LOS ANGELES COUNTY

2022 FEB - 1 PM 4: 27

CAMPAIGN FINANCE

1/31/221M

_	11.10							COVERPAGE		
Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)				Type or print in	Ink.	Date Stamp	FORM 46			
(COTOLISTICAL COOR COLORS CHECO-CHETO.C)		from	Statement covers period 10/01/2021	Date of election if applicable: (Month, Dey, Year)		Pa	For Official Use Only			
SE	E INSTRUCTIONS ON REVERSE		throu	12/31/2021	none					
1.	Type of Recipient Committee: All Con	mittees	- Complete	Parts 1, 2, 3, and 4.	2. Type of Statement:					
	Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5)	9 (Committe O Contr	rolled neored	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Ten		Suppleme	Statement dd-Year Report intal Preelection I - Attach Form 495		
		(Formed Candidate/	Amendment (Explain bei		- Constitution			
3.	Committee Information		1.D. NUME 14215		Treasurer(s)					
	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO	COMMIT		50	NAME OF TREASURER					
	PILIPINO AMERICAN LOS ANGELES	DEM	OCRAT		EMMA HILARIO MAILING ADDRESS					
	STREET ADDRESS (NO P.O. BOX)				CITY	STATE	ZIP CODE	AREA CODE/PHONE		
	The translated planting and				LA VERNE	CA	91750	909 480-9117		
	CITY STAT	E Z	P CODE	AREA CODE/PHONE	NAME OF ASSISTANT TREASURE	ER, IF ANY				
	LA VERNE CA		1750	909 480-9117						
	MAILING ADDRESS (IF DIFFERENT) NO. AND STRE	ET OR I	P.O. BOX		MAILING ADDRESS					
	CITY STAT	E Z	P CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE		
	OPTIONAL: FAX / E-MAIL ADDRESS				optional: FAX / E-MAIL ADDRE emmahilario@outlook.co					
4.	Verification There used all reasonable diligence in preparing a under penalty of perjury under the laws of the State JANUARY 30, 2022				tained here	in and in the attache	d schedules is	true and complete. I certify		
	Executed on	-		Ву	Signature of Treasurer or Assistant Tr	988UF6F				
	Executed on		0	BySignature of C	ontrolling Officeholder, Candidate, State Measure Propo	onent or Responsible Officer	of Sponeor			
	Executed on	_		Ву	Signature of Controlling Officeholder, Candidate, State	to Measure Proponent				
	Executed on			Ву						
	Date				Signature of Controlling Officeholder, Candidate, Stat		oll-Free Helpline	FPPC Form 480 (January/05) a: 866/ASK-FPPC (866/275-3772)		

Type or print in ink.

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

fficeholder or Candidate Controlled Committee			Primarily Formed Bal	lot Measure	Committee	•	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
NOT APPLICABLE							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DI	STRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICT	ION		SUPPORT
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP		Identify the controlling o	fficeholder, ca	andidate, or st	tate measure	proponent, if an
			NAME OF OFFICEHOLDER, CA	UNDIDATE, OR P	ROPONENT		
Related Committees Not Included in this not included in this statement that are controlled by contributions or make expenditures on behalf of you	you or are primarily formed to receive		OFFICE SOUGHT OR HELD	-		DISTRICT NO.	F ANY
COMMITTEE NAME	I.D. NUMBER						
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Ca officeholder(s) or candidate				
COMMITTEE ADDRESS STREET ADDRESS (NO			NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOU	IGHT OR HELD	SUPPORT OPPOSE
STATE YTIC	ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOU	IGHT OR HELD	SUPPORT
COMMITTEE NAME	LD. NUMBER				1		
			NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOU	IGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE? YES NO		NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOU	IGHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO	P.O. BOX)						1-

.7

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

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period 10/01/2021 CALIFORNIA 460 FORM 12/31/2021 Page 3 of 25

