



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

PILIPINO AMERICAN LOS ANGELES DEMOCRATS

Report Covering the Period: From: 04 01 2021 To: 06 30 2021

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 4,044.42		4 , 0 4 4 . 4 2
(b) Cash on Hand at Beginning of Reporting Period.....	4 , 0 4 4 . 4 2	
(c) Total Receipts (from Line 19).....	3 , 3 7 4 . 1 1	3 3 7 4 . 1 1
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	7 , 4 1 8 . 5 3	7 , 4 1 8 . 5 3
7. Total Disbursements (from Line 31).....	1 0 9 . 0 4	1 0 9 . 0 4
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	7 , 3 0 9 . 2 9	7 , 3 0 9 . 2 9
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
1050 First Street, N.E.  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

NON-FEDERAL CAMPAIGN FINANCIAL STATEMENT

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

PILIPINO AMERICAN LOS ANGELES DEMOCRATS

Report Covering the Period: From: 04 01 2021 To: 06 30 2021

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2 , 0 0 0 . 0 0	2 , 0 0 0 . 0 0
(ii) Unitemized.....	1 , 3 7 4 . 1 1	1 , 3 7 4 . 1 1
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	3 , 3 7 4 . 1 1	3 , 3 7 4 . 1 1
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	3 , 3 7 4 . 1 1	3 , 3 7 4 . 1 1
12. Transfers From Affiliated/Other Party Committees.....	0	0
13. All Loans Received.....	0	0
14. Loan Repayments Received.....	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0	0
17. Other Federal Receipts (Dividends, Interest, etc.).....	0	0
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0	0
(b) Levin Funds (from Schedule H5).....	0	0
(c) Total Transfers (add 18(a) and 18(b))..	0	0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	3 , 3 7 4 . 1 1	3 , 3 7 4 . 1 1
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	3 , 3 7 4 . 1 1	3 , 3 7 4 . 1 1

NON-FEDERAL CONTRIBUTIONS

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0	0
(ii) Non-Federal Share .....	0	0
(b) Other Federal Operating Expenditures .....	1 0 9 . 0 4	1 0 9 . 0 4
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1 0 9 . 0 4	1 0 9 . 0 4
22. Transfers to Affiliated/Other Party Committees .....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	0	0
24. Independent Expenditures (use Schedule E) .....	0	0
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F) .....	0	0
26. Loan Repayments Made .....	0	0
27. Loans Made .....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0	0
(b) Political Party Committees .....	0	0
(c) Other Political Committees (such as PACs) .....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0	0
29. Other Disbursements (Including Non-Federal Donations) .....	0	0
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0	0
(ii) "Levin" Share .....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0	0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	0	0
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	1 0 9 . 0 4	1 0 9 . 0 4

NON-FEDERAL DONATIONS

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3).....	3 , 3 7 4 . 1 1	3 , 3 7 4 . 1 1
34. Total Contribution Refunds (from Line 28(d)).....	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33).....	0	0
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....▶	1 0 9 , . 0 4	1 0 9 , . 0 4
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36).....▶	1 0 9 , . 0 4	1 0 9 , . 0 4

