RECEIVED BY LOS ANGELES COUNTY 2021 JUL 21 PM 3: 41 CAMPAIGN FINANCE

			8721	
Recipient Committee Campaign Statement Cover Page Sovernment Code Sections 84200-84216.5)	Type or print in	ink.	Date Stamp	CALIFORNIA 460
EE INSTRUCTIONS ON REVERSE	Statement covers period 04/01/2021 through 06/30/2021	Date of election if applicable: (Month, Day, Year)		Page 1 of 17 For Official Use Only 6/1/3/37
Type of Recipient Committee: All Committees	- Complete Parts 1, 2, 3, and 4.	2. Type of Statement:		
Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Compilete Part 5) General Purpose Committee	Primarily Formed Ballot Measure Cornnittee Controlled Sponsored (Asso Complete Part 8) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination Amendment (Explain below)	□ s	uarterly Statement pecial Odd-Year Report upplemental Preelection tatement - Attach Form 495
. Committee Information	I.D. NUMBER 1421550	Treasurer(s)		
PILIPINO AMERICAN LOS ANGELES DEMO	OCRAT	EMMA HILARIO MAILING ADDRESS CITY LA VERNE		CODE AREA CODE/PHONE 750 909 480-9117
CITY STATE ZIF	CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF A		750 505 400-5117
LA VERNE CA 91 MAILING ADDRESS (IF DIFFERENT) NO AND STREET OR P.	750 909 480-9117 o. Box	MAILING ADDRESS		
CITY STATE ZIF	CODE AREA CODE/PHONE	CITY	STATE ZII	CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		optional: FAX / E-MAIL ADDRESS emmahilario@outlook.com		the state of the s
Verification I have used all reasonable diligence in preparing and revieunder penalty of perjury under the laws of the State of Calif			n the attached sch	edules is true and complete. I certify
Executed on JULY 19 , 2021	Ву	Signature of Treesurer or Acrescant Treesurer		
Executed on	BySgnature of Co	ontrolling Officeholder, Candidate, State Measure Proponent or Re	esponsible Officer of Spon	sor
Executed on	BySignature of Co	ontrolling OfficePolder, Candidate, State Measure Proponent or Re Signature of Controlling OfficePolder, Candidate, State Measure		sor

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2 CALIFORNIA FORM 460

Page 2 of 17

Officeholder or Candidate Controlled Comm	ittee	6.	Primarily Formed Ballot	Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE	•			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC	T NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	M		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) C	TY STATE ZIP		Identify the controlling office	eholder, car	ndidate, or state me	easure pr	oponent, if any.
	· · · · · · · · · · · · · · · · · · ·		NAME OF OFFICEHOLDER, CAND	IDATE, OR PR	OPONENT		
Related Committees Not Included in this State not included in this statement that are controlled by you contributions or make expenditures on behalf of your can	or are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRI	CT NO. IF	ANY
COMMITTEE NAME	LD. NUMBER				i		
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cand officeholder(s) or candidate(s)				
	☐ YES ☐ NO				·		u.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	ox)		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUGHT OR	HELD	SUPPORT OPPOSE
CITY STATE ZIP C	ODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUGHT OR	HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUGHT OR	HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUGHT OR	HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	DX)		Attach	o continuatio	n sheets if necessa	ary	

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) State of California

Campaig	n Disclosure	Statement
Summan	/Page	

Type or print in ink.

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE		through .	06/30/2021	Page3 of17
NAME OF FILER PILIPINO AMERICAN LOS ANGELES DEMOCRATS				LD. NUMBER 1421550
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B Calendar year Total Todate	Running in Both th	mary for Candidates e State Primary and
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	s0 	\$ 3374.11 0 \$ 3374.11 0 \$ 3374.11	20. Contributions Received S	\$ \$
Expenditures Made 6. Payments Made	s 0 109.04 0 0	s 109.04 0 s 109.04 0 0 0 0 109.04		e Expenditures Made* Voluntary Expenditure Limit) Total to Date
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero. 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse 19. Outstanding Debts Add Line 2 + Line 9 in Column B above	3374.11 0 109.04 s 7309.29 s 0	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	reported in Column B.	eay be different from amounts FPPC Form 460 (January/0:

