1/31/22 PM

LOS ANGELES COUNTY 2022 FEB - I PM 4: 27 CAMPAIGN FINANCE

| _ | | | | | | | | COVER PAGE | | |
|----|---|------------|--------------------|--|--|-----------------|------------------|---|--|--|
| C | ecipient Committee ampaign Statement over Page overment Code Sections 84200-84216.5) | | | Type or print in | n ink. | Date Stamp | | CALIFORNIA 460 | | |
| 10 | oversites Code Sections 04200-04210.3) | | from | Statement covers period 07/01/2021 | Date of election if applicable: (Month, Day, Year) | | Pa | ge1 of17 For Official Use Only | | |
| SE | E INSTRUCTIONS ON REVERSE | | throu | ugh0930/2021 | | | | | | |
| 1. | Type of Recipient Committee: All | Committe | es - Complete | Parts 1, 2, 3, and 4. | 2. Type of Statement: | | | | | |
| | Officeholder, Candidate Controlled Comm State Candidate Election Committee Recall (Alto Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee | nittee | Committ | rolled nsored ower Part 6) y Formed Candidate/ older Committee | Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termin Amendment (Explain below) | ation) | Supplemen | Statement Id-Year Report Intal Preelection - Attach Form 495 | | |
| 3. | Committee Information | | 1.D. NUME 14215 | | Treasurer(s) | | | | | |
| | COMMITTEE NAME (OR CANDIDATE'S NAME IF | NO COMP | 1 1 1 1 | - | NAME OF TREASURER | | | | | |
| | PILIPINO AMERICAN LOS ANGELES DEMOCRAT | | | | EMMA HILARIO | | | | | |
| | | | | | MAILING ADDRESS | - | | | | |
| | STREET ADDRESS (NO P.O. BOX) | | | | CITY | STATE | ZIP CODE | AREA CODE/PHONE | | |
| | THE PERESON (NO P.O. DON) | | | | LA VERNE | CA | 91750 | 909 480-9117 | | |
| | CITY | STATE | ZIP CODE | AREA CODE/PHONE | NAME OF ASSISTANT TREASURER. | | 01100 | 000 100 0111 | | |
| | LA VERNE | CA | 91750 | 909 480-9117 | | | | | | |
| | MAILING ADDRESS (IF DIFFERENT) NO. AND S | TREET OF | P.O. BOX | | MAILING ADDRESS | | | | | |
| | CITY | STATE | ZIP CODE | AREA CODE/PHONE | CITY | STATE | ZIP CODE | AREA CODE/PHONE | | |
| | OPTIONAL: FAX / E-MAIL ADDRESS | | | | OPTIONAL: FAX / E-MAIL ADDRESS | | | | | |
| | | | | | emmahilario@outlook.com | | | | | |
| 4. | Verification I have used all reasonable diligence in prepar under penalty of perjury under the laws of the Executed on October 15 , 20 Date Executed on Date | State of C | | he foregoing is true and correct. By | nowledge the information contained herein a Signature of Tressurer or Assistant Treasurer or Office Indiana (Treasurer or Assistant Treasurer Office Indiana (Treasurer Offic | ue. | | true and complete. I certify | | |
| | Executed on | | | By | | | | | | |
| | Date | | | | Signeture of Controlling Officeholder, Candidate, State Me | esure Proponent | | | | |
| | Executed on | | _ | Ву | Signature of Controlling Officeholder, Candidate, State Me | saure Proponent | | EDDO Form And Live | | |
| | | | | | | | II-Free Helptine | FPPC Form 450 (January/05): 866/ASK-FPPC (866/275-3772) | | |

