

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS CAMPAIGN FINANCIAL DISCLOSURE

Report Type:

CE OF THE RUBLIC AUDITOR

M Final Report

☐ Amendment

IMPORTANT: THIS REPORT MUST B

THIS REPORT MUST BE FILED WITHIN 50 DAYS AFTER THE ELECTION. 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 the minimum, detailed information as required in the Act.

Candidate Name (Last Name, First Name, MI):	Office Sought:	
HOPSCHNEIDER, HEINZ S.	SENATE	
Treasurer Name (Last Name, First Name, MI):	Preferred Mailing (P.O. Box) Address:	Telephone:
HOFSCH NETDER, SUSAND S.	P.O. Box 500469, Saipan, MP 96950	287-5869
	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	- 87	. 00
4.	RECEIPTS FROM GENERAL CONTRIBUTIONS	1,800.00	345.10
5.	OTHER RECEIPTS		
6.	TOTAL AVAILABLE (Add Lines 1 through 5)	1,800.00	345.00
	LESS: DISBURSEMENTS THIS ELECTION PERIOD		
7.	DISBURSEMENTS FOR FUNDRAISING EVENTS		
8.	MULTI-CANDIDATE EXPENSES	. 10	.00
9.	DISBURSEMENTS FOR GENERAL EXPENDITURES	6,352,00	
10.	OTHER DISBURSEMENTS		
11.	TOTAL DISBURSEMENTS (Add Lines 7 through 10)	6,352.00	IL M
12.	EXCESS (SHORTFALL) OF RECEIPTS OVER DISBURSEMENTS (Subtract Line 11 from Line 6)	(4,552.00)	345 N

VERIFICATION

Commonwealth of the Northern Mariana Islands)	Commonwealth of the Northern Mariana Islands)
Island of Sarpon)s.s.	Island of Saipan)s.s.
I, Long S. Hofschneich 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.	I, Susara S. Hofshire dev , 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 Candidate Date (Month, Day, Year)	Signature of Treasurer Date (Month, Day, Year)
Subscribed and sworn before me this 21d day of JRN , 20 19	Subscribed and sworn before me this 2 day of Jah, 20 19
MARIA LUÑARY, SCALMA P.O. Box 506663, Saipan, MP 96950 Notary Public Reg. No. 22A PAND FOR THE COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS U.S.A. My Commission Expires: 3 21 19	Notary Sta np MARIA LUISATAY CAILMA P.O. Box 506663, Saipan, MP 96950 Notary Public Reg. No. 22A BY AND FOR THE COMMONWEALTH OF THE NORTHERN MARIANA SLANDS U.S.A. My Commission Expires: 5 21

ROTIONA CHIEF THE PUBLIC AUGITOR

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):	Treasurer Full Name (Last Name, First Name, MI):	
Name of Fundraising Event:	Date(s) Held:	

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





IMPORTANT: FILE SEPARATE SCHEDULE FOR EACH FUNDRAISING EVENT.

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

Candidate Name (In Full):	Signature of Treasurer:	Date:

SUPPORTING SCHEDULE FR-A

	GROSS I ROCEEDS AND EAI ENSES FROM FUNDRAISING EVENT			
RESULT SUMMARY				
1.	TOTAL CASH PROCEEDS FROM INDIVIDUALS WHO CONTRIBUTED LESS THAN \$500	\$		
2.	TOTAL CASH PROCEEDS FROM INDIVIDUALS WHO CONTRIBUTED MORE THAN \$500 (Details on Section 1 below)	+		
3.	TOTAL CASH PROCEEDS FROM FUNDRAISING EVENT (Transfer this total to Line 1 of Fundraising Event Report)			
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)			
5.	NET CASH PROCEEDS (Subtract Line 4 from Line 3)			

FULL NAME OF CONTRIBUTOR	AMOUNT	FULL NAME OF CONTRIBUTOR	AMOUNT
Example: Mr. John Doe	\$ 600.00		
TOTAL PROCEEDS OF CONTRIBUTIONS, IF LAST		TOTAL PROCEEDS OF CONTRIBUTIONS \$500 OR	
PAGE OTHERWISE CONTINUE ON NEXT COLUMN		MORE (LAST PAGE ONLY-MUST AGREE WITH LINE 2 ABOVE)	

IMPORTANT:	FILE SEPARATE SCHEDULE FOR EACH FUNDRAISING EVENT
TIVE OTCETE	THE SELECTED SCHEDULE FOR EACH FUNDINAISING EVENT