Schedule / Monetary	A Contributions Received	Type or print in ink. Amounts may be rounded to whole dollars.		Statement covers period from 04/01/2021		CALIFO FOR	RNIA	60
SEE INSTRUCTIO	INS ON REVERSE			through06/3	30/2021	Page	of	17
NAME OF FILER PILIPINO	AMERICAN LOS ANGELES DEMOCRATS					I.D. NUMB 1421550		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR: (IF COLIMITEE, ALSO ENTER I.D. NULIBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-ELIPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECT TO DATI (IF REQUIR	E
	NONE TO REPORT	□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
			SUBTOTAL	S				
Amount re (Include al.)	A Summary ceived this period – itemized monetary contributions. I Schedule A subtotals.)			^	IND- COM		Committee n PTY or SC	
3. Total mone	ceived this period – unitemized monetary contributions etary contributions received this period.				PTY-	- Other (e.g - Political Pa - Small Con	irty	
(Add Lines	s 1 and 2. Enter here and on the Summary Page, Colu	min A, Line 1.)	IUIAL \$		oll-Free Helpline		rm 460 (Jan PPC (866/2	

Monetary	A (Continuation Sheet) Contributions Received	Type or pri Amounts may to whole o	be rounded [Statement coverage of the statement of t		Page.	SCHEDULE A (CONTIFORNIA 460 ORM 17
NAME OF FILER PILIPINO A	MERICAN LOS ANGELES DEMOCRATS					1421	550
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR OF COLMETTEE, ALSO ENTER ID. NULLIBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-ENPLOYED, ENTER HAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN: 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
06/08/2021	ED AVILA LOA NGELES, CA. 90033	COM COM OTH PTY SCC	RETIRED	100.00	100	.00	
05/14/2021	SCOTT M SCHMERELSON VAN NUYS, CA. 91405	☑IND □COM □OTH □PTY □SCC	UNSPECIFIED	100.00	100	.00	
04/12/2021	GODFREY PLATA VAN NUYS, CA. 91436	DIND COM OTH PTY SCC	TEACHERCHARTER SCHOOL	500.0	500	.00	
5/15/2021	JOSELYN GEAGA-RSENTHAL LOS ANGELES, CA. 90026	DIND COM	SOCIAL WORKER SOLE PROPRITOR	500.00	500	.00	
04/21/2021	JAIME GEAGA LOS ANGELES, CA. 90029	☐IND ☐COM ☐OTH ☐PTY ☐SCC	SOLE PROPRIETOR UNSPECIFIED	1000.00	1000	.00	

SUBTOTAL\$

2200.00

*Contributor Codes

IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule B – Part 1 Loans Received	Amounts may be rounded Statement covers period CALIFOR				CALIFORNI FORM	460		
SEE INSTRUCTIONS ON REVERSE					through06/	30/2021	Page6	of
NAME OF FILER	1						I.D. NUMBER	
PILIPINO AMERICAN LOS ANGELES D	EMOCRATS						1421550	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER 1D, NUADER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELFENPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PA OR FORGIVE THIS PERIC	EN CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
NONE TO REPORT			,	☐ PAID	į			CALENDAR YEAR
				\$	5	RATE %	5	\$
				FORGIVEN	'			PER ELECTION**
[†] □ IND □ COM □ OTH □ PTY □ SCC		5	s	5	DATEDUE	5	DATE INCURRED	s
				PAID	1		1	CALENDAR YEAR
				s	5		\$	\$
				☐ FORGIVEN	·	RATE		PER ELECTION**
†□IND □ COM □ OTH □ PTY □ SCC		s	s	s	DATE DUE	s	DATE INCURRED	s
				PAID				CALENDAR YEAR
				s	_ s	RATE	s	\$
				FORGIVEN	' 	1		PER ELECTION**
TO IND COM OTH PTY SCC		s	\$	s	DATEBUE	s	DATE INCURRED	\$
		SUBTOTALS S	;	\$	\$	\$		
Schedule B Summary	-					(Enter (e) on Schedule E, Line 3)		
Loans received this period				\$	0			
(Total Column (b) plus unitemized loans							Contributor Codes	
Loans paid or forgiven this period (Total Column (c) plus loans under \$100 (Include loans paid by a third party that) paid or forgiven.)			\$	0	. 0	ND Individual COM Recipient Co (other than I OTH Other (e.g., DTY Political Party	PTY or SCC) business entity)
Net change this period. (Subtract Line Enter the net here and on the Summar		•••••		NET \$ _	(Liby be a nogetive number)		SCC - Small Contrib	

*Amounts forgiven or paid by another party also must be reported on Schedule A. ** If required.

