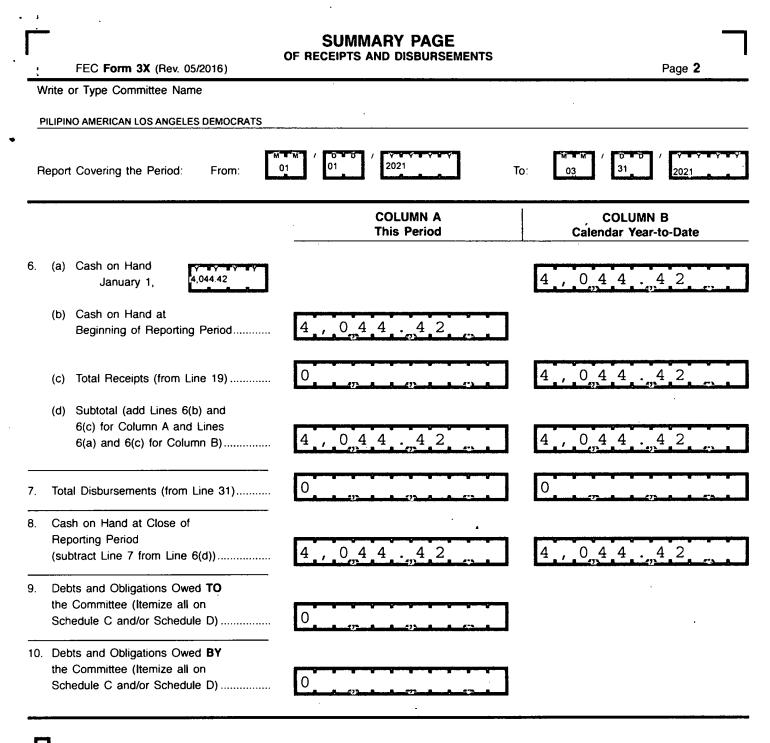
•							
FEC		rt of re Disburse	-	_	FEC	RECEIVED MAIL CEN	TER
FORM 3X	For Other	Than An Authoriz	ed Committ	ee	2021 AP	R 29 AM 8 Office Use Only	: 54
1. NAME OF COMMITTEE (in full)	TYPE OR PF		xample: If typi ver the lines.	ng, type	12FE4M	· · · · · · · · · · · · · · · · · · ·	
ΡΙΙΙΡΙΝΟ ΑΜΕΡΙCAN LOS	ANGELĘS PEMOÇR		<u> </u>		1 1 1 1 1	1.1.1.1	
		┶┶┶┶┷╼┻╼┹╼					
ADDRESS (number and stre	eet)	TRICKLING	CREEK D	RIVE,			
Check if different than previously reported. (ACC)						9 1 7 5 P 1	-[ <sup>1</sup> <sup>3</sup> <sup>6</sup> <sup>3</sup>
2. FEC IDENTIFICATIO				S		ZIP CC	
C 0 0 7 5 3 9 3	3 9	3. IS THIS REPOR		NEW (N) <b>OR</b>	AM (A)	ENDED	<u>.</u>
<ul> <li><b>4. TYPE OF REPOR</b> (Choose One)</li> <li>(a) Quarterly Reports</li> <li>April 15 Quarterly Re</li> </ul>	Eport (Q1)	t <b>L</b>		May 20 (M5) Jun 20 (M6) Jul 20 (M7)	Sep :	20 (M8)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R)
July 15 Quarterly Re October 15 Quarterly Re January 31 Year-End Re	port (Q2)	PRE-Election Report for the:	Convention		Special (*	12S) in the State	of
July 31 Mid- Report (Non- Year Only) (I	-election (0) (0) MY) F	30-Day POST-Election	General (30	G)	Runoff (3	0R)	Special (30S)
Termination f (TER)		Election on	<b></b> ,		*****	in the State	of
5. Covering Period	01, 01	2021	through	03,	/ <sup>b</sup> b b / 31	2021	
I certify that I have exami Type or Print Name of Tre	<b>~~</b> 1 4 1 4 4	d to the best of my k HILARIO	nowledge and	belief it is true	e, correct and	I complete.	
Signature of Treasurer	Emme	Hilain		Da	ate 04	· <u>~</u> 77 ·	2021
NOTE: Submission of false,	, erroneous, or incon	nplete information may	subject the per	son signing thi	s Report to th	e penalties of 52	2 U.S.C. § 30109
Office Use Only						FEC FOF Rev. 05/2	



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

· , 	-		_
I		etailed summary page of Receipts	I
<u>.</u>	FEC Form 3X (Rev. 05/2016)		Page 3
v	Inte or Type Committee Name		. •
F	ILIPINO AMERICAN LOS ANGELES DEMOCRATS		·
F	leport Covering the Period: From: 01	M / B B / 2021	To: $\begin{bmatrix} M & M \\ 03 \end{bmatrix} \begin{pmatrix} D & D \\ 31 \end{bmatrix} \begin{pmatrix} V & Y & Y & Y \\ 2021 \end{bmatrix}$
	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
	<ul> <li>(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry</li> </ul>		وسي محيو مدي محيو مدي محيو مدي محيو مدي محيو
	Totals to Line 33, page 5)	0	0
12.	Transfers From Affiliated/Other		
	Party Committees	0	0
13.	All Loans Received	0	0
	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		
17	Political Committees Other Federal Receipts	0	U
	(Dividends, Interest, etc.)	0	0
18.	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account	0	
	(from Schedule H3)		
	(b) Levin Funds (from Schedule H5)	0	0
	(a) Tatal Transform (add 19(a) and 19(b))		
	(c) Total Transfers (add 18(a) and 18(b))	0	0
19	Total Receipts (add Lines 11(d),		
19.	12, 13, 14, 15, 16, 17, and 18(c))	0	0
<b>20</b> .	Total Federal Receipts		
	(subtract Line 18(c) from Line 19)►		

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2021:05:04:08:00M262M5

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#### DETAILED SUMMARY PAGE

Page 4

#### of Disbursements FEC Form 3X (Rev. 05/2016) COLUMN A COLUMN B **II. Disbursements Total This Period Calendar Year-to-Date** 21. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4) 0 0 Federal Share ..... (i) (ii) Non-Federal Share..... 0 0 (b) Other Federal Operating Expenditures ..... 0 0 (c) Total Operating Expenditures 0 0 (add 21(a)(i), (a)(ii), and (b)) ...... 22. Transfers to Affiliated/Other Party Committees..... 0 0 23. Contributions to Federal Candidates/Committees 0 0 and Other Political Committees..... 24. Independent Expenditures (use Schedule E) ..... 0 0 Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... 25. 0 0 26. Loan Repayments Made..... 0 0 Loans Made..... Refunds of Contributions To: 27 0 0 28. Individuals/Persons Other Than Political Committees ..... (a) 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 (ii) "Levin" Share..... 0 C (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

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

#### COLUMN A Total This Period

Page 5
COLUMN B

**Calendar Year-to-Date** 

	Operating Expenditures
33.	Total Contributions (other than loans)
	(from Line 11(d), page 3)

**III. Net Contributions/** 

- 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....
- 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ......▶
- 37. Offsets to Operating Expenditures (from Line 15, page 3)......38. Net Operating Expenditures
  - (subtract Line 37 from Line 36) ......