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2 CALIFORNIA 460
FORM 2 of /7

| Officeholder or Candidate Controlled | Committee | 6. | Primarily Formed Bal | ot Measure | Committee | | | |
|---|---|----|--|---------------|---------------|--------------|-------------------|--|
| NAME OF OFFICEHOLDER OR CANDIDATE | | | NAME OF BALLOT MEASURE | | | | - | |
| OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND | E SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) | | BALLOT NO. OR LETTER JURISDICTIO | | | | SUPPORT OPPOSE | |
| RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP | | | Identify the controlling officeholder, candidate, or state measure proponent, if | | | | | |
| | | | NAME OF OFFICEHOLDER, CA | NDIDATE, OR P | ROPONENT | | | |
| Related Committees Not Included in the not included in this statement that are controlled contributions or make expenditures on behalf of | by you or are primarily formed to receive | | OFFICE SOUGHT OR HELD | | DIST | TRICT NO. IF | ANY | |
| COMMITTEE NAME | I.D. NUMBER | 9 | | | | | | |
| NAME OF TREASURER | CONTROLLED COMMITTEE? | | Primarily Formed Car officeholder(s) or candidate | | | | | |
| COMMITTEE ADDRESS STREET ADDRESS (| | | NAME OF OFFICEHOLDER OR | CANDIDATE | OFFICE SOUGHT | OR HELD | SUPPORT OPPOSE | |
| CITY STATE | ZIP CODE AREA CODE/PHONE | | NAME OF OFFICEHOLDER OR | CANDIDATE | OFFICE SOUGHT | OR HELD | SUPPORT OPPOSE | |
| | | | STATE OF THE PARTY | | 1 | | | |
| COMMITTEE NAME | I.D. NUMBER | | NAME OF OFFICEHOLDER OR | CANDIDATE | OFFICE SOUGHT | OR HELD | SUPPORT OPPOSE | |
| COMMITTEE NAME NAME OF TREASURER | CONTROLLED COMMITTEE? | | NAME OF OFFICEHOLDER OR | | OFFICE SOUGHT | | SUPPORT OPPOSE | |
| | CONTROLLED COMMITTEE? YES NO | | | | | | OPPOSE SUPPORT | |

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from 17/01/262/ CALIFORNIA 460 FORM 460 through 179/36/201 Page 3 of 17

NAME OF FILER PILIPINO AMERICAN LOS ANGELES DEMOCRATS Column B Column A Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD FROM ATTACHED SCHEDULES Running in Both the State Primary and **General Elections** 4099.21 725.10 1/1 through 6/30 7/1 to Date 0 0 Loans Received Schedule B. Line 3 20. Contributions 725.10 4099.21 SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 0 0 Nonmonetary Contributions Schedule C. Line 3 Expenditures 4099 21 725.10 Made TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 **Expenditures Made Expenditure Limit Summary for State** 612.54 503.50 6. Payments Made Schedule E Line 4 S Candidates 0 Loans Made Schedule H Line 3 22. Cumulative Expenditures Made* 503.50 612.54 SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 0 Date of Election Total to Date 0 0 (mm/dd/yy) 503.50 612.54 Current Cash Statement 7309.49 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ To calculate Column B, add 725.10 amounts in Column A to the corresponding amounts *Amounts in this section may be different from amounts 0 14. Miscellaneous Increases to Cash Schedule I. Line 4 from Column B of your last reported in Column B. 503.50 report. Some amounts in Column A may be negative 7531.09 figures that should be subtracted from previous If this is a termination statement. Line 16 must be zero period amounts. If this is the first report being filed 17. LOAN GUARANTEES RECEIVED for this calendar year, only Schedule R. Part 2 \$ carry over the amounts from Lines 2. 7. and 9 (if Cash Equivalents and Outstanding Debts any). 0 18. Cash Equivalents See instructions on reverse \$ _ 0 FPPC Form 460 (January/05) 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ _ FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

