

**FEC
FORM 3X**

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

RECEIVED
FEC MAIL CENTER

2021 FEB 11 AM 11:33
Office Use Only

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

P I L I P I N O A M E R I C A N L O S A N G E L E S D E M O C R A T S

ADDRESS (number and street) **9110 ALEGRE PLACE**

Check if different than previously reported. (ACC)

L O S A N G E L E S C A 9 0 0 6 5 - 4 2 0 2

2. **FEC IDENTIFICATION NUMBER ▼** **CITY ▲** **STATE ▲** **ZIP CODE ▲**

C 0 0 7 5 3 9 3 9

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)

X 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 in the State of

(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R)	Special (30S)
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Election on in the State of

5. Covering Period **10 01 2020** through **12 31 2020**

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 ACTING TREASURER**

Signature of Treasurer *Emma Hilario*
Sgd by Emma Hilario

Date **01 31 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.

Office Use Only							
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FEC FORM 3X
Rev. 05/2016

**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: ^{M M / D D / Y Y Y Y} 10 01 20 20 To: ^{M M / D D / Y Y Y Y} 12 31 20 20

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, ^{Y Y Y Y} 988.85		4,687.63
(b) Cash on Hand at Beginning of Reporting Period.....	2,837.23	
(c) Total Receipts (from Line 19)	2,230.24	00.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	5,067.37	4,687.63
7. Total Disbursements (from Line 31).....	1443.88	1064.14
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	3623.49	3623.49
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0	

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

For further information contact:

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

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

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: ^{M M / D D / Y Y Y Y} 10 0 1 2 0 2 0 To: ^{M M / D D / Y Y Y Y} 12 31 2 0 2 0

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).....	00.00	8 6 0 0 0
(ii) Unitemized.....	00.00	4,7 8 0 2 7
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	00.00	5,6 4 0 2 7
(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	5,6 4 0 0 7
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)).....▶	00.00	5 6 4 0 2 7
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	00.00	5,6 4 0 0 7

NON-FEDERAL CONTRIBUTIONS

DETAILED SUMMARY PAGE
of Disbursements

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II. Disbursements		COLUMN A	COLUMN B
		Total This Period	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).....		1064.94	1444.68
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			
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....	▶		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..			
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	▶	1064.94	1444.68

NON-FEDERAL DONATIONS

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	00.00	5,640.07
34. Total Contribution Refunds (from Line 28(d))	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	00.00	5,640.07
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-FEDERAL CAMPAIGN FINANCING

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)

PAGE 1 OF 2

<input checked="" 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
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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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name			Date of Receipt		
Mailing Address			M M / D D / Y Y Y Y		
City	State	Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. C			, . *		
Name of Employer (for Individual)		Occupation (for Individual)	Memo Item		
PROGRAM OFFICER					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼			
		, . *			

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name			Date of Receipt		
Mailing Address			M M / D D / Y Y Y Y		
City	State	Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. C			, . *		
Name of Employer (for Individual)		Occupation (for Individual)	Memo Item		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼			
		, . *			

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name			Date of Receipt		
Mailing Address			M M / D D / Y Y Y Y		
City	State	Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. C			, . *		
Name of Employer (for Individual)		Occupation (for Individual)	Memo Item		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼			
		, . *			

SUBTOTAL of Receipts This Page (optional).....▶	00.00
TOTAL This Period (last page this line number only).....▶	00.00

20160508 10:41 AM

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

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

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. JESSICA CALOZA			Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2020		
Mailing Address 201 S. OCCIDENTAL BLVD. #22			FEC Identification Number C		
City LOS ANGELES	State CA	Zip Code 90057	Amount of Each Disbursement this Period 1064.94		
Purpose of Disbursement ADMIN, EVENT EXPENSES, MEDIA, CATERING COSTS		Category/ Type 007	Memo Item		
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
State: District:		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

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

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

NON-PROFIT ORGANIZATION

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

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

SUBTOTALS This Period This Page (optional)	▶	\$	\$	\$
TOTALS This Period (last page in this line only)	▶	\$	\$	\$

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

CONFIDENTIAL - NOT FOR DISSEMINATION

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

Supplementary for
 Information found on
 Page 1 of Schedule C

Federal Election Commission, Washington, D.C. 20463

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

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

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

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

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

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
 No Yes If yes, specify: _____

What is the value of this collateral?

Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? No Yes If yes, specify: _____

What is the estimated value?

