

**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

MICHAEL SAN NICOLAS FOR CONGRESS

ADDRESS (number and street)

198 W. SANTA BARBARA AVE.

Check if different  
than previously  
reported. (ACC)

DEDED0

GU

96929

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00668335

3. IS THIS  
REPORT☐ NEW  
(N)

OR

☒ AMENDED  
(A)

STATE ▼ DISTRICT

GU

00

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

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

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

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

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of

5. Covering Period

M M /

D D /

Y Y Y Y

2024

through

M M /

D D /

Y Y Y Y

2024

*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

Arriola, Orlene, , ,

Signature of Treasurer

Arriola, Orlene, , ,

Date

M M /

D D /

Y Y Y Y

07

15

2024

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

Office  
Use  
Only**FEC FORM 3**  
(Revised 05/2016)

SUMMARY PAGE  
of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

MICHAEL SAN NICOLAS FOR CONGRESS

Report Covering the Period: From: 01 / 01 / 2024 To: 03 / 31 / 2024

|                                                                                                                  | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans)                                                                          |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e)) ....                                             | 0.00                    | 0.00                               |
| (b) Total Contribution Refunds<br>(from Line 20(d)) .....                                                        | 0.00                    | 0.00                               |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)) .....                            | 0.00                    | 0.00                               |
| 7. Net Operating Expenditures                                                                                    |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17) .....                                                         | 9045.00                 | 9744.93                            |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14) .....                                              | 0.00                    | 0.00                               |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)) .....                                      | 9045.00                 | 9744.93                            |
| 8. Cash on Hand at Close of<br>Reporting Period (from Line 27) .....                                             | 6460.85                 |                                    |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                    |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | 9197.51                 |                                    |

For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov).

DETAILED SUMMARY PAGE  
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

MICHAEL SAN NICOLAS FOR CONGRESS

Report Covering the Period:

From:

M

M

/

D

D

/

Y

Y

Y

Y

01

01

2024

To:

M

M

/

D

D

/

Y

Y

Y

Y

03

31

2024

| I. RECEIPTS                                                                                         | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|-----------------------------------------------------------------------------------------------------|-------------------------------|------------------------------------|
| 11. CONTRIBUTIONS (other than loans) FROM:                                                          |                               |                                    |
| (a) Individuals/Persons Other Than Political Committees                                             |                               |                                    |
| (i) Itemized (use Schedule A).....                                                                  | 0.00                          | 0.00                               |
| (ii) Unitemized .....                                                                               | 0.00                          | 0.00                               |
| (iii) TOTAL of contributions from individuals ▶                                                     | 0.00                          | 0.00                               |
| (b) Political Party Committees.....                                                                 | 0.00                          | 0.00                               |
| (c) Other Political Committees (such as PACs) .....                                                 | 0.00                          | 0.00                               |
| (d) The Candidate .....                                                                             | 0.00                          | 0.00                               |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..              | 0.00                          | 0.00                               |
| 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.) .....                                                | 0.00                          | 0.00                               |
| 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶ | 0.00                          | 0.00                               |

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 05/2016)

**II. DISBURSEMENTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....

9045.00

9744.93

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

0.00

22. **TOTAL DISBURSEMENTS**

(add Lines 17, 18, 19(c), 20(d), and 21) ►

9045.00

9744.93

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....

15505.85

24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....

0.00

25. SUBTOTAL (add Line 23 and Line 24).....

15505.85

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

9045.00

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD

(subtract Line 26 from Line 25).....

