

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines. 12FE4M5

Killili for Congress

ADDRESS (number and street) P.O. Box 502924

Check if different than previously reported. (ACC)

Saipan MP 96950

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00469882

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

STATE ▼ DISTRICT

MP 00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on M M / D D / Y Y Y Y in the State of

(c) 30-Day **POST**-Election Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on M M 11 / D D 13 / Y Y Y Y 2018 in the State of MP

5. Covering Period M M 10 / D D 18 / Y Y Y Y 2018 through M M 11 / D D 26 / Y Y Y Y 2018

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Sablan, Ruth T., , ,

Signature of Treasurer Sablan, Ruth T., , , [Electronically Filed] Date M M 12 / D D 06 / Y Y Y Y 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office Use Only									
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SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name
Killili for Congress

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	0.00	111542.27
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	0.00	111542.27
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	10665.99	91238.98
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	10665.99	91238.98
8. Cash on Hand at Close of Reporting Period (from Line 27).....	71046.74	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 07/05)

- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

Kilili for Congress

Report Covering the Period: From: 10 / 18 / 2018 To: 11 / 26 / 2018

I. RECEIPTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of 11 / 05 / 2018 (date of general election)	COLUMN C Total for 11 / 06 / 2018 (date after general election)
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other than Political Committees		
(i) Itemized (use Schedule A)		
0.00	48297.01	0.00
(ii) Unitemized		
0.00	3245.26	0.00
(iii) Total of contributions from individuals		
0.00	51542.27	0.00
(b) Political Party Committees		
0.00	0.00	0.00
(c) Other Political Committees		
0.00	60000.00	0.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 4 / 13

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
0.00	111542.27	0.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0.00	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
0.00	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
0.00	91.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
0.00	111633.27	0.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 5 / 13

Write or Type Committee Name

Kilili for Congress

Report Covering the Period: From: / / To: / /

II. DISBURSEMENTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
17. OPERATING EXPENDITURES		
10665.99	91238.98	8317.45
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) Of All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
0.00	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
0.00	0.00	0.00
(b) Political Party Committees		
0.00	0.00	0.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 6 / 13

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
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(c) Other Political Committees (such as PACs)

0.00	0.00	0.00
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(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))

0.00	0.00	0.00
------	------	------

21. OTHER DISBURSEMENTS

1000.00	1000.00	0.00
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22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)

11665.99	92238.98	8317.45
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III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

0.00	111542.27	0.00
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IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

10665.99	91238.98	8317.45
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V. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	82712.73
24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....	0.00
25. SUBTOTAL (add Line 23 and Line 24).....	82712.73
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	11665.99
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	71046.74

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 OF 13	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Kilili for Congress

Full Name (Last, First, Middle Initial) A. Camacho, Joey, R, ,			Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2018	
Mailing Address PO Box 8214 SVRB			FEC Identification Number C C00469882	
City Saipan	State MP	Zip Code 96950	Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Volunteer Stipend		Category/ Type 001	Transaction ID : SB17.7689	
Candidate Name Kilili for Congress		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: MP District: 00				

Full Name (Last, First, Middle Initial) B. Commonwealth Development Authority			Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2018	
Mailing Address PO box 502149			FEC Identification Number C C00469882	
City Saipan	State MP	Zip Code 96950	Amount of Each Disbursement this Period 550.00	
Purpose of Disbursement Rent		Category/ Type 001	Transaction ID : SB17.7691	
Candidate Name Kilili for Congress		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: MP District: 00				

Full Name (Last, First, Middle Initial) C. IT&E			Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2018	
Mailing Address P.O. Box 500437			FEC Identification Number C C00469882	
City Saipan	State MP	Zip Code 96950	Amount of Each Disbursement this Period 169.09	
Purpose of Disbursement Communication - Landline and internet		Category/ Type 001	Transaction ID : SB17.7690	
Candidate Name Kilili for Congress		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: MP District: 00				

SUBTOTAL of Disbursements This Page (optional).....▶	1219.09
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 OF 13	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Kilili for Congress

Full Name (Last, First, Middle Initial) A. Joeten's Susupe Shopping Center		Date of Disbursement M M / D D / Y Y Y Y 11 / 11 / 2018
Mailing Address P.O. Box 500137		FEC Identification Number C C00469882
City Saipan	State MP	Zip Code 96950
Purpose of Disbursement Supplies - Early Vote	Category/ Type 007	
Candidate Name Kilili for Congress	Amount of Each Disbursement this Period 211.06	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MP District: 00	Transaction ID : SB17.7685 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Joeten's Susupe Shopping Center		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2018
Mailing Address P.O. Box 500137		FEC Identification Number C C00469882
City Saipan	State MP	Zip Code 96950
Purpose of Disbursement Food and Beverage - Tinian	Category/ Type 007	
Candidate Name Kilili for Congress	Amount of Each Disbursement this Period 82.75	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MP District: 00	Transaction ID : SB17.7672 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) c. Joeten's Susupe Shopping Center		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2018
Mailing Address P.O. Box 500137		FEC Identification Number C C00469882
City Saipan	State MP	Zip Code 96950
Purpose of Disbursement Food and Beverage	Category/ Type 007	
Candidate Name Kilili for Congress	Amount of Each Disbursement this Period 38.00	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MP District: 00	Transaction ID : SB17.7673 <input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	331.81
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 OF 13	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Kilili for Congress

