

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER

2021 APR 29 AM 8:54
Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. 12FE4M5

PILIPINO AMERICAN LOS ANGELES DEMOCRATS

ADDRESS (number and street) 2325 TRICKLING CREEK DRIVE,

Check if different than previously reported. (ACC) LA VERNE CA 91750 - 1363

2. **FEC IDENTIFICATION NUMBER** C00753939 **CITY** **STATE** **ZIP CODE**

3. IS THIS REPORT NEW (N) OR AMENDED (A)

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)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on MM / DD / YYYYYY in the State of

(d) 30-Day POST-Election Report for the:

General (30G) Runoff (30R) Special (30S)

Election on MM / DD / YYYYYY in the State of

5. Covering Period MM / DD / YYYY through MM / DD / YYYY

01 / 01 / 2021 through 03 / 31 / 2021

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 **EMMA HILARIO**

Signature of Treasurer *Emma Hilario* Date MM / DD / YYYY

04 / 11 / 2021

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

NON-FUNCTIONAL

**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: / / To: / /

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

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:

MM / DD / YYYY
01 / 01 / 2021

To:

MM / DD / YYYY
03 / 31 / 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).....

0

0

(ii) Unitemized.....

0

0

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

0

0

(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).....▶

0

0

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)).....▶

0

0

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

0

0

UNFINISHED BUSINESS

DETAILED SUMMARY PAGE
of Disbursements

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 | 0 | 0 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 0 | 0 |
| 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) | 0 | 0 |

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DETAILED SUMMARY PAGE
of Disbursements

| 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) | 0 | 0 |
| 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)) | 0 | 0 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0 | 0 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 0 | 0 |

NON-PROFIT ORGANIZATION

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 1 OF 1
 (check only one)

| | | | | | | | | |
|------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <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
A. NONE TO REPORT

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ **0**

TOTAL This Period (last page this line number only).....▶ **0**

NON-FEDERAL CAMPAIGN COMMUNICATIONS

**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)

| | | | | |
|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <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)

A. NONE TO REPORT

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

MM / DD / YYYY

FEC Identification Number

C 0 0 7 5 3 9 3 9

Amount of Each Disbursement this Period

0000000000

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

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

0000000000

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

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

0000000000

Memo Item

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

0000000000

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

0000000000

NON-PROFIT CORPORATION

SCHEDULE C (FEC Form 3X)

LOANS

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

PAGE 1 OF 1

FOR LINE 13 OF FORM 3X

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

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

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

TERMS

| | | | |
|----------------------|----------------------|------------------------------|--|
| Date Incurred | Date Due | Interest Rate | Secured: |
| <input type="text"/> | <input type="text"/> | <input type="text"/> % (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: <input type="text"/> |
| 2. Full Name (Last, First, Middle Initial) | | | Name of Employer |
| Mailing Address | | | Occupation |
| City | State | ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| 3. Full Name (Last, First, Middle Initial) | | | Name of Employer |
| Mailing Address | | | Occupation |
| City | State | ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| 4. Full Name (Last, First, Middle Initial) | | | Name of Employer |
| Mailing Address | | | Occupation |
| City | State | ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |

| | |
|---|----------------------|
| SUBTOTALS This Period This Page (optional).....▶ | <input type="text"/> |
| TOTALS This Period (last page in this line only).....▶ | <input type="text"/> |

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

NON-PROFIT ORGANIZATION

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 M M / D D / Y Y Y Y Y Y | Date Due M M / D D / Y Y Y Y Y Y |
| City | State | Zip Code |

A. Has loan been restructured? No Yes If yes, date originally incurred M M / D D / Y Y Y Y Y Y

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

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

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 | DATE M M / D D / Y Y Y Y Y Y |
| Title | |

2016 RELEASE UNDER E.O. 14176

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

| | | |
|---|-------|---------------------------|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor NONE TO REPORT | | Nature of Debt (Purpose): |
| Mailing Address | | |
| City | State | Zip Code |

| | | |
|---|----------------------|---|
| Outstanding Balance Beginning This Period | | |
| <input type="text"/> | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | |
|--|-------|---------------------------|
| 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 | | |
| <input type="text"/> | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | |
|--|-------|---------------------------|
| 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 | | |
| <input type="text"/> | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | |
|--|----------------------|
| 1) SUBTOTALS This Period This Page (optional).....▶ | <input type="text"/> |
| 2) TOTALS This Period (last page this line number only).....▶ | <input type="text"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....▶ | <input type="text"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶ | <input type="text"/> |

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

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

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

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

| | |
|--|--------------------------------|
| SUBTOTAL of Expenditures This Page (optional).....▶ | <input type="text" value="0"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text" value="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-FEDERAL AND NON-STATE

