

COMMONWEAL

CAMPAIGN FINANCIAL DISCLOSURE

Report Type:

☐ Amendment

CAMPAIGN STATEMENT OF ACCOUNT - CANDIDATE

2018

☑GENERAL □ SPECIAL ELECTION

IMPORTANT:

information as required in the Act.

THIS REPORT MUST BE FILED WITHIN 50 DAYS AFTER THE ELECTION.

FILE ORIGINAL AND TWO COPIES WITH THE OFFICE OF THE PUBLIC AUDITO

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

Candidate Name (Last Name, First Name, MI):	Office Sought:	
Hocog, George O.	Rota Municipal Council	
Treasurer Name (Last Name, First Name, MI):	Preferred Mailing (P.O. Box) Address:	Telephone:
Toves, Ann Marie H.	P.O. Box 1263 Rota, MP 96951	783-4665
	CASH	IN-KIND

		CASH	IN-KIND
1.	BALANCE CARRIED FORWARD FROM PREVIOUS ELECTION(S)		
	ADD: RECEIPTS THIS ELECTION PERIOD		
2.	RECEIPT FROM FUNDRAISING EVENTS		
3.	MULTI-CANDIDATE CONTRIBUTIONS		
4.	RECEIPTS FROM GENERAL CONTRIBUTIONS		
5.	OTHER RECEIPTS	100.00	
6.	TOTAL AVAILABLE (Add Lines 1 through 5)	100.00	
	LESS: DISBURSEMENTS THIS ELECTION PERIOD		
7.	DISBURSEMENTS FOR FUNDRAISING EVENTS		
8.	MULTI-CANDIDATE EXPENSES		
9.	DISBURSEMENTS FOR GENERAL EXPENDITURES		
10.	OTHER DISBURSEMENTS		
11.	TOTAL DISBURSEMENTS (Add Lines 7 through 10)		
12.	EXCESS (SHORTFALL) OF RECEIPTS OVER DISBURSEMENTS (Subtract Line 11 from Line 6)	100-00	

VERIFIC	CATION
Commonwealth of the Northern Mariana Islands)	Commonwealth of the Northern Mariana Islands)
Island of) s.s.	Island of Rota) s.s.
I, George O. 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 Date (Month, Day, Year)	I, Ann Marie H. Toves 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 Date (Month, Day, Year)
Subscribed and sworn before me this 10 day of January , 209	Subscribed and sworn before me this 10 day of January , 2019
ANTONIA M. MANGLONA PO Box 813 Rots, MP 96951 CFD-(1) Ser Sper Specific Public Reg. No. 61A BY AND FOR THE COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS U.S.A. My Commission Expires: (6/09/2020)	Notary Stamp ANTONIA M. MANGLONA PO Box 813 Rota, MP 96951 Notary Public Ret. No. 61A BY AND FOR THE COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS U.S.A. My Commission Expires: 19 19 19 19 19 19 19 19 19 19 19 19 19

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS CAMPAIGN FINANCIAL DISCLOSURE

FUNDRAISING EVENT REPORT

FUNDRAISING DATES: N/A

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

Candidate Name (Last Name, First Name, MI):	Treasurer Full Name (Last Name, First Name, MI):
Hocog, George O.	Toves, Ann Marie H.
Name of Fundraising Event:	Date(s) Held:
N/A	N/A

SUMMARY OF FUNDRAISING RECEIPTS AND DISBURSEMENTS

(Complete Supporting Schedules Before Completing This Section)

RE	CEIPTS	CASH	IN-KIND
1.	GROSS PROCEEDS FROM FUNDRAISING EVENT (Total Cash Proceeds from Line 3 of the Result Summary of Supporting Schedule FR-A)	\$0.00	
2.	IN-KIND CONTRIBUTIONS RECEIVED (Total In-Kind Contributions Received from Schedule FR-B. Bring down this value to Line 6 below.)		\$0.00
3.	CONTRIBUTED PROPERTY RECEIVED (Total Contributed Property Received from Schedule FR-C)		\$0.00
4.	TOTAL RECEIPTS (Add Lines 1 through 3) (Transfer to Line 2 of Campaign Statement of Account)	\$0.00	\$0.00
DIS	BURSEMENTS		
5.	FUNDRAISING EXPENSES (Total Fundraising Expenses from Line 4 of Result Summary of Schedule FR-A)	\$0.00	
6.	ADJUSTMENTS FOR IN-KIND CONTRIBUTIONS RECEIVED (From Line 2 above)		\$0.00
7.	TOTAL DISBURSEMENTS (Add Lines 5 and 6) (Transfer to Line 7 of Campaign Statement of Account)	\$0.00	\$0.00
	T RECEIPTS AND DISBURSEMENTS tract 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):

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Candidate Nan	ne (In	Full):
George	Ο.	Hocog

Signature of Treasurer:

SUPPORTING SCHEDULE FR-A AND EXPENSES FROM FUNDRAISING EVENT GROSS PROCEEDS

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

SECTION 1 – NAMES OF CONTRIBU	TORS WITH \$50	0 OR MORE TOTAL AGGREGATE CONTRIBU	TIONS
FULL NAME OF CONTRIBUTOR	AMOUNT	FULL NAME OF CONTRIBUTOR	AMOUNT
Example: Mr. John Doe	\$ 600.00		
N/A	0.00		
		9	
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)	0.00

IMPORTANT: FILE SEPARATE SCHEDULE FOR <u>EACH</u> FUNDRAISING EVENT.