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0	7	· · · ·	0		

Ś	CHEDULE A (FEC Form 3X)				or line			R: P	AGE 1	OF 1
IŢ	EMIZED RECEIPTS		Use separate schedule(s) for each category of the	(cl	(check only one)					
•			Detailed Summary Page		11a 13	$\vdash$	11b 14			
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the	atements maname and a	ay not be sold or used by any pe ddress of any political committee	erson e to s	for the	pur purib	pose d	of solici	ting contr	ibutions
$\left \right $	NAME OF COMMITTEE (In Full)									
P	LIPINO AMERICAN LOS ANGELES									
A.		al) or Full O	rganization Name		Date o	of Re	ceipt			
	Mailing Address					<b>]</b>		D /	Ŷ ¥ Ŷ ¥	Ŷ
	City	State	Zip Code	-	Amour	nt of	Each	Receip	t this Per	iod
	FEC ID number of contributing federal political committee.	С					42 8			
	Name of Employer (for Individual)	Occi	upation (for Individual)			temo	Item		/	
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General Other (specify) ▼			]			:			
_	Full Name of Individual (Last, First, Middle Initia	al) or Full O	rganization Name	-	· · · ·					
В.	Mailing Address				Date o	of Re	ceipt	<b>.</b> ,	Y B Y B	<b>~ •</b> •
	City	State	Zip Code							
	FEC ID number of contributing		·····		Amour	nt of	Each	Receip	t this Per	iod
	federal political committee.	<u> </u>				- <b>1</b>	97		<u> </u>	
	Name of Employer (for Individual)	Occ	upation (for Individual)		LI M	lemo	item			,
	Receipt For:	Aggregate	Year-to-Date ▼							
	Other (specify) ▼		<u>^ ^ ^ ^ </u>							
<u> </u>	Full Name of Individual (Last, First, Middle Initia	al) or Full O	rganization Name		Date of	of Re	ceipt			
	Mailing Address				M	י קי	6	י ס	ŶŦŶŦ	
	City	State	Zip Code	╞	Amour	nt of	Each	Receip	t this Per	iod
	FEC ID number of contributing federal political committee.	С				-				
	Name of Employer (for Individual)	Occi	upation (for Individual)		∐ ^	/lemo	Item			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼	]						
s	UBTOTAL of Receipts This Page (optional)			•	0					
-	OTAL This Period (last page this line number or		<u>_</u>	-	0	-	() <u>)</u>		· · · · · · · · · · · · · · · · · · ·	

Sí	CHEDULE B (FEC Form 3X)	[		[	
	EMIZED DISBURSEMENTS				
	y information copied from such Reports and Stater for commercial purposes, other than using the nan				
$\square$	NAME OF COMMITTEE (In Full)				· · · · · · · · · · · · · · · · · · ·
ß	ILIPINO AMERICAN LOS ANGELES D	DEMOCR	ATS		
Α.	Full Name (Last, First, Middle Initial) NONE TO REPORT				Date of Disbursement
	Mailing Address	<u> </u>			
	City	State	Zip Code		FEC Identification Number
	Purpose of Disbursement			<b></b>	C 0 0 7 5 3 9 3 9
	Candidate Name		I	Category/ Type	Amount of Each Disbursement this Period
	Office Sought: House Disburser Senate	ment For: Primary	General		
	State: District:	Other (spec	sify) ▼		Memo Item
_	Full Name (Last, First, Middle Initial)				
В.					Date of Disbursement
	Mailing Address		·····		
	City	State	Zip Code		FEC Identification Number
	Purpose of Disbursement				С
	Candidate Name		I	Category/ Type	Amount of Each Disbursement this Period
	Office Sought: House Disburser Senate	nent For: Primary	General		
	State: District:	Other (spec	sify)		Memo Item
~	Full Name (Last, First, Middle Initial)				Date of Disbursement
C.					Date of Disbursement
	Mailing Address				
	City	State	Zip Code		FEC Identification Number
	Purpose of Disbursement		·		С
	Candidate Name			Category/ Type	Amount of Each Disbursement this Period
	Office Sought: House Disburser	ment For: Primary	General		
	State: District:	Other (spec	bify) ▼		Memo Item
s	UBTOTAL of Disbursements This Page (optional)			····· ►	0

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

0

# SCHEDULE C (FEC Form 3X)

### LOANS

.

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

AGE 1 OF 1 FOR LINE 13 OF FORM 3X

· .....

LOAN SOURCE Full	Name (Last, First, Mi	ddle Initial)	Memo Item Election:			
NONE TO REPO	RT		Primary General			
Mailing Address			☐ Other (specify) ▼			
City		State Z	P Code			
Original Amount of Lo	an <b>an an an a</b> n an	Cumulative Payme	nt To Date Balance Outstanding at Close of This Period			
TERMS Date Inc	curred	Date	Due Interest Rate Secured:			
			% (apr) Yes No			
List All Endorsers or (	Guarantors (if any) t	o Loan Source				
1. Full Name (Last, Fire	st, Middle Initial)	ł	Name of Employer			
Mailing Address			Occupation			
City	State	ZIP Code	Amount Guaranteed Outstanding:			
2. Full Name (Last, Fir	st, Middle Initial)		Name of Employer			
Mailing Address			Occupation			
City .	State	ZIP Code	Amount Guaranteed Outstanding:			
3. Full Name (Last, Fira	st, Middle Initial)	·········	Name of Employer			
Mailing Address			Occupation			
City	State	ZIP Code	Amount Guaranteed Outstanding:			
4. Full Name (Last, Fir	st, Middle Initial)	1	Name of Employer			
Mailing Address			Occupation			
City	State	ZIP Code	Amount Guaranteed Outstanding:			
JBTOTALS This Period	This Page (optional)					
			U			

