FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An Authorized Committee			Office Use Only		
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5			
Kilili for Congress				1		
ADDRESS (number and street)	P.O. Box 502924					
▼						
Check if different than previously	Saipan		MP 969	50		
reported. (ACC)		CITY A	STATE ▲	ZIP CODE ▲		
. FEC IDENTIFICATION N	IUMBER ▼			1		
C C00469882	3.	S THIS X NEW	AMENDED	STATE ▼ DISTRICT		
		REPORT (N) OR	(A)	MP 00		
4. TYPE OF REPORT (C	hoose One) (b) 1	2-Day PRE-Election Report for th	e:			
(a) Quarterly Reports:		Primary (12P)	General (12G)	Runoff (12R)		
April 15 Quarterly	Report (Q1)	Convention (12C)	Special (12S)			
July 15 Quarterly	Report (Q2)	Convention (126)	(123)			
October 15 Quarte	erly Report (Q3)	Election on	/ Y Y Y Y	in the State of		
January 31 Year-E	and Report (YE) (c) 3	0-Day POST -Election Report for	tho			
	(6) 3					
		General (30G)	Runoff (30R)	Special (30S)		
Termination Repor		Election on	/ Y Y Y Y	in the State of		
5. Covering Period	07 01 7 2		09 30 7	2016		
certify that I have examined t		st of my knowledge and belief it	is true, correct and cor	mplete.		
ype or Print Name of Treasure	Sablan, Ruth T., , , er					
Sal Signature of Treasurer	blan, Ruth T., , ,		Date 10	15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
IOTE: Submission of false, error	neous, or incomplete inforr	nation may subject the person signi	ng this Report to the pe	enalties of 52 U.S.C. §3010		
Office	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Use Only				FEC FORM 3 (Revised 05/2016)		

REPORT OF RECEIPTS **AND DISBURSEMENTS**

101111110	For An A	Authorized Committee			Office Use Only		
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 5029	24					
▼							
Check if different than previously reported. (ACC)	Saipan				MP	96950	
2. FEC IDENTIFICATION	NUMBER ▼	CITY	A		STATE A	ZIP CODE ▲	
C C00469882		3. IS THI	~	OR	AMEND (A)	STATE ▼ DISTRICT	
4. TYPE OF REPORT (C	Choose One)	(b) 12-Day	PRE-Election Repo	ort for the:			
(a) Quarterly Reports:			Primary (12F	P)	General (1	2G) Runoff (12R)	
April 15 Quarterly July 15 Quarterly			Convention	(12C)	Special (12	2S)	
October 15 Quarter		Electio	on on	08	/ Y Y Y Y Y Y 2016	in the MP	
January 31 Year-	End Report (YE)	(c) 30-Day	POST-Election Re	port for the			
			General (300	3)	Runoff (30	R) Special (30S)	
Termination Repo	ort (TER)	Electio	on on	D D	/ Y Y Y Y	in the State of	
5. Covering Period	10 01 /	Y Y Y Y 2016	through	10	M / D D /	Y Y Y Y 2016	
I certify that I have examined Type or Print Name of Treasu	Sablan, Ruth		my knowledge and	belief it is	true, correct and	l complete.	
	ablan, Ruth T., , ,				Date 10	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
NOTE: Submission of false, erro	oneous, or incomple	ete information	may subject the per	son signing	this Report to th	e penalties of 52 U.S.C. §3010	
Office Use Only						FEC FORM 3 (Revised 05/2016)	

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REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An Authorized Committee			Office Use Only		
NAME OF COMMITTEE (in full)	TYPE OR PRINT		T ▼ Example: If typing, type over the lines.		12FE4M5	
Kilili for Congress						
ADDRESS (number and street)	P.O. Box 502924	<u> </u>				
Check if different						00000
than previously reported. (ACC)	Saipan	CITY A			STATE ▲	96950
2. FEC IDENTIFICATION N	IUMBER ▼				SIAIE A	ZIP CODE =
C C00469882		3. IS THIS REPORT	x NEW (N)	OR	AMEND (A)	STATE ▼ DISTRICT MP 00
4 TVDE OF BEDODE (0						
 TYPE OF REPORT (C (a) Quarterly Reports: 	hoose One)	(b) 12-Day Pi	RE -Election Repo	rt for the:	7	-
April 15 Quarterly	Report (Q1)	L	Primary (12P)		General (1	2G) Runoff (12R)
July 15 Quarterly	Report (Q2)		Convention (12C)	Special (1)	2S)
October 15 Quart	erly Report (Q3)	Election	on M M /	D D /	Y	in the State of
January 31 Year-E	ind Report (YE)	(c) 30-Day P (DST -Election Rep	ort for the:		
		×	General (30G)	Runoff (30	Special (30S)
Termination Repor	t (TER)	Election	on 11 /	08 /	Y Y Y Y Y 2016	in the State of
5. Covering Period	10 / D D /	Y Y Y Y Y 2016	through	M M M	/ D D /	Y Y Y Y Y 2016
I certify that I have examined t	his Report and to to Sablan, Ruth T.		knowledge and i	belief it is ti	rue, correct and	d complete.
Type or Print Name of Treasure	er					
Sai Signature of Treasurer	blan, Ruth T., , ,			[Date 12	08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of false, error	neous, or incomplete	information ma	ay subject the per	son signing	this Report to th	ne penalties of 52 U.S.C. §30109
Office Use Only						FEC FORM 3 (Revised 05/2016)