

FEC
FORM 1

STATEMENT OF
ORGANIZATION

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Office Use Only

1. NAME OF
COMMITTEE (In full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

COMMITTEE TO ELECT GREGORIO KILILI CAMACHO
SABLAN FOR DELEGATE

ADDRESS (number and street)

P.O. BOX 502924

(Check if address
is changed)

SAIPAN

MP

96950-2924

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

KILILI108@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

KILILI108.COM

COMMITTEE'S FAX NUMBER

670-234-5104

2. DATE

08/01/2008

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT

X

NEW (N)

OR

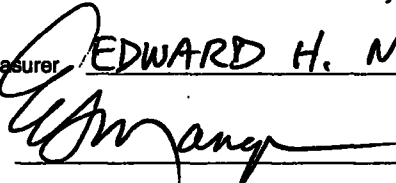
AMENDED (A)

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

Type or Print Name of Treasurer

EDWARD H. MANGLONA

Signature of Treasurer



Date

08/01/2008

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 12/2007)

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) ☒ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

GREGORIO KILILI CAMACHO SABLON

Candidate
Party Affiliation

IND

Office
Sought:☒

House

Senate

President

State

MP

District

03

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of
Candidate**Party Committee:**

- (d) ☐ This committee is a ☐ (National, State or subordinate) committee of the ☐ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC)

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

☐ Corporation☐ Corporation w/o Capital Stock☐ Labor Organization☐ Membership Organization☐ Trade Association☐ Cooperative

- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

- | | | | |
|----|----------------------|---------------|---|
| 1. | <input type="text"/> | FEC ID number | C |
| 2. | <input type="text"/> | FEC ID number | C |
| 3. | <input type="text"/> | FEC ID number | C |
| 4. | <input type="text"/> | FEC ID number | C |
| 5. | <input type="text"/> | FEC ID number | C |

Write or Type Committee Name

COMMITTEE TO ELECT GREGORIO KILILI CAMACHO SABLAN

6 Name of Any Connected Organization, Affiliated Committee, Leadership PAC Sponsor or Joint Fundraising Representative

Mailing Address

CITY

STATE

ZIP CODE

Relationship:

☐ Connected Organization☐ Affiliated Committee☐ Leadership PAC Sponsor☐ Joint Fundraising Representative

7. Custodian of Records Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

EDWARD H. MANGLONA (INTERIM)

Mailing Address

P.O. BOX 502924

SAIPAN

MP

96950-2924

CITY

STATE

ZIP CODE

Title or Position

TREASURER

Telephone number

670-287-1144

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name
of Treasurer

EDWARD H. MANGLONA

Mailing Address

P.O. BOX 502924

SAIPAN

MP

96950-2924

CITY

STATE

ZIP CODE

Title or Position

TREASURER

Telephone number

670-287-1144

Full Name of
Designated
Agent

Mailing Address

CITY

STATE

ZIP CODE

Title or Position

Telephone number

9. **Bank or Other Depositories** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

FIRST HAWAIIAN BANK

Mailing Address

GUALO RAI BRANCH

GUALO RAI COMMERCIAL CENTER

SAIPAN

MP

96950

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

☐ Hand Delivered	Date of Receipt
☒ USPS First Class Mail	Postmarked <i>8/1/18</i>
☐ USPS Registered/Certified	Postmarked (R/C)
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☐ No Postmark	
☐ Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery ☐	
☐ Received from House Records & Registration Office	Date of Receipt
☐ Received from Senate Public Records Office	Date of Receipt
☐ Received from Electronic Filing Office	Date of Receipt
☐ Other (Specify):	Date of Receipt or Postmarked
<i>[Signature]</i> PREPARER	<i>8/1/18</i> DATE PREPARED

(3/2005)

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