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

Federal Election Commission, Washington, D.C. 20463

Supplementary for						
Information	found on					
Page	of Schedule C					

PILIPINO AMERIC		LES DEMOCR	ATS	FEC	0 0 7 5 3	
LENDING INSTITUTION	N (LENDER)	· · · · · · · · · · · · · · · · · · ·	Amount of Loan	A	Interest Rat	
Full Name	(			· · · · · · · · · · · · · · · · · · ·	Interest I tai	
NONE TO REPOR	TÍ					~ %
Mailing Address	···· · ··		1			
· ·			Data lagurad as Establisha		/ 0.0 /	Y BY BY BY
Cit	Ctoto	Zin Code	Date Incurred or Establishe			
City	State	Zip Code	Date Due		/ • • • • /	
A. Has loan been r	restructured?	lo 🗌 Yes	If yes, date originally incurr	ed	/ <b>[</b> ]	
B. If line of credit,			Total			
Amount of this [	Draw:	75	Outstanding Balance:		<u></u>	
C. Are other parties	•		ed? ust be reported on Schedule C	.)		
D. Are any of the f	ollowing pledged as	collateral for the I	loan: real estate, personal	What is the	value of this co	llateral?
property, goods,	negotiable instrume	ents, certificates of	deposit, chattel papers,	<b> </b>		
stocks, accounts	s receivable, cash o	n deposit, or other	similar traditional collateral?			
	Yes If yes, specif	fy:				
			<u></u>		nder have a per	<b>_</b>
	antributions or futur	ra racainta of intorr	est income, pledged as	interest in it		Yes
C. Are any future t		a receipts of intere	est income, pieugeu as	What is the	estimated value	2
collateral for the	Joan? No I	Ves Ifves s	necify:			
collateral for the	loan? No	Yes If yes, s	specify:			
collateral for the	loan? No	Yes If yes, s	specify:		<u></u>	<i>(</i> )
A depository ac	e loan? No Count must be estat 82(e)(2) and 100.14	blished pursuant	Location of account:		<u></u>	<u>()</u>
A depository action to 11 CFR 100.5	count must be estat	blished pursuant	· · · · · · · · · · · · · · · · · · ·		S	
A depository action to 11 CFR 100.	count must be estat 82(e)(2) and 100.14	blished pursuant	Location of account:		<u> </u>	
A depository act to 11 CFR 100. Date act	count must be estat 82(e)(2) and 100.14 count established:	blished pursuant l2(e)(2).	Location of account: Address: City, State, Zip:		\$ 	
A depository act to 11 CFR 100. Date act F. If neither of the the loan amount	count must be estat 82(e)(2) and 100.14 count established: , b , b , count types of collateral do t, state the basis up	blished pursuant 2(e)(2).	Location of account:	e amount pled	ged does not eq s repayment.	ual or exceed
A depository act to 11 CFR 100.4 Date act F. If neither of the the loan amount G. COMMITTEE TF	count must be estat 82(e)(2) and 100.14 count established: , b , b , count types of collateral do t, state the basis up	blished pursuant 2(e)(2).	Location of account: Address: City, State, Zip: s pledged for this loan, or if th	e amount pled which it assures	ged does not eq s repayment.	ual or exceed
A depository act to 11 CFR 100.4 Date act F. If neither of the the loan amount G. COMMITTEE TF Typed Name	count must be estat 82(e)(2) and 100.14 count established: , b , b , count types of collateral do t, state the basis up	blished pursuant (2(e)(2).	Location of account: Address: City, State, Zip: s pledged for this loan, or if th	which it assure	ged does not eq s repayment.	ual or exceed
A depository act to 11 CFR 100.4 Date act F. If neither of the the loan amount G. COMMITTEE TF	count must be estat 82(e)(2) and 100.14 count established: , b , b , count types of collateral do t, state the basis up	blished pursuant (2(e)(2).	Location of account: Address: City, State, Zip: s pledged for this loan, or if th	which it assure	ged does not eq s repayment.	ual or exceed
A depository act to 11 CFR 100. Date acc F. If neither of the the loan amount G. COMMITTEE TF Typed Name Signature	count must be estat 82(e)(2) and 100.14 count established: , b , count established: , state the basis up	blished pursuant (2(e)(2).	Location of account: Address: City, State, Zip: s pledged for this loan, or if th	which it assure	ged does not eq s repayment.	ual or exceed
A depository act to 11 CFR 100.4 Date acc MTM F. If neither of the the loan amount G. COMMITTEE TF Typed Name Signature H. Attach a signed	count must be estat 82(e)(2) and 100.14 count established: ' ' ' ' ' ' ' ' ' ' ' ' ' types of collateral de t, state the basis up REASURER	blished pursuant l2(e)(2).	Location of account: Address: City, State, Zip: s pledged for this loan, or if th	which it assure	ged does not eq s repayment.	ual or exceed
A depository act to 11 CFR 100.4 Date acc MTM F. If neither of the the loan amount G. COMMITTEE TF Typed Name Signature H. Attach a signed I. TO BE SIGNED I. TO the bes	count must be estat 82(e)(2) and 100.14 count established: ' ' ' ' ' ' ' ' ' ' ' ' types of collateral de t, state the basis up REASURER d copy of the loan a D BY THE LENDING	blished pursuant l2(e)(2).	Location of account: Address: City, State, Zip: s pledged for this loan, or if th	DATE	s repayment.	·····
A depository act to 11 CFR 100. Date acc Immediate F. If neither of the the loan amount G. COMMITTEE TF Typed Name Signature H. Attach a signed I. TO BE SIGNED I. TO the bes are accura II. The loan y	count must be estat 82(e)(2) and 100.14 count established: , , , , , , , , , , , , ,	blished pursuant (2(e)(2). escribed above was for which this loan agreement. G INSTITUTION: knowledge, the ter and conditions (inc	Location of account: Address: City, State, Zip: s pledged for this loan, or if th was made and the basis on v	Trmation regard	s repayment.	n of the loan
A depository act to 11 CFR 100. Date acc Immune F. If neither of the the loan amount G. COMMITTEE TF Typed Name Signature H. Attach a signed I. TO BE SIGNED I. TO BE SIGNED I. To the bes are accura II. The loan v similar exter III. This institu	count must be estat 82(e)(2) and 100.14 count established: , , , , , , , , , , , , , , , , , , ,	blished pursuant (2(e)(2). escribed above was bon which this loan agreement. G INSTITUTION: knowledge, the ter and conditions (ind other borrowers of e requirement that a	Location of account: Address: City, State, Zip: s pledged for this loan, or if the was made and the basis on v	Trmation regards	s repayment.	n of the loan
A depository act to 11 CFR 100. Date acc Immune F. If neither of the the loan amount G. COMMITTEE TF Typed Name Signature H. Attach a signed I. TO BE SIGNED I. TO BE SIGNED I. To the bes are accura II. The loan v similar exter III. This institu	count must be estat 82(e)(2) and 100.14 count established: , , , , , , , , , , , , ,	blished pursuant (2(e)(2). escribed above was bon which this loan agreement. G INSTITUTION: knowledge, the ter and conditions (ind other borrowers of e requirement that a	Location of account: Address: City, State, Zip: s pledged for this loan, or if the was made and the basis on v rms of the loan and other infor- cluding interest rate) no more to comparable credit worthiness. a loan must be made on a basis	Trmation regards	s repayment.	n of the loan
A depository act to 11 CFR 100. Date acc Immediate F. If neither of the the loan amount G. COMMITTEE TF Typed Name Signature H. Attach a signed I. TO BE SIGNED I. TO BE SIGNED I. To the bes are accura II. The loan v similar exte III. This institu complied v	count must be estat 82(e)(2) and 100.14 count established: , , , , , , , , , , , , ,	blished pursuant (2(e)(2). escribed above was bon which this loan agreement. G INSTITUTION: knowledge, the ter and conditions (ind other borrowers of e requirement that a	Location of account: Address: City, State, Zip: s pledged for this loan, or if the was made and the basis on v rms of the loan and other infor- cluding interest rate) no more to comparable credit worthiness. a loan must be made on a basis	Trmation regard favorable at the king this loan.	s repayment.	n of the loan

