

PALAD

Pilipino American Los Angeles Democrats



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MAIL CENTER

2022 FEB -3 PM 1:26

2021-2022 BOARD OF DIRECTORS

BIANCA NEPALES GERVACIO
PRESIDENT

JESSICA CALOZA
IMMEDIATE PAST PRESIDENT

SHEKINAH DEOCARES
EXECUTIVE VICE PRESIDENT

EMMA HILARIO
CONTROLLER

CHRIS LAPINIG
SECRETARY

AUDREY NICOLE SORIANO
VICE PRESIDENT OF COMMUNICATIONS

GRACE BARRIOS
VICE PRESIDENT OF POLICY &
POLITICAL STRATEGY

JAIME GEAGA
VICE PRESIDENT OF COMMUNITY
OUTREACH & ENGAGEMENT

VICKY PEREZ
VICE PRESIDENT OF PROGRAMS &
ENDORSEMENTS

GODFREY SANTOS PLATA
VICE PRESIDENT OF MEMBERSHIP &
FUNDRAISING

SAM SOLEMNIDAD
VICE PRESIDENT OF RISING LEADERS

**JOSELYN
GEAGA-ROSENTHAL**
ADVISOR & FOUNDING PRESIDENT

...

WWW.PALAD.ORG
WEBSITE

[@PILIPINODEMS](https://www.facebook.com/pilipinodemocrats)
FACEBOOK

[@PILIPINO.LA.DEMS](https://www.instagram.com/pilipino.la.dems)
INSTAGRAM

[@PILIPINODEMS](https://twitter.com/pilipinodemocrats)
TWITTER

HELLO@PALAD.ORG
EMAIL

January 25, 2022

FEDERAL ELECTION COMMISSION
Re: PILIPINO AMERICAN LOS ANGELES DEMOCRATS [PALAD]
REPORTS FOR JULY 1, 2021 THROUGH DECEMBER 31, 2021

Dear Sir/Madam

Enclosed are the following:

FEC FORM 3X for the periods of July 1, 2021 through September
30, 2021 and

FEC FORM 3X for the periods of October 1, 2021 through
December 31, 2021.

PALAD prepares Quarterly Reports.

Thank you for your attention.

Very truly yours,

Emma Hilario,
Controller, PALAD

NONDISCRIMINATION AND EQUAL OPPORTUNITY

**FEC
FORM 3X**

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

RECEIVED
FEC MAIL CENTER

2022 FEB -3 PM 1:27

Office Use Only

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

PILIPINO AMERICAN LOS ANGELES DEMOCRATS

ADDRESS (number and street) 2325 TRICKLING CREEK DRIVE,

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

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

C00753939

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 - Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 - Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P) General (12G) Runoff (12R)
 - Convention (12C) Special (12S)

Election on M M / D D / Y Y Y Y Y Y in the State of

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

Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y Y Y 10 / 01 / 2021 through M M / D D / Y Y Y Y Y Y 12 / 31 / 2021

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer EMMA HILARIO

Signature of Treasurer *Emma Hilario*

Date M M / D D / Y Y Y Y Y Y 01 / 25 / 2022

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

NONPROFIT CORPORATION

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

PILIPINO AMERICAN LOS ANGELES DEMOCRATS

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="Type text here"/>		
(b) Cash on Hand at Beginning of Reporting Period.....	7,531.09	
(c) Total Receipts (from Line 19).....	27,437.61	31,536.72
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	34,968.7	37,884.36
7. Total Disbursements (from Line 31).....	3,463.16	6,378.82
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	31,505.54	31,505.54
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

NONDISCRIMINATION NOTICE

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 / 01 / 2021 To: M M / D D / Y Y Y Y 12 / 31 / 2021

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	14,900.00	17,140.00
(ii) Unitemized.....	8,537.61	10,396.72
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	23,437.61	27,536.72
(b) Political Party Committees.....	1,750.00	1,750.00
(c) Other Political Committees (such as PACs).....	2,250.00	2,250.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	27,437.61	31,536.72
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)).....▶	27,437.61	31,536.72
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	27,437.61	31,536.72

2025 RELEASE UNDER E.O. 14176

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0	0
(ii) Non-Federal Share	0	0
(b) Other Federal Operating Expenditures	3,463.16	6,378.82
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	3,463.16	6,378.82
22. Transfers to Affiliated/Other Party Committees	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees	0	0
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)	0	0
26. Loan Repayments Made	0	0
27. Loans Made	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0	0
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs)	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0	0
29. Other Disbursements (Including Non-Federal Donations)	0	0
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0	0
(ii) "Levin" Share	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds	0	0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	3,463.16	6,378.82
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	3,463.16	6,378.82

