



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**Kilili for Congress**

Report Covering the Period: From:

MM / DD / YYYY  
07 / 01 / 2012

To:

MM / DD / YYYY  
09 / 30 / 2012

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	13750.00	98558.02
(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)) .....	13750.00	98558.02
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	19197.04	47179.72
(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)) .....	19197.04	47179.72
<b>8. Cash on Hand at Close of Reporting Period (from Line 27) .....</b>	75494.58	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....</b>	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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 33

Write or Type Committee Name

**Kilili for Congress**

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	5225.00	46625.00
(ii) Unitemized.....	4025.00	19625.00
(iii) TOTAL of contributions from individuals ▶	9250.00	66250.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	4500.00	32308.02
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	13750.00	98558.02
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....		
	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
	13.63	566.97
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	13763.63	99124.99

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	19197.04	47179.72
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	500.00	4354.88
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	19697.04	51534.60

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	81427.99
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	13763.63
25. SUBTOTAL (add Line 23 and Line 24).....	95191.62
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	19697.04
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	75494.58

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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)  
**Kiili for Congress**

Full Name (Last, First, Middle Initial) <b>A. Frances Arriola</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 06 / 2012
Mailing Address P.O. Box 501788			<b>Transaction ID : SA11AI.5776</b>
City Saipan	State MP	Zip Code 96950	Amount of Each Receipt this Period 1150.00
FEC ID number of contributing federal political committee. C		Occupation self-employed	Donation
Name of Employer none		Election Cycle-to-Date 1150.00	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>B. Frances Arriola</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 29 / 2012
Mailing Address P.O. Box 501788			<b>Transaction ID : SA11AI.5812</b>
City Saipan	State MP	Zip Code 96950	Amount of Each Receipt this Period 1400.00
FEC ID number of contributing federal political committee. C		Occupation self-employed	Donation
Name of Employer none		Election Cycle-to-Date 1400.00	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>C. Joaquin Arriola</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 29 / 2012
Mailing Address 259 Martyr St. Suite 201			<b>Transaction ID : SA11AI.5844</b>
City Hagatna	State GU	Zip Code 96910	Amount of Each Receipt this Period 450.00
FEC ID number of contributing federal political committee. C		Occupation attorney	Donation
Name of Employer Arriola Cowan & Arriola Law		Election Cycle-to-Date 450.00	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Kilili for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Victoria Iriarte Benavente**

Mailing Address **PO Box 501699**

City **Saipan** State **MP** Zip Code **96950**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Pacific Islands Club** Occupation **Manager**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt **09 / 29 / 2012**

Transaction ID : **SA11AI.5922**

Amount of Each Receipt this Period **50.00**

Donation

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Nathaniel Berg**

Mailing Address **633 Gov. Carlos Camacho Road**

City **Tamuning** State **GU** Zip Code **96931**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Guam Radiology Consultants** Occupation **radiologist**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **09 / 06 / 2012**

Transaction ID : **SA11AI.5777**

Amount of Each Receipt this Period **250.00**

Donation

**C.** Full Name (Last, First, Middle Initial)  
**Mariano R. R. Bermudes**

Mailing Address **P.O. Box 500563**

City **Saipan** State **MP** Zip Code **96950**

FEC ID number of contributing federal political committee. **C**

Name of Employer **none** Occupation **retiree**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt **09 / 29 / 2012**

Transaction ID : **SA11AI.5788**

Amount of Each Receipt this Period **50.00**

Donation

**SUBTOTAL** of Receipts This Page (optional)..... **350.00**

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

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 OF 33
	(check only one) <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d 12        13a        13b        14        15

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NAME OF COMMITTEE (In Full)  
**Kilili for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Angie Borja**

Mailing Address 13334 Packard Drive

City Woodbridge State VA Zip Code 22193

FEC ID number of contributing federal political committee. **C**

Name of Employer U.S. House of Representatives Occupation deputy chief of staff

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **09 / 29 / 2012**

Transaction ID : SA11AI.5792

Amount of Each Receipt this Period **500.00**

Donation

**B.** Full Name (Last, First, Middle Initial)  
**Galvin Sablan Deleon Guerrero**

Mailing Address PO Box 501286

City Saipan State MP Zip Code 96950

FEC ID number of contributing federal political committee. **C**

Name of Employer Northern Marianas College Occupation Instructor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt **09 / 29 / 2012**

Transaction ID : SA11AI.5802

Amount of Each Receipt this Period **50.00**

Donation

**C.** Full Name (Last, First, Middle Initial)  
**Jesus M. Deleon Guerrero**

Mailing Address P.O. Box 501292

City Saipan State MP Zip Code 96950

FEC ID number of contributing federal political committee. **C**

Name of Employer Saipan Plant Center, Inc. Occupation owner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **650.00**

Date of Receipt **09 / 29 / 2012**

Transaction ID : SA11AI.5824

Amount of Each Receipt this Period **50.00**

Donation

**SUBTOTAL** of Receipts This Page (optional)..... **600.00**

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

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Kilili for Congress**

Full Name (Last, First, Middle Initial) <b>A. Mr. Herman T. Guerrero</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 29 / 2012	
Mailing Address P.O. Box 502051		<b>Transaction ID : SA11AI.5832</b>	
City Saipan	State MP	Zip Code 96950	Amount of Each Receipt this Period Donation 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer none	Occupation retiree		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. Juan T. Guerrero</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 29 / 2012	
Mailing Address P.O. Box 501218		<b>Transaction ID : SA11AI.5783</b>	
City Saipan	State MP	Zip Code 96950	Amount of Each Receipt this Period Donation 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer self employed	Occupation businessman		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) <b>C. Anna G. Hayes</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 29 / 2012	
Mailing Address P.O. Box 7009 SVRB		<b>Transaction ID : SA11AI.5814</b>	
City Saipan	State MP	Zip Code 96950	Amount of Each Receipt this Period Donation 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Hermans Modern Bakery	Occupation Manager		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	650.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 OF 33
	(check only one) <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**Kilili for Congress**

Full Name (Last, First, Middle Initial) <b>A. Charles Jordan</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 29 / 2012
Mailing Address PO Box 5337 CHR B		<b>Transaction ID : SA11AI.5910</b>
City Saipan	State MP	Zip Code 96950
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer Marianas Coffee	Occupation Owner	Donation
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>B. Russ Mason</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 29 / 2012
Mailing Address P.O. Box 10001 PMB 62		<b>Transaction ID : SA11AI.5884</b>
City Saipan	State MP	Zip Code 96950
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer Self Employed	Occupation Self Employed	Donation
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 450.00	

Full Name (Last, First, Middle Initial) <b>C. Anthony Pellegrino</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 29 / 2012
Mailing Address P.O. Box 501808		<b>Transaction ID : SA11AI.5842</b>
City Saipan	State MP	Zip Code 96950
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.00	
Name of Employer Saipan Ice and Water Co.	Occupation owner	Donation
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 425.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	125.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Kilili for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Anthony Pellegrino**

Mailing Address P.O. Box 501808

City: Saipan State: MP Zip Code: 96950

FEC ID number of contributing federal political committee: **C**

Name of Employer: Saipan Ice and Water Co. Occupation: owner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 450.00

Date of Receipt: 09 / 29 / 2012  
Transaction ID : SA11AI.5843

Amount of Each Receipt this Period: 25.00  
Donation

**B.** Full Name (Last, First, Middle Initial)  
**Ivan K. Jr. Propst**

Mailing Address P.O. Box 502494

City: Saipan State: MP Zip Code: 96950

FEC ID number of contributing federal political committee: **C**

Name of Employer: none Occupation: retiree

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 09 / 29 / 2012  
Transaction ID : SA11AI.5918

Amount of Each Receipt this Period: 50.00  
Donation

**C.** Full Name (Last, First, Middle Initial)  
**Ms. Andrea C. Sablan**

Mailing Address P.O. Box 502924

City: Saipan State: MP Zip Code: 96950

FEC ID number of contributing federal political committee: **C**

Name of Employer: DFS Saipan Ltd Occupation: Sales Manager

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 350.00

Date of Receipt: 09 / 29 / 2012  
Transaction ID : SA11AI.5890

Amount of Each Receipt this Period: 350.00  
Donation

**SUBTOTAL** of Receipts This Page (optional) ..... 425.00

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

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 OF 33
	(check only one)	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**Kilili for Congress**

Full Name (Last, First, Middle Initial) <b>A. Mr. David M. Sablan</b>		Date of Receipt MM / DD / YYYY 09 / 29 / 2012
Mailing Address PMB 193 P.O. Box 10000		<b>Transaction ID : SA11AI.5804</b>
City Saipan	State MP	Zip Code 96950
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer Century Insurance	Occupation manager	Donation
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 900.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Florence C. Sablan</b>		Date of Receipt MM / DD / YYYY 09 / 06 / 2012
Mailing Address P.O. Box 500401		<b>Transaction ID : SA11AI.5778</b>
City Saipan	State MP	Zip Code 96950
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer Medical Licensing Board	Occupation employee	Donation
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Florence C. Sablan</b>		Date of Receipt MM / DD / YYYY 09 / 29 / 2012
Mailing Address P.O. Box 500401		<b>Transaction ID : SA11AI.5815</b>
City Saipan	State MP	Zip Code 96950
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 125.00	
Name of Employer Medical Licensing Board	Occupation employee	Donation
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2125.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	725.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 33
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Kilili for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ms. Florence C. Sablan**