SCHEDULE D (FEC Form 3X)			(Use separate	PAGE 1 OF1
DEBTS AND OBLIGATIONS			schedule(s)	
Excluding Loans			for each numbered line)	(check only one) 9
NAME OF COMMITTEE (In Full)				
PILIPINO AMERICAN LOS ANGELES	DEMOCR	ATS		
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of	Debt (Purpose)
NONE TO REPOR	RT			
Mailing Address			·	
City	State	Zip Code		
Outstanding Balance Beginning This Period	<u> </u>		<b>I</b>	
Amount Incurred This Period	Pay	ment This Period	Outstand	ling Balance at Close of This Period
B. Full Name (Last, First, Middle Initial) of Debtor o	r Creditor		Nature of	Debt (Purpose):
Mailing Address				
City	State	Zip Code		
Outstanding Balance Beginning This Period				
Amount Incurred This Period	Pay	ment This Period	Outstand	ling Balance at Close of This Period
			induced foundation	
C. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of	Debt (Purpose):
Mailing Address				
Maning Address				
City	State	Zip Code		
Outstanding Balance Beginning This Period	I	,,		
Amount Incurred This Period	Pa	ment This Period	Outetand	ling Balance at Close of This Period
		· · · · · · · ·		
1) SUBTOTALS This Period This Page (optional)			····▶ ┣━╋━╉	
2) TOTALS This Period (last page this line number o	nly)			<u>17)</u>
3) TOTAL OUTSTANDING LOANS from Schedule C	(last page of	nly)	<b>F</b>	
4) ADD 2) and 3) and carry forward to appropriate lin	ne of Summa	ry Page (last page o	only) ▶	

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# SCHEDULE E (FEC Form 3X)