6460.85

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 5 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)

**MICHAEL SAN NICOLAS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. All Micronesia Media**

Mailing Address P.O. Box 20088

City  
BarrigadaState  
GUZip Code  
96932Purpose of Disbursement  
Advertising Expense

004

Candidate Name  
MICHAEL SAN NICOLAS FOR CONGRESSCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2020  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: GU District: 00

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 1 | 1 |   | 2 | 0 | 2 | 0 |

FEC Identification Number

C C00668335

Amount of Each Disbursement this Period

1760.00

Transaction ID : SB17.6056

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. Benson Hardware**

Mailing Address PO Box 6157

City  
TamuningState  
GUZip Code  
96931Purpose of Disbursement  
Campaign Sign Materials

006

Candidate Name  
MICHAEL SAN NICOLAS FOR CONGRESSCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2018  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: GU District: 00

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 2 | 5 |   | 2 | 0 | 1 | 8 |

FEC Identification Number

C C00668335

Amount of Each Disbursement this Period

212.55

Transaction ID : SB17.6052

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. HORNET International Inc**

Mailing Address PO Box 8294

City  
TamuningState  
GUZip Code  
96931Purpose of Disbursement  
T-Shirts

006

Candidate Name  
MICHAEL SAN NICOLAS FOR CONGRESSCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2020  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: GU District: 00

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 1 | 6 |   | 2 | 0 | 2 | 0 |

FEC Identification Number

C C00668335

Amount of Each Disbursement this Period

172.50

Transaction ID : SB17.6046

☒ 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 PageFOR LINE NUMBER:  
(check only one)

PAGE 6 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)

MICHAEL SAN NICOLAS FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. Inter-Island Communication**

Mailing Address 167 Serenu Ave.

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 10  |   | 2024    |

City  
TamuningState  
GUZip Code  
96913

FEC Identification Number

C C00668335

Purpose of Disbursement  
Radio Advertisement

004

Amount of Each Disbursement this Period

990.00

Transaction ID : SB17.6043

☒ Memo Item

Candidate Name

MICHAEL SAN NICOLAS FOR CONGRESS

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2020

☐ Primary ☒ General  
☐ Other (specify) ▼

State: GU

District: 00

Full Name (Last, First, Middle Initial)

**B. Megamixx**

Mailing Address 130 N Marine Corps Dr.

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 11  |   | 2020    |

City  
DededoState  
GUZip Code  
96929

FEC Identification Number

C C00668335

Purpose of Disbursement  
Radio Ad

004

Amount of Each Disbursement this Period

630.00

Transaction ID : SB17.6058

☒ Memo Item

Candidate Name

MICHAEL SAN NICOLAS FOR CONGRESS

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2020

☐ Primary ☒ General  
☐ Other (specify) ▼

State: GU

District: 00

Full Name (Last, First, Middle Initial)

**C. Megamixx**

Mailing Address 130 N Marine Corps Dr.

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 13  |   | 2020    |

City  
DededoState  
GUZip Code  
96929

FEC Identification Number

C C00668335

Purpose of Disbursement  
Radio Ad

004

Amount of Each Disbursement this Period

630.00

Transaction ID : SB17.6061

☒ Memo Item

Candidate Name

MICHAEL SAN NICOLAS FOR CONGRESS

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2020

☐ Primary ☒ General  
☐ Other (specify) ▼

State: GU

District: 00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 7 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)

**MICHAEL SAN NICOLAS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. MoyCom**

Mailing Address 424 West OBrien Dr Suite 107

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 11  | 09  | 2020    |

City  
HagatnaState  
GUZip Code  
96932Purpose of Disbursement  
Radio Advertisement

004

FEC Identification Number

C C00668335

Amount of Each Disbursement this Period

1008.00

Transaction ID : SB17.6041

☒ Memo ItemCandidate Name  
MICHAEL SAN NICOLAS FOR CONGRESSCategory/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2020

☐ Primary ☒ General  
☐ Other (specify) ▼

State: GU

District: 00

Full Name (Last, First, Middle Initial)

**B. O'beer Time**

Mailing Address S. Marine Corps Drive

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 09  | 28  | 2018    |

City  
TamuningState  
GUZip Code  
96913Purpose of Disbursement  
Fundraiser Expense

007

FEC Identification Number

C C00668335

Amount of Each Disbursement this Period

384.00

Transaction ID : SB17.6054

☒ Memo ItemCandidate Name  
MICHAEL SAN NICOLAS FOR CONGRESSCategory/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: GU

District: 00

Full Name (Last, First, Middle Initial)