Mailing Address P.O. Box 500401

City: Saipan State: MP Zip Code: 96950

FEC ID number of contributing federal political committee: **C**

Name of Employer: Medical Licensing Board Occupation: employee

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 2225.00

Date of Receipt: 09 / 29 / 2012  
Transaction ID : SA11AI.5827

Amount of Each Receipt this Period: 100.00  
Donation

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Rita A. Sablan**

Mailing Address PO Box 501548

City: Saipan State: MP Zip Code: 96950

FEC ID number of contributing federal political committee: **C**

Name of Employer: CNMI Public School System Occupation: Commissioner of Education

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 09 / 29 / 2012  
Transaction ID : SA11AI.5900

Amount of Each Receipt this Period: 50.00  
Donation

**C.** Full Name (Last, First, Middle Initial)  
**Ms. Bernadita T. Seman**

Mailing Address P.O. Box 500354

City: Saipan State: MP Zip Code: 96950

FEC ID number of contributing federal political committee: **C**

Name of Employer: none Occupation: retiree

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 300.00

Date of Receipt: 09 / 29 / 2012  
Transaction ID : SA11AI.5805

Amount of Each Receipt this Period: 100.00  
Donation

**SUBTOTAL** of Receipts This Page (optional)..... 250.00

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

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Kilili for Congress**

Full Name (Last, First, Middle Initial) <b>A. Herb D. Soll</b>			Date of Receipt MM / DD / YYYY 09 / 29 / 2012
Mailing Address P.O. Box 5042			<b>Transaction ID : SA11AI.5779</b>
City Saipan	State MP	Zip Code 96950	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer none	Occupation retiree	Donation	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1300.00		

Full Name (Last, First, Middle Initial) <b>B. Nenita Ta</b>			Date of Receipt MM / DD / YYYY 09 / 29 / 2012
Mailing Address P.O. 501328			<b>Transaction ID : SA11AI.5780</b>
City Saipan	State MP	Zip Code 96950	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00	
Name of Employer Self Employed	Occupation Self Employed	Donation	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 450.00		

Full Name (Last, First, Middle Initial) <b>C. Mr. Juan S. Tenorio</b>			Date of Receipt MM / DD / YYYY 09 / 29 / 2012
Mailing Address P.O. Box 500029			<b>Transaction ID : SA11AI.5781</b>
City Saipan	State MP	Zip Code 96950	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00	
Name of Employer JET Holding Company	Occupation businessman	Donation	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1400.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Kilili for Congress**

Full Name (Last, First, Middle Initial) <b>Maisie B. Tenorio</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 29 / 2012
A. Mailing Address P.O. Box 500563		Transaction ID : SA11AI.5809
City Saipan	State MP	Zip Code 96950
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer NMCADSV	Occupation executive director	Donation
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00	

Full Name (Last, First, Middle Initial) <b>Angela Yamashita-Santos</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 29 / 2012
B. Mailing Address PO Box 501120		Transaction ID : SA11AI.5923
City Saipan	State MP	Zip Code 96950
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer Pacific Islands club	Occupation HR Director	Donation
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 450.00	

Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y Y Y
C. Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	100.00
<b>TOTAL</b> This Period (last page this line number only) .....	5225.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 33

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**Kilili for Congress**

Full Name (Last, First, Middle Initial) <b>A. BOREN FOR CONGRESS</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 06 / 2012	
Mailing Address PO BOX 1924		<b>Transaction ID : SA11C.5770</b>	
City MUSKOGEE	State OK	Zip Code 74402	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C C00410829		Donation	
Name of Employer	Occupation		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		
Full Name (Last, First, Middle Initial) <b>B. LIVABLE COMMUNITIES PAC</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 06 / 2012	
Mailing Address PO BOX 70980		<b>Transaction ID : SA11C.5775</b>	
City WASHINGTON	State DC	Zip Code 20024	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C C00426965		Donation	
Name of Employer	Occupation		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		
Full Name (Last, First, Middle Initial) <b>C. MARCIA FUDGE FOR CONGRESS</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 09 / 2012	
Mailing Address 3729 SILSBY RD		<b>Transaction ID : SA11C.5773</b>	
City UNIVERSITY HEIGHTS	State OH	Zip Code 44118	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C C00454694		Donation	
Name of Employer	Occupation		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		2500.00	
<b>TOTAL</b> This Period (last page this line number only).....		_____	

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 33  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Kilili for Congress**

Full Name (Last, First, Middle Initial)  
**NANCY PELOSI FOR CONGRESS**

**A.** Mailing Address **700 13TH STREET, NW  
SUITE 600**

City **WASHINGTON** State **DC** Zip Code **20005**

FEC ID number of contributing federal political committee. **C C00213512**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt **07 / 23 / 2012**

Transaction ID : **SA11C.5767**

Amount of Each Receipt this Period  
**2000.00**

Donation

Full Name (Last, First, Middle Initial)

**B.** Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.** Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... **2000.00**

**TOTAL** This Period (last page this line number only)..... **4500.00**

**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 17 OF 33	
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b
			<input type="checkbox"/> 20c	<input type="checkbox"/> 21		

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NAME OF COMMITTEE (In Full)  
**Kilili for Congress**

Full Name (Last, First, Middle Initial) <b>A. Jerry Alcantara</b>		Date of Disbursement MM / DD / YYYY 09 / 29 / 2012
Mailing Address PO Box 500237		Amount of Each Disbursement this Period 300.00
City Saipan	State MP	
Zip Code 96950	Purpose of Disbursement Entertainment	Transaction ID : SB17.5761
	007 Category/Type	
Candidate Name Kilili for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <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>B. Arizona Atmarao</b>		Date of Disbursement MM / DD / YYYY 09 / 17 / 2012
Mailing Address 9013 W Qual Ave		Amount of Each Disbursement this Period 500.00
City Peoria	State AZ	
Zip Code 85328	Purpose of Disbursement Donation	Transaction ID : SB17.5720
	012 Category/Type	
Candidate Name Kilili for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <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>C. Arlington Florist Inc.</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2012
Mailing Address 6035-A Wilson Blvd		Amount of Each Disbursement this Period 470.00
City Arlington	State VA	
Zip Code 22205	Purpose of Disbursement Representation - Ceremony	Transaction ID : SB17.5945
	007 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1270.00
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 18 OF 33	
	<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**

**A. Bison Relations**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 503674

City Saipan State MP Zip Code 96950

Purpose of Disbursement  
Campaign Printed Materials

Candidate Name  
**Kilili for Congress**

Office Sought:  House  Senate  President

Disbursement For: 2012  
 Primary  General  Other (specify)

State: MP District: 00

Date of Disbursement  
M M / D D / Y Y Y Y  
07 / 26 / 2012

Amount of Each Disbursement this Period  
2650.00

Transaction ID : SB17.5717

Category/Type  
006

**B. Bison Relations**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 503674

City Saipan State MP Zip Code 96950

Purpose of Disbursement  
Campaign Print Materials

Candidate Name  
**Kilili for Congress**

Office Sought:  House  Senate  President

Disbursement For: 2012  
 Primary  General  Other (specify)

State: MP District: 00

Date of Disbursement  
M M / D D / Y Y Y Y  
08 / 29 / 2012

Amount of Each Disbursement this Period  
5730.00

Transaction ID : SB17.5708

Category/Type  
006

**C. CNMI Softball Association - Teresa C. Guerrero**

Full Name (Last, First, Middle Initial)  
Mailing Address tba

City Boise State ID Zip Code 11111

Purpose of Disbursement  
Food and Beverage

Candidate Name  
**Kilili for Congress**

Office Sought:  House  Senate  President

Disbursement For: 2012  
 Primary  General  Other (specify)

State: MP District: 00

Date of Disbursement  
M M / D D / Y Y Y Y  
08 / 08 / 2012

Amount of Each Disbursement this Period  
500.00

Transaction ID : SB17.5733

Category/Type  
007

**SUBTOTAL** of Disbursements This Page (optional)..... 8880.00

**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 19 OF 33
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Kilili for Congress**

**A. Commonwealth Development Authority**

Full Name (Last, First, Middle Initial)

Mailing Address PO box 502149

City Saipan State MP Zip Code 96950

Purpose of Disbursement Office Rental Category/Type 001

Candidate Name Kilili for Congress

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: MP District: 00

Date of Disbursement 07 / 15 / 2012

Amount of Each Disbursement this Period 500.00

Transaction ID : SB17.5716

**B. Commonwealth Development Authority**

Full Name (Last, First, Middle Initial)

Mailing Address PO box 502149

City Saipan State MP Zip Code 96950

Purpose of Disbursement Rent Category/Type 001

Candidate Name Kilili for Congress

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: MP District: 00

Date of Disbursement 08 / 22 / 2012

Amount of Each Disbursement this Period 500.00

Transaction ID : SB17.5692

**C. Commonwealth Development Authority**

Full Name (Last, First, Middle Initial)

Mailing Address PO box 502149

City Saipan State MP Zip Code 96950

Purpose of Disbursement Office Rental Category/Type 001

Candidate Name Kilili for Congress

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: MP District: 00

Date of Disbursement 09 / 15 / 2012

Amount of Each Disbursement this Period 500.00

Transaction ID : SB17.5709

SUBTOTAL of Disbursements This Page (optional) ..... 1500.00

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 20 OF 33
	<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. Commonwealth Utilities Corp.**

Mailing Address P.O. 501220

City Saipan State MP Zip Code 96950

Purpose of Disbursement Utilities  
Category/Type **001**

Candidate Name **Kilili for Congress**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify)

State: MP District: 00

Date of Disbursement: 07 / 02 / 2012

Amount of Each Disbursement this Period: 365.00

Transaction ID : SB17.5712

Full Name (Last, First, Middle Initial)  
**B. Commonwealth Utilities Corp.**

Mailing Address P.O. 501220

City Saipan State MP Zip Code 96950

Purpose of Disbursement Utilities  
Category/Type **001**

Candidate Name **Kilili for Congress**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify)