| Schedule Monetary | chedule A onetary Contributions Received | Amount | s may be rounded whole dollars. | Statement cov | | CALIFORNIA 46 | | |
|--|--|-----------------------|---|-----------------------------------|---|-------------------------|---|--|
| | | | | from 7/1/2 | , | F | ORM TO | |
| OFF MOTOURING | | | | through 9(30 | 12021 | Page | 4 of 17 | |
| NAME OF FILER | DNS ON REVERSE | | | | 10. | I.D. NU | MBER | |
| PILIPINO | AMERICAN LOS ANGELES DEMOCRATS | | | | | 14215 | 550 | |
| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (F COMMITTEE, ALSO ENTER) D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER AF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE T CALENDAR 1 (JAN. 1 - DEC | YEAR | PER ELECTION TO DATE (IF REQUIRED) | |
| 8/24/2021 | Megan Hall Washington DC 20007 | DOTH SCC | Self-employed | 250.00 | 250 | 0.00 | | |
| The state of the s | | OTH PTY | | | | | | |
| | | OTH SCC | | | | | | |
| | | OTH SCC | | | | | | |
| | | OTH SCC | | | | | | |
| | | | SUBTOTAL | \$ | | | | |
| Schedule | A Summary | | | | | ntributor C | | |
| | eceived this period – itemized monetary contributions. Il Schedule A subtotals.) | | | 0 | | | ent Committee | |
| Anti- | eceived this period – uniternized monetary contributions | | | | ОТН | | than PTY or SCC) (e.g., business enti- | |
| 3. Total mone | etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colu | | | 0 | | - Politica - Small C | Party Contributor Committe | |

FPPC Form 460 (Januar FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-

| Monetary NAME OF FILER | monotary contributions received | | Type or print in ink. Amounts may be rounded to whole dollars. | | rers period 821 14021 | CALIFORNIA 460 CALIFORNIA 460 FORM 460 Page 5 of 17 I.D NUMBER 1421550 | |
|-------------------------|---|---|--|-----------------------------------|-----------------------------|--|--|
| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CALENDAR (JAN. 1 - DI | YEAR | PER ELECTION TO DATE (IF REQUIRED) |
| | | IND COM OTH PTY SCC IND OTH PTY SCC IND COM OTH PTY SCC IND COM COM | | | | | |
| | | OTH PTY SCC | | | | | |
| | | OTH SCC | | | | | |
| | | OTH SCC | | | | | |

SUBTOTAL\$

*Contributor Codes

*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

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

| | | Type or print in | nk | | | | SCHE | DULE B - PART 1 |
|---|--|---|-----------------------------------|-------------------------------------|----------------------------|--|--|--|
| Schedule B – Part 1 Loans Received | | ounts may be ro to whole dollar | unded | | Statement cov | ers period | california 460 | |
| AFF MOTOVICTIONS ON DE STORE | | | | | through 9/20 | 1207' | Page 6 | of 17 |
| SEE INSTRUCTIONS ON REVERSE NAME OF FILER | | | | | 1 | | I.D. NUMBER | |
| PILIPINO AMERICAN LOS ANGELES D | EMOCRATS | | | | | | 1421550 | |
| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEL ALSO ENTER LD NUMBER) | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a) OUTSTANDING BALANCE BEGINNING THIS PERIOD | AMOUNT RECEIVED THIS PERIOD | (c) AMOUNT PA OR FORGIVI THIS PERIO | EN CLOSE OF THIS | (e) INTEREST PAID THIS PERIOD | ORIGINAL AMOUNT OF LOAN | CUMULATIVE CONTRIBUTIONS TO DATE |
| NONE TO REPORT | | | | PAID | | | | CALENDAR YEAR |
| | | | | \$ | s | RATE % | s | s |
| | | | | FORGIVEN | | MATE | | PER ELECTION** |
| TO IND COM OTH OTY OSC | | s | s | \$ | DATEDUE | \$ | DATE INCURRED | 5 |
| | | | | PAID | | | | CALENDAR YEAR |
| | | | | s | | | s | \$ |
| | | | | FORGIVEN | | RATE | | PER ELECTION** |
| TO IND COM OTH PTY SCC | | s | 5 | s | DATE DUE | s | DATE INCURRED | 5 |
| | | | | PAID | | | | CALENDAR YEAR |
| | | | | 5 | 5 | x | s | \$ |
| | | | | FORGIVEN | | RATE | | PER ELECTION** |
| TO IND COM OTH PTY SCC | | 5 | \$ | s | DATE DUE | s | DATE INCURRED | 5 |
| | | SUBTOTALS S | 3 | s | \$ | \$ | | |
| Schedule B Summary | | 440 | | | 33413 | (Enter (e) on Schedule E. Line 3) | | |
| Loans received this period (Total Column (b) plus unitemized loans) | | *************************************** | | \$ _ | 0 | | 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 | . (| ND – Individual COM – Recipient Co (other than OTH – Other (e.g., PTY – Political Part | PTY or SCC) business entity) |
| 3. Net change this period. (Subtract Line | 2 from Line 1) | | | NET C | 0 | | SCC - Small Contri | |
| Enter the net here and on the Summar | | | | | (May be a negative number) | _ | | |

