



**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="YYYYMMDD 4044.42"/>		<input type="text" value="MMDDYY 4044.42"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="MMDDYY 7309.49"/>	
(c) Total Receipts (from Line 19).....	<input type="text" value="MMDDYY 725.10"/>	<input type="text" value="MMDDYY 4099.21"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="MMDDYY 8034.59"/>	<input type="text" value="MMDDYY 8143.63"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="MMDDYY 503.50"/>	<input type="text" value="MMDDYY 612.54"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="MMDDYY 7531.09"/>	<input type="text" value="MMDDYY 7531.09"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="MMDDYY 0"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="MMDDYY 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 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 .....	5 0 3 . 5 0	6 1 2 . 5 4
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....		
22. Transfers to Affiliated/Other Party Committees .....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	0	0
24. Independent Expenditures (use Schedule E) .....	0	0
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F) .....	0	0
26. Loan Repayments Made .....	0	0
27. Loans Made .....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0	0
(b) Political Party Committees .....	0	0
(c) Other Political Committees (such as PACs) .....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0	0
29. Other Disbursements (Including Non-Federal Donations) .....	0	0
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0	0
(ii) "Levin" Share .....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0	0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	0	0
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	5 0 3 . 5 0	6 1 2 . 5 4

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**DETAILED SUMMARY PAGE**  
of Disbursements

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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) .....	7 2 5 . 1 0	4 0 9 9 . 2 1
34. Total Contribution Refunds (from Line 28(d)) .....	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	7 2 5 . 1 0	4 0 9 9 . 2 1
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	5 0 3 5 0	6 1 2 . 5 4
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	5 0 3 . 5 0	6 1 2 . 5 4

NONDISCLOSURE INFORMATION

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

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

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

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 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  
**MEGAN HALL**

Mailing Address  
**2226 HALL PLACE NW**

City **WASHINGTON** State **DC** Zip Code **20007**

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

Name of Employer (for Individual) **SELF EMPLOYED** Occupation (for Individual) **CONSULTANT**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
**08 / 24 / 2021**

Amount of Each Receipt this Period

Memo Item

**B.** 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) **CONSULTANT**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

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 ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

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

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

NONPROFIT CORPORATION

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 1 OF 1

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

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

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

Full Name (Last, First, Middle Initial) <b>A. EMMA HILARIO</b>		Date of Disbursement MM / DD / YYYY <b>08 / 07 / 2021</b>
Mailing Address <b>2325 TRICKLING CREEK DRIVE</b>		FEC Identification Number <b>C</b>
City <b>LA VERNE, CA 91750</b>	State <b>CA</b>	Zip Code <b>91750</b>
Purpose of Disbursement <b>POSTAGE FOR MAILING</b>		Amount of Each Disbursement this Period <b>0 0 1</b>
Candidate Name		Category/Type <b>0 0 1</b>
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>B. CENTER FOR EMPOWERED POLITICS</b>		Date of Disbursement MM / DD / YYYY <b>09 / 21 / 2021</b>
Mailing Address		FEC Identification Number <b>C</b>
City	State <b>CA</b>	Zip Code
Purpose of Disbursement <b>POSTAGE FOR MAILING REPORTS</b>		Amount of Each Disbursement this Period <b>5 0 0 . 0 0</b>
Candidate Name		Category/Type <b>0 0 1</b>
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>C.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number <b>C</b>
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		Category/Type
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: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	<b>5 0 3 . 5 0</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>5 0 3 . 5 0</b>

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

**LOANS**

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

PAGE 1 OF 1

FOR LINE 13 OF FORM 3X

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

LOAN SOURCE Full Name (Last, First, Middle Initial)  Memo Item

NONE TO REPORT

Election:

Primary

General

Other (specify) ▼

Mailing Address

City

State

ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period




**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:








% (apr)

Yes

No

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

1. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	<input type="text"/>
2. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	<input type="text"/>
3. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	<input type="text"/>
4. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	<input type="text"/>

**SUBTOTALS** This Period This Page (optional).....▶

**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.

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

Supplementary for  
 Information found on  
 Page   i   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 <input type="text"/> / <input type="text"/> / <input type="text"/>	
City	State	Zip Code
		Date Due <input type="text"/> / <input type="text"/> / <input type="text"/>

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

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:  /  /       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 <input type="text"/> / <input type="text"/> / <input type="text"/>
---	--

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 <input type="text"/> / <input type="text"/> / <input type="text"/>
Title	

20160501 10:00 AM



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

NAME OF COMMITTEE (In Full) <b>PILIPINO AMERICAN LOS ANGELES DEMOCRATS</b>	FEC IDENTIFICATION NUMBER ▼ <b>C 0 0 7 5 3 9 3 9</b>			
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>&gt;&gt;&gt;</b> New report    Amends report filed on	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 33%; text-align: center;">M M M</td> <td style="border: 1px solid black; width: 33%; text-align: center;">D D D</td> <td style="border: 1px solid black; width: 33%; text-align: center;">Y Y Y Y Y Y Y Y</td> </tr> </table>	M M M	D D D	Y Y Y Y Y Y Y Y
M M M	D D D	Y Y Y Y Y Y Y Y		