SUPPORTING SCHEDULE FOR FUNDRAISING EVENT HELD ON DATE(S): N/A George O. Hocog

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OF 1

Candidate Name (In Full):

Signature of Treasurer:

Date: 01/10/2019

SUPPORTING SCHEDULE FR-A GROSS PROCEEDS AND EXPENSES FROM FUNDRAISING EVENT

SECTION 2 – FUNDRAISING EXPENSES

ELLI NAME OF DAVEE OF VENDOR	PARTICULARS/	AMOUNT				
FULL NAME OF PAYEE OR VENDOR	DESCRIPTION	Food & Drinks	Advertising	Supplies	Fees/Donation	Other
Example: Taste Good Restaurant	Food Catering	\$ 600				
NA	0-00					
~						
						,
	(Total)					
TOTAL FUNDRAISING EXPENSES (Transfer Total to Line 4, Result Summary of Schedule FR-A)	0.00					

IMPORTANT: FILE **SEPARATE** SCHEDULE FOR <u>EACH</u> FUNDRAISING EVENT. SUPPORTING SCHEDULE FOR FUNDRAISING EVENT HELD ON DATE(S): __ PAGE ____OF ___ Candidate Name (In Full): Signature of Treasurer: Teorge 0. Hocog SUPPORTING SCHEDULE FR-B IN-KIND CONTRIBUTIONS RECEIVED FAIR MARKET FULL NAME OF CONTRIBUTOR DESCRIPTION OF CONTRIBUTION VALUE Give-away t-shirts (250 @ \$5.00) \$ 1,250 Example: ABC Retail NIA 0.00

SUB-TOTAL OF RECEIPTS THIS PAGE ONLY (Use additional sheets as necessary)	⇒	0.00
TOTAL RECEIPTS (IF LAST PAGE ONLY) (Transfer Total to Line 2 of the Fundraising Event Report)	→	0.00

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
NIA	NA	0-00
SUB-TOTAL OF RECEIPTS THIS PAGE ONLY		0-00
TOTAL RECEIPTS (IF LAST PAGE ONLY)		0-00

COMMONWEALT OF THE NORTHERN MARIANA ISLANDS CAMPAIGN FINANCIAL DISCLOSURE

GENERAL CONTRIBUTION AND EXPENSE REPORT

Candidate Name (Last Name, First Name, MI):	Treasurer Full Name (Last Name, First Name, MI):
Hocog, George O.	Toves, Ann Marie H.

SUMMARY OF RECEIPTS AND DISBURSEMENTS

(Complete Supporting Schedules Before Completing This Section)

RE	CEIPTS	CASH	IN-KIND
1.	MONETARY CONTRIBUTIONS FROM NON-FUNDRAISING EVENTS (Total Contributions from Schedule GC-A)	\$100.00	
2.	IN-KIND CONTRIBUTIONS RECEIVED (Total In-Kind Contributions Received from Schedule GC-B. Bring down this value to Line 7 below.)		\$0.00
3.	CONTRIBUTED PROPERTY RECEIVED (Total Contributed Property Received from Schedule GC-C)		\$0.00
4.	TOTAL RECEIPTS (Transfer to Line 4 of Campaign Statement of Account)	\$100.00	\$0.00
DIS	BURSEMENTS		
5.	GENERAL EXPENDITURES (Total General Expenditures from Schedule GC-D)		
6.	CONTRIBUTIONS TO OTHER CANDIDATES (Total Contribution to Other Candidates from Schedule GC-E)		
7.	ADJUSTMENTS FOR IN-KIND CONTRIBUTIONS RECEIVED (From Line 2 above)		
8.	TOTAL DISBURSEMENTS (Transfer to Line 9 of Campaign Statement of Account)		
	F RECEIPTS AND DISBURSEMENTS otract Line 8 from Line 4)		

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PACIE	Or	

Candidate Name (In Full):	1	Signature of Treas	urer:	Date:	1	1
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COIL	16 0	110000		/		110	1/
						7	

SUPPORTING SCHEDULE GC-A MONETARY CONTRIBUTIONS FROM NON-FUNDRAISING EVENTS

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

FULL NAME OF CONTRIBUTOR	AMOUNT	FULL NAME OF CONTRIBUTOR	AMOUNT
Example: Ms. Jane Doe	\$ 1,500.00		
NA	0-00		
		1	
TOTAL CONTRIBUTIONS RECEIVED, IF LAST PAGE		TOTAL CONTRIBUTIONS RECEIVED (LAST PAGE	
OTHERWISE CONTINUE ON NEXT COLUMN	0-00	ONLY) (Transfer to Line 2 of Result Summary above)	

PAGE	OF	

George D. House Stores.	Date: 01/10/2019
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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
N/A	NA	0-60
SUB-TOTAL OF RECEIPTS THIS PAGE ONLY (Use additional sheets as necessary)		> 0-00
TOTAL RECEIPTS (IF LAST PAGE ONLY) (Transfer Total to Line 2 of the General Contribution and Ex	pense Report, Summary of Receipts and Disbursements)	0.00

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
N/A	N/A	0-00
SUB-TOTAL OF RECEIPTS THIS PAGE ONLY (Use additional sheets as necessary)		0.00
TOTAL CONTRIBUTED PROPERTY RECEIVED (IF LAST PAGE ONLY) sense Report, Summary of Receipts and Disbursements)	0.00

CNMI Tax System Release 6.0 Commonwealth of the Northern Mariana Islands

nwealth of the Northern Mariana Isl Commonwealth Treasury Department of Finance P.O. Box 5234 CHRB Saipan, MP 96950

OFFICIAL CASH RECEIPT

Payment Entered: 8/06/2018

Receipt No.: 003573702

Received From: George Ogo Hocog

Received By : RRVRRC1

Date: 8/06/2018 9:46:28

Payment to Account(s):

Candidate Filing Fee Candidate Filing Fee

1002 43340

100.00

Payment(s) Tendered:
Cash

TOTAL

100.00

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