SCHEDULE B - PART 2 Type or print in ink. Schedule B - Part 2 Statement covers period Amounts may be rounded to whole dollars. CALIFORNIA 460 **Loan Guarantors** 04/01/2021 **FORM** from 06/30/2021 Page ___7 through SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER 1421550 PILIPINO AMERICAN LOS ANGELES DEMOCRATS IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-ENIPLOYED, ENTER NAME OF BUSINESS) AMOUNT GUARANTEED THIS PERIOD BALANCE OUTSTANDING TO DATE FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER) CUMULATIVE TO DATE CONTRIBUTOR LOAN CODE CALENDAR YEAR LENDER NON TO REPORT □сом □отн PER ELECTION (IF REQUIRED) DATE □PTY □scc CALENDAR YEAR LENDER □сом PERELECTION (IF REQUIRED) □OTH □ PTY □scc CALENDAR YEAR □IND LENDER □сом PER ELECTION (IF REQUIRED) Потн DATE □PTY □scc -CALENDARYEAR LENDER □сом PER ELECTION (IF REQUIRED) □отн ☐ PTY

□scc

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Enter on

SUBTOTAL \$

Schedu	le C		Type or print in ink.			·			SCHEDULE
Nonmo	netary Contributions Received		Amounts may be rounded to whole dollars.					ORNIA 460	
SEE INSTRUC	TIONS ON REVERSE				thre	ough06/30/2	2021	Page	8 of 17
NAME OF FILE	R							I.D. NUMI	BER
PILIPINO	O AMERICAN LOS ANGELES DEMOCRAT	rs						142155	50
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER 1D. MANBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CALEND	ATIVE TO ATE AR YEAR DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
	NON TO REPORT	□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC			-				
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
Attach ad	ditional information on appropriately labe	led continuat	ion sheets.	SUBT	OTAL :	\$			
									
	e C Summary						*Co	ntributor Co	edes
	received this period – itemized nonmonetar all Schedule C subtotals.)				\$_	0			nt Committee nan PTY or SCC)
2. Amount	received this period – unitemized nonmone	tary contribution	ns of less than \$100	·····	\$_	0	1017	l – Other (s	e.g., business entity)
3. Total no	nmonetary contributions received this period					n		' – Political I C – Small Co	Party ontributor Committee

FPPC Form 460 (January/05) FPPC Toli-Free Helpline: 866/ASK-FPPC (866/275-3772)

SEE INSTRUCTIONS ON REVERSE NAME OF FILER PILIPINO AMERICAN LOS ANGELES DEMOCRATS DATE NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION. OR COMMITTEE NONE TO REPORT Monetary Contribution Nonmonetary Contribution Independent	ORNIA 460		
DATE NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION. OR COMMITTEE NONE TO REPORT Monetary Contribution Nonmonetary Contribution			
Contribution Nonmonetary Contribution	PER ELECTION TO DATE (IF REQUIRED)		
Support Oppose Expenditure			
SUBTOTAL \$			
Schedule D Summary 1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) \$	0		

Schedule D (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees NAME OF FILER PILIPINO AMERICAN LOS ANGELES DEMOCRATS	Type or prir Amounts may l to whole d	be rounded [Statement covers from 04/01/2 through 06/30/	SCHEDULED (CONT.) DRNIA 460 10 of 17 BER 50		
DATE NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE CALENDAI (JAN. 1 - D	RYEAR	PER ELECTION TO DATE (IF REQUIRED)
NONE TO REPORT	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
		SUBTOTAL	\$ 0			

						SCHEDULEE
Schedule E	Type or prin Amounts may I		Staten	ent covers period	CALIFO	DRNIA 460
Payments Made	to whole d		from	04/01/2021	FO	MF 400
SEE INSTRUCTIONS ON DEVELOPE			through	06/30/2021	Page	11 of 17
SEE INSTRUCTIONS ON REVERSE NAME OF FILER					I.D. NUN	
PILIPINO AMERICAN LOS ANGELES DEMOCRATS					142155	50
CODES: If one of the following codes accurately describes	s the payment, yo	u may enter the code.	Otherwise, descr	ibe the payment.		
CMP campaign paraphernalia/misc.	MBR member.com		RAD radi	o airtime and production	costs	
CNS campaign consultants		d appearances		rned contributions paign workers' salaries		
CTB contribution (explain nonmonetary)* CVC civic donations	OFC office experi PET petition circu			or cable airtime and prod	luction cost	S
FIL candidate filing/ballot fees	PHO phone banks	;		didate travel, lodging, and		
PND fundraising events		survey research ivery and messenger servic		f/spouse travel, lodging, a sfer between committees		me candidate/enoneor
ND independent expenditure supporting/opposing others (explain)* LEG legal defense		services (legal, accounting)		er registration	3 01 010 301	ne candidatersponsor
LIT campaign literature and mailings	PRT print ads		WEB info	mation technology costs	(internet, e	e-mail)
NAME AND ADDRESS OF PAYEE (FCC).MITTEE, ALSO ENTER (I). NUMBER)		CODE OR	DESCRIPTION OF	PAYMENT		AMOUNT PAID
NONE TO REPORT						
		-				0
·						
	<u></u>					
* Payments that are contributions or independent expenditures i	must also be summ	arized on Schedule D.		su	BTOTALS	·
Schedule E Summary						
Itemized payments made this period. (Include all Schedule)	E subtotals.)				\$	
2. Uniternized payments made this period of under \$100					\$	0
3. Total interest paid this period on loans. (Enter amount from	Schedule B. Part	1, Column (e).)			\$	0