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

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

G. COMMITTEE TREASURER Typed Name Signature	DATE M M / D D / 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
Title	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

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

Outstanding Balance Beginning This Period					
\$	\$	\$	\$	\$	\$
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period			
\$	\$	\$	\$	\$	\$

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):		
Mailing Address					
City	State	Zip Code			

Outstanding Balance Beginning This Period					
\$	\$	\$	\$	\$	\$
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period			
\$	\$	\$	\$	\$	\$

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):		
Mailing Address					
City	State	Zip Code			

Outstanding Balance Beginning This Period					
\$	\$	\$	\$	\$	\$
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period			
\$	\$	\$	\$	\$	\$

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

2016 RELEASE UNDER E.O. 13526

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

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

Full Name of Payee NONE TO REPORT			<input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination MM / DD / YYYY		
Mailing Address						Amount \$ \$ *		
City		State		Zip Code				
Purpose of Expenditure				Category/ Type		Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate:						Office Sought: <input type="checkbox"/> House District: _____		
						<input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought						Disbursement For: <input type="checkbox"/> Primary General		
						<input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee			<input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination MM / DD / YYYY		
Mailing Address						Amount \$ \$ *		
City		State		Zip Code				
Purpose of Expenditure				Category/ Type		Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate:						Office Sought: <input type="checkbox"/> House District: _____		
						<input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought						Disbursement For: <input type="checkbox"/> Primary General		
						<input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures	▶	\$ \$ *
(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.

Signature

MM / DD / YYYY
Date

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 If YES, name the designating committee:	Full Name of Subordinate Committee
	NONE TO REPORT
	Mailing Address
City	State ZIP Code

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

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

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

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

NONDISCRIMINATION AND CIVIL RIGHTS

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-CONNECTED

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 CANDIDATE SUPPORT

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

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

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

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
NONE TO REPORT	MM / DD / YYYY	\$ 0 0 0

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative	\$ 0 0 0
ii) Generic Voter Drive	\$ 0 0 0
iii) Exempt Activities	\$ 0 0 0
iv) Direct Fundraising (List Activity or Event Identifier)	
a) _____	\$ 0 0 0
b) _____	\$ 0 0 0
c) Total Amount Transferred For Direct Fundraising	\$ 0 0 0
v) Direct Candidate Support (List Activity or Event Identifier)	
a) _____	\$ 0 0 0
b) _____	\$ 0 0 0
c) Total Amount Transferred For Direct Candidate Support	\$ 0 0 0
vi) Public Communications Referring Only to Party (Made by PAC)	\$ 0 0 0

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)	\$ 0 0 0
TOTAL This Period (Generic Voter Drive)	\$ 0 0 0
TOTAL This Period (Exempt Activities)	\$ 0 0 0
TOTAL This Period (Direct Fundraising)	\$ 0 0 0
TOTAL This Period (Direct Candidate Support)	\$ 0 0 0
TOTAL This Period (Public Communications Referring Only to Party)	\$ 0 0 0
TOTAL This Period (Total Amount Transferred)	\$ 0 0 0

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) <input type="checkbox"/> Memo Item NONE TO REPORT			Allocated Activity or Event: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address			Allocated Activity or Event Year-To-Date \$ \$ * M M / D D / Y Y Y Y Date	
City	State	Zip Code		
Purpose of Disbursement:		Category/ Type	Allocated Activity or Event Year-To-Date \$ \$ * M M / D D / Y Y Y Y Date	
Activity or Event Identifier:				
FEDERAL SHARE		+	NONFEDERAL SHARE	
		=	TOTAL AMOUNT	
			\$ \$ *	

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

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

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 M M / D D / Y Y Y Y	TOTAL AMOUNT TRANSFERRED
NONE TO REPORT		\$. . .

BREAKDOWN OF THIS TRANSFER		
i) Voter Registration	VOTER REGISTRATION	
Total Amount Transferred for Voter Registration.....	\$. . .	
ii) Voter ID	VOTER ID	
Total Amount Transferred for Voter ID	\$. . .	
iii) GOTV	GOTV	
Total Amount Transferred for GOTV	\$. . .	
iv) Generic Campaign Activity	GENERIC CAMPAIGN ACTIVITY	
Total Amount Transferred for Generic Campaign Activity	\$. . .	

NAME OF ACCOUNT	DATE OF RECEIPT M M / D D / Y Y Y Y	TOTAL AMOUNT TRANSFERRED
		\$. . .

BREAKDOWN OF THIS TRANSFER		
i) Voter Registration	VOTER REGISTRATION	
Total Amount Transferred for Voter Registration.....	\$. . .	
ii) Voter ID	VOTER ID	
Total Amount Transferred for Voter ID	\$. . .	
iii) GOTV	GOTV	
Total Amount Transferred for GOTV	\$. . .	
iv) Generic Campaign Activity	GENERIC CAMPAIGN ACTIVITY	
Total Amount Transferred for Generic Campaign Activity	\$. . .	

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)		
TOTAL This Period (Voter Registration).....	\$. . .	
TOTAL This Period (Voter ID)	\$. . .	
TOTAL This Period (GOTV).....	\$. . .	
TOTAL This Period (Generic Campaign Activity).....	\$. . .	
TOTAL This Period (Total Amount of Transfers Received).....	\$. . .	