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

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

| 52 (2) 3 (4 (5)) 5 (5) (5) | | | | | SC | HEDULE B - PAR |
|--|--------------|--|--------|-------------------------------------|-------------------------------|-----------------------------------|
| Schedule B – Part 2 Loan Guarantors | | Type or print in ink. Amounts may be rounded to whole dollars. | | Statement covers perio | d CALIFOR FORM | |
| SEE INSTRUCTIONS ON REVERSE | | | | through 9/30/2021 | Page7 | of <u>†</u> |
| NAME OF FILER | | | | | I.D. NUMBER | 2 |
| PILIPINO AMERICAN LOS ANGELES DE | MOCRATS | | | | 1421550 | |
| FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE ALSO ENTER LD. NUMBER) | CONTRIBUTOR | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | LOAN | AMOUNT GUARANTEED THIS PERIOD | CUMULATIVE TO DATE | BALANCE OUTSTANDING TO DATE |
| NON TO REPORT | □IND □COM | _ | LENDER | | S | |
| | □OTH □PTY | _ | DATE | | PER ELECTION (IF REQUIRED) | |
| | □scc | | | | s | |
| | □IND □COM | | LENDER | | CALENDAR YEAR | |
| | □ OTH | - | DATE | | PER ELECTION (IF REQUIRED) | |
| | □scc | - | | | 5 | |
| | □IND | | | | CALENDAR YEAR | |
| | □сом | | LENDER | | SPER ELECTION | |
| | □OTH □PTY | | DATE | | (IF REQUIRED) | |
| V20 | □scc | | | | 5 | |
| | □IND | | LENDER | | CALENDAR YEAR | |
| | □OTH □PTY | | DATE | | PER ELECTION (IF REQUIRED) | |
| | □scc | - | | 7 | 5 | 10 |

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

Enter on Summary Page, Line 17 only

SUBTOTAL \$

Schedule C Nonmonetary Contributions Received

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

CALIFORNIA FORM I.D. NUMBER

1421550

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

PILIPINO AMERICAN LOS ANGELES DEMOCRATS

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (# SELV-EMPLOYED, ENTER NAME OF BUSINESS) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|------------------|---|--------------------------------------|--|-------------------------------------|---------------------------------|--|--|
| | NON TO REPORT | DIND COM OTH PTY SCC | | | | | |
| | | □IND □COM □OTH □PTY □SCC | | | | | |
| | | DIND COM OTH PTY SCC | | | | | |
| | | OTH SCC | | | | | |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

| Schedul | e | C | Su | mn | arv |
|---------|---|---|----|----|-----|
| | | | | | |

 Amount received this period – itemized nonmonetary contributions. 0 (Include all Schedule C subtotals.) 0 2. Amount received this period – unitemized nonmonetary contributions of less than \$100\$ 3. Total nonmonetary contributions received this period. 0