State: MP District: 00

Date of Disbursement: 08 / 23 / 2012

Amount of Each Disbursement this Period: 26.30

Transaction ID : SB17.5754

Full Name (Last, First, Middle Initial)  
**C. Commonwealth Utilities Corp.**

Mailing Address P.O. 501220

City Saipan State MP Zip Code 96950

Purpose of Disbursement Utilities  
Category/Type **001**

Candidate Name **Kilili for Congress**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify)

State: MP District: 00

Date of Disbursement: 09 / 21 / 2012

Amount of Each Disbursement this Period: 120.18

Transaction ID : SB17.5711

**SUBTOTAL** of Disbursements This Page (optional)..... 511.48

**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 21 OF 33	
	<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**

**A. Docomo Pacific**

Full Name (Last, First, Middle Initial)  
Mailing Address 291 S. Marine Corps Dr  
Suite 206 Cen Plaza

City Tammuning State GU Zip Code 96913

Purpose of Disbursement Cellular phone service

Candidate Name Kilili for Congress

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: MP District: 00

Date of Disbursement: 07 / 23 / 2012

Amount of Each Disbursement this Period: 79.26

Transaction ID : SB17.5696

Category/Type: 001

**B. Docomo Pacific**

Full Name (Last, First, Middle Initial)  
Mailing Address 291 S. Marine Corps Dr  
Suite 206 Cen Plaza

City Tammuning State GU Zip Code 96913

Purpose of Disbursement Cellular phone service

Candidate Name Kilili for Congress

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: MP District: 00

Date of Disbursement: 08 / 22 / 2012

Amount of Each Disbursement this Period: 79.23

Transaction ID : SB17.5693

Category/Type: 001

**C. Docomo Pacific**

Full Name (Last, First, Middle Initial)  
Mailing Address 291 S. Marine Corps Dr  
Suite 206 Cen Plaza

City Tammuning State GU Zip Code 96913

Purpose of Disbursement Cellular Phone Service

Candidate Name Kilili for Congress

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: MP District: 00

Date of Disbursement: 09 / 25 / 2012

Amount of Each Disbursement this Period: 79.23

Transaction ID : SB17.5722

Category/Type: 001

**SUBTOTAL** of Disbursements This Page (optional)..... 237.72

**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 22 OF 33
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Kilili for Congress**

Full Name (Last, First, Middle Initial)  
**A. Glimpses of Saipan, Inc.**

Mailing Address P.O. Box 502080

City Saipan State MP Zip Code 96950

Purpose of Disbursement Campaign Advertising - Print

Candidate Name Kilili for Congress

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: MP District: 00

Date of Disbursement: 08 / 31 / 2012

Amount of Each Disbursement this Period: 500.00

Transaction ID : SB17.5753

Category/Type: 004

Full Name (Last, First, Middle Initial)  
**B. Herman's Modern Bakery**

Mailing Address PO Box 501218

City Saipan State MP Zip Code 96950

Purpose of Disbursement Food and Beverage

Candidate Name Kilili for Congress

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: MP District: 00

Date of Disbursement: 09 / 26 / 2012

Amount of Each Disbursement this Period: 207.00

Transaction ID : SB17.5760

Category/Type: 007

Full Name (Last, First, Middle Initial)  
**C. Hotel Valentino**

Mailing Address PO Box 491

City Rota State MP Zip Code 96951

Purpose of Disbursement Hotel Room Rental

Candidate Name Kilili for Congress

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: MP District: 00

Date of Disbursement: 08 / 26 / 2012

Amount of Each Disbursement this Period: 237.60

Transaction ID : SB17.5703

Category/Type: 002

**SUBTOTAL** of Disbursements This Page (optional) ..... 944.60

**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 23 OF 33
	<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)		Date of Disbursement
<b>A. IT&amp;E</b>		M M / D D / Y Y Y Y 08 / 22 / 2012
Mailing Address P.O. Box 500437		Amount of Each Disbursement this Period
City Saipan	State MP	Zip Code 96950
Purpose of Disbursement Telephone and Internet - Office	Category/ Type 001	
Candidate Name Kilili for Congress	Transaction ID : SB17.5705	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MP District: 00		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. IT&amp;E</b>		M M / D D / Y Y Y Y 09 / 20 / 2012
Mailing Address P.O. Box 500437		Amount of Each Disbursement this Period
City Saipan	State MP	Zip Code 96950
Purpose of Disbursement Telephone and Internet Services	Category/ Type 001	
Candidate Name Kilili for Congress	Transaction ID : SB17.5724	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MP District: 00		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. Marianas International Travel Agency</b>		M M / D D / Y Y Y Y 09 / 05 / 2012
Mailing Address P.O. Box 501217		Amount of Each Disbursement this Period
City Saipan	State MP	Zip Code 96950
Purpose of Disbursement Airline Tickets	Category/ Type 002	
Candidate Name Kilili for Congress	Transaction ID : SB17.5704	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MP District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	698.18
<b>TOTAL</b> 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 24 OF 33
	<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. Marianas International Travel Agency**

Mailing Address P.O. Box 501217

City Saipan State MP Zip Code 96950

Purpose of Disbursement  
Travel

Candidate Name  
Kilili for Congress

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify)

State: MP District: 00

Date of Disbursement  
09 / 26 / 2012

Amount of Each Disbursement this Period  
856.72

Transaction ID : SB17.5759

Category/Type: 002

Full Name (Last, First, Middle Initial)  
**B. National Office Supply**

Mailing Address PO Box 5779 CHR

City Saipan State MP Zip Code 96950

Purpose of Disbursement  
Office Supplies

Candidate Name  
Kilili for Congress

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify)

State: MP District: 00

Date of Disbursement  
07 / 25 / 2012

Amount of Each Disbursement this Period  
108.94

Transaction ID : SB17.5710

Category/Type: 001

Full Name (Last, First, Middle Initial)  
**C. Rep. Gregorio Kilili Camacho Sablan**

Mailing Address P.O. Box 502924

City Saipan State MP Zip Code 96950

Purpose of Disbursement  
Food and Beverage

Candidate Name  
Kilili for Congress

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify)

State: MP District: 00

Date of Disbursement  
07 / 26 / 2012

Amount of Each Disbursement this Period  
146.25

Transaction ID : SB17.5742

Category/Type: 007

**SUBTOTAL** of Disbursements This Page (optional)..... 1111.91

**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 25 OF 33	
	<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) <b>A. Rep. Gregorio Kilili Camacho Sablan</b>		Date of Disbursement MM / DD / YYYY 07 / 26 / 2012
Mailing Address P.O. Box 502924		Amount of Each Disbursement this Period 45.96
City Saipan	State MP	
Zip Code 96950	Purpose of Disbursement Office Supplies	Transaction ID : <b>SB17.5743</b>
Candidate Name Kilili for Congress	Category/ Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <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>B. Ace Hardware, Saipan</b>		Date of Disbursement MM / DD / YYYY 06 / 20 / 2012
Mailing Address PO Box 500137		Amount of Each Disbursement this Period 20.00
City Saipan	State MP	
Zip Code 96950	Purpose of Disbursement Office Equipment	Transaction ID : <b>SB17.5743.0</b> [MEMO ITEM]
Candidate Name Kilili for Congress	Category/ Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <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>C. Ace Hardware, Saipan</b>		Date of Disbursement MM / DD / YYYY 06 / 05 / 2012
Mailing Address PO Box 500137		Amount of Each Disbursement this Period 4.99
City Saipan	State MP	
Zip Code 96950	Purpose of Disbursement Office Supplies	Transaction ID : <b>SB17.5743.1</b> [MEMO ITEM]
Candidate Name Kilili for Congress	Category/ Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MP District: 00		

SUBTOTAL of Disbursements This Page (optional).....	45.96
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 26 OF 33	
	<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. Ace Hardware, Saipan**

Mailing Address PO Box 500137

City Saipan State MP Zip Code 96950

Purpose of Disbursement Campaign Materials - Banners

Candidate Name Kilili for Congress

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: MP District: 00

Date of Disbursement: 06 / 03 / 2012

Amount of Each Disbursement this Period: 11.58

Transaction ID : SB17.5743.2

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**B. Ace Hardware, Saipan**

Mailing Address PO Box 500137

City Saipan State MP Zip Code 96950

Purpose of Disbursement Capmaign Materials - Banner

Candidate Name Kilili for Congress

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: MP District: 00

Date of Disbursement: 06 / 03 / 2012

Amount of Each Disbursement this Period: 4.99

Transaction ID : SB17.5743.3

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**c. Ace Hardware, Saipan**

Mailing Address PO Box 500137

City Saipan State MP Zip Code 96950

Purpose of Disbursement Campaign Materials - Banners

Candidate Name Kilili for Congress

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: MP District: 00

Date of Disbursement: 06 / 03 / 2012

Amount of Each Disbursement this Period: 4.40

Transaction ID : SB17.5743.4

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) ..... 0.00

**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 27 OF 33
	<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**

**A. Rep. Gregorio Kilili Camacho Sablan**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 502924

City Saipan State MP Zip Code 96950

Purpose of Disbursement Office Equipment

Candidate Name Kilili for Congress

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: MP District: 00

Date of Disbursement: 08 / 01 / 2012

Amount of Each Disbursement this Period: 65.39

Transaction ID : SB17.5744

Category/Type: 001

**B. Rep. Gregorio Kilili Camacho Sablan**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 502924

City Saipan State MP Zip Code 96950

Purpose of Disbursement Office Supplies

Candidate Name Kilili for Congress

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: MP District: 00

Date of Disbursement: 08 / 01 / 2012

Amount of Each Disbursement this Period: 545.77

Transaction ID : SB17.5745

Category/Type: 001

**C. Best Buy**

Full Name (Last, First, Middle Initial)