I.D. NUMBER 1421550

PILIPINO AMERICAN LOS ANGELES DEMOCRATS Column B Calendar Year Summary for Candidates Column A Contributions Received TOTAL THIS PERIOD (FROMATTACHED SCHEDULES) CALENDAR YEAR TOTAL TO DATE Running in Both the State Primary and **General Elections** 31,536.72 27,437.61 1/1 through 6/30 7/1 to Date 0 2. Loans Received 31,536.72 20. Contributions 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ Received 0 0 4. Nonmonetary Contributions Schedule C, Line 3 21. Expenditures 27,437.61 31,536.72 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ Made **Expenditures Made** Expenditure Limit Summary for State 3463.16 6378.82 Candidates 7. Loans Made Schedule H, Line 3 0 0 22. Cumulative Expenditures Made* 3463.16 6378.82 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) 0 0 9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3 Date of Election Total to Date 0 0 (mm/dd/vy) 10. Nonmonetary Adjustment Schedule C, Line 3 3463.15 6378.82 **Current Cash Statement** 7531.09 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ To calculate Column B, add 27437.61 emounts 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. 3463.16 report. Some amounts in Column A may be negative 31,505.54 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ 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 0 for this calendar year, only 17. LOAN GUARANTEES RECEIVED Schedule 8, Part 2 \$ _ carry over the amounts from Lines 2, 7, and 9 (If Cash Equivalents and Outstanding Debts any). 0 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	Y Contributions Received Type or print in ink. Amounts may be rounded to whole dollars.			Statement cov	ers period 1/2021	CALIFORNIA 460			
SEE INSTRUCTIO	ONS ON REVERSE			through12/3	31/2021	Page	4 of 25		
PILIPINO	AMERICAN LOS ANGELES DEMOCRATS					1.D. N 1421	UMBER 550		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER ID. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)		
10/30/21	CECELIA DE CASTRO WOODLAND HILLS, CA 91364	ZIND COM OTH PTY	SELF-EDUCATOR	150.00	150.00		150.00		
10/30/21	HILLS HOME SERVICES VAN NUYS, CA	□IND □COM ZOTH □PTY □SCC	HOME SERVICES BUSINESS	250.00	250.00				
10/21/21	JOSELYN GEAGA ROSENTHAL LOS ANGELES, CA	ZIND COM OTH PTY SCC	SELF EMPLOYED SOCIAL WORKER	1000.00	1500.00				
10/15/21	ABRAHAM LIM, APC LOS ANGELES, CA	ZIND COM OTH PTY	SELF EMPLOYED LAWYER	500.00	500.00				
10/13/21	ROXAS LAW FIRM LOS ANGELES, CA	□IND □COM ☑OTH □PTY □SCC	LAW FIRM	500.00	500	.00			
			SUBTOTAL \$	2,400.00					
1. Amount re	A Summary ceived this period – itemized monetary contributions. Il Schedule A subtotals.)		\$	22,325.00	IND-		ual ient Committee		
	eceived this period – unitemized monetary contributions			5,112.61			r than PTY or SCC) (e.g., business entity)		
3. Total mone	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colu			27,437.61			Contributor Committee		

Schedule A Monetary Contributions Received

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

Statement covers period CALIFORNIA FORM Page _5

SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D NUMBER AMOUNT PER ELECTION IF AN INDIVIDUAL ENTER CUMULATIVE TO DATE FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR DATE CONTRIBUTOR OCCUPATION AND EMPLOYER

F SELF-EMPLOYED ENTER NAME
OF BUSINESS) RECEIVED THIS PERIOD CALENDAR YEAR (JAN 1 - DEC 31) TO DATE (IF REQUIRED) RECEIVED CODE + ZINO COM OTH PTY SCC MICHALE COLORGE PRODUCT MGR 11/1/21 150.00 150.00 SUPPLIES **VAN NUYS 91405** ZIND GOM OTH PTY SCC GERALD GUBATAN AIDE 11/1/21 250.00 250.00 CITY OF LA LOS ANGELES 90026 ZIND COM OTH KENNETH MEJIA ACCOUNTANT 11/1/21 250.00 250.00 **EVGD** PTY LOS ANGELES 90017 ZIND COM OTH PTY SCC **GRACE MERCADO** OWNER 500.00 11/1/21 500.00 SKILLED NURSING PASADENA 91105 HOME Z IND MARK PULIDO СОМ RETIRED MAYOR 150.00 150.00 11/1/21 CERRITOS PTY CERRITOS 90703 SUBTOTAL \$ 1300.00 Schedule A Summary *Contributor Codes

 Amount received this period – item 	nized monetary contributions.
(Include all Schedule A subtotals.)	