**C. Print Lane Printing Express**Mailing Address 45 C.M. Recto Ave Brgy Zone 31  
Manila

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 08  | 04  | 2018    |

City  
HagatnaState  
GUZip Code  
96910Purpose of Disbursement  
Canvass Bags

007

FEC Identification Number

C C00668335

Amount of Each Disbursement this Period

669.45

Transaction ID : SB17.6050

☒ Memo ItemCandidate Name  
MICHAEL SAN NICOLAS FOR CONGRESSCategory/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: GU

District: 00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 8 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)

MICHAEL SAN NICOLAS FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. Print Shop PI**

Mailing Address 999 St

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 18  |   | 2018    |

City  
Manila PhilippinesState  
ZZZip Code  
96932Purpose of Disbursement  
Canvass Bags

007

FEC Identification Number

C C00668335

Amount of Each Disbursement this Period

516.00

Transaction ID : SB17.6064

☒ Memo ItemCandidate Name  
MICHAEL SAN NICOLAS FOR CONGRESSCategory/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: GU

District: 00

Full Name (Last, First, Middle Initial)

**B. San Nicolas, Michael, , ,**

Mailing Address 198 W. Santa Barbara Ave.

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 26  |   | 2024    |

City  
DededoState  
GUZip Code  
96929Purpose of Disbursement  
Reimbursement: Print Lane

007

FEC Identification Number

C C00668335

Amount of Each Disbursement this Period

669.45

Transaction ID : SB17.6049

☐ Memo ItemCandidate Name  
MICHAEL SAN NICOLAS FOR CONGRESSCategory/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: GU

District: 00

Full Name (Last, First, Middle Initial)

**C. San Nicolas, Michael, , ,**

Mailing Address 198 W. Santa Barbara Ave.

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 26  |   | 2024    |

City  
DededoState  
GUZip Code  
96929Purpose of Disbursement  
Reimbursement: Benson

006

FEC Identification Number

C C00668335

Amount of Each Disbursement this Period

212.55

Transaction ID : SB17.6051

☐ Memo ItemCandidate Name  
MICHAEL SAN NICOLAS FOR CONGRESSCategory/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: GU

District: 00

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

882.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 21

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

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NAME OF COMMITTEE (In Full)

MICHAEL SAN NICOLAS FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. San Nicolas, Michael, , ,**

Mailing Address 198 W. Santa Barbara Ave.

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 2 | 6 |   | 2 | 0 | 2 | 4 |

City  
DededoState  
GUZip Code  
96929

FEC Identification Number

**C** C00668335Purpose of Disbursement  
Reimbursement: O'beer Time

007

Amount of Each Disbursement this Period

384.00

Transaction ID : SB17.6053

☐ Memo ItemCandidate Name  
MICHAEL SAN NICOLAS FOR CONGRESSCategory/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: GU District: 00

Full Name (Last, First, Middle Initial)

**B. San Nicolas, Michael, , ,**

Mailing Address 198 W. Santa Barbara Ave.

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 2 | 6 |   | 2 | 0 | 2 | 4 |

City  
DededoState  
GUZip Code  
96929

FEC Identification Number

**C** C00668335Purpose of Disbursement  
Reimbursement: All Micronesia Media

004

Amount of Each Disbursement this Period

1760.00

Transaction ID : SB17.6055

☐ Memo ItemCandidate Name  
MICHAEL SAN NICOLAS FOR CONGRESSCategory/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

State: GU District: 00

Full Name (Last, First, Middle Initial)

**C. San Nicolas, Michael, , ,**

Mailing Address 198 W. Santa Barbara Ave.

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 2 | 6 |   | 2 | 0 | 2 | 4 |

City  
DededoState  
GUZip Code  
96929

FEC Identification Number

**C** C00668335Purpose of Disbursement  
Reimbursement: Canvass Bags

007

Amount of Each Disbursement this Period

516.00

Transaction ID : SB17.6063

☐ Memo ItemCandidate Name  
MICHAEL SAN NICOLAS FOR CONGRESSCategory/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: GU District: 00

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

2660.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 21

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

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NAME OF COMMITTEE (In Full)

MICHAEL SAN NICOLAS FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. San Nicolas, Michael F.Q., , ,**

Mailing Address 198 W. SANTA BARBARA AVE.