Mailing Address 3100 14th St NW  
bestbuy.com

City Washington State DC Zip Code 20010

Purpose of Disbursement Office Supplies

Candidate Name Kilili for Congress

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: MP District: 00

Date of Disbursement: 07 / 25 / 2012

Amount of Each Disbursement this Period: 545.77

Transaction ID : SB17.5745.0

[MEMO ITEM]

Category/Type: 001

**SUBTOTAL** of Disbursements This Page (optional)..... 611.16

**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 28 OF 33
	<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**

**A. Rep. Gregorio Kilili Camacho Sablan**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 502924

City Saipan State MP Zip Code 96950

Purpose of Disbursement Food and Beverage

Candidate Name Kilili for Congress

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: MP District: 00

Date of Disbursement: 08 / 29 / 2012

Amount of Each Disbursement this Period: 102.82

Transaction ID : SB17.5746

Category/Type: 007

**B. Rep. Gregorio Kilili Camacho Sablan**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 502924

City Saipan State MP Zip Code 96950

Purpose of Disbursement Travel Expense

Candidate Name Kilili for Congress

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: MP District: 00

Date of Disbursement: 08 / 29 / 2012

Amount of Each Disbursement this Period: 133.90

Transaction ID : SB17.5747

Category/Type: 002

**C. Rep. Gregorio Kilili Camacho Sablan**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 502924

City Saipan State MP Zip Code 96950

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: MP District: 00

Date of Disbursement: 08 / 29 / 2012

Amount of Each Disbursement this Period: 162.81

Transaction ID : SB17.5748

Category/Type:

**SUBTOTAL** of Disbursements This Page (optional) ..... 399.53

**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 29 OF 33

17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
**Kilili for Congress**

Full Name (Last, First, Middle Initial)  
**A. Rep. Gregorio Kilili Camacho Sablan**

Date of Disbursement  
M M / D D / Y Y Y Y  
09 / 14 / 2012

Mailing Address P.O. Box 502924

City Saipan State MP Zip Code 96950

Purpose of Disbursement  
Travel / Food and Beverage

Candidate Name  
**Kilili for Congress**

Office Sought:  House  Senate  President

Disbursement For: 2012  
 Primary  General  
 Other (specify)

State: MP District: 00

Amount of Each Disbursement this Period  
717.60

Transaction ID : SB17.5752

Category/Type  
002

Full Name (Last, First, Middle Initial)  
**B. City Buffet**

Date of Disbursement  
M M / D D / Y Y Y Y  
09 / 01 / 2012

Mailing Address 8049 W Fairview Ave

City Boise State ID Zip Code 83704

Purpose of Disbursement  
Food and Beverage - Entertainment

Candidate Name  
**Kilili for Congress**

Office Sought:  House  Senate  President

Disbursement For: 2012  
 Primary  General  
 Other (specify)

State: MP District: 00

Amount of Each Disbursement this Period  
310.70

Transaction ID : SB17.5752.0

[MEMO ITEM]

Category/Type  
007

Full Name (Last, First, Middle Initial)  
**c. Best Western Plus - Vista Inn at the Airport**

Date of Disbursement  
M M / D D / Y Y Y Y  
09 / 03 / 2012

Mailing Address 2645 Airport Way

City Boise State ID Zip Code 83705

Purpose of Disbursement  
Travel Expense - Lodging

Candidate Name  
**Kilili for Congress**

Office Sought:  House  Senate  President

Disbursement For: 2012  
 Primary  General  
 Other (specify)

State: MP District: 00

Amount of Each Disbursement this Period  
406.90

Transaction ID : SB17.5752.1

[MEMO ITEM]

Category/Type  
002

**SUBTOTAL** of Disbursements This Page (optional)..... 717.60

**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 30 OF 33	
	<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. Saipan Ice & Water Co. Inc.**

Mailing Address P.O. Box 501808

City Saipan State MP Zip Code 96950

Purpose of Disbursement Food and Beverage

Candidate Name Kilili for Congress

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: MP District: 00

Date of Disbursement: 07 / 23 / 2012

Amount of Each Disbursement this Period: 500.00

Transaction ID : SB17.5715

Category/Type: 007

Full Name (Last, First, Middle Initial)  
**B. Mr. Juan S. Tenorio**

Mailing Address P.O. Box 500029

City Saipan State MP Zip Code 96950

Purpose of Disbursement Campaign Banners

Candidate Name Kilili for Congress

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: MP District: 00

Date of Disbursement: 08 / 01 / 2012

Amount of Each Disbursement this Period: 453.00

Transaction ID : SB17.5735

Category/Type: 006

Full Name (Last, First, Middle Initial)  
**C. RCG Engraving Services**

Mailing Address 1901 GF Orient Pearl Arcade Bldg  
CM Recto Ave Sampaloc

City Manila State ZZ Zip Code 11111-1111

Purpose of Disbursement Campaign Materials - Banners

Candidate Name Kilili for Congress

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: MP District: 00

Date of Disbursement: 08 / 01 / 2012

Amount of Each Disbursement this Period: 453.00

Transaction ID : SB17.5735.0

[MEMO ITEM]

Category/Type: 006

**SUBTOTAL** of Disbursements This Page (optional)..... 953.00

**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 31 OF 33
	<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) <b>A. U.S. Postal Service</b>		Date of Disbursement MM / DD / YYYY 07 / 23 / 2012
Mailing Address Postmaster, Saipan		Amount of Each Disbursement this Period 77.00
City Saipan	State MP	
Zip Code 96950	Purpose of Disbursement Postage	Transaction ID : SB17.5694
Candidate Name Kilili for Congress	Category/ Type 003	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <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>B. Web Projects 101 - Creative Solutions</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2012
Mailing Address 1900 Fairfield St.		Amount of Each Disbursement this Period 500.00
City Toms River	State NJ	
Zip Code 08757	Purpose of Disbursement Campaign Advertisement - Web	Transaction ID : SB17.5750
Candidate Name Kilili for Congress	Category/ Type 004	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <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>C. White Coconut Computer Services</b>		Date of Disbursement MM / DD / YYYY 07 / 05 / 2012
Mailing Address PO Box 5525 CHRB		Amount of Each Disbursement this Period 55.00
City Saipan	State MP	
Zip Code 96950	Purpose of Disbursement Office Equipment	Transaction ID : SB17.5721
Candidate Name Kilili for Congress	Category/ Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MP District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	632.00
<b>TOTAL</b> 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 32 OF 33

17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)

Kilili for Congress

Full Name (Last, First, Middle Initial)

**A. Yuichiro's Printing Design**

Mailing Address PO Box 505936

City Saipan State MP Zip Code 96950

Purpose of Disbursement  
Campaign Bumper Stickers

006

Category/  
Type

Candidate Name  
Kilili for Congress

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify)

State: MP District: 00

Date of Disbursement

MM / DD / YYYY  
08 / 09 / 2012

Amount of Each Disbursement this Period

280.00

Transaction ID : SB17.5714

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

280.00

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

18793.14

**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 33 OF 33	
	<input type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Kilili for Congress**

Full Name (Last, First, Middle Initial)  
**A. Nick Rahall for Congress Committee**

Mailing Address **P O BOX 64**

City **BECKLEY** State **WV** Zip Code **25801**

Purpose of Disbursement **Donation** Category/Type **012**

Candidate Name **NICK JOE II RAHALL**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify)

State: **WV** District: **03**

Date of Disbursement: **09 / 15 / 2012**

Amount of Each Disbursement this Period: **500.00**

Transaction ID : **SB21.5758**

Full Name (Last, First, Middle Initial)  
**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement Category/Type

Candidate Name

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

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)  
**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement Category/Type

Candidate Name

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

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... **500.00**

**TOTAL** This Period (last page this line number only)..... **500.00**

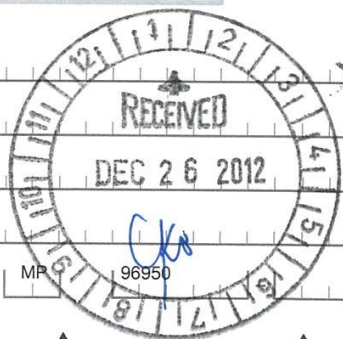
**FEC  
FORM 3**

**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  
Kilili for Congress

ADDRESS (number and street) P.O. Box 502924  
Saipan MP 96950  
 Check if different than previously reported. (ACC)



2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
C C00469882 IS THIS REPORT  NEW (N) OR  AMENDED (A)  
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 MM / DD / YYYY in the State of  
(c) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on 11 / 06 / 2012 in the State of MP

5. Covering Period MM / DD / YYYY through MM / DD / YYYY  
10 / 18 / 2012 through 11 / 26 / 2012

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 Ruth T. Sablan  
Signature of Treasurer Ruth T. Sablan Date 12 / 06 / 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only table with 8 columns and 1 row. **FEC FORM 3** (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Kilili 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)) ....	5650.00	106908.02
(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)) .....	5650.00	106908.02
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	32510.54	87660.22
(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)) .....	32510.54	87660.22
8. Cash on Hand at Close of Reporting Period (from Line 27) .....	38633.51	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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)