SCHEDULE E (CONT.)

Schedule E
(Continuation Sheet)
Payments Made

Type or print in ink. Amounts may be rounded to whole dollars.

Statement covers period CALIFORNIA **FORM** 04/01/2021 06/30/2021 12 17 through Page_ of. 1.D. NUMBER

1421550

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

PILIPINO AMERICAN LOS ANGELES DEMOCRATS

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs CMP campaign paraphernalia/misc. MBR member communications CNS campaign consultants contribution (explain nonmonetary)* MTG meetings and appearances office expenses RFD returned contributions campaign workers' salaries
t.v. or cable airtime and production costs
candidate travel, lodging, and meals OFC CVC civic donations candidate filing/ballot fees petition circulating phone banks PET TEL PHO TRC FND fundraising events POL polling and survey research staff/spouse travel, lodging, and meals ND independent expanditure supporting/opposing others (explain)* POS PRO TSF transfer between committees of the same candidate/sponsor

postage, delivery and messenger services professional services (legal, accounting) VOT voter registration
WEB information technology costs (internet, e-mail) LEG legal defense campaign literature and mailings

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUNISER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
EAST WEST BANK GLENDALE, CA. 91203	OFC	CHECK ORDER	51.20
USPS LA VERNE, CA.	OFC	POSTAGE FOR MAILING CA FORM 410, 460 AND FEC 3X	57.84
,			

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 109.04

SCF	4FD	131	F

Schedule F Accrued Expenses (Unpaid Bills)	Type or print in ink. Amounts may be round to whole dollars.	Statement coverage from04/01	ers period CA /2021	california 460	
	through 06/3	0/2021	age 13 of 17		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER					
				Ī	NUMBER
PILIPINO AMERICAN LOS ANGELES DEMOCRATS				14	21550
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations candidate filing/ballot fees fundraising events ND legal defense LTC campaign literature and mailings	MBR member communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey res POS postage, delivery and PRO professional services PRT print ads	ns nces earch messenger services	RAD radio airtime a RFD returned contr SAL campaign wor TEL t.v. or cable air TRC candidate trave TRS staff/spouse trave	nd production costs ibutions kers' salaries time and production el, lodging, and meal avel, lodging, and m en committees of the ion	s eals e same candidate/sponsor
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER (D. NIGHBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
NONE TO REPORT					0
Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	<u> </u>	S	<u> </u> s	s 0
Schedule F Summary					
Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized accrued)			INCU	IRRED TOTALS	\$0
Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized pages.)				PAID TOTALS	\$0
Net change this period. (Subtract Line 2 from Line 1. Enton the Summary Page, Column A, Line 9.)	ter the difference here and	d 	·····	NET	\$
				F	PPC Form 460 (January/05) 6/ASK-FPPC (866/275-3772)

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Type or print in ink. Amounts may be rounded to whole dollars.

Statement covers period CALIFORNIA 04/01/2021 FORM 06/30/2021 Page 14 of 17 through

I.D. NUMBER

1421550

SCHEDULE F (CONT.)