522, 325,00

2. Amount received this period – uniternized monetary contributions of less than \$100

5 5,112.61

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A. Line 1.) TOTAL \$ 37.6/

OTH - Other (e.g. business entity) PTY - Political Party

(other than PTY or SCC)

COM - Recipient Committee

IND - Individual

SCC - Small Contributor Committee

Schedule A	
Monetary Contributions	Received

NAME OF FILER

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE

Statement covers period from 10/1/1/1 FORM 460

through 12/31/21 Page 6 of 25

AMOUNT CUMULATIVE TO DATE PER ELECTION IF AN INDIVIDUAL ENTER FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTERLD NUMBER) CONTRIBUTOR DATE RECEIVED OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) RECEIVED THIS CALENDAR YEAR (JAN. 1 - DEC. 31) TO DATE (IF REQUIRED) CODE * PERIOD IND COM JOSEPH BERNARDO **ADMIN** 11/1/21 100.00 100.00 LOYOLA U NORTHRIDGE 91326 Scc ZIND □COM □OTH KEVIN DE LEON COUNCIL 11/1/21 500.00 500.00 CITY OF LA PTY SCC LONG BEACH 90802 ZIND **OLIVER TOLENTINO** COM OTH DESIGNER 11/1/21 150.00 150.00 SELF PTY SCC **BEVERLY HILLS 90211 Z**IND ANDREW CARUTHERS COM OTH PTY ADMIN 11/1/21 150.00 150.00 SELF **BEVERLY HILLS 90211** □scc **IND** SCOTT EPSTEIN COM OTH PTY SCC CONTRACTOR 11/1/21 250.00 250.00 UCLA **SAN JOSE 95110**

SUBTOTAL \$

1150.00

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.)

\$\frac{22,325,60}{}\$

2. Amount received this period – unitemized monetary contributions of less than \$100 \$ 5, 117-61

*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 A	
Monetary Contributions	Received

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

SCHEDULE Statement covers period CALIFORNIA FORM

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	AR	PER ELECTION TO DATE (IF REQUIRED)
11/1/21	MIKE GIBSON LONG BEACH 90802	ZIND COM OTH PTY	ELECTED OFFICIAL ASSEMBLY	300.00	300.	00	
11/1/21	KATHERINE PYNOOS LOS ANGELES 90028	ZIND COM OTH PTY	NOT EMPLOYED	250.00	250.	00	
10/30/21	JOSEPHIE BROSAS CERRITOS 90713	☑IND □COM □OTH □PTY □SCC	ATTY LEWIS, BRISBOE	150.00	150.	00	
11/1/21	GRACE MERCADO PASADENA 91105	COM COM OTH PTY	OWNER SKILLED NURSING	500.00	500.	00	
11/1/21	MEL ILOMIN PASADENA 91106	IND COM	COUNCIL AIDE LA CD 1	150.00	150.	00	

Schedule A Summary

2. Amount received this period – unitemized monetary contributions of less than \$100 \$ 5,112.61

3. Total monetary contributions received this period.

(Add Lines 1 and 2 Enter have

*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 A	
Monetary Contributio	ns Received