PAGE 3 / 21

- 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:  /  /  To:  /  /

**I. RECEIPTS**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of <input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2012"/> (date of general election)	COLUMN C Total for <input type="text" value="11"/> / <input type="text" value="07"/> / <input type="text" value="2012"/> (date after general election)  through <input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2012"/> (last day of reporting period)
<b>11. CONTRIBUTIONS</b> (other than loans) FROM:		
(a) Individuals/Persons Other than Political Committees		
(i) Itemized (use Schedule A)		
<input type="text" value="1000.00"/>	<input type="text" value="52300.00"/>	<input type="text" value="1000.00"/>
(ii) Unitemized		
<input type="text" value="150.00"/>	<input type="text" value="20300.00"/>	<input type="text" value="150.00"/>
(iii) Total of contributions from individuals		
<input type="text" value="1150.00"/>	<input type="text" value="72600.00"/>	<input type="text" value="1150.00"/>
(b) Political Party Committees		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) Other Political Committees		
<input type="text" value="4500.00"/>	<input type="text" value="34308.02"/>	<input type="text" value="2500.00"/>

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 4 / 21

<b>COLUMN A</b> Total this Period	<b>COLUMN B</b> Election Cycle Total as of * (date of general election) (* See page 5 for date)	<b>COLUMN C</b> 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))		
5650.00	106908.02	3650.00
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.)		
7.28	577.58	1.64
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
5657.28	107485.60	3651.64

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 5 / 21

Write or Type Committee Name

Kilili for Congress

Report Covering the Period: From:

M M / D D / Y Y Y Y Y Y  
10 / 18 / 2012

To:

M M / D D / Y Y Y Y Y Y  
11 / 26 / 2012

**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)
<b>17. OPERATING EXPENDITURES</b>		
32510.54	87660.22	8792.82
<b>18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES</b>		
0.00	0.00	0.00
<b>19. LOAN REPAYMENTS:</b>		
(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
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>		
(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 / 21

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)
-------------------------------	---	---

(c) Other Political Committees (such as PACs)

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

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

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

21. OTHER DISBURSEMENTS

-400.00	3954.88	0.00
---------	---------	------

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

32110.54	91615.10	8792.82
----------	----------	---------

**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))

5650.00	106908.02	3650.00
---------	-----------	---------

**IV. NET OPERATING EXPENDITURES**

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

32510.54	87660.22	8792.82
----------	----------	---------

**V. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	65086.77
24. TOTAL RECEIPTS THIS PERIOD (from Line 16).....	5657.28
25. SUBTOTAL (add Line 23 and Line 24).....	70744.05
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	32110.54
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	38633.51

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 21  
(check only one)  
 11a     11b     11c     11d  
 12     13a     13b     14     15

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NAME OF COMMITTEE (In Full)  
**Kilili for Congress**

Full Name (Last, First, Middle Initial)  
**A. Phillip T. Mendiola-Long**

Mailing Address **PO Box 800**

City **Tinian** State **MP** Zip Code **96952**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Sherman Pacific** Occupation **Consultant**

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
**11 / 09 / 2012**

**Transaction ID : SA11AI.6063**

Amount of Each Receipt this Period  
**1000.00**

Donation

Full Name (Last, First, Middle Initial)

**B.** Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.** Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

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

**1000.00**

**1000.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 21  
(check only one)

11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
**Kilili for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**CAPAC LEADERSHIP PAC**

Mailing Address 733 15TH STREET NW #905

City: WASHINGTON   State: DC   Zip Code: 20005

FEC ID number of contributing federal political committee: **C** C00506907

Name of Employer:   Occupation:

Receipt For: 2012  
 Primary    General  
 Other (specify)

Election Cycle-to-Date: 2000.00

Date of Receipt: 10 / 29 / 2012

Transaction ID : SA11C.6050

Amount of Each Receipt this Period: 2000.00

Endorsement:

**B.** Full Name (Last, First, Middle Initial)  
**LABORERS' INTERNATIONAL UNION OF NORTH AMERICA**

Mailing Address 905 16TH ST NW

City: WASHINGTON   State: DC   Zip Code: 20006

FEC ID number of contributing federal political committee: **C** C70004171

Name of Employer:   Occupation:

Receipt For: 2012  
 Primary    General  
 Other (specify)

Election Cycle-to-Date: 2500.00

Date of Receipt: 11 / 12 / 2012

Transaction ID : SA11C.6066

Amount of Each Receipt this Period: 2500.00

Donation:

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City:   State:   Zip Code:

FEC ID number of contributing federal political committee: **C**

Name of Employer:   Occupation:

Receipt For:  
 Primary    General  
 Other (specify)

Election Cycle-to-Date:

Date of Receipt:

Amount of Each Receipt this Period:

**SUBTOTAL** of Receipts This Page (optional)..... 4500.00

**TOTAL** This Period (last page this line number only)..... 4500.00

**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 21
<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. Auntie Mag's**

Mailing Address **PMB 950 Box 10006**

City **Saipan** State **MP** Zip Code **96950**

Purpose of Disbursement  
**Food and Beverage**

Candidate Name  
**Kilili for Congress**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify)

State: **MP** District: **00**

Date of Disbursement  
M M / D D / Y Y Y Y  
**11 / 02 / 2012**

Amount of Each Disbursement this Period  
**1000.00**

Transaction ID : **SB17.6095**

Category/Type  
**007**

Full Name (Last, First, Middle Initial)  
**B. Bison Relations**

Mailing Address **PO Box 503674**

City **Saipan** State **MP** Zip Code **96950**

Purpose of Disbursement  
**Campaign Print Material**

Candidate Name  
**Kilili for Congress**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify)

State: **MP** District: **00**

Date of Disbursement  
M M / D D / Y Y Y Y  
**10 / 26 / 2012**

Amount of Each Disbursement this Period  
**525.00**

Transaction ID : **SB17.6079**

Category/Type  
**006**

Full Name (Last, First, Middle Initial)  
**C. Commonwealth Development Authority**

Mailing Address **PO box 502149**

City **Saipan** State **MP** Zip Code **96950**

Purpose of Disbursement  
**Office Rental**

Candidate Name  
**Kilili for Congress**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify)

State: **MP** District: **00**

Date of Disbursement  
M M / D D / Y Y Y Y  
**10 / 22 / 2012**

Amount of Each Disbursement this Period  
**500.00**

Transaction ID : **SB17.6072**

Category/Type  
**001**

**SUBTOTAL** of Disbursements This Page (optional)..... **2025.00**

**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 21
	<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. Commonwealth Development Authority**

Mailing Address PO box 502149

City Saipan State MP Zip Code 96950

Purpose of Disbursement  
Rental - Office

Candidate Name  
**Kilili for Congress**

Office Sought:  House  Senate  President

Disbursement For: 2012  
 Primary  General  Other (specify)

State: MP District: 00

Date of Disbursement  
M M / D D / Y Y Y Y Y  
11 / 26 / 2012

Amount of Each Disbursement this Period  
250.00

Transaction ID : SB17.6125

Category/Type  
001

Full Name (Last, First, Middle Initial)  
**B. Commonwealth Utilities Corp.**

Mailing Address P.O. 501220

City Saipan State MP Zip Code 96950

Purpose of Disbursement  
Utilities

Candidate Name  
**Kilili for Congress**

Office Sought:  House  Senate  President

Disbursement For: 2012  
 Primary  General  Other (specify)

State: MP District: 00

Date of Disbursement  
M M / D D / Y Y Y Y Y  
10 / 18 / 2012

Amount of Each Disbursement this Period  
45.03

Transaction ID : SB17.6071

Category/Type  
001

Full Name (Last, First, Middle Initial)  
**C. Cruz, Manuel**

Mailing Address General Delivery

City Tinian State MP Zip Code 96952

Purpose of Disbursement  
Equipment Rental - Tinian

Candidate Name  
**Kilili for Congress**

Office Sought:  House  Senate  President

Disbursement For: 2012  
 Primary  General  Other (specify)

State: MP District: 00

Date of Disbursement  
M M / D D / Y Y Y Y Y  
11 / 02 / 2012

Amount of Each Disbursement this Period  
450.00

Transaction ID : SB17.6098

Category/Type  
007

**SUBTOTAL** of Disbursements This Page (optional)..... 745.03

**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 21
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19a <input type="checkbox"/> 19b <input type="checkbox"/> 20a <input type="checkbox"/> 20b <input type="checkbox"/> 20c <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Kilili for Congress**

**A. Dela Cruz, Teresa dba Cruz Catering**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 500563

City Saipan State MP Zip Code 96950

Purpose of Disbursement Food and Beverage

Candidate Name Kilili for Congress

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: MP District: 00

Date of Disbursement: 11 / 02 / 2012

Amount of Each Disbursement this Period: 275.00

Transaction ID : SB17.6094

Category/Type: 007

**B. Diocese of Chalan Kanoa**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 500745

City Saipan State MP Zip Code 96950

Purpose of Disbursement Campaign Advertising - News

Candidate Name Kilili for Congress

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: MP District: 00

Date of Disbursement: 11 / 26 / 2012

Amount of Each Disbursement this Period: 890.00

Transaction ID : SB17.6126

Category/Type: 004

**C. Docomo Pacific**

Full Name (Last, First, Middle Initial)

Mailing Address 291 S. Marine Corps Dr Suite 206 Cen Plaza

City Tammuning State GU Zip Code 96913

Purpose of Disbursement Cellular Phone Service

Candidate Name Kilili for Congress

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: MP District: 00

Date of Disbursement: 10 / 23 / 2012

Amount of Each Disbursement this Period: 79.23

Transaction ID : SB17.6074

Category/Type: 001

**SUBTOTAL** of Disbursements This Page (optional)..... 1244.23

**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 21

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Kilili for Congress**

Full Name (Last, First, Middle Initial)  
**A. First Hawaiian Bank**

Mailing Address P.O. Box 500625

City Saipan State MP Zip Code 96950

Purpose of Disbursement  
Bank Fee

Candidate Name  
Kilili for Congress

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify)