NON-CONFIDENTIAL

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1 OF 1			
	<input type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**PILIPINO AMERICAN LOS ANGELES DEMOCRATS**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. JOSELYN GEAGA-ROSENTHAL</b>			Date of Receipt <b>05 15 2021</b>		
Mailing Address <b>146 N CORONADO STREET</b>			Amount of Each Receipt this Period <b>5 0 0 . 0 0</b>		
City <b>LOS ANGELES</b>	State <b>CA</b>	Zip Code <b>90026</b>			
FEC ID number of contributing federal political committee. <b>C</b>			Memo Item		
Name of Employer (for Individual) <b>SELF EMPLOYED</b>		Occupation (for Individual) <b>SOCIAL WORKER</b>	Aggregate Year-to-Date ▼ <b>5 0 0 . 0 0</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. JAIME GEAGA</b>			Date of Receipt <b>06 04 2021</b>		
Mailing Address <b>1005 1/2 SANBORN AVENUE</b>			Amount of Each Receipt this Period <b>1 , 0 0 0 . 0 0</b>		
City <b>LOS ANGELES</b>	State <b>CALIFORNIA</b>	Zip Code <b>90029</b>			
FEC ID number of contributing federal political committee. <b>C</b>			Memo Item		
Name of Employer (for Individual) <b>SELF EMPLOYED</b>		Occupation (for Individual) <b>CONSULTANT</b>	Aggregate Year-to-Date ▼ <b>1 , 0 0 0 . 0 0</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. GODFREY PLATA</b>			Date of Receipt <b>04 12 2021</b>		
Mailing Address <b>915 S SERRANAO, APT 4</b>			Amount of Each Receipt this Period <b>5 0 0 . 0 0</b>		
City <b>LOS ANGELES</b>	State <b>CA</b>	Zip Code <b>90006</b>			
FEC ID number of contributing federal political committee. <b>C</b>			Memo Item		
Name of Employer (for Individual) <b>REGIONAL LEADERSHIP DEVELOPMENT</b>		Occupation (for Individual) <b>DIRECTOR</b>	Aggregate Year-to-Date ▼ <b>5 0 0 . 0 0</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)					

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>2 , 0 0 0 . 0 0</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>2 , 0 0 0 . 0 0</b>

NON-FEDERAL CONTRIBUTIONS

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER. (check only one)					PAGE 1 OF 1
	<input type="checkbox"/> 21b <input type="checkbox"/> 28a	<input type="checkbox"/> 22 <input type="checkbox"/> 28b	<input type="checkbox"/> 23 <input type="checkbox"/> 28c	<input type="checkbox"/> 26 <input type="checkbox"/> 29	<input type="checkbox"/> 27 <input type="checkbox"/> 30b	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**PILIPINO AMERICAN LOS ANGELES DEMOCRATS**

Full Name (Last, First, Middle Initial) <b>A. EAST WEST BANK</b>			Date of Disbursement 04 / 07 / 2021
Mailing Address 520 N CENTRAL AVENUE			FEC Identification Number <b>C</b>
City GLENDALE	State CA	Zip Code 91203	
Purpose of Disbursement CHECKS ORDERED		0 0 1	Amount of Each Disbursement this Period 5 1 . 2 0
Candidate Name		Category/ Type	Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. USPS</b>			Date of Disbursement 04 / 17 / 2021
Mailing Address			FEC Identification Number <b>C</b>
City LA VERNE	State CA	Zip Code 91750	
Purpose of Disbursement POSTAGE FOR MAILING REPORTS		0 0 1	Amount of Each Disbursement this Period 5 7 . 8 4
Candidate Name		Category/ Type	Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C.</b>			Date of Disbursement
Mailing Address			FEC Identification Number <b>C</b>
City	State	Zip Code	
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1 0 9 . 0 4
<b>TOTAL</b> This Period (last page this line number only).....▶	1 0 9 . 0 4

2021 RELEASE UNDER E.O. 14176

**SCHEDULE C (FEC Form 3X)**

**LOANS**

NAME OF COMMITTEE (In Full)  
**PILIPINO AMERICAN LOS ANGELES DEMOCRATS**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item <b>NONE TO REPORT</b>		<b>Election:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Mailing Address			
City	State	ZIP Code	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
-------------------------	----------------------------	---

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
			% (apr)	<input type="checkbox"/> Yes <input type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional)..... ▶	0
<b>TOTALS</b> This Period (last page in this line only)..... ▶	0

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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**SCHEDULE C-1 (FEC Form 3X)**  
**LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

Supplementary for  
 Information found on  
 Page \_\_\_\_ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full) PILIPINO AMERICAN LOS ANGELES DEMOCRATS	FEC IDENTIFICATION NUMBER C 0 0 7 5 3 9 3 9
--	--

LENDING INSTITUTION (LENDER) Full Name NONE TO REPORT	Amount of Loan	Interest Rate (APR)
Mailing Address	Date Incurred or Established	
City	State	Zip Code
Date Due		

A. Has loan been restructured?  No  Yes If yes, date originally incurred

B. If line of credit, Total Outstanding Balance:  
 Amount of this Draw:

C. Are other parties secondarily liable for the debt incurred?  
 No  Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?  
 No  Yes If yes, specify: \_\_\_\_\_  
 What is the value of this collateral?  
 Does the lender have a perfected security interest in it?  No  Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?  No  Yes If yes, specify: \_\_\_\_\_  
 What is the estimated value?