NAME OF FILER

PILIPINO AMERICAN LOS ANGELES DEMOCRATS

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

print ads

PET

PHO

POŁ

POS

PRT

CVP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations

candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* ND

LEG legal defense campaign literature and mailings

RAD radio airtime and production costs MBR member communications RFD returned contributions MTG meetings and appearances OFC

office expenses SAL campaign workers' salaries petition circulating TEL t.v. or cable airtime and production costs phone banks TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals polling and survey research postage, delivery and messenger services

TSF transfer between committees of the same candidate/sponsor VOT voter registration WEB information technology costs (internet, e-mail)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
NONE TO REPORT					0
	SUBTOTALS	\$	\$	\$	\$ 0

professional services (legal, accounting)

Schedule G	Type or print in ink. Amounts may be rounded to whole dollars.			SCHEDULE G Statement covers period CALLEOPNIA 4 0 0				
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)				from 04/01/2021		FORM 460		
SEE INSTRUCTIONS ON REVERSE				through 06/30/2021	Page 15	5 of 17		
NAME OF FILER					I.D. NUMBER	R		
PILIPINO AMERICAN LOS ANGELES DEMOCRATS					1421550	,		
NAME OF AGENT OR INDEPENDENT CONTRACTOR								
CODES: If one of the following codes accurately describe	es the payment,	you may enter the	code. Other	wise, describe the paymer	nt.			
CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL campaign cerebility (explain nonmonetary)* CVC civic donations CAMPAIR CA	OFC office experience of the petition circ PHO phone bank POL polling and POS postage, dispersional print ads	and appearances enses culating ks I survey research elivery and messenger al services (legal, accou	F S T T services T enting) V	AD radio airtime and production FPFD returned contributions SAL campaign workers' salaries EL. v. or cable airtime and procandidate travel, lodging, an Staff/spouse travel, lodging, arransfer between committee OT voter registration information technology cost	duction costs and meals and meals as of the same			
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRI	PTION OF PAYMENT		AMOUNT PAID		
NONE TO REPORT						0		

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

								SCHEDULE H
Schedule H	Type or print in ink. Amounts may be rounded to whole dollars.			Statement cov	-	california 460 form		
Loans Made to Others*				from04/01	/2021			
				1	06/3	30/2021	Page 16	of17
SEE INSTRUCTIONS ON REVERSE NAME OF FILER					through		I.D. NUMBER	
PILIPINO AMERICAN LOS ANGELES D	SEMOCRATS						1421550	
FILITINO AMERICAN EOS ANGELES E	DEMOCRATS							
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER ID. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT C FORGIVENES THIS PERIOD	S CLOSE OF THIS	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
NONE TO REPORT				☐ PAID				CALENDAR YEAR
NONE TO REPORT				s	s		s0	s
				☐ FORGIVEN	}	RAIE		PER ELECTION**
		s	5	s	DATE DUE	\$	DATE INCURRED	s
				PAID				CALENDAR YEAR
		ļ		s	s		s	s
•				FORGIVEN		RATE		PER ELECTION**
		s	\$	s	DATE DUE	s	DATE INCURRED	s
*Loans that are contributions to another candid	ate or committee							
must also be summarized on Schedule D. Loans also be reported on Schedule E.	s forgiven must	SUBTOTALS	s	\$	\$	s		
**************************************		······································	<u> </u>	 	***************************************	(Enter (e) on Schedule I, Line 3)	·	
Schedule H Summary								
Loans made this period (Total Column (b) plus unitemized loans				······································	\$	0		**If Required
2. Payments received on loans					\$	0		
(Total Column (c) plus unitemized paym								
Net change this period. (Subtract Line (Enter the net here and on the Summar	2 from Line 1.)y Page, Column A, Line 7.)	•••••••	•••••••		NET \$	O be a negative number	-	

Schedule I Miscellaneous Increases to Cash		Type or print in ink. Amounts may be rounded to whole dollars.		ent covers period 04/01/2021	CALIFORNIA FORM	460	
OFF WATER OFFICE				through_	06/30/2021	Page 17 of	17
NAME OF FILER	S ON REVERSE					I.D. NUMBER	
PILIPINO AN	MERICAN LOS ANGELES DEMOCRATS					1421550	
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COLMUTTEE, ALSO ENTER LD. MUMBER)		DES	SCRIPTION OF F	RECEIPT	AMOUNT INCREASE TO	
	NONE TO REPORT		•				0
Attach addit	tional information on appropriately labeled continuation sheets.				SUBTOTA	L \$	0
2. Unitemized	Summary creases to cash this period d increases to cash of under \$100 this period interest received this period on loans made to others. (Sched		***************************************	•-•	.\$	0 0 0	
	ellaneous increases to cash this period. (Add Lines 1, 2, and Page, Line 14.)			TOTAL	\$FPPC Toll-Free Helplin	0 FPPC Form 460 (ne: 866/ASK-FPPC (86	