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 26  |   | 2024    |

City  
DEDEDOState  
GUZip Code  
96929

FEC Identification Number

**C** C00668335Purpose of Disbursement  
Staff Reimbursement: Moycom

004

Amount of Each Disbursement this Period

1008.00

Transaction ID : SB17.6037

☐ Memo Item

Candidate Name

MICHAEL SAN NICOLAS FOR CONGRESS

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2020

☐ Primary ☒ General  
☐ Other (specify) ▼

State: GU

District: 00

Full Name (Last, First, Middle Initial)

**B. San Nicolas, Michael F.Q., , ,**

Mailing Address 198 W. SANTA BARBARA AVE.

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 26  |   | 2024    |

City  
DEDEDOState  
GUZip Code  
96929

FEC Identification Number

**C** C00668335Purpose of Disbursement  
Reimbursement: Inter-Island Communication

004

Amount of Each Disbursement this Period

990.00

Transaction ID : SB17.6042

☐ Memo Item

Candidate Name

MICHAEL SAN NICOLAS FOR CONGRESS

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2020

☐ Primary ☒ General  
☐ Other (specify) ▼

State: GU

District: 00

Full Name (Last, First, Middle Initial)

**C. San Nicolas, Michael F.Q., , ,**

Mailing Address 198 W. SANTA BARBARA AVE.

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 26  |   | 2024    |

City  
DEDEDOState  
GUZip Code  
96929

FEC Identification Number

**C** C00668335Purpose of Disbursement  
Reimbursement: T-Shirts

006

Amount of Each Disbursement this Period

172.50

Transaction ID : SB17.6045

☐ Memo Item

Candidate Name

MICHAEL SAN NICOLAS FOR CONGRESS

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2020

☐ Primary ☒ General  
☐ Other (specify) ▼

State: GU

District: 00

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

2170.50

**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 PageFOR 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 |
| 20a                                    | 20b                         | 20c                          | 21                           |

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NAME OF COMMITTEE (In Full)

MICHAEL SAN NICOLAS FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. San Nicolas, Michael F.Q., , ,**

Mailing Address 198 W. SANTA BARBARA AVE.

City  
DEDEDOState  
GUZip Code  
96929Purpose of Disbursement  
Reimbursement: Sorensen Media

004

Candidate Name  
MICHAEL SAN NICOLAS FOR CONGRESSCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2020  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: GU District: 00

Runoff

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 2 | 6 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C C00668335

Amount of Each Disbursement this Period

2027.50

Transaction ID : SB17.6047

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. San Nicolas, Michael F.Q., , ,**

Mailing Address 198 W. SANTA BARBARA AVE.

City  
DEDEDOState  
GUZip Code  
96929Purpose of Disbursement  
Reimbursement: Radio Ad

004

Candidate Name  
MICHAEL SAN NICOLAS FOR CONGRESSCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2020  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: GU District: 00

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 2 | 6 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C C00668335

Amount of Each Disbursement this Period

630.00

Transaction ID : SB17.6057

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. San Nicolas, Michael F.Q., , ,**

Mailing Address 198 W. SANTA BARBARA AVE.

City  
DEDEDOState  
GUZip Code  
96929Purpose of Disbursement  
Reimbursement: Megamixx

004

Candidate Name  
MICHAEL SAN NICOLAS FOR CONGRESSCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2020  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: GU District: 00

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 2 | 6 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C C00668335

Amount of Each Disbursement this Period

630.00

Transaction ID : SB17.6060

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3287.50

**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 PageFOR 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)

**MICHAEL SAN NICOLAS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Sorensen Media Group**

Mailing Address 962 Pale San Vitores Rd

City  
TamuningState  
GUZip Code  
96913Purpose of Disbursement  
Radio Advertisement