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

SCHEDULE Statement covers period CALIFORNIA FORM Page 8

NAME OF FILER I.D. NUMBER IF AN INDIVIDUAL, ENTER AMOUNT CUMULATIVE TO DATE PER ELECTION FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR DATE CONTRIBUTOR OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) RECEIVED THIS PERIOD CALENDAR YEAR (JAN. 1 - DEC. 31) TO DATE (IF REQUIRED) (IF COMMITTEE, ALSO ENTER ID NUM CODE * Z IND COM OTH PTY SCC CRIS BAYANI HERO III NOT EMPLOYED 11/1/21 250.00 250.00 LOS ANGELES 90004 ZIND COM OTH PTY SCC **DULCE VASQUEZ** DIRECTOR 10/30/21 250.00 250.00 ARIZONA STATE LOS ANGELES 90014 **Z**IND COM OTH PTY SCC **CHRIS LIBAN EXECUTIVE** 11/1/21 250.00 250.00 LA COUNTY LOS ANGELES 90045 ZIND FAISAL GIL COM OTH PTY ATTY 11/1/21 250.00 250.00 GIL LAW FIRM PORTER RANCH 91326 SCC ZIND HILDA SOLIS COM OTH PTY SCC **ELECTED OFFICIAL** 11/1/21 1000.00 1000 00 LA COUNTY **VENTURA** SUBTOTAL \$ 2000.00 Schedule A Summary *Contributor Codes

1. Amount received this period - itemized monetary contributions. \$ 22,325,60 (Include all Schedule A subtotals.) s 5,112.61

2. Amount received this period - unitemized monetary contributions of less than \$100

3. Total monetary contributions received this period.

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)

Schedule	A	
Monetary	Contributions	Received

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

SCHEDULE Statement govers period CALIFORNIA FORM

DATE RECEIVED	FULL NAME. STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR HE COMMUTEE. ALSO ENTERLD NUMBERS	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER IF SELF-EMPLOYED ENTER NAME OF EVSINESS:	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
11/1/21	MARLA MIYAKO PORTER RANCH 91326	COM COM OTH PTY SCC	LOAN PROCESSOR NEW AMERICANA	150.00	150.00	
11/1/21	JONATHAN YANG LA 90027	ZIND COM COTH PTY SCC	ATTY OMALVERY	150.00	150.00	
11/1/21	LEO BATO GRANADA HILLS 91344	ZIND COM OTH PTY SCC	REALTOR DREAM ABOUT	1000.00	1000.00	
11/1/21	SONIA DALEN SAN FRAMCISCO 94116	COM COM COTH PTY SCC	MGR BOFA	500.00	500.00	
11/1/21	SARA HERNANDEZ LOS ANGELES 90113	IND COM	ELECTED OFFICIAL LA CITY	250.00	250.00	

Schedule A Summary

	Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)	\$	22,325.00
2	Amount received this period – uniternized monetary contributions of less than \$100	S	5,112,61

27,437,61 3. Total monetary contributions received this period.

*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 A
Monetary Contributions Received

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

SCHEDULE Statement covers period CALIFORNIA FORM Page 10

NAME OF FILER LD. NUMBER IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS) PER ELECTION TO DATE AMOUNT RECEIVED THIS CUMULATIVE TO DATE FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I D NUMBER) CONTRIBUTOR DATE RECEIVED CALENDAR YEAR (JAN. 1 - DEC. 31) CODE * (IF REQUIRED) PERIOD ZIND ARLENE KAMPILLA COM OTH PTY SCC SELF 150.00 150.00 11/1/21 , CERRITOS UNSPECIFIED ZIND JED LEANO □сом □отн ATTY SELF 150.00 150.00 11/1/21 PTY CLAREMONT, CA 91711 **IND** COM OTH PTY SCC **AUDRY SORIANO** SR. ASSOCIATE 11/1/21 250.00 250.00 , BURBANK 92505 SILICON VALLEY **₹**IND JOHN MINA COM OTH PTY SCC HR 11/1/21 150.00 150.00 **EMPLOYEE LA RESEDA 91335** COUNTY COM OTH PTY SCC NICHELLE HENDERSON CAL STATE EMPLOYEE 500.00 500.00 11/1/21 GARDENA 91249 SUBTOTAL\$ 1200.00 Schedule A Summary *Contributor Codes IND - Individual COM - Recipient Committee