Full Name (Last, First, Middle Initial) A. Joeten Superstore		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2018
Mailing Address PO Box 500488		FEC Identification Number C C00469882
City Saipan	State MP	Zip Code 96950
Purpose of Disbursement Food and Beverage - candy	Category/ Type 007	
Candidate Name Kilili for Congress	Amount of Each Disbursement this Period 89.65	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.7675
State: MP District: 00	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Sablan, Gregorio Kilili, Camacho, Rep.,		Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2018
Mailing Address P.O. Box 502924		FEC Identification Number C C00469882
City Saipan	State MP	Zip Code 96950
Purpose of Disbursement Advertising	Category/ Type 004	
Candidate Name Kilili for Congress	Amount of Each Disbursement this Period 1500.00	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.7674
State: MP District: 00	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) c. Facebook		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2018
Mailing Address 1 Hacker Way Kilili for Congress FB acct		FEC Identification Number C C00469882
City Menlo Park	State CA	Zip Code 94025
Purpose of Disbursement Advertising	Category/ Type 004	
Candidate Name Kilili for Congress	Amount of Each Disbursement this Period 1500.00	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.7674.0
State: MP District: 00	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	1589.65
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 13	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Kilili for Congress

Full Name (Last, First, Middle Initial) A. Sablan, Gregorio Kilili, Camacho, Rep.,		Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2018
Mailing Address P.O. Box 502924		FEC Identification Number C C00469882
City Saipan	State MP	Zip Code 96950
Purpose of Disbursement Reimbursement - Election Day Car Rental Rota	Category/ Type 007	Amount of Each Disbursement this Period 385.00
Candidate Name Kilili for Congress	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.7676
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MP District: 00	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Islander Rent A Car		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2018
Mailing Address P.O. Box 502356		FEC Identification Number C C00469882
City Saipan	State MP	Zip Code 96950
Purpose of Disbursement Car Rental - Rota	Category/ Type 007	Amount of Each Disbursement this Period 385.00
Candidate Name Kilili for Congress	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.7676.0
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MP District: 00	<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) c. Sablan, Gregorio Kilili, Camacho, Rep.,		Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2018
Mailing Address P.O. Box 502924		FEC Identification Number C C00469882
City Saipan	State MP	Zip Code 96950
Purpose of Disbursement Advertising	Category/ Type 004	Amount of Each Disbursement this Period 5478.18
Candidate Name Kilili for Congress	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.7677
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MP District: 00	<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	5863.18
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 OF 13	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Kilili for Congress

Full Name (Last, First, Middle Initial)
A. Facebook

Mailing Address 1 Hacker Way
Kilili for Congress FB acct

City Menlo Park State CA Zip Code 94025

Purpose of Disbursement Advertisemrnt Category/Type 004

Candidate Name **Kilili for Congress**

Office Sought: House Senate President Disbursement For: 2018 Primary General Other (specify) ▼

State: MP District: 00

Date of Disbursement 11 / 15 / 2018

FEC Identification Number C C00469882

Amount of Each Disbursement this Period 5478.18

Transaction ID : SB17.7677.0

Memo Item

Full Name (Last, First, Middle Initial)
B. Shirley's Coffee Shop

Mailing Address Ground Floor HSJ Bldg

City Saipan State MP Zip Code 96950

Purpose of Disbursement Food and Beverage Category/Type 007

Candidate Name **Kilili for Congress**

Office Sought: House Senate President Disbursement For: 2018 Primary General Other (specify) ▼

State: MP District: 00

Date of Disbursement 11 / 23 / 2018

FEC Identification Number C C00469882

Amount of Each Disbursement this Period 295.00

Transaction ID : SB17.7686

Memo Item

Full Name (Last, First, Middle Initial)
c. Star Marianas Air

Mailing Address One Broadway San Jose Village

City Tinian State MP Zip Code 96952

Purpose of Disbursement Shipping Fee Category/Type 007

Candidate Name **Kilili for Congress**

Office Sought: House Senate President Disbursement For: 2018 Primary General Other (specify) ▼

State: MP District: 00

Date of Disbursement 10 / 19 / 2018

FEC Identification Number C C00469882

Amount of Each Disbursement this Period 89.80

Transaction ID : SB17.7695

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 384.80

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 13	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Kilili for Congress

Full Name (Last, First, Middle Initial) A. Tom's Rental		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2018
Mailing Address PO Box 7181SVRB		FEC Identification Number C C00469882
City Saipan	State MP	Zip Code 96950
Purpose of Disbursement Tent Rental	Category/Type 007	
Candidate Name Kilili for Congress	Amount of Each Disbursement this Period 440.00	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MP District: 00	Transaction ID : SB17.7682 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement	Category/Type	
Candidate Name	Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement	Category/Type	
Candidate Name	Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	440.00
TOTAL This Period (last page this line number only).....▶	9828.53

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 OF 13	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Kilili for Congress

Full Name (Last, First, Middle Initial) A. MICHAEL SAN NICOLAS FOR CONGRESS			Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2018	
Mailing Address 198 W. SANTA BARBARA AVE.			FEC Identification Number C C00469882	
City DEDEDO	State GU	Zip Code 96929	Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Donation		Category/ Type 012	Transaction ID : SB21.7696	
Candidate Name Kilili for Congress		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: MP District: 00				

Full Name (Last, First, Middle Initial) B.			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement		Category/ Type	Memo Item <input type="checkbox"/>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C.			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement		Category/ Type	Memo Item <input type="checkbox"/>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	1000.00