004

Candidate Name

MICHAEL SAN NICOLAS FOR CONGRESS

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2020

☐ Primary ☐ General  
☒ Other (specify) ▼

State: GU

District: 00

Runoff

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 3 | 0 |   | 2 | 0 | 2 | 0 |

FEC Identification Number

C C00668335

Amount of Each Disbursement this Period

2027.50

Transaction ID : SB17.6048

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
|   |   |   |   |   |   |   |   |   |   |

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
|   |   |   |   |   |   |   |   |   |   |

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

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

9000.00

# SCHEDULE D (FEC Form 3)

## DEBTS AND OBLIGATIONS

### Excluding Loans

(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 13 OF 21

FOR LINE NUMBER:  
(check only one)

☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**MICHAEL SAN NICOLAS FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

San Nicolas, Evangeline, , ,

Nature of Debt (Purpose):

Advance: Campaign Op Expense

Mailing Address 117C Speaker Franklin Quitugua

City

Chalan Pago

State

GU

Zip Code

96915

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.6117

Amount Incurred This Period

14.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

14.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

San Nicolas, Evangeline, , ,

Nature of Debt (Purpose):

Advance: Campaign Supplies

Mailing Address 117C Speaker Franklin Quitugua

City

Chalan Pago

State

GU

Zip Code

96915

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.6118

Amount Incurred This Period

20.50

Payment This Period

0.00

Outstanding Balance at Close of This Period

20.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

San Nicolas, Evangeline, , ,

Nature of Debt (Purpose):

Advance: Campaign Supplies

Mailing Address 117C Speaker Franklin Quitugua

City

Chalan Pago

State

GU

Zip Code

96915

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.6116

Amount Incurred This Period

19.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

19.00

1) **SUBTOTALS** This Period This Page (optional) .....

53.50

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

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) .....

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) .....

# SCHEDULE D (FEC Form 3)

## DEBTS AND OBLIGATIONS

### Excluding Loans

(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 14 OF 21

FOR LINE NUMBER:  
(check only one)

☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**MICHAEL SAN NICOLAS FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

San Nicolas, Evangeline, , ,

Nature of Debt (Purpose):

Advance: Campaign Supplies

Mailing Address 117C Speaker Franklin Quitugua

City

Chalan Pago

State

GU

Zip Code

96915

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.6119

Amount Incurred This Period

16.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

16.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

San Nicolas, Michael, , ,

Nature of Debt (Purpose):

Canvassing Bags

Mailing Address 198 W. Santa Barbara Ave.

City

Dededo

State

GU

Zip Code

96929

Outstanding Balance Beginning This Period

706.00

Transaction ID : SD10.5125

Amount Incurred This Period

0.00

Payment This Period

516.00

Outstanding Balance at Close of This Period

190.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

San Nicolas, Michael, , ,

Nature of Debt (Purpose):

Logo Bags

Mailing Address 198 W. Santa Barbara Ave.

City

Dededo

State

GU

Zip Code

96929

Outstanding Balance Beginning This Period

706.00

Transaction ID : SD10.5126

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

706.00

1) **SUBTOTALS** This Period This Page (optional) .....

912.00

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

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) .....

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) .....

# SCHEDULE D (FEC Form 3)

## DEBTS AND OBLIGATIONS

### Excluding Loans

(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 15 OF 21

FOR LINE NUMBER:  
(check only one)

☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**MICHAEL SAN NICOLAS FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

San Nicolas, Michael, , ,

Nature of Debt (Purpose):

Meet the Candidate Expenses

Mailing Address 198 W. Santa Barbara Ave.

City

Dededo

State

GU

Zip Code

96929

Outstanding Balance Beginning This Period

669.45

Transaction ID : SD10.5129

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

669.45

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

San Nicolas, Michael, , ,

Nature of Debt (Purpose):

Fundraiser Expense

Mailing Address 198 W. Santa Barbara Ave.