*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

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

| Supporti Candidat | y of Expenditures ing/Opposing Other ites, Measures and Committees | Type or print in a Amounts may be ro to whole dollar | ounded | Statement cover from 1/1/20 through | 21 | CALIFO FOR Page | 9 of 17 |
|--|---|--|------------------------------|-------------------------------------|--|-----------------------|--|
| PILIPINO | AMERICAN LOS ANGELES DEMOCRATS | | | | | 142155 | 0 |
| 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 CALENDAR (JAN. 1 - DE | YEAR | 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 | 4 | | | | |
| N. T. S. | | | SUBTOTAL | \$ | | | |
| | e D Summary contributions and independent expenditures made | e this period. (Include all | Schedule D subtotals.). | | | S | 0 |
| | ed contributions and independent expenditures ma | | | | | | 0 |

FPPC Form 460 (January/ FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-37

Schedule D (Continuation Sheet) Type or print in ink. SCHEDULE D (CONT. Amounts may be rounded to whole dollars. Summary of Expenditures CALIFORNIA 7/1/2621 Supporting/Opposing Other FORM Candidates, Measures and Committees Page_ NAME OF FILER I.D. NUMBER PILIPINO AMERICAN LOS ANGELES DEMOCRATS 1421550 CUMULATIVE TO DATE PER ELECTION NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE DESCRIPTION (IF REQUIRED) DATE TYPE OF PAYMENT AMOUNT THIS CALENDAR YEAR (JAN 1-DEC 31) PERIOD ☐ Monetary NONE TO REPORT 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 \$

☐ Support

☐ Oppose

FPPC Form 460 (January/ FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-37

0

| Schedule E Payments Made | Type or print Amounts may be to whole do | e rounded | from 7/1/2021 | CALIFORNIA 46 FORM | |
|---|--|------------------------|--------------------------------|--------------------|--|
| SEE INSTRUCTIONS ON REVERSE NAME OF FILER | | | tinoagit | I.D. NUMBER | |
| PILIPINO AMERICAN LOS ANGELES DEMOCRATS | | | | 1421550 | |
| CODES: If one of the following codes accurately describe | es the payment, you | may enter the code. Ot | herwise, describe the payment. | | |
| CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FL candidate filing/ballot fees FND independent expenditure supporting/opposing others (explain)* LEG legal defense LTT campaign literature and mailings | POS postage, deliv | appearances es | | | |
| NAME AND ADDRESS OF PAYER OF COMMITTEE, ALSO ENTER LD NUMBER) | | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAI | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

1. Itemized payments made this period. (Include all Schedule E subtotals.)
2. Unitemized payments made this period of under \$100
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)
5
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)
TOTAL \$

FPPC Form 460 (January/0! FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-377;

Schedule E (Continuation Sheet) **Payments Made**

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

SCHEDULE E (CONT. CALIFORNIA from 7/1/2021 FORM 12 Page_

I.D. NUMBER

1421550

| EE | INST | RUCTH | ONS | ON | REVERS | E |
|----|------|--------|-----|----|--------|---|
| AM | EOF | EII ED | | | | |

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 RED

campaign paraphernalia/misc. MBR member communications CNS campaign consultants contribution (explain nonmonetary)* MTG meetings and appearances office expenses returned contributions campaign workers' salaries CTB OFC SAL CVC civic donations PET petition circulating t.v. or cable airtime and production costs candidate filing/ballot fees PHO TRC. FIL phone banks

candidate travel, lodging, and meals staff/spouse travel, lodging, and meals fundraising events POL polling and survey research postage, delivery and messenger services professional services (legal, accounting) NO independent expenditure supporting/opposing others (explain)* POS TSF transfer between committees of the same candidate/sponsor LEG legal defense campaign literature and mailings VOT voter registration
WEB information technology costs (internet, e-mail) VOT PRO

| CODE | OR DESCRIPTION OF PAYMENT | AMOUNT PAID |
|------|---|---|
| OFC | Contribution for Expense | 500.00 |
| OFC | POSTAGE FOR MAILING CA FORM 410, 460 AND FEC 3X | 3.50 |
| | | |
| | | |
| | | |
| | OFC | OFC Contribution for Expense POSTAGE FOR MAILING CA FORM 410, 460 AND |