State: MP District: 00

Date of Disbursement  
M M / D D / Y Y Y Y Y  
10 / 31 / 2012

Amount of Each Disbursement this Period  
35.00

Transaction ID : SB17.6130

Category/Type  
001

Full Name (Last, First, Middle Initial)  
**B. Flame Tree TV Productions**

Mailing Address PMB 616 PPP Box 10000

City Saipan State MP Zip Code 96950

Purpose of Disbursement  
Campaign Advertisement - TV

Candidate Name  
Kilili for Congress

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify)

State: MP District: 00

Date of Disbursement  
M M / D D / Y Y Y Y Y  
10 / 18 / 2012

Amount of Each Disbursement this Period  
1000.00

Transaction ID : SB17.6068

Category/Type  
004

Full Name (Last, First, Middle Initial)  
**C. Flame Tree TV Productions**

Mailing Address PMB 616 PPP Box 10000

City Saipan State MP Zip Code 96950

Purpose of Disbursement  
Campaign Advertisement- TV

Candidate Name  
Kilili for Congress

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify)

State: MP District: 00

Date of Disbursement  
M M / D D / Y Y Y Y Y  
10 / 26 / 2012

Amount of Each Disbursement this Period  
2020.00

Transaction ID : SB17.6081

Category/Type  
004

SUBTOTAL of Disbursements This Page (optional)..... 3055.00

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 13 OF 21
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19a <input type="checkbox"/> 19b <input type="checkbox"/> 20a <input type="checkbox"/> 20b <input type="checkbox"/> 20c <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Kilili for Congress**

Full Name (Last, First, Middle Initial)  
**A. Flame Tree TV Productions**

Mailing Address **PMB 616 PPP Box 10000**

City **Saipan** State **MP** Zip Code **96950**

Purpose of Disbursement  
**Campaign Advertisement - TV**

Candidate Name  
**Kilili for Congress**

Office Sought:  House  Senate  President

Disbursement For: 2012  
 Primary  General  Other (specify)

State: **MP** District: **00**

Date of Disbursement: 11 / 02 / 2012

Amount of Each Disbursement this Period: 620.00

Transaction ID : **SB17.6102**

Category/Type: 004

Full Name (Last, First, Middle Initial)  
**B. Flame Tree TV Productions**

Mailing Address **PMB 616 PPP Box 10000**

City **Saipan** State **MP** Zip Code **96950**

Purpose of Disbursement  
**Campaign Advertising - TV**

Candidate Name  
**Kilili for Congress**

Office Sought:  House  Senate  President

Disbursement For: 2012  
 Primary  General  Other (specify)

State: **MP** District: **00**

Date of Disbursement: 11 / 06 / 2012

Amount of Each Disbursement this Period: 900.00

Transaction ID : **SB17.6109**

Category/Type: 004

Full Name (Last, First, Middle Initial)  
**C. Get Covered Rental**

Mailing Address **P.O. Box 5311 CHR B**

City **Saipan** State **MP** Zip Code **96950**

Purpose of Disbursement  
**Equipment Rental - Saipan**

Candidate Name  
**Kilili for Congress**

Office Sought:  House  Senate  President

Disbursement For: 2012  
 Primary  General  Other (specify)

State: **MP** District: **00**

Date of Disbursement: 11 / 08 / 2012

Amount of Each Disbursement this Period: 375.00

Transaction ID : **SB17.6110**

Category/Type: 007

**SUBTOTAL** of Disbursements This Page (optional)..... 1895.00

**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 14 OF 21

<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. Hertz Car Rental**

Mailing Address PO Box

City Saipan State MP Zip Code 96950

Purpose of Disbursement  
Auto Rental

007

Candidate Name  
**Kilili for Congress**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
 Disbursement For: 2012  
 Primary  General  
 Other (specify)

State: MP District: 00

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 26 / 2012

Amount of Each Disbursement this Period

363.00
--------

Transaction ID : SB17.6123

**B. IT&E**

Mailing Address P.O. Box 500437

City Saipan State MP Zip Code 96950

Purpose of Disbursement  
Telephone and internet - office

001

Candidate Name  
**Kilili for Congress**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
 Disbursement For: 2012  
 Primary  General  
 Other (specify)

State: MP District: 00

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 18 / 2012

Amount of Each Disbursement this Period

92.45
-------

Transaction ID : SB17.6070

**C. J's Restaurant**

Mailing Address PO Box 500029

City Saipan State MP Zip Code 96950

Purpose of Disbursement  
Food and Beverage

007

Candidate Name  
**Kilili for Congress**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
 Disbursement For: 2012  
 Primary  General  
 Other (specify)

State: MP District: 00

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 21 / 2012

Amount of Each Disbursement this Period

303.00
--------

Transaction ID : SB17.6116

**SUBTOTAL** of Disbursements This Page (optional).....

758.45

**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 15 OF 21

17  
20a     18  
20b     19a  
20c     19b  
21

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NAME OF COMMITTEE (In Full)  
**Kilili for Congress**

Full Name (Last, First, Middle Initial) <b>A. Joeten's Susupe Shopping Center</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2012
Mailing Address P.O. Box 500137		Amount of Each Disbursement this Period 508.19 <b>Transaction ID : SB17.6085</b>
City Saipan	State MP	
Zip Code 96950		Category/ Type 007
Purpose of Disbursement Food and Beverage		
Candidate Name Kilili for Congress		Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MP    District: 00	
Full Name (Last, First, Middle Initial) <b>B. Joeten's Susupe Shopping Center</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2012
Mailing Address P.O. Box 500137		Amount of Each Disbursement this Period 305.50 <b>Transaction ID : SB17.6086</b>
City Saipan	State MP	
Zip Code 96950		Category/ Type 007
Purpose of Disbursement Food and Beverage - ROTA		
Candidate Name Kilili for Congress		Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MP    District: 00	
Full Name (Last, First, Middle Initial) <b>C. Joeten's Susupe Shopping Center</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2012
Mailing Address P.O. Box 500137		Amount of Each Disbursement this Period 294.53 <b>Transaction ID : SB17.6107</b>
City Saipan	State MP	
Zip Code 96950		Category/ Type 007
Purpose of Disbursement Food and Beverage		
Candidate Name Kilili for Congress		Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MP    District: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1108.22
<b>TOTAL</b> 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 16 OF 21

17  
20a     18  
20b     19a  
20c     19b  
21

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NAME OF COMMITTEE (In Full)  
**Kilili for Congress**

Full Name (Last, First, Middle Initial)  
**A. Killili for Congress - Petty Cash Acct**

Mailing Address PO Box 502924

City Saipan State MP Zip Code 96950

Purpose of Disbursement Campaign Event Expense

Candidate Name Kilili for Congress

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: MP District: 00

Date of Disbursement: 10 / 26 / 2012

Amount of Each Disbursement this Period: 1000.00

Transaction ID : SB17.6133

Category/Type: 007

Full Name (Last, First, Middle Initial)  
**B. Sinapalo Safeway - ROTA**

Mailing Address General Delivery

City Rota State MP Zip Code 96951

Purpose of Disbursement Food and Beverage

Candidate Name Kilili for Congress

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: MP District: 00

Date of Disbursement: 11 / 08 / 2012

Amount of Each Disbursement this Period: 350.00

Transaction ID : SB17.6133.0

[MEMO ITEM]

Category/Type: 007

Full Name (Last, First, Middle Initial)  
**C. Joeten's Susupe Shopping Center**

Mailing Address P.O. Box 500137

City Saipan State MP Zip Code 96950

Purpose of Disbursement Food and Beverage

Candidate Name Kilili for Congress

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: MP District: 00

Date of Disbursement: 10 / 24 / 2012

Amount of Each Disbursement this Period: 26.12

Transaction ID : SB17.6133.3

[MEMO ITEM]

Category/Type: 007

**SUBTOTAL** of Disbursements This Page (optional)..... 1000.00

**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 17 OF 21
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19a <input type="checkbox"/> 19b <input type="checkbox"/> 20a <input type="checkbox"/> 20b <input type="checkbox"/> 20c <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Kilili for Congress**

Full Name (Last, First, Middle Initial)  
**A. Ace Hardware, Saipan**

Mailing Address PO Box 500137

City Saipan State MP Zip Code 96950

Purpose of Disbursement Office Supplies

Candidate Name Kilili for Congress

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: MP District: 00

Date of Disbursement: 10 / 30 / 2012

Amount of Each Disbursement this Period: 5.52

Transaction ID : SB17.6133.5

Category/Type: 006

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**B. Saipan Ice & Water Co. Inc.**

Mailing Address P.O. Box 501808

City Saipan State MP Zip Code 96950

Purpose of Disbursement Food and Beverage

Candidate Name Kilili for Congress

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: MP District: 00

Date of Disbursement: 10 / 29 / 2012

Amount of Each Disbursement this Period: 20.00

Transaction ID : SB17.6133.6

Category/Type: 007

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**c. Saipan Ice & Water Co. Inc.**

Mailing Address P.O. Box 501808

City Saipan State MP Zip Code 96950

Purpose of Disbursement Food and Beverage

Candidate Name Kilili for Congress

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: MP District: 00

Date of Disbursement: 11 / 05 / 2012

Amount of Each Disbursement this Period: 20.00

Transaction ID : SB17.6133.7

Category/Type: 007

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... 0.00

**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 18 OF 21

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Kilili for Congress

Full Name (Last, First, Middle Initial)

**A. IT&E**

Mailing Address P.O. Box 500437

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		06		2012

City State Zip Code  
Saipan MP 96950

Amount of Each Disbursement this Period

80.00
-------

Purpose of Disbursement  
Cellular Services

007

Transaction ID : SB17.6133.14

Candidate Name  
Kilili for Congress

Category/  
Type

[MEMO ITEM]