City

Dededo

State

GU

Zip Code

96929

Outstanding Balance Beginning This Period

1226.86

Transaction ID : SD10.5130

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1226.86

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

San Nicolas, Michael, , ,

Nature of Debt (Purpose):

Fundraiser Expense

Mailing Address 198 W. Santa Barbara Ave.

City

Dededo

State

GU

Zip Code

96929

Outstanding Balance Beginning This Period

750.00

Transaction ID : SD10.5132

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

750.00

1) **SUBTOTALS** This Period This Page (optional) .....

2646.31

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

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) .....

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) .....

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 16 OF 21

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**MICHAEL SAN NICOLAS FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

San Nicolas, Michael, , ,

Nature of Debt (Purpose):

Advanced: Print Lane Printing Express Eco  
Bags

Mailing Address 198 W. Santa Barbara Ave.

City

Dededo

State

GU

Zip Code

96929

Outstanding Balance Beginning This Period

669.45

Transaction ID : SD10.5228

Amount Incurred This Period

0.00

Payment This Period

669.45

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

San Nicolas, Michael, , ,

Nature of Debt (Purpose):

Advanced: Campaign Materials Benson

Mailing Address 198 W. Santa Barbara Ave.

City

Dededo

State

GU

Zip Code

96929

Outstanding Balance Beginning This Period

212.55

Transaction ID : SD10.5245

Amount Incurred This Period

0.00

Payment This Period

212.55

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

San Nicolas, Michael, , ,

Nature of Debt (Purpose):

Advanced: Fundraiser Expense O'beer Time

Mailing Address 198 W. Santa Barbara Ave.

City

Dededo

State

GU

Zip Code

96929

Outstanding Balance Beginning This Period

384.00

Transaction ID : SD10.5243

Amount Incurred This Period

0.00

Payment This Period

384.00

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional) .....

0.00

2) **TOTALS** This Period (last page this line number only) .....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) .....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) .....

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 17 OF 21

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**MICHAEL SAN NICOLAS FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

San Nicolas, Michael, , ,

Nature of Debt (Purpose):

Campaign Materials

Mailing Address 198 W. Santa Barbara Ave.

City

Dededo

State

GU

Zip Code

96929

Outstanding Balance Beginning This Period

945.98

Transaction ID : SD10.5414

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

945.98

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

San Nicolas, Michael, , ,

Nature of Debt (Purpose):

Advance payment: Advertising expense All  
Micronesia Media

Mailing Address 198 W. Santa Barbara Ave.

City

Dededo

State

GU

Zip Code

96929

Outstanding Balance Beginning This Period

1760.00

Transaction ID : SD10.5208

Amount Incurred This Period

0.00

Payment This Period

1760.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

San Nicolas, Michael, F.Q., ,

Nature of Debt (Purpose):

Advanced: Banner Purchase

Mailing Address 117C Speaker Franklin Quitugua Ct.

City

Chalan Pago

State

GU

Zip Code

96915

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.6066

Amount Incurred This Period

974.32

Payment This Period

0.00

Outstanding Balance at Close of This Period

974.32

1) **SUBTOTALS** This Period This Page (optional) .....

1920.30

2) **TOTALS** This Period (last page this line number only) .....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) .....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) .....

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 18 OF 21

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**MICHAEL SAN NICOLAS FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

San Nicolas, Michael, F.Q., ,

Nature of Debt (Purpose):

Advance: Campaign Travel

Mailing Address 117C Speaker Franklin Quitugua Ct.

City

Chalan Pago

State

GU

Zip Code

96915

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.6067

Amount Incurred This Period

450.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

450.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

San Nicolas, Michael, F.Q., ,

Nature of Debt (Purpose):

Advance: Campaign Travel

Mailing Address 117C Speaker Franklin Quitugua Ct.

City

Chalan Pago

State

GU

Zip Code

96915

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.6078

Amount Incurred This Period

2125.12

Payment This Period

0.00

Outstanding Balance at Close of This Period

2125.12

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

San Nicolas, Michael F.Q., , ,

Nature of Debt (Purpose):

Advanced: Rally Expense Beverages

Mailing Address 198 W. SANTA BARBARA AVE.