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

SUBTOTAL \$

503.50 FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

| Schedule F Accrued Expenses (Unpaid Bills) SEE INSTRUCTIONS ON REVERSE NAME OF FILER | Type or print in ink. Amounts may be rounded to whole dollars. | | statement.cov | 2 F | CALIFORNIA 460 FORM 13 of 17 | |
|---|--|---|--|--|---|--|
| PILIPINO AMERICAN LOS ANGELES DEMOCRATS | | | | 1.D. NU 1421 | | |
| CODES: If one of the following codes accurately describe CMP campaign paraphemalia/misc. CNS campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events ND independent expenditure supporting/opposing others (explain)* LEG legal defense campaign literature and mailings | MBR member communication meetings and appeara OFC office expenses PET petition circulating PHO phone banks POS postage, delivery and PRO professional services PRT print ads | ns inces search messenger services | RAD radio airtime a RFD returned contr SAL campaign wor TEL tv. or cable ai TRC candidate travi TRS staff/spouse tr TSF transfer betwe VOT voter registrati | and production costs ributions kers' salaries rel, iodging, and meals avel, lodging, and meals avel, lodging, and meals avel, lodging, and meals | s ame candidate/sponsor | |
| NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER D. 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 | |
| Payments that are contributions or independent expenditures must also be | | | | | | |
| summarized on Schedule D. | SUBTOTALS | \$ | \$ | \$ | \$ 0 | |
| Schedule F Summary 1. Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized accrued expenses of \$100 or more.) | accrued expenses under | \$100.) | | JRRED TOTALS \$ | 0 | |
| Total accrued expenses paid this period. (Include all Schaccrued expenses of \$100 or more, plus total uniternized) Net change this period. (Subtract Line 2 from Line 1. En | payments on accrued exp | enses under \$100.) | *************************************** | | | |
| on the Summary Page, Column A, Line 9.) | | | | NET \$ | O May be a negative number | |

FPPC Form 460 (January/05 FPPC Toil-Free Helpline: 866/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.

MBR member communications

office expenses

PHO phone banks

PRT print ads

petition circulating

meetings and appearances

polling and survey research

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

MTG

OFC

PET

POL

Statement/covers period CALIFOR FORM

CALIFORNIA 460

I.D. NUMBER

1421550

SCHEDULE F (CONT

NAME OF FILER

CVC civic donations

LEG legal defense

PND fundraising events

FIL

ND

CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)*

candidate filing/ballot fees

LIT campaign literature and mailings

PILIPINO AMERICAN LOS ANGELES DEMOCRATS

independent expenditure supporting/opposing others (explain)*

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

RFD returned contributions SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs
TRC candidate travel lodging, and meals

TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
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 (F COMMITTEE, ALSO ENTER LD HUMBER) | 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 | The state of the s | | | | |
| | | | | | |
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| | | | | | |
| | | | | | |
| | SUBTOTALS | \$ | \$ | 5 | \$ |