	ITEMIZED INDEPENDENT EXPENDITURES			PAGE 1 OF 1 FOR LINE 24 OF FORM 3X
PILTING AWERKLAN LOS ANGELES DENICORATS         Check If	NAME OF COMMITTEE (In Full)	· · · · ·		
Check if24-hour report	PILIPINO AMERICAN LOS ANGELES DE		1	<b>C</b> 0 0 7 5 3 9 3 9
Full Name of Page       Date of Public Distribution/Dissemination         Mailing Address       Image: Category/ Type       Date of Public Distribution/Dissemination         City       State       Zip Code         Purpose of Expenditure       Category/ Type       Date of Disbursement or Obligation         Name of Federal Candidate:       Oppose       Oppose         Calendar Year-To-Date Per Electon for Office Sought       House       Distor (specify) #         Full Name of Page       Image: Category/ Purpose of Expenditure       Date of Public Distribution/Dissemination         Mailing Address       Image: Category/ Type       Distor (specify) #       Ganeral         Mailing Address       Image: Category/ Type       Date of Public Distribution/Dissemination       Date of Public Distribution/Dissemination         Mailing Address       Image: Category/ Type       Date of Public Distribution/Dissemination       Image: Category/ Type       Date of Public Distribution/Dissemination         Name of Federal Candidate:       Oppose       Oppose       Distorsement or Obligation       Image: Category/ Type       Image: Catego				·····
NONE TO REPORT         Mailing Address         City         Purpose of Expenditure         Category/         Name of Federal Candidate:         Oppose         Category/         Purpose of Expenditure         Category/         Pare Election for Office Sought         President         Category/         Pare Election for Office Sought         Purpose of Expenditure         Category/         Pare Election for Office Sought         Purpose of Expenditure         Category/         Mailing Address         Mailing Address         Mailing Address         City         State         Purpose of Expenditure         Category/         Type         Name of Federal Candidate:         Oppose         City         State         City         State         Support         Office Sought         Pare Election for Office Sought         Oppose         Caterdar Year-To-	Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on
Mailing Address         City       State       Zip Code         Purpose of Expenditure       Category/ Type       Date of Disbursement or Obligation         Name of Federal Candidate:       Oppose       President       Senate       State:         Category/ President Group       Disbursement for Obligation       Senate       State:       Disbursement for Obligation         Category/ President Group       Disbursement For:       Primary General         Category/ President Group       Date of Public Sought       Date of Disbursement for:       Primary General         Mailing Address       Mailing Address       Date of Disbursement or Obligation       Amount         Mailing Address       Category/ Type       Date of Disbursement or Obligation       Amount         Mailing Address       Category/ Type       Date of Disbursement or Obligation       Amount         Mailing Address       Category/ Type       Date of Disbursement or Obligation       Amount         City       State       Zip Code       Date of Disbursement or Obligation         Name of Federal Candidate:       Oppose       Other (specify) /       Category/ President       Senate       State         Category/ Pre Election for Office Sought       Date of Disbursement For:       Primary General         Other (specify) / Cater </td <td>Full Name of Payee</td> <td></td> <td>🗋 Memo</td> <td>Item Date of Public Distribution/Dissemination</td>	Full Name of Payee		🗋 Memo	Item Date of Public Distribution/Dissemination
City       State       Zip Code       Amount         Purpose of Expenditure       Category/ Type       Date of Disbursement or Obligation         Name of Federal Candidate:       Oppose       Office Sought       House       District         Category/ Type       Disbursement for       Primary       General         Category/ Per Election for Office Sought       Disbursement For:       Primary       General         Category/ Per Election for Office Sought       Date of Public Distribution/Dissemination       Maing Address         Mailing Address       Memo Item       Date of Disbursement or Obligation         Purpose of Expenditure       Category/ Type       Date of Disbursement or Obligation         Name of Federal Candidate:       Category/ Type       Date of Disbursement or Obligation         Name of Federal Candidate:       Oppose       Office Sought       House         Name of Federal Candidate:       Oppose       Office Sought       House         Category/ Type       State       Support       Office Sought       House         Intermediate       Support       Office Sought       House       Disbursement for:       Primary         (a) SUBTOTAL of Itemized Independent Expenditures       Import       Oppose       Other (specify) >       Opport       Opport <td< td=""><td></td><td></td><td></td><td></td></td<>				
Purpose of Expenditure       Category/ Type       Date of Disbursement or Obligation         Name of Federal Candidate:       Support       Office Sought:       House       District:         Calendar Year-To-Date       President       Senate       State:       Disbursement For       Primary         General       Disbursement For       District:       Disbursement For       Primary       General         Mailing Address       Memo Item       Date of Disbursement or Obligation       Memo Item       Date of Disbursement or Obligation         Mailing Address       Amount       City       State       Zip Code       Date of Disbursement or Obligation         Name of Federal Candidate:       Oppose       Office Sought       House       District:         Name of Federal Candidate:       Support       Office Sought       House       District:         Name of Federal Candidate:       Oppose       Office Sought       House       District:         Name of Federal Candidate:       Support       Office Sought       House       District:         (a) SUBTOTAL of Itemized Independent Expenditures       District:       President       Senate       State:         (a) SUBTOTAL of Itemized Independent Expenditures       District:       District:       District:       District: <td>Mailing Address</td> <td></td> <td></td> <td>Amount</td>	Mailing Address			Amount
Purpose of Expenditure       Category/ iype       If	City	State	Zip Code	
Purpose of Expenditure       Category/ iype       If				
Name of Federal Candidate:	Purpose of Expenditure			
□ dupbrit       □ dupbrit       □ dubprit       □ dubprit       □ dubprit       □ dubprit         □ Calendar Year-To-Date       □ President       □ Senate       State:       □         Per Election for Office Sought       □ dubprit       □	Name of Fodoral Candidate:			
Per Election for Office Sought	Hame of Federal Candidate.			
Full Name of Payee       Image: Control (Specify)         Mailing Address       Image: Control (Specify)         Mailing Address       Image: Control (Specify)         City       State         Purpose of Expenditure       Category/ Type         Name of Federal Candidate:       Image: Control (Specify)         Name of Federal Candidate:       Image: Control (Specify)         Category/ Type       Image: Control (Specify)         Name of Federal Candidate:       Image: Control (Specify)         Category/ Type       Image: Control (Specify)         Name of Federal Candidate:       Image: Control (Specify)         Category/ Per Election for Office Sought       Image: Control (Specify)         (a) SUBTOTAL of Itemized Independent Expenditures       Image: Control (Specify)         (a) SUBTOTAL of Unitemized Independent Expenditures       Image: Control (Specify)         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 or its agent.	Calendar Year-To-Date			Disbursement For: Primary General
Mailing Address       Amount         City       State       Zip Code         Purpose of Expenditure       Category/ Type       Date of Disbursement or Obligation         Name of Federal Candidate:       Support       Office Sought:         Name of Federal Candidate:       Oppose       President         Calendar Year-To-Date Per Election for Office Sought       House District:         Query       Disbursement For:       Primary         Galendar Year-To-Date Per Election for Office Sought       Disbursement For:       Primary         (a) SUBTOTAL of Itemized Independent Expenditures       Image: Comparison of the independent Expenditures       Image: Comparison of the independent Expenditures         (a) SUBTOTAL of Unitemized Independent Expenditures       Image: Comparison of the independent Expenditures       Image: Comparison of the independent Expenditures         Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concent 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 or its agent.	Per Election for Office Sought	<u>///</u>		Other (specify) ►
Arrount         City       State       Zip Code         Purpose of Expenditure       Date of Disbursement or Obligation         Purpose of Expenditure       Category/         Name of Federal Candidate:       Disbursement or Obligation         Oppose       President         Calendar Year-To-Date       President         Per Election for Office Sought       President         (a) SUBTOTAL of Itemized Independent Expenditures       Disbursement For:         (a) TOTAL Independent Expenditures       Distures 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.	Full Name of Payee		🗌 Merno	Item Date of Public Distribution/Dissemination
Amount         City       State       Zip Code         Purpose of Expenditure       Date of Disbursement or Obligation         Purpose of Expenditure       Category/ Type       Date of Disbursement or Obligation         Name of Federal Candidate:       Support       Office Sought:       House       District:         Oppose       President       Senate       State:       Disbursement For:       Primary       General         Calendar Year-To-Date       Disbursement For:       Primary       General       Other (specify) >         (a) SUBTOTAL of Itemized Independent Expenditures       Disbursement For:       0       Organization         (a) TOTAL Independent Expenditures       Distures 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.				
Purpose of Expenditure       Category/ Type       Date of Disbursement or Obligation         Name of Federal Candidate:       Date of Disbursement or Obligation         Oppose       President         Calendar Year-To-Date Per Election for Office Sought       House District:         Calendar Year-To-Date Per Election for Office Sought       Disbursement For:         (a) SUBTOTAL of Itemized Independent Expenditures       >         (a) SUBTOTAL of Unitemized Independent Expenditures       >         (a) TOTAL Independent Expenditures       >         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.	Mailing Address			Amount
Purpose of Expenditure       Category/ Type       Date of Disbursement or Obligation         Name of Federal Candidate:       Date of Disbursement or Obligation         Oppose       President         Calendar Year-To-Date Per Election for Office Sought       House District:         Per Election for Office Sought       President         SUBTOTAL of Itemized Independent Expenditures       Image: Content of Content (Specify)         (a) SUBTOTAL of Unitemized Independent Expenditures       Image: Content of C	City	State	Zin Code	
Purpose of Expenditure       Category/ Type       Category/ Type       Category/ Type         Name of Federal Candidate:       Support       Office Sought:       House District:         Oppose       President       Senate       State:         Calendar Year-To-Date Per Election for Office Sought       Disbursement For:       Primary       General         (a) SUBTOTAL of Itemized Independent Expenditures       Image: Category and the independent Expenditures       Image: Category and the independent Expenditures       Image: Category and the independent expenditures         (a) TOTAL Independent Expenditures       Image: Category and 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 or its agent.				
Type       Image: Calendar Candidate:       Support       Office Sought:       House       District:         Calendar Year-To-Date       President       Senate       State:         Per Election for Office Sought       Image: Calendar Year-To-Date       Disbursement For:       Primary       General         (a) SUBTOTAL of Itemized Independent Expenditures       Image: Calendar Expenditures       Image: Calendar Expenditures       Image: Calendar Expenditures       Image: Calendar Expenditures         (a) SUBTOTAL of Unitemized Independent Expenditures       Image: Calendar Expenditures       Image: Calendar Expenditures       Image: Calendar Expenditures         (a) TOTAL Independent Expenditures       Image: Calendar Expenditures       Image: Calendar Expenditures       Image: Calendar Expenditures         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.	Purpose of Expenditure	1	Category/	Date of Disbursement or Obligation
□ Oppose       □ President       □ Senate       State:         Calendar Year-To-Date       □ Disbursement For:       □ Primary       General         □ Other (specify) ▶       □ Other (specify) ▶         (a) SUBTOTAL of Itemized Independent Expenditures       ▶       □				
Calendar Year-To-Date       Disbursement For:       Primary       General         Disbursement For:       Other (specify) >         (a) SUBTOTAL of Itemized Independent Expenditures       >       O       0         (a) SUBTOTAL of Unitemized Independent Expenditures       >       O       0       0         (a) TOTAL Independent Expenditures       >       O       0       0       0       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 or its agent.	Name of Federal Candidate:			Office Sought: House District:
Per Election for Office Sought       Other (specify)         (a) SUBTOTAL of Itemized Independent Expenditures       O         (a) SUBTOTAL of Unitemized Independent Expenditures       O         (a) TOTAL Independent Expenditures       O         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.			Oppose	
(a) SUBTOTAL of Itemized Independent Expenditures				
(a) SUBTOTAL of Unitemized Independent Expenditures				Other (specify) ►
(a) SUBTOTAL of Unitemized Independent Expenditures	(a) SUBTOTAL of Itemized Independent Expenditures			0
(a) TOTAL Independent Expenditures				
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.	(a) SUBTOTAL of Uniternized Independent Expenditure	res		
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.	(a) TOTAL Independent Expenditures			
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.				
	with, or at the request or suggestion of, any candida	ate or authorized		
			Date	ليممحما ، لعموا ، ليممحا
	Signature			