City

DEDED0

State

GU

Zip Code

96929

Outstanding Balance Beginning This Period

149.63

Transaction ID : SD10.5510

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

149.63

1) **SUBTOTALS** This Period This Page (optional) .....

2724.75

2) **TOTALS** This Period (last page this line number only) .....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) .....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) .....

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 19 OF 21

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**MICHAEL SAN NICOLAS FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

San Nicolas, Michael F.Q., , ,

Nature of Debt (Purpose):

Radio Ad Moycom

Mailing Address 198 W. SANTA BARBARA AVE.

City

DEDEDO

State

GU

Zip Code

96929

Outstanding Balance Beginning This Period

1008.00

Transaction ID : SD10.5797

Amount Incurred This Period

0.00

Payment This Period

1008.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

San Nicolas, Michael F.Q., , ,

Nature of Debt (Purpose):

Radio Ad Inter-Island Communications  
KStereo

Mailing Address 198 W. SANTA BARBARA AVE.

City

DEDEDO

State

GU

Zip Code

96929

Outstanding Balance Beginning This Period

990.00

Transaction ID : SD10.5796

Amount Incurred This Period

0.00

Payment This Period

990.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

San Nicolas, Michael F.Q., , ,

Nature of Debt (Purpose):

Megamixx Radio Ad Expense

Mailing Address 198 W. SANTA BARBARA AVE.

City

DEDEDO

State

GU

Zip Code

96929

Outstanding Balance Beginning This Period

630.00

Transaction ID : SD10.5792

Amount Incurred This Period

0.00

Payment This Period

630.00

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional) .....

0.00

2) **TOTALS** This Period (last page this line number only) .....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) .....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) .....

# SCHEDULE D (FEC Form 3)

## DEBTS AND OBLIGATIONS

### Excluding Loans

(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 20 OF 21

FOR LINE NUMBER:  
(check only one)

☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**MICHAEL SAN NICOLAS FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

San Nicolas, Michael F.Q., , ,

Nature of Debt (Purpose):

Megamixx Radio Ad Expense

Mailing Address 198 W. SANTA BARBARA AVE.

City

DEDEDO

State

GU

Zip Code

96929

Outstanding Balance Beginning This Period

630.00

Transaction ID : SD10.5793

Amount Incurred This Period

0.00

Payment This Period

630.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

San Nicolas, Michael F.Q., , ,

Nature of Debt (Purpose):

Hornet Campaign T-Shirts

Mailing Address 198 W. SANTA BARBARA AVE.

City

DEDEDO

State

GU

Zip Code

96929

Outstanding Balance Beginning This Period

172.50

Transaction ID : SD10.5794

Amount Incurred This Period

0.00

Payment This Period

172.50

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

San Nicolas, Michael F.Q., , ,

Nature of Debt (Purpose):

Radio Ads Sorensen Pacific Broadcasting, Inc

Mailing Address 198 W. SANTA BARBARA AVE.

City

DEDEDO

State

GU

Zip Code

96929

Outstanding Balance Beginning This Period

2027.50

Transaction ID : SD10.5795

Amount Incurred This Period

0.00

Payment This Period

2027.50

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional) .....

0.00

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

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) .....

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) .....

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 21 OF 21

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**MICHAEL SAN NICOLAS FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

San Nicolas, Michael F.Q., , ,

Nature of Debt (Purpose):

CHC Caucus Lunch Meeting - Mission BBQ

Mailing Address 198 W. SANTA BARBARA AVE.

City

DEDEDO

State

GU

Zip Code

96929

Outstanding Balance Beginning This Period

665.65

Transaction ID : SD10.6003

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

665.65

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Winn, Jennifer, , ,

Nature of Debt (Purpose):

Advance: Campaign Stickers

Mailing Address PO Box 326067

City

Hagatna

State

GU

Zip Code

96932

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.6069

Amount Incurred This Period

275.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

275.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) .....

940.65

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

9197.51

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) .....

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) .....

9197.51