2025 RELEASE UNDER E.O. 14176

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	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HILLS HOME CARE SERVICIES

Mailing Address

City **VAN NUYS** State **CA** Zip Code

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
10 / 30 / 2021

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
JOSELYN GEAGA-ROSENTHAL

Mailing Address
146 N CORONADO STREET

City **LOS ANGELES** State **CA** Zip Code **90026**

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
10 / 30 / 2021

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address
1005 1/2 SANBORN AVENUE

City **LOS ANGELES** State **CA** Zip Code **90029**

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
10 / 30 / 2021

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ **27,437.61**

TOTAL This Period (last page this line number only).....▶ **27,437.61**

NON-PROFIT CORPORATION

**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	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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

A. ALLESANDRE, BERNARDITA

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

Mailing Address

City LOS ANGELES	State CA	Zip Code
----------------------------	--------------------	----------

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

Name of Employer (for Individual) **CARE AGENCY** Occupation (for Individual) **SELF EMPLOYED**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1,000.00

Date of Receipt

MM	DD	YYYY
10	30	2021

Amount of Each Receipt this Period
1,000.00

Memo Item

B. DY, CELIA AND GEORGE

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

Mailing Address
1713 APEX

City LOS ANGELES	State CA	Zip Code
----------------------------	--------------------	----------

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

Name of Employer (for Individual) **GROCAR ENTERPRISES** Occupation (for Individual) **SELF/OWNER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

MM	DD	YYYY
10	30	2021

Amount of Each Receipt this Period
300.00

Memo Item

C. NEPALES, JANET

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

Mailing Address

City LOS ANGELES	State CA	Zip Code
----------------------------	--------------------	----------

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

Name of Employer (for Individual) **MANILA BULLETIN** Occupation (for Individual) **REPORTER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

MM	DD	YYYY
10	30	2021

Amount of Each Receipt this Period
300.00

Memo Item

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

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

27,437.61

NONDISCRIMINATION

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

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

FOR LINE NUMBER: PAGE OF

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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

A. SORIANO, AUDRY
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address
1621 N NAOMI

City: **BURBANK** State: **CA** Zip Code: **92505**

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

Name of Employer (for Individual): **SILICON VALLEY** Occupation (for Individual): **SR ASSOCIATE**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
10 / 30 / 2021

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address
14782 ROXTON

City: **GARDENA** State: **CA** Zip Code: **91249**

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

Name of Employer (for Individual): **CAL STATE U** Occupation (for Individual): **EMPLOYEE**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
10 / 30 / 2021

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address
1000 DEWITT #406

City: **LAFAYETTE** State: **CA** Zip Code: **95459**

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

Name of Employer (for Individual): **BURKE & WILLIS** Occupation (for Individual): **ATTY**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
10 / 30 / 2021

Amount of Each Receipt this Period
250.00

Memo Item

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

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

27,437.61

NONDISCRIMINATION NOTICE

**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	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
PILIPINO AMERICAN LOS ANGELES DEMOCRATS

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BATO, LEO

Mailing Address
17460 DONETZ

City **GRANADA HILLS** State **CA** Zip Code **91344**

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

Name of Employer (for Individual) **DREAM ABOUT** Occupation (for Individual) **REALTOR**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1,000.00

Date of Receipt
10 / 30 / 2021

Amount of Each Receipt this Period
1,000.00

Memo Item

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

Mailing Address
2740 38TH AVENUE

City **SAN FRANCISCO** State **CA** Zip Code **94116**

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

Name of Employer (for Individual) **B OF AMERICA** Occupation (for Individual) **MANAGER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
10 / 30 / 2021

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address
312 W 5TH

City **LOS ANGELES** State **CA** Zip Code **90113**

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

Name of Employer (for Individual) **CITY OF LA** Occupation (for Individual) **ELECTED OFFICIAL**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
10 / 30 / 2021

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ **2,743.61**

TOTAL This Period (last page this line number only).....▶ **2,743.61**

20211030 10:00 AM

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

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

FOR LINE NUMBER: PAGE OF
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
LIBAN, CHRIS