1.	Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)	\$ 2	2,	325-0	0
2.	Amount received this period – uniternized monetary contributions of less than \$100	\$_	5,	112.6	1

3. Total monetary contributions received this period.

(other than PTY or SCC) OTH - Other (e.g., business entity

PTY - Political Party

SCC - Small Contributor Committee

Schedule	A	
Monetary	Contributions	Received

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period om 10/1/2 f CALIFORNIA 460 FORM FORM

SEE INSTRUCTIONS ON REVERSE NAME OF FILER LD NUMBER AMOUNT CUMULATIVE TO DATE PER ELECTION IF AN INDIVIDUAL ENTER FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER ID NUMBER) DATE CONTRIBUTOR OCCUPATION AND EMPLOYER

IF SELF-EMPLOYED ENTER NAME

OF BUSINESS; RECEIVED THIS CALENDAR YEAR (JAN. 1 - DEC. 31) TODATE (IF REQUIRED) PERIOD OTH SCC VICKY GEAGA NURSE 11/1/21 125.00 250.00 , LOS ANGELES 90026 ZIND COM OTH PTY SCC EDITH WINTERHAULT **PROFESSOR** 10/30/21 150.00 150.00 , NORTHRIDGE 91325 ZIND COM OTH PTY SCC **DEEPA SHARMA** ATTY. 10/30/21 250.00 250.00 **BURKE & WILLIS** LAFAYETTE, CA 94549 ZIND CARINA FORSYTH СОМ **EXECUTIVE** 10/30/21 250.00 250.00 US DISTRICT ATTY PTY FILLMORE □scc ZIND MIA PORTER СОМ SELF 150.00 11/1/21 150.00 LOS ANGELES UNSPECIFIED PTY SUBTOTAL \$ 925.00

Schedule A Summary

	. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)	 12,32500
		5,112.61
4.	. Amount received this period – unitemized monetary contributions of less than \$100	

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)

TOTAL \$ 27.437,61

*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	A	
Monetary	Contributions	Received

Type or print in ink. to whole dollars.

SCHEDULE A Statement covers period from 10 1 21 CALIFORNIA FORM Page 12 of 25 LD. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTERLO, NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF BELF-BAIFLOYED, ENTER HAME OF BURNESS)	RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/1/21	IMMANUEL HOSPICE INC ARCADIA, CA	IND COM ZOTH PTY	HOSPICE BUSINESS	1000.00	1000.00	
10/30/21	ANNIE CHO LOS ANGELES, CA	ZIND COM OTH PTY	SELF REALTOR	150.00	150.00	
10/30/21	VIRGINIA HARRIS ORANGE, CA	COM COM COTH PTY SCC	SELF INVESTOR	150.00	150.00	
11/4/21	SAN FRANCISCO ENFORCEMENT id 1438145	DIND COM OTH PTY SCC		500.00	500.00	
11/30/21	EMMA HILARIO LA VERNE 91750	COM COM OTH PTY	RETIRED	250.00	350.00	

SUBTOTALS 2050-

Schedule	A Su	mmary
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1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ...

2. Amount received this period - uniternized monetary contributions of less than \$100

TOTAL \$ 27, 437,61 3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..

*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

Schedule A Monetary Contributions Received		Type or print in inic. Amounts may be rounded to whole dollars.		Statement covers period from 10/1/2/		CALIFORNIA 460			
SEE INSTRUCTION	ONS ON REVERSE			through /2/31	121	Page	13 or 25		
NAME OF FILER						I.D. NUI	MBER		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR OF COMMITTEE, ALSO EXTER LD. NUMBERS	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (F BELF-EMPLOYER, BITER HAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)		
10/30/21	BERNARDITA ALLESANDRE LOS ANGELES, CA	DIND COM	CARE AGENCY SELF	1000.00	1000.00		1000.00		
10/30/21	CELIA AND GEORGE DY 1713 APEX, LOS ANGELES	CIND COM OTH PTY	GROCAL ENTERPRISES SELF	300.00	300		300		24
10/29/21	JAIME GEAGA LOS ANGELES	COM OTH PTY	RETIRED	1000.00	2000	.00			
10/31/21	JANET NEPALES LOS ANGELES, CA	COM OTH PTY SCC	MANILA BULLETIN NEWSREPORTER	300.00	300.00				
10/23/21	RENATO GALANO BELLFLOWER, CA	COM OTH PTY	RETIRED	150.00	150	.00			
			SUBTOTAL	\$ 2750.00					
Schedule	A Summary		- Steal - I Was - I Wa	BETTER THE TOTAL STATE OF THE S	*Cor	tributor C	odes		