FEC Schedule E (Form 3X) Rev. 0/2016

#### 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

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(To be used only	by Political Committees in the Gene	ral Election) FOR LINE 25 OF FORM 3X				
NAME OF COMMITTEE (In Full)						
PILIPINO AMERICAN LOS ANGELES DEM	IOCRATS					
Has your committee been designated to make coordinated expenditures by a political party committee?	Full Name of Subordinate Committee					
If YES, name the designating committee:	Mailing Address					
	City	State ZIP Code				
Full Name (Last, First, Middle Initial) of Each Payee	🗌 Memo Item	Purpose of Expenditure				
Mailing Address		Type Type				
City State	Zip Code					
Name of Federal Candidate Supported Office Sough	t: House State: Senate District:	Amount				
	Presidential					
Aggregate General Election Expenditure for this Candidate ►		المعالي مايد 17 ميلي مراجعة 17 ميلي من المعالي من المعالي من المعالي من المعالي من المعالي من المعالي				
Full Name (Last, First, Middle Initial) of Each Payee	🗌 Memo Item	Purpose of Expenditure				
Mailing Address	· · · · · · · · · · · · · · · · · · ·	Category/ Type				
City State	Zip Code	Date				
Name of Federal Candidate Supported Office Sough	t: House State: State:	Amount				
	Presidential					
Aggregate General Election Expenditure for this Candidate ►		<b></b>				
Full Name (Last, First, Middle Initial) of Each Payee	Memo Item	Purpose of Expenditure				
Mailing Address		Category/ Type				
City State	Zip Code					
Name of Federal Candidate Supported Office Sough	t: House State: Senate District:	Amount				
	Presidential					
Aggregate General Election Expenditure for this Candidate ►						
SUBTOTAL of Expenditures This Page (optional)						
TOTAL This Period (last page this line number only)	•	0				

PAGE 1

OF

1

#### 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)

X \_\_\_\_\_ 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

SCHEDULE H2	(FEC Form 3X)	
ALLOCATION R	ATIOS	

NAME O	F COMM	ITTEE	(In	Full)	
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#### 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.

INCIDE TO INCLITO INCLITONT       PEDERAL %       NONFEDERAL %         CTIVITY IS:       Direct Candidate Support       FEDERAL %       NONFEDERAL %         CHECK IF THE RATIO IS:       Direct Candidate Support       FEDERAL %       NONFEDERAL %         CHUTY IS:       Direct Candidate Support       FEDERAL %       NONFEDERAL %         CHECK IF THE RATIO IS:       Direct Candidate Support       FEDERAL %       NONFEDERAL %         CHECK IF THE RATIO IS:       Same as Previously Reported       FEDERAL %       NONFEDERAL %         CHECK IF THE RATIO IS:       Direct Candidate Support       FEDERAL %       NONFEDERAL %         CHECK IF THE RATIO IS:       Direct Candidate Support       FEDERAL %       NONFEDERAL %         CHECK IF THE RATIO IS:       Direct Candidate Support       FEDERAL %       NONFEDERAL %         CHECK IF THE RATIO IS:       Direct Candidate Support       FEDERAL %       NONFEDERAL %         CHECK IF THE RATIO IS:       Direct Candidate Support       FEDERAL %       NONFEDERAL %         CHECK IF THE RATIO IS:       Direct Candidate Support       FEDERAL %       NONFEDERAL %         CHECK IF THE RATIO IS:       Same as Previously Reported       FEDERAL %       NONFEDERAL %         CTIVITY OR EVENT IDENTIFIER       Same as Previously Reported       FEDERAL %       NONFEDE	ACTIVITY OR EVENT IDENTIFIER NONE TO REPORT		
Fundraising       Direct Candidate Support         CHECK IF THE RATIO IS:       Same as Previously Reported         ACTIVITY OR EVENT IDENTIFIER       FEDERAL %         ACTIVITY OR EVENT IDENTIFIER       Same as Previously Reported         ACTIVITY OR EVENT IDENTIFIER       Same as Previously Reported         ACTIVITY OR EVENT IDENTIFIER       Same as Previously Reported         ACTIVITY OR EVENT IDENTIFIER       FEDERAL %         ACTIVITY OR EVENT IDENTIFIER       Same as Previously Reported         ACTIVITY OR EVENT IDENTIFIER       FEDERAL %         ACTIVITY OR EVENT IDENTIFIER       Same as Previously Reported         ACTIVITY OR EVENT IDENTIFIER       Same as Previously Reported         ACTIVITY OR EVENT IDENTIFIER       Same as Previously Reported         ACTIVITY IS:       Direct Candidate Support         CHECK IF THE RATIO IS:       NONFEDERAL %         New       Revised       Same as Previously Reported         ACTIVITY OR EVENT IDENTIFIER       FEDERAL %         ACTIVITY OR EVENT IDENTIFIER       FEDERAL %         ACTIVITY OR EVENT IDENTIFIER       FEDERAL %         ACTIVITY OR EVENT IDENTIFIER       Same as Previously Reported         ACTIVITY OR EVENT IDENTIFIER       FEDERAL %         ACTIVITY OR EVENT IDENTIFIER       Same as Previously Reported		FEDERAL %	NONFEDERAL %
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New       Revised       Same as Previously Reported         ACTIVITY OR EVENT IDENTIFIER       FEDERAL %       NONFEDERAL %         ACTIVITY IS:       Direct Candidate Support       %         CHECK IF THE RATIO IS:       New       Revised       Same as Previously Reported         ACTIVITY OR EVENT IDENTIFIER       FEDERAL %       NONFEDERAL %         ACTIVITY OR EVENT IDENTIFIER       FEDERAL %       NONFEDERAL %         ACTIVITY OR EVENT IDENTIFIER       Same as Previously Reported       NONFEDERAL %         ACTIVITY OR EVENT IDENTIFIER       Same as Previously Reported       NONFEDERAL %         ACTIVITY OR EVENT IDENTIFIER       Same as Previously Reported       NONFEDERAL %         ACTIVITY OR EVENT IDENTIFIER       FEDERAL %       NONFEDERAL %         ACTIVITY OR EVENT IDENTIFIER       Same as Previously Reported       NONFEDERAL %         ACTIVITY OR EVENT IDENTIFIER       FEDERAL %       NONFEDERAL %         ACTIVITY OR EVENT IDENTIFIER       FEDERAL %       NONFEDERAL %         ACTIVITY OR EVENT IDENTIFIER       FEDERAL %       NONFEDERAL %         ACTIVITY OR EVENT IDENTIFIER       Same as Previously Reported       NONFEDERAL %         New       Revised       Same as Previously Reported       NONFEDERAL %         New       Revised       Same as P			<u> </u>
ACTIVITY OR EVENT IDENTIFIER       FEDERAL %       NONFEDERAL %         ACTIVITY IS: <ul> <li>Prindraising</li> <li>Direct Candidate Support</li> <li>CHECK IF THE RATIO IS:</li> <li>Prindraising</li> <li>Direct Candidate Support</li> </ul> FEDERAL %     NONFEDERAL %         ACTIVITY OR EVENT IDENTIFIER       FEDERAL %       NONFEDERAL %         ACTIVITY IS:       Prindraising       Direct Candidate Support         CHECK IF THE RATIO IS:       Same as Previously Reported       NONFEDERAL %         ACTIVITY OR EVENT IDENTIFIER       FEDERAL %       NONFEDERAL %         ACTIVITY OR EVENT IDENTIFIER       Same as Previously Reported       NONFEDERAL %         ACTIVITY OR EVENT IDENTIFIER       FEDERAL %       NONFEDERAL %         ACTIVITY OR EVENT IDENTIFIER       FEDERAL %       NONFEDERAL %         ACTIVITY OR EVENT IDENTIFIER       Same as Previously Reported       NONFEDERAL %         ACTIVITY OR EVENT IDENTIFIER       FEDERAL %       NONFEDERAL %         ACTIVITY OR EVENT IDENTIFIER       FEDERAL %       NONFEDERAL %         ACTIVITY OR EVENT IDENTIFIER       Same as Previously Reported       NONFEDERAL %         ACTIVITY OR EVENT IDENTIFIER       Same as Previously Reported       NONFEDERAL %         ACTIVITY OR EVENT IDENTIFIER       Same as Previously Reported			
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#### SCHEDULE H3 (FEC Form 3X) TRANSFERS FROM NONFEDERAL ACCOUNTS FOR ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE 1 OF 1