Mailing Address
7932 RAMSGATE

City **LOS ANGELES** State **CA** Zip Code **90045**

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

Name of Employer (for Individual) **CITY OF LA** Occupation (for Individual) **EXECUTIVE**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
10 / 30 / 2021

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address
203268 VIA MEDICI

City **PORTER RANCH** State **CA** Zip Code **91326**

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

Name of Employer (for Individual) **SELF** Occupation (for Individual) **ATTORNEY AT LAW**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
10 / 30 / 2021

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address
16633 VENTURA

City **VENTURA** State **CA** Zip Code

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

Name of Employer (for Individual) **LA COUNTY** Occupation (for Individual) **BOARD MEMBER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1,000.00

Date of Receipt
10 / 30 / 2021

Amount of Each Receipt this Period
1,000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ **2,743.61**

TOTAL This Period (last page this line number only).....▶ **2,743.61**

NON-CONFIDENTIAL

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

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

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

A. DE LEON, KEVIN

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

Mailing Address
555 E DELANO

City **LONG BEACH** State **CA** Zip Code **90802**

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

Name of Employer (for Individual) **CITY OF LA** Occupation (for Individual) **COUNCIL MEMBER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
10 / 30 / 2021

Amount of Each Receipt this Period
500.00

Memo Item

B. EPSTEIN, SCOTT

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

Mailing Address
333 W SAN JOSE

City **SAN JOSE** State **CA** Zip Code **95110**

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

Name of Employer (for Individual) **UCLA** Occupation (for Individual) **CONTRACTOR**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
10 / 30 / 2021

Amount of Each Receipt this Period
250.00

Memo Item

C. GIBSON, MIKE

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

Mailing Address
249 E LONG BEACH

City **LONG BEACH** State **CA** Zip Code **90802**

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

Name of Employer (for Individual) **CALIFORNIA GOVT** Occupation (for Individual) **ASSEMBLY MEMBER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
10 / 30 / 2021

Amount of Each Receipt this Period
300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ **500.00**

TOTAL This Period (last page this line number only).....▶ **2,743,761**

NONDISCRIMINATION COMPLAINTS

**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	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
PILIPINO AMERICAN LOS ANGELES DEMOCRATS

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

Mailing Address

City State Zip Code

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt: **10 / 30 / 2021**

Amount of Each Receipt this Period

Memo Item

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

Mailing Address
1001 WILSHIRE BLVD

City State Zip Code
LOS ANGELES CA 90017

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt: **10 / 30 / 2021**

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address
445 S FAIR OAKS AVE

City State Zip Code
PASADENA CA 91105

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

Name of Employer (for Individual) Occupation (for Individual)
SELF SKILLED NURSING HOME

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt: **10 / 30 / 2021**

Amount of Each Receipt this Period
500.00

Memo Item

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

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

27,437.41

NON-DECLINING

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE OF
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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
LIM, ABRAHAM, APC

Mailing Address

City **LOS ANGELES,** State **CA** Zip Code

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

Name of Employer (for Individual) **SELF** Occupation (for Individual) **ATTORNEY AT LAW**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
10 / 30 / 2021

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address
LOS ANGELES

City **LOS ANGELES,** State **CA** Zip Code

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

Name of Employer (for Individual) **SELF** Occupation (for Individual) **ATTORNEY AT LAW**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
10 / 30 / 2021

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address
316 N BURLINGTON AVE.

City **LOS ANGELES,** State **CA** Zip Code **90026**

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

Name of Employer (for Individual) **CITY OF LOS ANGELES** Occupation (for Individual) **AIDE**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
10 / 30 / 2021

Amount of Each Receipt this Period
250.00

Memo Item

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

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

27,437.61

NONDISCRIMINATION COMPLAINT

**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	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. HILLS HOME CARE SERVIES			Date of Receipt MM / DD / YYYY 10 / 30 / 2021
Mailing Address			Amount of Each Receipt this Period 250.00
City VAN NUYS	State CA	Zip Code	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual)		Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. JOSELYN GEAGA-ROSENTHAL			Date of Receipt MM / DD / YYYY 10 / 30 / 2021
Mailing Address 146 N CORONADO STREET			Amount of Each Receipt this Period 1000.00
City LOS ANGELES	State CA	Zip Code 90026	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual)		Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. JAIME GEAGA			Date of Receipt MM / DD / YYYY 10 / 30 / 2021
Mailing Address 1005 1/2 SANBORN AVENUE			Amount of Each Receipt this Period 1000.00
City LOS ANGELES	State CA	Zip Code 90029	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual)		Occupation (for Individual) RETIRED	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 2000.00		