NON-FEDERAL ELECTION ACTIVITY

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 NONE TO REPORT				<input type="checkbox"/> Memo Item	Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address				Allocated Activity or Event Year-To-Date		
City	State	Zip Code	Category/ Type		Date	
Purpose of Disbursement					M M / D D / Y Y Y Y	
FEDERAL SHARE		+	LEVIN SHARE		=	TOTAL AMOUNT

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

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

NON-FEDERAL ELECTION ACTIVITY

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

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

NAME OF ACCOUNT
NONE TO REPORT

	COLUMN A TOTAL THIS PERIOD			COLUMN B YEAR-TO-DATE		
1. RECEIPTS FROM PERSONS						
(a) Itemized (Use Schedule L-A)	\$	\$	*	\$	\$	*
(b) Unitemized	\$	\$	*	\$	\$	*
(c) Total	\$	\$	*	\$	\$	*
2. OTHER RECEIPTS	\$	\$	*	\$	\$	*
3. TOTAL RECEIPTS (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 (Add Lines 4e and 5)	\$	\$	*	\$	\$	*
7. BEGINNING CASH ON HAND (for Column B, use cash as of January 1st)	\$	\$	*	\$	\$	*
8. RECEIPTS (from Line 3)	\$	\$	*	\$	\$	*
9. SUBTOTAL (Add Lines 7 and 8)	\$	\$	*	\$	\$	*
10. DISBURSEMENTS (From Line 6)	\$	\$	*	\$	\$	*
11. ENDING CASH ON HAND (Subtract Line 10 From Line 9)	\$	\$	*	\$	\$	*

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

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <input type="checkbox"/> Memo Item NONE TO REPORT	Date of Receipt M M / D D / Y Y Y Y
Mailing Address	Amount of Each Receipt this Period
City State Zip Code	\$ \$ *
Name of Employer (for Individual)	Aggregate Year-to-Date
Occupation (for Individual)	\$ \$ *
B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <input type="checkbox"/> Memo Item	Date of Receipt M M / D D / Y Y Y Y
Mailing Address	Amount of Each Receipt this Period
City State Zip Code	\$ \$ *
Name of Employer (for Individual)	Aggregate Year-to-Date
Occupation (for Individual)	\$ \$ *
C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <input type="checkbox"/> Memo Item	Date of Receipt M M / D D / Y Y Y Y
Mailing Address	Amount of Each Receipt this Period
City State Zip Code	\$ \$ *
Name of Employer (for Individual)	Aggregate Year-to-Date
Occupation (for Individual)	\$ \$ *
D. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <input type="checkbox"/> Memo Item	Date of Receipt M M / D D / Y Y Y Y
Mailing Address	Amount of Each Receipt this Period
City State Zip Code	\$ \$ *
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 number only).....▶	\$ \$ *

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SCHEDULE L-B (FEC Form 3X)

ITEMIZED DISBURSEMENTS OF LEVIN FUNDS

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

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

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NAME OF COMMITTEE (In Full)
FILIPINO AMERICAN LOS ANGELES DEMOCRATSPI

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

A. NONE TO REPORT Date of Disbursement
 M M / D D / Y Y Y Y

Mailing Address

City State Zip Code Amount of Each Disbursement this Period

Purpose of Disbursement

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

B. Date of Disbursement
 M M / D D / Y Y Y Y

Mailing Address

City State Zip Code Amount of Each Disbursement this Period

Purpose of Disbursement

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

C. Date of Disbursement
 M M / D D / Y Y Y Y

Mailing Address

City State Zip Code Amount of Each Disbursement this Period

Purpose of Disbursement

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

D. Date of Disbursement
 M M / D D / Y Y Y Y

Mailing Address

City State Zip Code Amount of Each Disbursement this Period

Purpose of Disbursement

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

E. Date of Disbursement
 M M / D D / Y Y Y Y

Mailing Address

City State Zip Code Amount of Each Disbursement this Period

Purpose of Disbursement

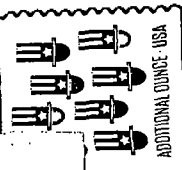
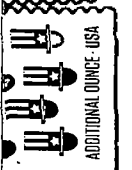
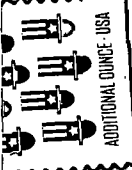
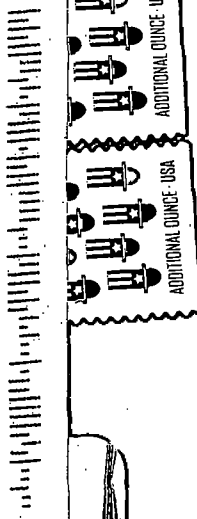
SUBTOTAL of Disbursements This Page (optional) ▶

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

NON-PROFIT ORGANIZATION

NON AFFRANCARE

Ms Emma Hillari
2325 Tricking C
La Verne, CA 91750



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

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02-12-21
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