2. Amount received this period – uniternized monetary contributions of less than \$100 \$ 5,1(2,6)

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here...

"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 A
Monetary Contributions Received

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

SCHEDULE A CALIFORNIA FORM Page 14 or 25 I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (F COMMITTEE, ALSO EXTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF SUSINESS)	RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
YOUNG DEMS ID 921188	□IND IZCOM □OTH □PTY □SCC		250.00	250.00	
LONG BEACH DEMS ID 1425861	□IND □COM □OTH □PTY □SCC		250.00	250.00	
COMMUNITY COLLEGE ELECTED OFFICIAL ID 1438882	☐IND ☐COM ☐OTH ☐PTY ☐SCC		250.00	250.00	
NO. HOLLYWOOD YOUNG DEMS ID 1274758	COM COM OTH PTY	-	750.00	750.00	
ELECTED ASSEMBLY MEMBER ID 1434630	IND SICOM OTH PTY SCC		1,000.00	1,000.00	
The same of the sa	YOUNG DEMS ID 921188 LONG BEACH DEMS ID 1425861 COMMUNITY COLLEGE ELECTED OFFICIAL ID 1438882 NO. HOLLYWOOD YOUNG DEMS ID 1274758 ELECTED ASSEMBLY MEMBER	YOUNG DEMS ID 921188 LONG BEACH DEMS ID 1425861 COMMUNITY COLLEGE ELECTED OFFICIAL ID 1438882 NO. HOLLYWOOD YOUNG DEMS ID 1274758 ELECTED ASSEMBLY MEMBER ID 1434630 CONTODE ** COMMUNITY COLLEGE OFFICIAL ID 10 1274758 COMMUNITY COLLEGE OFFICIAL ID 10 1274758	YOUNG DEMS ID 921188 LONG BEACH DEMS ID 1425861 COMMUNITY COLLEGE ELECTED OFFICIAL ID 1438882 NO. HOLLYWOOD YOUNG DEMS ID 1274758 ELECTED ASSEMBLY MEMBER ID 1434630 CONTRIBUTOR (F SELI-EMPLOYED AND EMPLOYER (F SELI-EMPLOYED AND EMPLOYED (F SELI-EMPLOYED (F	COMMUNITY COLLEGE ELECTED OFFICIAL ID 1438882 COMMUNITY COLLEGE ELECTED OFFICIAL ID 1438882 COMMUNITY COLLEGE ELECTED OFFICIAL ID 1274758 COMMUNITY COLLEGE ELECTED OFFICIAL ID 1434630 CONTRIBUTOR COCCUPATION AND EMPENMENT IN PERIOD COCCUPATION AND EMPLOYER RECEIVED THIS PERIOD COMMUNITY COLLEGE EMPENMENT IN PERIOD COCCUPATION AND EMPLOYER RECEIVED THIS PERIOD COCCUPATION AN	CONTRIBUTION CODE * CONTRIBUTION CODE * CONTRIBUTION CODE * CODE *

Schedule A Summary

s 22,325.00 s 5,112.61 1. Amount received this period -- itemized monetary contributions. (Include all Schedule A subtotals.) 2. Amount received this period - unitemized monetary contributions of less than \$100 ...