SUBTOTAL of Receipts This Page (optional).....▶	
TOTAL This Period (last page this line number only).....▶	27437.61

20211030 10:08:10 AM

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	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. MANGABAT SERVICES			Date of Receipt MM / DD / YYYY 10 / 30 / 2021
Mailing Address			Amount of Each Receipt this Period 1,000.00
City LOS ANGELES	State CA	Zip Code	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) HOME CARE SERVICES		Occupation (for Individual) SELF	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1,000.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. AMAZAN, FLOR			Date of Receipt MM / DD / YYYY 10 / 30 / 2021
Mailing Address			Amount of Each Receipt this Period 500.00
City BAKERSFIELD	State CA	Zip Code	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual)		Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C.			Date of Receipt MM / DD / YYYY 10 / 30 / 2021
Mailing Address			Amount of Each Receipt this Period
City	State CA	Zip Code	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual)		Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼		

SUBTOTAL of Receipts This Page (optional).....▶	
TOTAL This Period (last page this line number only).....▶	2,743.75

NONDISCRIMINATION

**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	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ISAAC BRYAN, CANDIDATE

Mailing Address
CA ID 1435259

City _____ State CA Zip Code _____

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

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

Receipt For:
 Primary General
 Other (specify) ▼ _____

Aggregate Year-to-Date ▼
_____ 250.00 _____

Date of Receipt
MM / DD / YYYY
10 / 30 / 2021

Amount of Each Receipt this Period
_____ 250.00 _____

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
LONG BEACH YOUNG DEMS

Mailing Address
CA ID 1269743

City _____ State CA Zip Code _____

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

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

Receipt For:
 Primary General
 Other (specify) ▼ _____

Aggregate Year-to-Date ▼
_____ 500.00 _____

Date of Receipt
MM / DD / YYYY
10 / 30 / 2021

Amount of Each Receipt this Period
_____ 500.00 _____

Memo Item

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

Mailing Address
CA ID 1437724

City _____ State CA Zip Code _____

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

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

Receipt For:
 Primary General
 Other (specify) _____

Aggregate Year-to-Date ▼
_____ 250.00 _____

Date of Receipt
MM / DD / YYYY
10 / 30 / 2021

Amount of Each Receipt this Period
_____ 250.00 _____

Memo Item

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

TOTAL This Period (last page this line number only).....▶ _____ **27,437.61**

NONPROFIT CORPORATION

**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	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. COMMUNITY COLLEGE ELECTED OFFICIAL

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
COMMUNITY COLLEGE ELECTED OFFICIAL

Mailing Address
CA. ID 1438882

City _____ State **CA** Zip Code _____

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
_____ 250.00 _____

Date of Receipt
10 / 30 / 2021

Amount of Each Receipt this Period
_____ 250.00 _____

Memo Item

B. NO. HOLLYWOOD YOUNG DEMS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
NO. HOLLYWOOD YOUNG DEMS

Mailing Address
CA ID 1274758

City _____ State **CA** Zip Code _____

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
_____ 750.00 _____

Date of Receipt
10 / 30 / 2021

Amount of Each Receipt this Period
_____ 750.00 _____

Memo Item

C. ELECTED ASSEMBLY MEMBER

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ELECTED ASSEMBLY MEMBER

Mailing Address
CA ID 1434630

City _____ State **CA** Zip Code _____

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
_____ 1,000.00 _____

Date of Receipt
10 / 30 / 2021

Amount of Each Receipt this Period
_____ 1,000.00 _____

Memo Item

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

TOTAL This Period (last page this line number only).....▶ **2,724,372.62**

NON-CONFIDENTIAL

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE OF
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. YOUNG DEMOCRATS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 CA. ID 921188
 City State Zip Code
 CA
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 10 / 30 / 2021
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. LONG BEACH DEMS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 CA ID 1425861
 City State Zip Code
 CA
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 10 / 30 / 2021
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. SAN FRANCISCO EFORCEMENT
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 CA ID 1438145
 City State Zip Code
 CA
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 10 / 30 / 2021
 Amount of Each Receipt this Period
 500.00
 Memo Item

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

250.00
 250.00
 774.3761

NONDISCRIMINATION

**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 checked="" type="checkbox"/> 21b 28a	<input type="checkbox"/> 22 28b	<input type="checkbox"/> 23 28c	<input type="checkbox"/> 26 29	<input type="checkbox"/> 27 30b	