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Location of account:  
 Date account established: \_\_\_\_\_ Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER Typed Name Signature	DATE
---	------

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:  
 I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.  
 II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.  
 III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name Signature	Title	DATE
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**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 1 OF 1
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**PILIPINO AMERICAN LOS ANGELES DEMOCRATS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>NONE TO REPORT</b>		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

B. 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

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) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶			
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶			
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only)..... ▶			
4) <b>ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶</b>			

NON-FUNCTIONAL INFORMATION

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>PILIPINO AMERICAN LOS ANGELES DEMOCRATS</b>	FEC IDENTIFICATION NUMBER ▼ <b>C 0 0 7 5 3 9 3 9</b>
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Check if  24-hour report     48-hour report    New report    Amends report filed on \_\_\_\_\_

Full Name of Payee <span style="float:right"><input type="checkbox"/> Memo Item</span> <b>NONE TO REPORT</b>		Date of Public Distribution/Dissemination _____
Mailing Address		Amount
City	State	
Purpose of Expenditure		Date of Disbursement or Obligation _____
Name of Federal Candidate: <span style="float:right"><input type="checkbox"/> Support <input type="checkbox"/> Oppose</span>		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <span style="float:right"><input type="checkbox"/> Memo Item</span>		Date of Public Distribution/Dissemination _____
Mailing Address		Amount
City	State	
Purpose of Expenditure		Date of Disbursement or Obligation _____
Name of Federal Candidate: <span style="float:right"><input type="checkbox"/> Support <input type="checkbox"/> Oppose</span>		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	0	
(a) SUBTOTAL of Unitemized Independent Expenditures .....	▶	0	
(a) TOTAL Independent Expenditures .....	▶	0	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

\_\_\_\_\_  
Signature Date \_\_\_\_\_

NON-PROFIT ORGANIZATION

**SCHEDULE F (FEC Form 3X)**

**ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE**

(To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) <b>PILIPINO AMERICAN LOS ANGELES DEMOCRATS</b>			
Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, name the designating committee.		Full Name of Subordinate Committee	
Mailing Address			
City		State	ZIP Code

NON-CONFIDENTIAL

Full Name (Last, First, Middle Initial) of Each Payee		<input type="checkbox"/> Memo Item		Purpose of Expenditure		Category/Type	
Mailing Address				Date			
City		State	Zip Code	Amount			
Name of Federal Candidate Supported		Office Sought:		House	State: _____		Aggregate General Election Expenditure for this Candidate ▶
				Senate	District: _____		
				Presidential			
Full Name (Last, First, Middle Initial) of Each Payee		<input type="checkbox"/> Memo Item		Purpose of Expenditure		Category/Type	
Mailing Address				Date			
City		State	Zip Code	Amount			
Name of Federal Candidate Supported		Office Sought:		House	State: _____		Aggregate General Election Expenditure for this Candidate ▶
				Senate	District: _____		
				Presidential			
Full Name (Last, First, Middle Initial) of Each Payee		<input type="checkbox"/> Memo Item		Purpose of Expenditure		Category/Type	
Mailing Address				Date			
City		State	Zip Code	Amount			
Name of Federal Candidate Supported		Office Sought:		House	State: _____		Aggregate General Election Expenditure for this Candidate ▶
				Senate	District: _____		
				Presidential			

<b>SUBTOTAL</b> of Expenditures This Page (optional).....▶	0
<b>TOTAL</b> This Period (last page this line number only).....▶	0

**SCHEDULE H1 (FEC Form 3X)**

**METHOD OF ALLOCATION FOR:**

- **ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)**
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)**

NAME OF COMMITTEE (In Full)  
PILIPINO AMERICAN LOS ANGELES DEMOCRATS

**USE ONLY ONE SECTION, A or B**

**A. State and Local Party Committees**

Fixed Percentage (select one)