N	A
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SUPPORTING SCHEDULE FOR FUNDR	AISING EVENT HELD ON DATE(S):	PAGE OF
Candidate Name (In Full):	Signature of Treasurer:	Date:

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

SECTION 2 – FUNDRAISING EXPENSES

FULL NAME OF PAYEE OR VENDOR	PARTICULARS/					
	DESCRIPTION	Food & Drinks	CONTRACTOR DESCRIPTION OF THE PERSON NAMED IN COLUMN 2	Supplies	Fees/Donation	Other
Example: Taste Good Restaurant	Food Catering	\$ 6	00			
1-3-486			e Range in			/
						/
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				/		Mak/
			/			19. 7
					1301145	
	No. of the	/				
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	/					
	/					
	N. C.					
TOTAL EVIND HOUSE	(Total)					
TOTAL FUNDRAISING EXPENSES (Transfer Total to Line 4, Result Summary of Schedule FR-A)	=					

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

SUPPORTING SCHEDULE FOR FUNDRAISING EVENT H	IELD ON DATE(S):	PAGE OF
Candidate Name (In Full):	Signature of Treasurer:	Date:

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
SUB-TOTAL OF RECEIPTS THIS PAGE ONLY (Use additional sheets as necessary)		
TOTAL RECEIPTS (IF LAST PAGE ONLY)		

SUPPORTING SCHEDULE FR-C CONTRIBUTED PROPERTY RECEIVED

FULL NAME OF CONTRIBUTOR	DESCRIPTION OF CONTRIBUTION		MARKET ALUE
Example: Island Computers	Old Computer with printer	\$	600
4			
SUB-TOTAL OF RECEIPTS THIS PAGE ONLY (Use additional sheets as necessary)		→	
TOTAL RECEIPTS (IF LAST PAGE ONLY) (Transfer Total to Line 3 of Fundraising Event Report)		→	

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):
HOFSCHNEIDER, Heinz S.	HOFSCHNEIDER, SUSONO S.

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)	1.800.00	
2.	IN-KIND CONTRIBUTIONS RECEIVED (Total In-Kind Contributions Received from Schedule GC-B. Bring down this value to Line 7 below.)		345.N
3.	CONTRIBUTED PROPERTY RECEIVED (Total Contributed Property Received from Schedule GC-C)		.00
4.	TOTAL RECEIPTS (Transfer to Line 4 of Campaign Statement of Account)	1,800.0V	345. D
DIS	BURSEMENTS		
5.	GENERAL EXPENDITURES (Total General Expenditures from Schedule GC-D)	5,732.00	
6.	CONTRIBUTIONS TO OTHER CANDIDATES (Total Contribution to Other Candidates from Schedule GC-E)	620.00	
7.	ADJUSTMENTS FOR IN-KIND CONTRIBUTIONS RECEIVED (From Line 2 above)		345.00
	TOTAL DISBURSEMENTS	6,352.00	
8.	(Transfer to Line 9 of Campaign Statement of Account)	010	

SUPPORTING SCHEDULE FOR GENERAL CONTRIBUTIONS

PAGE __/_ OF __/

Candidate Name (In Full):	Signature of Treasurer:	Date:
HOFSCHNEIDER, Heinz S.	Monches	1-02-19

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

RESULT SUMMARY

1. TOTAL MONETARY CONTRIBUTIONS FROM INDIVIDUALS WHO CONTRIBUTED LESS THAN \$500

\$ 500.00

TOTAL MONETARY CONTRIBUTIONS FROM INDIVIDUALS WHO CONTRIBUTED MORE THAN \$500
 TOTAL MONETARY CONTRIBUTIONS (Transfer to Line 1 of the General Contribution and Expense Report)

1,800.00

FULL NAME OF CONTRIBUTOR	AMOUNT	FULL NAME OF CONTRIBUTOR	AMOUNT
Example: Ms. Jane Doe	\$ 1,500.00	Nr. Juan S. TENDRIO (unsoliciteá)	1,300.00
OTAL CONTRIBUTIONS RECEIVED, IF LAST PAGE OTHERWISE CONTINUE ON NEXT COLUMN		TOTAL CONTRIBUTIONS RECEIVED (LAST PAGE ONLY) (Transfer to Line 2 of Result Summary above)	1,300.00

OF	
	/ OF /

Candidate Name (In Full):	Signature of Treasurer:	Date:
HOFSCHNEIDER, Heinz S.	Mojerta	02 Jan 19