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

Full Name (Last, First, Middle Initial) A. GONZALES, TOMMY			Date of Disbursement MM / DD / YYYY 12 / 8 / 2021		
Mailing Address			FEC Identification Number C		
City COVINA	State CA	Zip Code	Purpose of Disbursement FOOD FOR VOLUNTEERS OF FUNDRAISING EVENT		
Candidate Name NOT APPLICABLE		Category/ Type 0 0 1	Amount of Each Disbursement this Period 109.00		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item		
State:	District:				

Full Name (Last, First, Middle Initial) B. DEOCARES, SHEKINAH			Date of Disbursement MM / DD / YYYY 12 / 08 / 2021		
Mailing Address LOS ANGELES, CA			FEC Identification Number C		
City	State CA	Zip Code	Purpose of Disbursement MAILING EXPENSES FOR FUNDRAISING EVENT		
Candidate Name N/A		Category/ Type 0 0 1	Amount of Each Disbursement this Period 67.31		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item		
State:	District:				

Full Name (Last, First, Middle Initial) C. GERVACIO, BIANCA NEPALES			Date of Disbursement MM / DD / YYYY 12 / 08 / 2021		
Mailing Address SUNLAND, CA			FEC Identification Number C		
City	State CA	Zip Code	Purpose of Disbursement SCREEN, VENUE DECOR, PHAMPLETS, VIDEO		
Candidate Name		Category/ Type	Amount of Each Disbursement this Period 1,764.40		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item		
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....▶	
TOTAL This Period (last page this line number only).....▶	3,463.16

UNCOMMONWEALTH.COM

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

Supplementary for
 Information found on
 Page ____ of Schedule C

Federal Election Commission, Washington, D.C. 20463

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

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

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

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

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

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

What is the value of this collateral?

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

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

What is the estimated value?

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

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

G. COMMITTEE TREASURER Typed Name Signature	DATE M M M / D D D / Y Y Y Y Y Y Y Y
---	---

H. Attach a signed copy of the loan agreement.

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

AUTHORIZED REPRESENTATIVE Typed Name Signature	DATE M M M / D D D / Y Y Y Y Y Y Y Y
Title	

2025 RELEASE UNDER E.O. 14176

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			
		Mailing Address			
		City	State	ZIP Code	
Full Name (Last, First, Middle Initial) of Each Payee		<input type="checkbox"/> Memo Item		Purpose of Expenditure	
Mailing Address				Category/Type	
City		State	Zip Code		
Name of Federal Candidate Supported		Office Sought:	House	State: _____	
			Senate	District: _____	
			Presidential		
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	
Mailing Address				Category/Type	
City		State	Zip Code		
Name of Federal Candidate Supported		Office Sought:	House	State: _____	
			Senate	District: _____	
			Presidential		
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	
Mailing Address				Category/Type	
City		State	Zip Code		
Name of Federal Candidate Supported		Office Sought:	House	State: _____	
			Senate	District: _____	
			Presidential		
Aggregate General Election Expenditure for this Candidate ▶		Amount			
SUBTOTAL of Expenditures This Page (optional).....▶		0			
TOTAL This Period (last page this line number only).....▶		0			

NON-CONFIDENTIAL

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

NONPROFIT CORPORATION

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

NAME OF COMMITTEE (In Full)

PILIPINO AMERICAN LOS ANGELES DEMOCRATS

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

Methods of allocation:

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

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

NON-FEDERAL CANDIDATE

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

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

NAME OF ACCOUNT NONE TO REPORT	DATE OF RECEIPT MM / DD / YYYY	TOTAL AMOUNT TRANSFERRED
-----------------------------------	-----------------------------------	--------------------------

BREAKDOWN OF TRANSFER RECEIVED

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

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

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

NON-FEDERAL CONTRIBUTION

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

NAME OF COMMITTEE (In Full)

PILIPINO AMERICAN LOS ANGELES DEMOCRATS

A. Full Name (Last, First, Middle Initial) Memo Item
 NONE TO REPORT

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

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

Allocated Activity or Event Year-To-Date

Date M M / D D / Y Y Y Y

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

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

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

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

Allocated Activity or Event Year-To-Date

Date M M / D D / Y Y Y Y

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

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

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

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

Allocated Activity or Event Year-To-Date

Date M M / D D / Y Y Y Y

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

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

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

NON-FEDERAL SHARE

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

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

NAME OF COMMITTEE (In Full)

PILIPINO AMERICAN LOS ANGELES DEMOCRATS

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

NONE TO REPORT

MM / DD / YYYY

BREAKDOWN OF THIS TRANSFER

i) Voter Registration

VOTER REGISTRATION

Total Amount Transferred for Voter Registration.....

ii) Voter ID

VOTER ID

Total Amount Transferred for Voter ID.....

iii) GOTV

GOTV

Total Amount Transferred for GOTV.....

iv) Generic Campaign Activity

GENERIC CAMPAIGN ACTIVITY

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

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

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).....

