OTHER RECEIPTS		
6. TOTAL AVAILABLE (Add Lines 1 through 5)		
LESS: DISBURSEMENTS THIS ELECTION PERIOD		
DISBURSEMENTS FOR FUNDRAISING EVENTS		
8. MULTI-CANDIDATE EXPENSES		
9. DISBURSEMENTS FOR GENERAL EXPENDITURES		
10. OTHER DISBURSEMENTS		
11. TOTAL DISBURSEMENTS (Add Lines 7 through10)	ž"	
12. EXCESS (SHORTFALL) OF RECEIPTS OVER DISBURSEMENTS (Subtract Line 11 from Line 6)		
VERIFICATION		
Commonwealth of the Northern Mariana Islands Island of S.s.	Commonwealth of the Northern Mariana Islands) Island of Sapaw s.s.	
	Sidila or	
I, Gregoro Khri L Savaan, being duly sworn on oath, depose	e and say: I, Avarca C Sablam , teing duly (Treasurer)	sworn on oath, depose and say:
That I am the individual named above; that I prepared the foregoing Campaign St. Account, that I have used all reasonable diligence in preparing this Statement, an contents thereof, including the contents of all supporting attachments, are a true, full accounting of all contributions received and expenses incurred in aid of the cor understand that providing folse information herein may subject me to civil and crimina as provided by the Northern Mariana Islands Election Reform Act of 2000, 1 CMC & Date (Month, Day, Yes) REDIE ALDAN DELA CRUZ P.O. Box 5781 CHRB Seigns, MP 9030 Notary Public - Reg. M. 6574 BY AND FOR THE COMMANWEALTH OF THE NORTHERN MALIAN ISLANDS MY Communistable Expers: 4 372 LUC	and that the ond explicit mpoign. I that providing false information herein may subject me to civil an alphanalises 36428.	chments, are true, full and explicit aid of the campaign. I understand id priminal penalties as provided by MC §6428. 12 24 244 (Month, Day, Year) 132 133 Notary and