- Presidential-Only Election Year (28% Federal)
- Presidential and Senate Election Year (36% Federal)
- Senate-Only Election Year (21% Federal)
- Non-Presidential and Non-Senate Election Year (15% Federal)

**B. Separate Segregated Funds and Nonconnected Committees**

Indicate ratio below

Federal..... %  
Nonfederal..... %

This ratio applies to (check all that apply):

Administrative      Generic Voter Drive      Public Communications Referencing Party Only

NON-PROFIT CORPORATION

**SCHEDULE H2 (FEC Form 3X)**

**ALLOCATION RATIOS**

NAME OF COMMITTEE (In Full)  
**PILIPINO AMERICAN LOS ANGELES DEMOCRATS**

**RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.**

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

NON-FEDERAL INFORMATION

ACTIVITY OR EVENT IDENTIFIER <b>NONE TO REPORT</b> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL %  %	NONFEDERAL %  %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL %  %	NONFEDERAL %  %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL %  %	NONFEDERAL %  %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL %  %	NONFEDERAL %  %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL %  %	NONFEDERAL %  %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL %  %	NONFEDERAL %  %

**SCHEDULE H3 (FEC Form 3X)  
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR  
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
**PILIPINO AMERICAN LOS ANGELES DEMOCRATS**

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
NONE TO REPORT		

**BREAKDOWN OF TRANSFER RECEIVED**

i) Total Administrative .....			
ii) Generic Voter Drive .....			
iii) Exempt Activities.....			
iv) Direct Fundraising (List Activity or Event Identifier)			
a) _____			
b) _____			
c) Total Amount Transferred For Direct Fundraising .....			
v) Direct Candidate Support (List Activity or Event Identifier)			
a) _____			
b) _____			
c) Total Amount Transferred For Direct Candidate Support.....			
vi) Public Communications Referring Only to Party (Made by PAC) .....			

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

TOTAL This Period (Administrative) .....			
TOTAL This Period (Generic Voter Drive) .....			
TOTAL This Period (Exempt Activities) .....			
TOTAL This Period (Direct Fundraising) .....			
TOTAL This Period (Direct Candidate Support) .....			
TOTAL This Period (Public Communications Referring Only to Party) .....			
TOTAL This Period (Total Amount Transferred).....			

2014-2015 CONGRESSIONAL RECORD

**SCHEDULE H4 (FEC Form 3X)**  
**DISBURSEMENTS FOR ALLOCATED**  
**FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)

**PILIPINO AMERICAN LOS ANGELES DEMOCRATS**

A. Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
NONE TO REPORT			<input type="checkbox"/> Administrative	<input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt
Mailing Address			<input type="checkbox"/> Voter Drive	<input type="checkbox"/> Direct Candidate Support
City	State	Zip Code	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement:			Allocated Activity or Event Year-To-Date	
Activity or Event Identifier:			Category/Type	Date
FEDERAL SHARE		+	NONFEDERAL SHARE = TOTAL AMOUNT	

B. Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
Mailing Address			<input type="checkbox"/> Administrative	<input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt
Mailing Address			<input type="checkbox"/> Voter Drive	<input type="checkbox"/> Direct Candidate Support
City	State	Zip Code	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement:			Allocated Activity or Event Year-To-Date	
Activity or Event Identifier:			Category/Type	Date
FEDERAL SHARE		+	NONFEDERAL SHARE = TOTAL AMOUNT	

C. Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
Mailing Address			<input type="checkbox"/> Administrative	<input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt
Mailing Address			<input type="checkbox"/> Voter Drive	<input type="checkbox"/> Direct Candidate Support
City	State	Zip Code	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement:			Allocated Activity or Event Year-To-Date	
Activity or Event Identifier:			Category/Type	Date
FEDERAL SHARE		+	NONFEDERAL SHARE = TOTAL AMOUNT	

**SUBTOTAL of Allocated Federal and NonFederal Activity This Page**

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

**TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))**

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

NON-FEDERAL SHARE



**SCHEDULE H5 (FEC Form 3X)**

**TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY**

(To be used by State, District and Local Party Committees Only)

NAME OF COMMITTEE (In Full)

PILIPINO AMERICAN LOS ANGELES DEMOCRATS

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

NONE TO REPORT

BREAKDOWN OF THIS TRANSFER

i) Voter Registration

VOTER REGISTRATION

Total Amount Transferred for Voter Registration.....

ii) Voter ID

VOTER ID

Total Amount Transferred for Voter ID .....

iii) GOTV

GOTV

Total Amount Transferred for GOTV .....

iv) Generic Campaign Activity

GENERIC CAMPAIGN ACTIVITY

Total Amount Transferred for Generic Campaign Activity .....