NONPROFIT CORPORATION

**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					
City	State	Zip Code		Allocated Activity or Event Year-To-Date	
Purpose of Disbursement			Category/Type	Date	
FEDERAL SHARE		+	LEVIN SHARE		= TOTAL AMOUNT

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

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

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)		

NONPROFIT CORPORATION

**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

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

Mailing Address
 City State Zip Code
 Name of Employer (for Individual)
 Occupation (for Individual)

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

Amount of Each Receipt this Period
 Aggregate Year-to-Date

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

Mailing Address
 City State Zip Code
 Name of Employer (for Individual)
 Occupation (for Individual)

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

Amount of Each Receipt this Period
 Aggregate Year-to-Date

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

Mailing Address
 City State Zip Code
 Name of Employer (for Individual)
 Occupation (for Individual)

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

Amount of Each Receipt this Period
 Aggregate Year-to-Date

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

Mailing Address
 City State Zip Code
 Name of Employer (for Individual)
 Occupation (for Individual)

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

Amount of Each Receipt this Period
 Aggregate Year-to-Date

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

NON-PROFIT CORPORATION

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

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

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

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

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

Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item
A. NONE TO REPORT

Mailing Address
 City State Zip Code
 Purpose of Disbursement
 Date of Disbursement
 Amount of Each Disbursement this Period

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

Mailing Address
 City State Zip Code
 Purpose of Disbursement
 Date of Disbursement
 Amount of Each Disbursement this Period

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

Mailing Address
 City State Zip Code
 Purpose of Disbursement
 Date of Disbursement
 Amount of Each Disbursement this Period

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

Mailing Address
 City State Zip Code
 Purpose of Disbursement
 Date of Disbursement
 Amount of Each Disbursement this Period

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

Mailing Address
 City State Zip Code
 Purpose of Disbursement
 Date of Disbursement
 Amount of Each Disbursement this Period

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

2025 RELEASE UNDER E.O. 14176

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PRIORITY MAIL EXPRESS®

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3325 TRICELINA STREET DR
LA VERNE, CA 91750

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- No Saturday Delivery (delivered next business day)
- Sunday/Holiday Delivery (additional fee, where available)
- *Refer to USPS.com® or local Post Office® for availability.

TO: PLEASE PRINT PHONE ()
FEDERAL ELECTION COMMISSION
1050 FIRST STREET, NE
WASHINGTON, DC 200463
ZIP + 4® (U.S. ADDRESSES ONLY)

- For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.
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ORIGIN (POSTAL SERVICE USE ONLY)

1-Day 2-Day Military DPO

PO ZIP Code	91260	Scheduled Delivery Date (MM/DD/YY)	1/27/2	Postage	\$ 2.75
Date Accepted (MM/DD/YY)	1/26/2	Schedule/Delivery Time	2:00 PM	Insurance Fee	\$
Time Accepted	10:10 AM			Return Receipt Fee	\$
Special Handling/Fragile		Sunday/Holiday Premium Fee		Live Annual Transportation Fee	\$
Weight	11.6 lbs.	Acceptance Employee Initials	21.0	Total Postage & Fees	\$
Rate	Flat Rate				

DELIVERY (POSTAL SERVICE USE ONLY)

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Delivery Attempt (MM/DD/YY)	Time	Employee Signature

LABEL 11-B, MAY 2021

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LA VERNE, CA
91750
JAN 26, 22
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\$26.95
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2022 FEB -3 PM 1:26

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iust.
O/FPO/DPO, and select International
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DECLARATION LABEL MAY BE REQUIRED.



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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> USPS Priority Mail	Postmarked
<input checked="" type="checkbox"/> USPS Priority Mail Express	Postmarked 1/26/22
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

PREPARER
(3/2015)

JPM

2/7/22
DATE PREPARED

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