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 TO FEDERAL RATIO

| ACTIVITY OR EVENT IDENTIFIER | FEDERAL % | NONFEDERAL % |
|---|--|---|
| <p>NONE TO REPORT</p> <hr/> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p> | <p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> <p>%</p> | <p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> <p>%</p> |
| <hr/> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p> | <p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> <p>%</p> | <p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> <p>%</p> |
| <hr/> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p> | <p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> <p>%</p> | <p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> <p>%</p> |
| <hr/> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p> | <p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> <p>%</p> | <p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> <p>%</p> |
| <hr/> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p> | <p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> <p>%</p> | <p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> <p>%</p> |
| <hr/> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p> | <p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> <p>%</p> | <p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> <p>%</p> |

**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
 NONE TO REPORT

DATE OF RECEIPT

MM / DD / YYYY

TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative [Form]

ii) Generic Voter Drive [Form]

iii) Exempt Activities [Form]

iv) Direct Fundraising (List Activity or Event Identifier)

a) _____ [Form]

b) _____ [Form]

c) Total Amount Transferred For Direct Fundraising [Form]

v) Direct Candidate Support (List Activity or Event Identifier)

a) _____ [Form]

b) _____ [Form]

c) Total Amount Transferred For Direct Candidate Support [Form]

vi) Public Communications Referring Only to Party (Made by PAC) [Form]

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative) [Form]

TOTAL This Period (Generic Voter Drive) [Form]

TOTAL This Period (Exempt Activities) [Form]

TOTAL This Period (Direct Fundraising) [Form]

TOTAL This Period (Direct Candidate Support) [Form]

TOTAL This Period (Public Communications Referring Only to Party) [Form]

TOTAL This Period (Total Amount Transferred) [Form]

NON-FEDERAL ACCOUNTS

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) Memo Item
 NONE TO REPORT

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial) Memo Item

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) Memo Item

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

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 | MM / DD / YYYY | |

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 |
|-----------------|-----------------|--------------------------|
| | MM / DD / YYYY | |

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)..... | |

NON-FEDERAL ELECTION COMMISSION

**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 Memo Item
NONE TO REPORT

Type of Allocated Activity or Event:
 Voter Registration GOTV
 Voter ID Generic Campaign

Mailing Address

City State Zip Code

Purpose of Disbursement Category/Type

Allocated Activity or Event Year-To-Date

Date M M / D D / Y Y Y Y Y Y

FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item

Type of Allocated Activity or Event:
 Voter Registration GOTV
 Voter ID Generic Campaign

Mailing Address

City State Zip Code

Purpose of Disbursement Category/Type

Allocated Activity or Event Year-To-Date

Date M M / D D / Y Y Y Y Y Y

FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item

Type of Allocated Activity or Event:
 Voter Registration GOTV
 Voter ID Generic Campaign

Mailing Address

City State Zip Code

Purpose of Disbursement Category/Type

Allocated Activity or Event Year-To-Date

Date M M / D D / Y Y Y Y Y Y

FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT

SUBTOTAL of Shared Federal and Levin Activity This Page

FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT

TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))

FEDERAL SHARE LEVIN SHARE TOTAL AMOUNT

TOTAL This Period for the Levin Share

20160501 10:40:50 AM

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

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

FOR LINE NUMBER: 1a 2
 (check only one)

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

City State Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Aggregate Year-to-Date

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

B.

Mailing Address

City State Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Aggregate Year-to-Date

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

C.

Mailing Address

City State Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Aggregate Year-to-Date

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

D.

Mailing Address

City State Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Aggregate Year-to-Date

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

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

NON-PROFIT CORPORATION

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

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) / Full Organization Name Memo Item

A. NONE TO REPORT

Mailing Address
 City State Zip Code
 Purpose of Disbursement

Date of Disbursement
 M M / D D / Y Y Y Y Y Y
 Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item

B.

Mailing Address
 City State Zip Code
 Purpose of Disbursement

Date of Disbursement
 M M / D D / Y Y Y Y Y Y
 Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item

C.

Mailing Address
 City State Zip Code
 Purpose of Disbursement

Date of Disbursement
 M M / D D / Y Y Y Y Y Y
 Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item

D.

Mailing Address
 City State Zip Code
 Purpose of Disbursement

Date of Disbursement
 M M / D D / Y Y Y Y Y Y
 Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item

E.

Mailing Address
 City State Zip Code
 Purpose of Disbursement

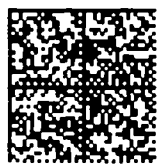
Date of Disbursement
 M M / D D / Y Y Y Y Y Y
 Amount of Each Disbursement this Period

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

NON-FUNCTIONAL COMPONENT

Ms. Emma Hilaris
2325 Tracking Creek Dr
La Verne, CA 91750-1363

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Washington DC 20463



(420) 20463

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

April 15, 2021
1st Qtr Form 3X Report

NON-PROFIT ORIGINALLY

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 4/13/21 | 4/29/21 |
| <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 |

SPM
4/30/21
 PREPARER DATE PREPARED

NON-FEDERAL DOCUMENT