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF THIS TRANSFER

i) Voter Registration

VOTER REGISTRATION

Total Amount Transferred for Voter Registration.....

ii) Voter ID

VOTER ID

Total Amount Transferred for Voter ID .....

iii) GOTV

GOTV

Total Amount Transferred for GOTV .....

iv) Generic Campaign Activity

GENERIC CAMPAIGN ACTIVITY

Total Amount Transferred for Generic Campaign Activity .....

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)**

TOTAL This Period (Voter Registration).....

TOTAL This Period (Voter ID) .....

TOTAL This Period (GOTV).....

TOTAL This Period (Generic Campaign Activity).....

TOTAL This Period (Total Amount of Transfers Received).....

20160501 10:00 AM

**SCHEDULE H6 (FEC Form 3X)  
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS  
FOR ALLOCATED FEDERAL ELECTION ACTIVITY**  
(To be used by State, District and Local Party Committees Only)

NAME OF COMMITTEE (In Full)  
**PILIPINO AMERICAN LOS ANGELES DEMOCRATS**

A. Full Name (Last, First, Middle Initial) / Full Organization Name <b>NONE TO REPORT</b>			<input type="checkbox"/> Memo Item	Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address					
City	State	Zip Code	Category/ Type	Allocated Activity or Event Year-To-Date	
Purpose of Disbursement				Date	

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT
---------------	---	-------------	---	--------------

B. Full Name (Last, First, Middle Initial) / Full Organization Name			<input type="checkbox"/> Memo Item	Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address					
City	State	Zip Code	Category/ Type	Allocated Activity or Event Year-To-Date	
Purpose of Disbursement				Date	

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT
---------------	---	-------------	---	--------------

C. Full Name (Last, First, Middle Initial) / Full Organization Name			<input type="checkbox"/> Memo Item	Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address					
City	State	Zip Code	Category/ Type	Allocated Activity or Event Year-To-Date	
Purpose of Disbursement				Date	

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT
---------------	---	-------------	---	--------------

<b>SUBTOTAL</b> of Shared Federal and Levin Activity This Page				
FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT
<b>TOTAL</b> This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))				
FEDERAL SHARE				TOTAL AMOUNT
		LEVIN SHARE		
<b>TOTAL</b> This Period for the Levin Share				

NON-CONFIDENTIAL

**SCHEDULE L (FEC Form 3X)**  
**AGGREGATION PAGE: LEVIN FUNDS**

NAME OF COMMITTEE (In Full) PILIPINO AMERICAN LOS ANGELES DEMOCRATS		
NAME OF ACCOUNT NONE TO REPORT		
	<b>COLUMN A</b> <b>TOTAL THIS PERIOD</b>	<b>COLUMN B</b> <b>YEAR-TO-DATE</b>
<b>1. RECEIPTS FROM PERSONS</b>		
(a) Itemized ..... (Use Schedule L-A)		
(b) Unitemized .....		
(c) Total .....		
<b>2. OTHER RECEIPTS .....</b>		
<b>3. TOTAL RECEIPTS .....</b> (Add Lines 1c and 2)		
<b>4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT</b> (Use Schedule L-B)		
(a) Voter Registration .....		
(b) Voter ID .....		
(c) GOTV .....		
(d) Generic Campaign .....		
(e) Total .....		
<b>5. OTHER DISBURSEMENTS .....</b>		
<b>6. TOTAL DISBURSEMENTS .....</b> (Add Lines 4e and 5)		
<b>7. BEGINNING CASH ON HAND .....</b> (for Column B, use cash as of January 1st)		
<b>8. RECEIPTS .....</b> (from Line 3)		
<b>9. SUBTOTAL .....</b> (Add Lines 7 and 8)		
<b>10. DISBURSEMENTS .....</b> (From Line 6)		
<b>11. ENDING CASH ON HAND .....</b> (Subtract Line 10 From Line 9)		