FOR LINE	18a	OF	FORM	ЗX
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NAME OF COMMITTEE (In Full)							
PILIPINO AMERICAN LOS ANGELES I	DEMOCRATS						
NAME OF ACCOUNT		TOTAL AMOUNT TRANSFERRED					
BREAKDOWN OF TRANSFER RECEIVED							
i) Total Administrative							
,, ,,		and a second					
ii) Generic Voter Drive							
iii) Exempt Activities							
iv) Direct Fundraising (List Activity or Event Identi	fier)						
a)	* * * * * * * * *						
		· · · · · · · · · · · · · · · · · · ·					
b)							
c) Total Amount Transferred For Direct Fundrais	ing						
v) Direct Candidate Support (List Activity or Ever	nt Identifier)						
a)	* * * * * * * * * *						
~;	······ð·····ð····ð····ð····ð····ð····ð····						
b)							
	•						
c) Total Amount Transferred For Direct Candida	e Support						
vi) Public Communications Referring Only to Pa	rty (Made by PAC)						
TOTALS FOR	BREAKDOWN OF TRANSFER RECEIVED	Э					
TOTAL This Period (Administrative)							
	» <del>تسفير في »فسالسال</del>						
TOTAL This Period (Generic Voter Drive)							
	<b></b>						
TOTAL This Period (Exempt Activities)							
TOTAL This Period (Direct Fundraising)							
	January (1997)	╺╾╍┶╾╍┶╾┙╵ <del>┈┉╽┉╸╽╺╍╘╶┶╍╍</del> ┠ ╾╍╆╌╍┰╌╌┰╌╌┰╌╌┰╌╴┰╴╴┰╴╴┨					
TOTAL This Period (Direct Candidate Support)		<u></u>					
	Г	· · · · · · · · · · · · · · · · · · ·					
TOTAL This Period (Public Communications Referring C	inly to Party)						
TOTAL This Period (Total Amount Transferred)							
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### DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE	1	OF 1

FOR LINE 21a OF FORM 3X

			_	
NAME	OF	COMMITTEE	(In	Full)

	PILIPINO AMERICAN L	<u>.OS ANG</u>	<u>ELES DEMO</u>	DCRATS	
A.	Full Name (Last, First, Middle Initial)			Memo Item	
INC	DNE TO REPORT Mailing Address				Administrative Fundraising Exempt
					Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:		<b>4</b>		- Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:			Category/ Type	
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
				¥ ¥ ¥ ¥ ¥	
В.	Full Name (Last, First, Middle Initial)			Memo Item	Allocated Activity or Event:
	Mailing Address				Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Durgens of Dish, someot			1	Allocated Activity or Event Year-To-Date
	Purpose of Disbursement:				
	Activity or Event Identifier:			Category/ Type	
	FEDERAL SHARE	+	NONFEDERAL		= TOTAL AMOUNT
	CEBENNE ONWITE	•		onvare	
<b>C</b> .	Full Name (Last, First, Middle Initial)			Memo Item	Allocated Activity or Event:
C.	Full Name (Last, First, Middle Initial) Mailing Address			Memo Item	Administrative Erundraising Exempt
C.		State	Zip Code	Memo ttem	
C.	Mailing Address City	State	Zip Code	Memo ttem	Administrative Fundraising Exempt
c.	Mailing Address City Purpose of Disbursement:	State	Zip Code	Memo Item	Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC
C.	Mailing Address City	State	Zip Code	Category/	Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date
<b>c</b> .	Mailing Address         City         Purpose of Disbursement:         Activity or Event Identifier:	State		Category/ Type	Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date
C.	Mailing Address City Purpose of Disbursement:	State	Zip Code	Category/ Type	Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date
c.	Mailing Address         City         Purpose of Disbursement:         Activity or Event Identifier:	State		Category/ Type	Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date
	Mailing Address City Purpose of Disbursement: Activity or Event Identifier: FEDERAL SHARE UBTOTAL of Allocated Federal and NonFeder		NONFEDERAL	Category/ Type SHARE	Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Allocated Activity or Event Year-To-Date Date TOTAL AMOUNT TOTAL AMOUNT
	Mailing Address City Purpose of Disbursement: Activity or Event Identifier: FEDERAL SHARE		NONFEDERAL	Category/ Type SHARE	Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date
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SI	Mailing Address City Purpose of Disbursement: Activity or Event Identifier: FEDERAL SHARE UBTOTAL of Allocated Federal and NonFeder	al Activity Thi	NONFEDERAL S Page NONFEDERAL	Category/ Type SHARE SHARE	Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date  TOTAL AMOUNT  TOTAL AMOUNT  TOTAL AMOUNT
SI	Mailing Address City Purpose of Disbursement: Activity or Event Identifier: FEDERAL SHARE UBTOTAL of Allocated Federal and NonFeder FEDERAL SHARE COTAL This Period (last page for each line only	al Activity Thi	NONFEDERAL S Page NONFEDERAL	Category/ Type SHARE SHARE	Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date M / D / Y Y Y Y Y Date TOTAL AMOUNT TOTAL AMOUNT TOTAL AMOUNT are to 21(a)(ii))

