

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

Killili for Congress

ADDRESS (number and street)

P.O. Box 502924

Check if different than previously reported. (ACC)

Check if different than previously reported. (ACC)

Saipan

MP

96950

CITY

STATE

ZIP CODE

2. FEC IDENTIFICATION NUMBER

C C00469882

3. IS THIS REPORT

NEW (N)

NEW (N)

OR

AMENDED (A)

AMENDED (A)

STATE DISTRICT

MP

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

X 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

MM / DD / YYYY

in the State of

5. Covering Period

MM / DD / YYYY 07 / 01 / 2016

through

MM / DD / YYYY 09 / 30 / 2016

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

Sablan, Ruth T., , ,

Type or Print Name of Treasurer

Signature of Treasurer

Sablan, Ruth T., , ,

Date

MM / DD / YYYY 10 / 15 / 2016

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

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ADDRESS (number and street) P.O. Box 502924 Saipan MP 96950 CITY STATE ZIP CODE

2. FEC IDENTIFICATION NUMBER C C00469882 3. IS THIS REPORT NEW (N) OR AMENDED (A) STATE DISTRICT MP 00

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) Termination Report (TER)

(b) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on 11 / 08 / 2016 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 / 2016 through 10 / 19 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Sablan, Ruth T., , , Type or Print Name of Treasurer Signature of Treasurer Sablan, Ruth T., , , Date 10 / 27 / 2016

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Saipan

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96950

CITY ▲

STATE ▲

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Election on

M M /

D D /

Y Y Y Y

in the State of

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General (30G)

Runoff (30R)

Special (30S)

Election on

M M / 11

D D / 08

Y Y Y Y / 2016

in the State of

MP

5. Covering Period

M M / 10

D D / 20

Y Y Y Y / 2016

through

M M / 11

D D / 28

Y Y Y Y / 2016

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

Sablan, Ruth T., , ,

Type or Print Name of Treasurer

Signature of Treasurer

Sablan, Ruth T., , ,

Date

M M / 12

D D / 08

Y Y Y Y / 2016

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