Full Name of Payee <b>NONE TO REPORT</b>	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <table style="width:100%; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 33%; text-align: center;">M M M</td><td style="border: 1px solid black; width: 33%; text-align: center;">D D D</td><td style="border: 1px solid black; width: 33%; text-align: center;">Y Y Y Y Y Y Y Y</td></tr></table>	M M M	D D D	Y Y Y Y Y Y Y Y	
M M M	D D D	Y Y Y Y Y Y Y Y				
Mailing Address		Amount <table style="width:100%; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 100%; height: 20px;"></td></tr></table>				
City	State	Zip Code				
Purpose of Expenditure	Category/Type <table style="width:100%; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 100%; height: 20px;"></td></tr></table>		Date of Disbursement or Obligation <table style="width:100%; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 33%; text-align: center;">M M M</td><td style="border: 1px solid black; width: 33%; text-align: center;">D D D</td><td style="border: 1px solid black; width: 33%; text-align: center;">Y Y Y Y Y Y Y Y</td></tr></table>	M M M	D D D	Y Y Y Y Y Y Y Y
M M M	D D D	Y Y Y Y Y Y Y Y				
Name of Federal Candidate:		Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate    State: _____				
Calendar Year-To-Date Per Election for Office Sought <table style="width:100%; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 100%; height: 20px;"></td></tr></table>			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 <table style="width:100%; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 33%; text-align: center;">M M M</td><td style="border: 1px solid black; width: 33%; text-align: center;">D D D</td><td style="border: 1px solid black; width: 33%; text-align: center;">Y Y Y Y Y Y Y Y</td></tr></table>	M M M	D D D	Y Y Y Y Y Y Y Y	
M M M	D D D	Y Y Y Y Y Y Y Y				
Mailing Address		Amount <table style="width:100%; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 100%; height: 20px;"></td></tr></table>				
City	State	Zip Code				
Purpose of Expenditure	Category/Type <table style="width:100%; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 100%; height: 20px;"></td></tr></table>		Date of Disbursement or Obligation <table style="width:100%; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 33%; text-align: center;">M M M</td><td style="border: 1px solid black; width: 33%; text-align: center;">D D D</td><td style="border: 1px solid black; width: 33%; text-align: center;">Y Y Y Y Y Y Y Y</td></tr></table>	M M M	D D D	Y Y Y Y Y Y Y Y
M M M	D D D	Y Y Y Y Y Y Y Y				
Name of Federal Candidate:		Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate    State: _____				
Calendar Year-To-Date Per Election for Office Sought <table style="width:100%; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 100%; height: 20px;"></td></tr></table>			Disbursement For: <input type="checkbox"/> Primary    General <input type="checkbox"/> Other (specify) ▶ _____			

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	<table style="width:100%; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 100%; text-align: center;">0</td></tr></table>	0
0			
(a) SUBTOTAL of Unitemized Independent Expenditures .....	▶	<table style="width:100%; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 100%; text-align: center;">0</td></tr></table>	0
0			
(a) TOTAL Independent Expenditures .....	▶	<table style="width:100%; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 100%; text-align: center;">0</td></tr></table>	0
0			

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

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

M M M	D D D	Y Y Y Y Y Y Y Y
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NON-CONFIDENTIAL





**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 <b>NONE TO REPORT</b></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>

UNION-BONDING.COM

**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	

**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 ACCOUNTS

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

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

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

Mailing Address

City State Zip Code

Purpose of Disbursement:  Category/Type

Activity or Event Identifier:  Category/Type

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 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:  Category/Type

Activity or Event Identifier:  Category/Type

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 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:  Category/Type

Activity or Event Identifier:  Category/Type

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

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

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

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

Mailing Address

City State Zip Code

Purpose of Disbursement Category/Type

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT

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

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

Mailing Address

City State Zip Code

Purpose of Disbursement Category/Type

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT

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

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

Mailing Address

City State Zip Code

Purpose of Disbursement Category/Type

Allocated Activity or Event Year-To-Date

Date

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**

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20160501 10:00 AM



**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 / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Aggregate Year-to-Date

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

**B.**

Mailing Address

City State Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

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

Amount of Each Receipt this Period

Aggregate Year-to-Date

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

**C.**

Mailing Address

City State Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

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

Amount of Each Receipt this Period

Aggregate Year-to-Date

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

**D.**

Mailing Address

City State Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

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

Amount of Each Receipt this Period

Aggregate Year-to-Date

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

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

Amount of Each Receipt this Period

Aggregate Year-to-Date

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Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
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<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 *SPM* 2/7/22  
 (3/2015) DATE PREPARED

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