NON-PROFIT CORPORATION

**SCHEDULE L-A (FEC Form 3X)  
ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s) for each category of the Aggregation Page	PAGE 1 OF 1
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 1a <input type="checkbox"/> 2

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
PILIPINO AMERICAN LOS ANGELES DEMOCRATS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  Memo Item  
**A. NONE TO REPORT**

Mailing Address	Date of Receipt M . . . . . D . . . . . Y . . . . . Y
City	Amount of Each Receipt this Period
State	Aggregate Year-to-Date
Zip Code	
Name of Employer (for Individual)	
Occupation (for Individual)	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  Memo Item  
**B.**

Mailing Address	Date of Receipt M . . . . . D . . . . . Y . . . . . Y
City	Amount of Each Receipt this Period
State	Aggregate Year-to-Date
Zip Code	
Name of Employer (for Individual)	
Occupation (for Individual)	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  Memo Item  
**C.**

Mailing Address	Date of Receipt M . . . . . D . . . . . Y . . . . . Y
City	Amount of Each Receipt this Period
State	Aggregate Year-to-Date
Zip Code	
Name of Employer (for Individual)	
Occupation (for Individual)	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  Memo Item  
**D.**

Mailing Address	Date of Receipt M . . . . . D . . . . . Y . . . . . Y
City	Amount of Each Receipt this Period
State	Aggregate Year-to-Date
Zip Code	
Name of Employer (for Individual)	
Occupation (for Individual)	

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

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

NON-CONFIDENTIAL INFORMATION

**SCHEDULE L-B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS  
OF LEVIN FUNDS**

Use separate schedule(s)  
for each category of the  
Aggregation Page

FOR LINE NUMBER: PAGE 1 OF 1  
(check only one)  4a  4c  5  
 4b  4d

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NAME OF COMMITTEE (In Full)  
**PILIPINO AMERICAN LOS ANGELES DEMOCRATS**

**A.** Full Name (Last, First, Middle Initial) / Full Organization Name  Memo Item  
**NONE TO REPORT** Date of Disbursement  
Mailing Address

City State Zip Code Amount of Each Disbursement this Period  
Purpose of Disbursement

**B.** Full Name (Last, First, Middle Initial) / Full Organization Name  Memo Item  
Date of Disbursement  
Mailing Address

City State Zip Code Amount of Each Disbursement this Period  
Purpose of Disbursement

**C.** Full Name (Last, First, Middle Initial) / Full Organization Name  Memo Item  
Date of Disbursement  
Mailing Address

City State Zip Code Amount of Each Disbursement this Period  
Purpose of Disbursement

**D.** Full Name (Last, First, Middle Initial) / Full Organization Name  Memo Item  
Date of Disbursement  
Mailing Address

City State Zip Code Amount of Each Disbursement this Period  
Purpose of Disbursement

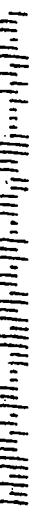
**E.** Full Name (Last, First, Middle Initial) / Full Organization Name  Memo Item  
Date of Disbursement  
Mailing Address

City State Zip Code Amount of Each Disbursement this Period  
Purpose of Disbursement

**SUBTOTAL** of Disbursements This Page (optional).....▶  
**TOTAL** This Period (last page this line number only).....▶

NON-PROFIT ORGANIZATION

EMMA  
2325 TRINITY  
LA VERNE, CA 91750



FEDERAL ELECTION COMMISSION  
1050 FIRST STREET, N.E.  
WASHINGTON, DC 20463

RECEIVED  
FEDERAL MAIL CENTER  
2021 JUL 29 PM 1:15

NON AFFRANCARE

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Date of Receipt
Postmarked 7/19/21	7/29/21
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

*RS*  
 PREPARER  
 (3/2015)

7/30/21  
 DATE PREPARED

NON-FUNCTIONAL INFORMATION