# SCHEDULE H5 (FEC Form 3X)

# TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

be used by State, District and Local Party C	committees Only)	PAGE 1 OF 1 FOR LINE 18b OF FORM 3X
AME OF COMMITTEE (In Full)		· · · · •
PILIPINO AMERICAN LOS ANGELES DEMOCRATS		
		TOTAL AMOUNT TRANSFERRED
NONE TO REPORT		
BREAKDOWN OF THIS TRANSFER		
<ul> <li>i) Voter Registration</li> <li>Total Amount Transferred for Voter Registration</li> </ul>	· · · · · · · · · · · · · · · · · · ·	
ii) Voter ID Total Amount Transferred for Voter ID		
iii) GOTV Total Amount Transferred for GOTV		GOTV
iv) Generic Campaign Activity Total Amount Transferred for Generic Campai	gn Activity	GENERIC CAMPAIGN ACTIVITY
NAME OF ACCOUNT DATE OF	FRECEIPT	TOTAL AMOUNT TRANSFERRED
<ul> <li>BREAKDOWN OF THIS TRANSFER</li> <li>i) Voter Registration         <ul> <li>Total Amount Transferred for Voter Registration</li> <li>ii) Voter ID                 <ul> <li>Total Amount Transferred for Voter ID</li> </ul> </li> </ul> </li> </ul>		VOTER ID
iii) GOTV Total Amount Transferred for GOTV		GOTV
iv) Generic Campaign Activity Total Amount Transferred for Generic Campai	gn Activity	GENERIC CAMPAIGN ACTIVITY
TOTALS FOR BREAKDOWN	OF TRANSFER RECEN	VED (Last Page Only)
TOTAL This Period (Voter Registration)		
TOTAL This Period (Voter ID)		τ <u>η τη τη</u>
TOTAL This Period (GOTV)		
TOTAL This Period (Generic Campaign Activity)		
TOTAL This Period (Total Amount of Transfers Rece	ived)	

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## SCHEDULE H6 (FEC Form 3X) DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS FOR ALLOCATED FEDERAL ELECTION ACTIVITY

PAGE 1 OF 1

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o be used by State	, District and I	Local Pa	arty Committee	es Only)	FOR LINE 30a OF FORM 3	
AME OF COMMITTEE (In	r Full)					
PILIPINO AMERI	CAN LOS ANO	GELES	DEMOCRATS	5		
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					Allocated Activity or Event Year-To-Date	
City	St	ate	Zip Code			
Purpose of Disburseme	nt			Category/ Type		
FEDERA	L SHARE	+	LEVIN	SHARE		
			* * * * * * *			
B. Full Name (Last, Fir	st, Middle Initial) / f	<sup>-</sup> ull Organ	ization Name	🗌 Memo Iten	n       Type of Allocated Activity or Event:         Over Registration       GOTV         Voter ID       Generic Campaig	
Mailing Address	·				Allocated Activity or Event Year-To-Date	
City	St	ate	Zip Code			
Purpose of Disburseme	nt		1	Category/ Type		
FEDERA		┓╹	LEVIN	SHARE		
C. Full Name (Last, Fir	st, Middle Initial) / I	Full Organ	ization Name	Memo Iten	m Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaig	
Mailing Address					Allocated Activity or Event Year-To-Date	
City	St	ate	Zip Code	<b></b>		
Purpose of Disburseme	nt		I	Category/ Type		
FEDER	L SHARE	+	LEVIN	SHARE	= TOTAL AMOUNT	
				-77		
<b>IBTOTAL</b> of Shared Fed	leral and Levin Acti	vity This F	'age			
FEDER	AL SHARE	-,,+		SHARE	= TOTAL AMOUNT	
TAL This Period (last p	age for each line o	nly)(Feder	al share to 30(a)(i)	and Levin share t	to 30(a)(ii))	
FEDER/	AL SHARE	٦			TOTAL AMOUNT	
		┙┍	LEVIN	SHARE		
<b>DTAL</b> This Period for the	Levin Share					

· · \_ ·\_ \_

FEC Schedule H6 (Form 3X) Rev. 05/2016

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

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

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

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

PAGE 1 FOR LINE NUMBER:

(check only one)

OF 1

2

1a

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NAME OF COMMITTEE (In Full)	· · · ·			
PILIPINO AMERICAN LOS ANGI	ELES DEMOCRATS			
Full Name of Individual (Last, First, Middle	Initial) or Full Organization	Nama [] Mama Mam	Date of Receipt	
•	Initial) of Full Organization			
IONE TO REPORT				
Mailing Address	lailing Address			
City	State	Zip Code	Amount of Each Receipt this Period	
Name of Employer (for Individual)	Aggregate Year-to-Date			
Occupation (for Individual)				
	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name 🗌 Memo Item			
	Wew , Ded , Laeder			
Mailing Address	السفسط لسفسة لسفسفسا			
			Amount of Each Receipt this Period	
City	State	Zip Code		
Name of Employer (for Individual)				
	Aggregate Year-to-Date			
Occupation (for Individual)				
Full Name of Individual (Last, First, Middle	Date of Receipt			
Mailing Address				
			Amount of Each Receipt this Period	
City	State	Zip Code	· · · · · · · · · · · · · · · · · · ·	
Name of Employer (for Individual)				
······	Aggregate Year-to-Date			
Occupation (for Individual)				
Full Name of Individual /Last First Middle	Initial) or Full Organization	Name 🗌 Memo Item	Date of Receipt	
	I Name of Individual (Last, First, Middle Initial) or Full Organization Name 🗌 Memo Item			
Mailing Address			Amount of Each Receipt this Period	
City	State	Zip Code		
Name of Employer (for Individual)				
Name of Employer (for individual)	Aggregate Year-to-Date			
Occupation (for Individual)				
SUBTOTAL of Receipts This Page (optional).		▶		
TOTAL This Period (last page this line numb	er only)	•		

SCHEDULE L-B	(FEC Form 3X)
ITEMIZED DISBU	RSEMENTS
OF LEVIN FUNDS	3

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

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

FOR LINE NUMB	ER:	PA	GE 1
(check only one)		4a	П
		4b	$\square$

OF 1

5

4c 4d

Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the	atements may name and ad	not be sold of dress of any p	or used by any pers political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)				
اكر	LIPINO AMERICAN LOS ANGELES		RATS		
<b>A</b> . N(	Full Name (Last, First, Middle Initial) / Full Org	Date of Disbursement			
	Mailing Address				
	City	State	Zip Code		Amount of Each Disbursement this Period
	Purpose of Disbursement		- <b>-</b>	•	<u></u>
В.	Full Name (Last, First, Middle Initial) / Full Org.	Date of Disbursement			
	Mailing Address	•			
	City	State	Zip Code		Amount of Each Disbursement this Period
	Purpose of Disbursement				
<u>с</u> .	Full Name (Last, First, Middle Initial) / Full Org	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 Org	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 Org	Date of Disbursement			
	Mailing Address				
	City	State	Zip Code		Amount of Each Disbursement this Period
	Purpose of Disbursement		- • •		() <u>2 4 ()</u> 2 4 () <u>2 4 ()</u> 2
s	UBTOTAL of Disbursements This Page (optiona	al)		····· •	
	· · · · · · · · · · · · · · · · ·			-	

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10 HP **USPS FIRST-CLASS MAIL®** Washington DC 20463 Ms. Emma Hilario 2325 Trickling Creek Dr La Verne, CA 91750-1363 April 15, 2021 Ist Qtr Form 3x Rapport (420) 20463 Call Content of States Call C U.S. POSTAGE 4.10 oz 0024 Federal Election Commission 1050 First Street, N.E. Washington, De 20463 ÿ

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Postmarked	Date of Receipt
USPS First Class Mail 4/13/21 L	1/29/21
	Postmarked (R/C)
USPS Registered/Certified	<u>.</u> (
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Business [	Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	eipt or Postmarked
lpm	4/30/21
PREPARER	DATE PREPARED
(3/2015)	

2021-05-04-0M-00M762MM