FPPC Form 460 (January/0t FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-377;

| Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee) | Amou | pe or print in ink. nts may be rounded p whole dollars. | Statement covers period from 7/1/2021 through 9/30/2021 | CALIFORNIA 460 FORM | |
|---|---|--|--|--|--|
| NAME OF FILER | | | | I.D. NUMBER | |
| PILIPINO AMERICAN LOS ANGELES DEMOCRATS | | | | 1421550 | |
| NAME OF AGENT OR INDEPENDENT CONTRACTOR | | | | | |
| CODES: If one of the following codes accurately describ | es the payment | you may enter the code. | Otherwise, describe the payme | ent. | |
| CMP campaign paraphemalia/misc: CNS campaign consultants CVC contribution (explain nonmonetary)* civic donations FIL candidate filling/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings * Payments that are contributions or independent expenditures must at | OFC office exp PET petition cin PHO phone ban POL polling and POS postage, d PRO profession PRT print ads | and appearances enses culating ks i survey research elivery and messenger services al services (legal, accounting) | RAD radio airtime and products RFD returned contributions SAL campaign workers' salaris TEL t.v. or cable airtime and pr TRC candidate travel, lodging, TRS staff/spouse travel, lodgin TSF transfer between committed to the committed of the control of the committed of the control of the contr | es roduction costs and meals g, and meals ees of the same candidate/sponso | |
| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I D. NUMBER) | | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID | |
| NONE TO REPORT | | | | | |
| Attach additional information on appropriately labeled continu | uation sheets | | | TOTAL* \$ | |

FPPC Form 460 (January/0: FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-377;

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

| Schedule H Loans Made to Others* | | Type or print in ink. Amounts may be rounded to whole dollars. | | | Statement covers period from 7/1/202/ | | CALIFORNIA 460 | |
|---|--|--|--|--|---------------------------------------|-----------------------------------|----------------------------------|---|
| SEE INSTRUCTIONS ON REVERSE NAME OF FILER PILIPINO AMERICAN LOS ANGELES I | DEMOCRATS | | | | through | 0/1021 | Page16 I.D. NUMBER 1421550 | of |
| FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I D. 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 OF FORGIVENESS THIS PERIOD | CLOSE OF THIS | (e) INTEREST RECEIVED | ORIGINAL AMOUNT OF LOAN | CUMULATIVE LOANS TO DATE |
| NONE TO REPORT | | \$ | s | \$ PAID \$ FORGIVEN \$ | \$ | RATE % | s0 | SS |
| | | \$ | s | PAID S FORGIVEN S | \$DATE DUE | RATE % | S | CALENDAR YEAR S PER ELECTION ⁴¹ S |
| *Loans that are contributions to another candid must also be summarized on Schedule D. Loan also be reported on Schedule E. | | SUBTOTALS | s | \$ | s | s | | |
| Schedule H Summary 1. Loans made this period | e of less than \$100.) nents of less than \$100.) 2 from Line 1.) | | | | \$ | (Enter (e) an Schedule I, Line 3) | | **If Required |

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

| Schedule I Miscellaneous Increases to Cash SEE INSTRUCTIONS ON REVERSE NAME OF FILER PILIPINO AMERICAN LOS ANGELES DEMOCRATS | | Type or print in ink. Amounts may be rounded to whole dollars. | Statement covers period from 7/1/1/2021 through 9/30/2021 | CALIFORNIA 460 FORM 17 of 17 LD. NUMBER- 1421550 | |
|--|--|--|---|--|--|
| DATE RECEIVED | FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER LD. NUMBER) | DE | SCRIPTION OF RECEIPT | AMOUNT OF INCREASE TO CASH | |
| | NONE TO REPORT | | 1933 | 0 | |
| | | | | | |
| | | | | | |
| *************************************** | | | | | |
| | | | | | |
| Attach add | .\$ 0 | | | | |
| | I Summary increases to cash this period. | | \$ | 0 | |
| | ed increases to cash of under \$100 this period | | | 0 | |
| 3. Total of a | Il interest received this period on loans made to others. (So | chedule H, Column (e).) | \$ | 0 | |
| 4. Total mis | cellaneous increases to cash this period. (Add Lines 1, 2, Page, Line 14.) | and 3. Enter here and on the | | EDDC Form 450 / Jacobs DED | |
| | | | FPPC Toll-Free Helplin | FPPC Form 460 (January/05) e: 866/ASK-FPPC (866/275-3772) | |