



kililiforcongress.com · info@kililiforcongress.com

CAMPAIGN CONTRIBUTION FORM

Please send this form with your check made out to:

**Kilili for Congress
P.O. Box 502924 Saipan, MP 96950**

First Name: _____

Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Sign me up for email updates

Employer Information

To comply with federal law, we must use best efforts to obtain, maintain, and submit the name, mailing address, occupation and name of employer of individuals whose contributions exceed \$200 in an election cycle.

If not employed, enter "none".

Employer: _____

Occupation: _____

Select an amount:

- | | | |
|---------------------------------|---------------------------------|--------------------------------|
| <input type="checkbox"/> \$10 | <input type="checkbox"/> \$25 | <input type="checkbox"/> \$50 |
| <input type="checkbox"/> \$100 | <input type="checkbox"/> \$200 | <input type="checkbox"/> \$500 |
| <input type="checkbox"/> \$1000 | <input type="checkbox"/> \$2500 | <input type="checkbox"/> _____ |

Legal Compliance

I confirm the following statements are true and accurate:

- I am a U.S. citizen or lawfully admitted permanent resident (i.e. green card holder).
- This contribution is made from my own funds, and funds are not being provided to me by another person or entity for the purpose of making this contribution.
- I am not a federal government contractor.
- I am at least eighteen years old.

Signature

Federal law requires us to use our best efforts to collect and report the name, address, occupation and name of employer of individuals whose contributions exceed \$200 per election cycle. Contributions are limited to \$2500 per individual per election. The primary and general elections are separate elections, so individuals may give up to a total of \$5000 for both elections.