Office Sought:  House  Senate  President  
Disbursement For: 2012  
 Primary  General  
 Other (specify)

State: MP District: 00

**B. Marianas Variety News & Views**

Mailing Address P.O. Box 500231

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		26		2012

City State Zip Code  
Saipan MP 96950

Amount of Each Disbursement this Period

1292.66
---------

Purpose of Disbursement  
Campaign Advertisement - News

004

Transaction ID : SB17.6088

Candidate Name  
Kilili for Congress

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2012  
 Primary  General  
 Other (specify)

State: MP District: 00

**C. Marianas Variety News & Views**

Mailing Address P.O. Box 500231

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		02		2012

City State Zip Code  
Saipan MP 96950

Amount of Each Disbursement this Period

3465.36
---------

Purpose of Disbursement  
Campaign Advertising - News

004

Transaction ID : SB17.6091

Candidate Name  
Kilili for Congress

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2012  
 Primary  General  
 Other (specify)

State: MP District: 00

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

4758.02
---------

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

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**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 19 OF 21

17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
**Kilili for Congress**

Full Name (Last, First, Middle Initial)

**A. Marianas Variety News & Views**

Mailing Address P.O. Box 500231

City Saipan State MP Zip Code 96950

Purpose of Disbursement Campaign Advertisement - News

004

Category/Type

Candidate Name  
**Kilili for Congress**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify)

State: MP District: 00

Date of Disbursement

MM / DD / YYYY  
11 / 26 / 2012

Amount of Each Disbursement this Period

3417.97

Transaction ID : SB17.6121

Full Name (Last, First, Middle Initial)

**B. Quichocho Enterprises**

Mailing Address General Delivery

City Tinian State MP Zip Code 96952

Purpose of Disbursement Food and Beverage - Tinian

007

Category/Type

Candidate Name  
**Kilili for Congress**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify)

State: MP District: 00

Date of Disbursement

MM / DD / YYYY  
11 / 02 / 2012

Amount of Each Disbursement this Period

412.50

Transaction ID : SB17.6101

Full Name (Last, First, Middle Initial)

**C. Ray's Rental**

Mailing Address P.O. Box 500546

City Saipan State MP Zip Code 96950

Purpose of Disbursement Equipment Rental - Saipan

007

Category/Type

Candidate Name  
**Kilili for Congress**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify)

State: MP District: 00

Date of Disbursement

MM / DD / YYYY  
11 / 08 / 2012

Amount of Each Disbursement this Period

305.00

Transaction ID : SB17.6113

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

4135.47

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 20 OF 21
	<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**

**A. Saipan Ice & Water Co. Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 501808

City Saipan State MP Zip Code 96950

Purpose of Disbursement Food and Beverage

Candidate Name **Kilili for Congress**

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: MP District: 00

Date of Disbursement: 10 / 26 / 2012

Amount of Each Disbursement this Period: 1250.00

Transaction ID : SB17.6082

Category/Type: 007

**B. Saipan Tribune**

Full Name (Last, First, Middle Initial)

Mailing Address PMB 34 P.O. Box 10001

City Saipan State MP Zip Code 96950

Purpose of Disbursement Campaign Advertisement - News

Candidate Name **Kilili for Congress**

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: MP District: 00

Date of Disbursement: 10 / 26 / 2012

Amount of Each Disbursement this Period: 1260.00

Transaction ID : SB17.6078

Category/Type: 004

**C. Saipan Tribune**

Full Name (Last, First, Middle Initial)

Mailing Address PMB 34 P.O. Box 10001

City Saipan State MP Zip Code 96950

Purpose of Disbursement Campaign Advertising - News

Candidate Name **Kilili for Congress**

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: MP District: 00

Date of Disbursement: 11 / 02 / 2012

Amount of Each Disbursement this Period: 5673.00

Transaction ID : SB17.6090

Category/Type: 004

**SUBTOTAL** of Disbursements This Page (optional)..... 8183.00

**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 21 OF 21

17  
20a     18  
20b     19a  
20c     19b  
21

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NAME OF COMMITTEE (In Full)  
**Kilili for Congress**

**A. Saipan Tribune**

Full Name (Last, First, Middle Initial)

Mailing Address **PMB 34 P.O. Box 10001**

City **Saipan** State **MP** Zip Code **96950**

Purpose of Disbursement  
**Campaign Advertising - News**

Candidate Name  
**Kilili for Congress**

Office Sought:  House  Senate  President

Disbursement For: 2012  
 Primary  General  Other (specify)

State: **MP** District: **00**

Date of Disbursement  
M M / D D / Y Y Y Y  
**11 / 21 / 2012**

Amount of Each Disbursement this Period  
**1626.00**

Transaction ID : **SB17.6115**

Category/Type: **004**

**B. Star Marianas Air**

Full Name (Last, First, Middle Initial)

Mailing Address **One Broadway San Jose Village**

City **Tinian** State **MP** Zip Code **96952**

Purpose of Disbursement  
**Shipping - Rota/Tinian**

Candidate Name  
**Kilili for Congress**

Office Sought:  House  Senate  President

Disbursement For: 2012  
 Primary  General  Other (specify)

State: **MP** District: **00**

Date of Disbursement  
M M / D D / Y Y Y Y  
**10 / 30 / 2012**

Amount of Each Disbursement this Period  
**151.75**

Transaction ID : **SB17.6089**

Category/Type: **007**

**C. Toyota Rent A Car**

Full Name (Last, First, Middle Initial)

Mailing Address **P.O. Box 500267**

City **Saipan** State **MP** Zip Code **96950**

Purpose of Disbursement  
**Car Rental**

Candidate Name  
**Kilili for Congress**

Office Sought:  House  Senate  President

Disbursement For: 2012  
 Primary  General  Other (specify)

State: **MP** District: **00**

Date of Disbursement  
M M / D D / Y Y Y Y  
**11 / 08 / 2012**

Amount of Each Disbursement this Period  
**690.00**

Transaction ID : **SB17.6067**

Category/Type: **002**

**SUBTOTAL** of Disbursements This Page (optional)..... **2467.75**

**TOTAL** This Period (last page this line number only)..... **31375.17**

**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

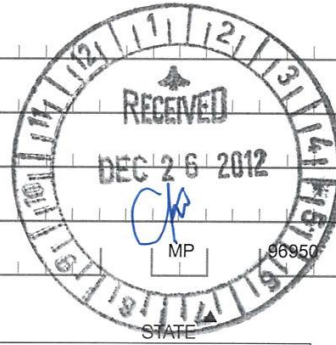
Kilili for Congress

ADDRESS (number and street)

P.O. Box 502924

Check if different than previously reported. (ACC)

Saipan



2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE

ZIP CODE ▲

STATE ▼ DISTRICT

C C00469882

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

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 11 / 06 / 2012 in the State of MP

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

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

Election on / / in the State of

5. Covering Period

10 / 01 / 2012

through

10 / 17 / 2012

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 Ruth T. Sablan

Signature of Treasurer Ruth T. Sablan

Date

10 / 25 / 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

**FEC FORM 3**  
(Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Kilili for Congress**

Report Covering the Period: From:

M M / D D / Y Y Y Y  
10 / 01 / 2012

To:

M M / D D / Y Y Y Y  
10 / 17 / 2012

	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))....	6350.00	104908.02
(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)) .....	6350.00	104908.02
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	16762.78	63942.50
(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)) .....	16762.78	63942.50
8. Cash on Hand at Close of Reporting Period (from Line 27) .....	65086.77	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 12

Write or Type Committee Name

**Kilili for Congress**

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	5675.00	52300.00
(ii) Unitemized.....	675.00	20300.00
(iii) TOTAL of contributions from individuals ▶	6350.00	72600.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	32308.02
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	6350.00	104908.02
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	4.97	571.94
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	6354.97	105479.96

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	16762.78	63942.50
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	0.00	4354.88
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	16762.78	68297.38

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	75494.58
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	6354.97
25. SUBTOTAL (add Line 23 and Line 24).....	81849.55
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	16762.78
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	65086.77

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: (check only one)	PAGE 5 OF 12
<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a
<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Kilili for Congress**

Full Name (Last, First, Middle Initial) <b>A. Jonas Barcinas</b>		Date of Receipt MM / DD / YYYY 10 / 01 / 2012
Mailing Address <b>PO Box 503496</b>		Transaction ID : <b>SA11AI.6033</b>
City <b>Saipan</b>	State <b>MP</b>	
Zip Code <b>96950</b>		Amount of Each Receipt this Period <b>25.00</b>
FEC ID number of contributing federal political committee. <b>C</b>		Donation
Name of Employer <b>CNMI Public School System</b>	Occupation <b>Principal</b>	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>325.00</b>	

Full Name (Last, First, Middle Initial) <b>B. Jack Castro</b>		Date of Receipt MM / DD / YYYY 10 / 03 / 2012
Mailing Address <b>1101 Gettysburg ave #1226</b>		Transaction ID : <b>SA11AI.6025</b>
City <b>Clovis</b>	State <b>CA</b>	
Zip Code <b>93612</b>		Amount of Each Receipt this Period <b>1000.00</b>
FEC ID number of contributing federal political committee. <b>C</b>		Donation
Name of Employer <b>Retired</b>	Occupation <b>Retired</b>	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>1000.00</b>	

Full Name (Last, First, Middle Initial) <b>C. Kevin C Guerrero</b>		Date of Receipt MM / DD / YYYY 10 / 01 / 2012
Mailing Address <b>PO Box 5392</b>		Transaction ID : <b>SA11AI.6034</b>
City <b>Saipan</b>	State <b>MP</b>	
Zip Code <b>96950</b>		Amount of Each Receipt this Period <b>250.00</b>
FEC ID number of contributing federal political committee. <b>C</b>		Donation
Name of Employer <b>Priority Care, Ambulance Co</b>	Occupation <b>General Manager</b>	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>250.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1275.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 12
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**Kilili for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ms. Jeannette D. Sablan**