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
Dise C. Soldan Jesus / Ara Sablem	Ford/dninks (chiden / keer) (unsolicited) Ford (unsolicited)	# 145.00 # 200.10
SUB-TOTAL OF RECEIPTS THIS PAGE ONLY		# 345.00
(Use additional sheets as necessary)	xpense Report, Summary of Receipts and Disbursements).	# 345.00

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
SUB-TOTAL OF RECEIPTS THIS PAGE ONLY (Use additional sheets as necessary)		>	
TOTAL CONTRIBUTED PROPERTY RECEIVED	(IF LAST PAGE ONLY) spense Report, Summary of Receipts and Disbursements)	\Rightarrow	

PAGE __/_ OF __/

Candidate Name (In Full):	Signature of Treasurer:	Date:
HOFSCHMEIDER, Heinz S.	Moreha	02 San 2019

SUPPORTING SCHEDULE GC-D GENERAL EXPENDITURES

FULL NAME OF PAYEE OR VENDOR	PARTICULARS/	AMOUNT				
FULL NAME OF PAYEE OR VENDOR	DESCRIPTION	Food & Drinks	Advertising	Supplies	Fees/Donation	Other
Example: Marianas Daily	One-page ad		\$ 500			
3HI-RES	Banners/					
	Brochuses		3,010.00			
CNMI GOV'T (ZONING)	Campaign signs		375.0		40.00	
NATIONAL OFFICE SUPPLIES	INK			64.90		
CONWOOD PRODUCTS	Bill boards					1,223
Joe Dela Cruz	Entertainment	220.00				
Pon Pieteg	Gas/Resta-a-car					450.1
Felix Nogris	PILS					250.0
SAIPAN ICE	Water/Ice	050.00				
MING-YANG		63.97				
RED CROSS						100.0
Christian Mothers						60.1
						C. N. F. I
		A CALL HOLES				
			3-11-11-11-11-11-11-11-11-11-11-11-11-11			
SUB-TOTAL OF PAYMENTS THIS PAGE	(Sub-total)	£22.05	2.15	· -	do 13	0
ONLY (Use additional sheets as necessary)	5,732.07	533.97	3,010.00	64.90	40.W	2,083.)
TOTAL GEN. EXPENDITURES (IF LAST PAGE ONLY) (Transfer Total to Line 5 of Gen. Contributions & Exp. Report, Summary of Receipts and Disbursements)	(Total) = 5,732.07					

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PAGE	OF /
IAUL	· Or

Candidate Name (In Full):	Signature of Treasurer:	Date:
NOFSOHNADER, Heinz S-	Moreld	08 Ju 2019

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
Babauta /Solder Yearn	(25.00 x 2)	50.00
V.C. Camacho	(20.10 × 3)	60.00
L.S. Tenonio	C25.00 X4)	100.00
M.1G. Fazardo	(20·W × 4)	80.00
L.S. Vilipao	(25.00 x6)	150.00
s. pabauta	(go. 00 x 2)	100.W
L.S. Vilipao S. Babauta F.R. Babauta	(40.10 X 2)	80 . N
SUB-TOTAL OF EXPENSES THIS PAGE ONLY Use additional sheets as necessary)		6,20,00
TOTAL CONTRIBUTIONS TO OTHER CANDI		

COMMONWEALT OF THE NORTHERN MARIANA ISLANDS CAMPAIGN FINANCIAL DISCLOSURE

MULTI-CANDIDATE CONTRIBUTION AND EXPENSE REPORT

Candidate Name (Last Name, First Name, M1):	Treasurer Full Name (Last Name, First Name, MI):			
	CONTRIBUTIONS RECEIVED			
RECEIVED FROM	DESCRIPTION	Al	AMOUNT	
Example: BEST PARTY IN THE LAND	Cash Allocation of Party General Fundraising Proceeds	\$	20,000	
			A 40 10	
SUB-TOTAL OF CONTRIBUTIONS RECEIVED	O CTHIC DA CE ONLY			
(Use additional sheets as necessary)	O (THIS FAGE ONLY)			
(Transfer Total to Line 3 of the Campaign Statement of	Account)			
The state of the s	EXPENSES			
FULL NAME OF PAYEE	DESCRIPTION OF EXPENDITURE	AN	MOUNT	
Example: BEST PARTY IN THE LAND	Allocation of Party General Expenses	\$	15,000	
SUB-TOTAL OF EXPENSES THIS PAGE ONLY (Use additional sheets as necessary)				

TOTAL ALLOCATED EXPENDITURES (IF LAST PAGE ONLY)
(Transfer Total to Line 8 of the Campaign Statement of Account)