Mailing Address P.O. Box 501120

City: Saipan State: MP Zip Code: 96950

FEC ID number of contributing federal political committee: **C**

Name of Employer: self employed Occupation: businesswoman

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **1300.00**

Date of Receipt: 10 / 01 / 2012

Transaction ID : SA11AI.6024

Amount of Each Receipt this Period: **300.00**

Donation

**B.** Full Name (Last, First, Middle Initial)  
**Patrick Smith**

Mailing Address 144 W 18th St. #4E

City: New York State: NY Zip Code: 10011

FEC ID number of contributing federal political committee: **C**

Name of Employer: USAAttorney Occupation: DLA Piper LLP

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **1000.00**

Date of Receipt: 10 / 04 / 2012

Transaction ID : SA11AI.6026

Amount of Each Receipt this Period: **1000.00**

Donation

**C.** Full Name (Last, First, Middle Initial)  
**Daniel C. Stafford**

Mailing Address POBox 10001 PMB 29

City: Saipan State: MP Zip Code: 96950

FEC ID number of contributing federal political committee: **C**

Name of Employer: Bridge Capital, LLC Occupation: Associate Counsel

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **1000.00**

Date of Receipt: 10 / 03 / 2012

Transaction ID : SA11AI.6014

Amount of Each Receipt this Period: **1000.00**

Donation

**SUBTOTAL** of Receipts This Page (optional) .....

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

**2300.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 12
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Kilili for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Aldan T Vince**

Mailing Address **PO Box 500205**

City **Saipan** State **MP** Zip Code **96950**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Student** Occupation **Student**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt: **10 / 17 / 2012**

**Transaction ID : SA11AI.6043**

Amount of Each Receipt this Period  
**2000.00**

Donation

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Bud White**

Mailing Address **P.O. Box 5525 CHR B**

City **Saipan** State **MP** Zip Code **96950**

FEC ID number of contributing federal political committee. **C**

Name of Employer **White Coconut computer** Occupation **owner**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt: **10 / 01 / 2012**

**Transaction ID : SA11AI.6036**

Amount of Each Receipt this Period  
**100.00**

Donation

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... **2100.00**

**TOTAL** This Period (last page this line number only)..... **5675.00**

**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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Kilili for Congress

Full Name (Last, First, Middle Initial)

**A. Bison Relations**

Mailing Address PO Box 503674

City Saipan State MP Zip Code 96950

Purpose of Disbursement Campaign - Bumper Stickers

006

Category/Type

Candidate Name Kilili for Congress

Office Sought:  House  Senate  President  
 Disbursement For: 2012  Primary  General  Other (specify)

State: MP District: 00

Date of Disbursement

10 / 03 / 2012

Amount of Each Disbursement this Period

420.00

Transaction ID : SB17.6002

Full Name (Last, First, Middle Initial)

**B. Chalan Kanoa Beach Hotel**

Mailing Address PO Box 7149 SVRB

City Saipan State MP Zip Code 96950

Purpose of Disbursement Hotel Room Rental

002

Category/Type

Candidate Name Kilili for Congress

Office Sought:  House  Senate  President  
 Disbursement For: 2012  Primary  General  Other (specify)

State: MP District: 00

Date of Disbursement

10 / 03 / 2012

Amount of Each Disbursement this Period

391.90

Transaction ID : SB17.6006

Full Name (Last, First, Middle Initial)

**C. CNMI Treasury**

Mailing Address P.O. Box 5234 CHRB

City Saipan State MP Zip Code 96950

Purpose of Disbursement Documents

006

Category/Type

Candidate Name Kilili for Congress

Office Sought:  House  Senate  President  
 Disbursement For: 2012  Primary  General  Other (specify)

State: MP District: 00

Date of Disbursement

10 / 12 / 2012

Amount of Each Disbursement this Period

100.00

Transaction ID : SB17.5995

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

911.90

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 12

<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. Flame Tree TV Productions**

Mailing Address PMB 616 PPP Box 10000

City **Saipan** State **MP** Zip Code **96950**

Purpose of Disbursement  
**Campaign Advertisement - TV**

**004**

Category/  
Type

Candidate Name  
**Kilili for Congress**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify)

State: **MP** District: **00**

Date of Disbursement

M M / D D / Y Y Y Y
10 / 15 / 2012

Amount of Each Disbursement this Period

3860.00
---------

Transaction ID : **SB17.6004**

Full Name (Last, First, Middle Initial)

**B. Islander Rent A Car**

Mailing Address P.O. Box 502356

City **Saipan** State **MP** Zip Code **96950**

Purpose of Disbursement  
**Car Rental**

**002**

Category/  
Type

Candidate Name  
**Kilili for Congress**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify)

State: **MP** District: **00**

Date of Disbursement

M M / D D / Y Y Y Y
10 / 03 / 2012

Amount of Each Disbursement this Period

435.00
--------

Transaction ID : **SB17.5993**

Full Name (Last, First, Middle Initial)

**C. Joeten's Susupe Shopping Center**

Mailing Address P.O. Box 500137

City **Saipan** State **MP** Zip Code **96950**

Purpose of Disbursement  
**Food and Beverage**

**007**

Category/  
Type

Candidate Name  
**Kilili for Congress**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify)

State: **MP** District: **00**

Date of Disbursement

M M / D D / Y Y Y Y
10 / 06 / 2012

Amount of Each Disbursement this Period

88.46
-------

Transaction ID : **SB17.6000**

**SUBTOTAL** of Disbursements This Page (optional).....

4383.46

**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 12

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Kilili for Congress

Full Name (Last, First, Middle Initial)

**A. Kilili for Congress**

Mailing Address P.O. Box 502924

City Saipan State MP Zip Code 96950

Purpose of Disbursement  
Debate

007

Category/  
Type

Candidate Name  
Kilili for Congress

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify)

State: MP District: 00

Date of Disbursement

10 / 15 / 2012

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.5998

Full Name (Last, First, Middle Initial)

**B. Marianas International Travel Agency**

Mailing Address P.O. Box 501217

City Saipan State MP Zip Code 96950

Purpose of Disbursement  
Airline

002

Category/  
Type

Candidate Name  
Kilili for Congress

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify)

State: MP District: 00

Date of Disbursement

10 / 03 / 2012

Amount of Each Disbursement this Period

84.00

Transaction ID : SB17.5996

Full Name (Last, First, Middle Initial)

**C. Rep. Gregorio Kilili Camacho Sablan**

Mailing Address P.O. Box 502924

City Saipan State MP Zip Code 96950

Purpose of Disbursement  
Reimbursement

003

Category/  
Type

Candidate Name  
Kilili for Congress

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify)

State: MP District: 00

Date of Disbursement

10 / 03 / 2012

Amount of Each Disbursement this Period

8100.00

Transaction ID : SB17.6001

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

8684.00

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 12

<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. Saipan Chamber of Commerce**

Mailing Address P.O. Box 500806

City **Saipan** State **MP** Zip Code **96950**

Purpose of Disbursement  
**Debate**

**007**

Category/  
Type

Candidate Name  
**Kilili for Congress**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify)

State: **MP** District: **00**

Date of Disbursement

M M / D D / Y Y Y Y Y  
**10 09 2012**

Amount of Each Disbursement this Period

**500.00**

Transaction ID : **SB17.5992**

Full Name (Last, First, Middle Initial)

**B. Saipan Chamber of Commerce**

Mailing Address P.O. Box 500806

City **Saipan** State **MP** Zip Code **96950**

Purpose of Disbursement  
**Debate**

**007**

Category/  
Type

Candidate Name  
**Kilili for Congress**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify)

State: **MP** District: **00**

Date of Disbursement

M M / D D / Y Y Y Y Y  
**10 15 2012**

Amount of Each Disbursement this Period

**500.00**

Transaction ID : **SB17.6007**

Full Name (Last, First, Middle Initial)

**C. Saipan Chamber of Commerce**

Mailing Address P.O. Box 500806

City **Saipan** State **MP** Zip Code **96950**

Purpose of Disbursement  
**Debate**

**007**

Category/  
Type

Candidate Name  
**Kilili for Congress**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify)

State: **MP** District: **00**

Date of Disbursement

M M / D D / Y Y Y Y Y  
**10 17 2012**

Amount of Each Disbursement this Period

**200.00**

Transaction ID : **SB17.5997**

**SUBTOTAL** of Disbursements This Page (optional).....

**1200.00**

**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 12

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Kilili for Congress

Full Name (Last, First, Middle Initial)

**A. Saipan Ice & Water Co. Inc.**

Mailing Address P.O. Box 501808

City Saipan State MP Zip Code 96950

Purpose of Disbursement  
Food and Beverage

007

Category/  
Type

Candidate Name  
Kilili for Congress

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify)

State: MP District: 00

Date of Disbursement

MM / DD / YYYY  
10 / 04 / 2012

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.5994

Full Name (Last, First, Middle Initial)

**B. Saipan Tribune**

Mailing Address PMB 34 P.O. Box 10001

City Saipan State MP Zip Code 96950

Purpose of Disbursement  
Campaign Advertisement - Print

004

Category/  
Type

Candidate Name  
Kilili for Congress

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify)

State: MP District: 00

Date of Disbursement

MM / DD / YYYY  
10 / 16 / 2012

Amount of Each Disbursement this Period

945.00

Transaction ID : SB17.5999

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

1445.00

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

16624.36