3. Total monetary contributions received this period. *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

	A (Continuation Sheet)	Type or price	nt in Ink.				SCHEDULE A (C	ON
Monetary Contributions Received				Statement cover	/2021	CALIFORNIA 460		
				through12/3	1/2021	Page /	5 01 25	-
PILIPINO A	AMERICAN LOS ANGELES DEMOCRATS					10 NUM 142155		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER LO. MARGER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SEU-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN, 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED	
11/2/21	MANGABAT SERVICES LOS ANGELES, CA	COM COM COM COTH PTY SCC	HOME SERVICES BUSINESS	1000.00	1,000.00			
10/30/21	FLOR AMAZAN BAKERSFILED, CA	□ COM □ COM □ OTH □ PTY □ SCC	VFP HOME SERV, LLC BAKERSFIELD, CA	500.00	500.00			
10/26/21	ISAAC BRYAN, CANDIDATE ID 1435259	DEND DOTH DTY SCC	CANDIDATE	250.00	250.00			
10/18/21	LONG BEACH DEMOCRATS ID 1269743	□IND □COM □OTH ☑PTY □SCC	DEM PARTY	500.00	500.00			
10/28/21	CANDIDATE FOR SUPERVISOR ID 1437724	DIND DICOM OTH PTY SCC	CANDIDATE	250.00	250.	00		
			SUBTOTAL	\$ 2,500.00				

*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

ry Contributions Received		to whole dollars.		from 10/1/2	-1	FORM 460		
cno	NS ON REVERSE			through 12/3	3/ 2/ Page		ge 16 of 25	
ER						LD. NU	MBER	
ED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (#COMMITTEL.ALSO ENTER LO. MARKEN)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER OF SELF-ENPLOYED, ENTER NAME OF BUSINESSO	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR 1 (JAN. 1 - DEC	YEAR	PER ELECTION TO DATE (IF REQUIRED)	
11	CHERRISA CLEOFFA BUENA PARK 90620	ZIND COM OTH PTY	ATTY KEISEL LAW	150.00	150	0.00		
		COM COM OTH PTY						
		OTH SCC						
		COM COM OTH PTY						
		GOM GOTH FTY SCC						
			SUBTOTAL	\$ 150.00				
ule A Summary Introceived this period – itemized monetary contributions. de all Schedule A subtotals.)						*Contributor Codes IND Individual COM Recipient Committee (other than PTY or SCC)		
mone	nonetary contributions received this period. \$5112.6/\$ sometary contributions received this period. ines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)					Y-Politics	(e.g., business entity) d Party Contributor Committee	
LINE	. Tone a Line incomo on the contract y Page, Con	mary care t.	,	FPPC	Toti-Free Helplin		Form 460 (January)(SK-FPPC (886/275-37)	

SCHEDULE A

	Type or print in ink.						SCHEDULE B-PART 1		
Schedule B – Part 1 Loans Received	Am	Statement covered 10/0	rers period 1/2021	CALIFORNIA 460					
SEE INSTRUCTIONS ON REVERSE					through 12/	31/2021	Page 17	01025	
NAME OF FILER							I.D. NUMBER		
PILIPINO AMERICAN LOS ANGELES D	EMOCRATS						1421550		
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (F COMMITTEE, ALSO DITTER LD, NAMEER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (F SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	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	
HOIL TOTAL ON				1				1	
				FOROMEN		RATE		PER ELECTION**	
TO NO COM COTH CPTY CSC		3	4	8	DATEDUE	8	DATE NICURRED	8	
				PAID				CALDIDAR YEAR	
				8			1	3	
				FORGIVEN		BATE		PER ELECTION **	
		8		6	_	8		1	
TO IND COM OTH PTY Sec					DATE DUE		DATE INCURRED		
				☐ PAID				CALENDAR YEAR	
				8	_		8	8	
				FORGIVEN		none.		PER ELECTION**	
TO IND COM COTH PTY CSC			1	8	DATE DUE	3	DATE INCURRED	1	
		SUBTOTALS	\$	\$	3	s	—	CONTRACTOR OF THE STATE OF	
						(Enter(e) on			
Schedule B Summary						Schedule E. Line 3)		
Loans received this period		***************************************		\$ _	0				
(Total Column (b) plus unitemized loan	s of less than \$100.)					1	Contributor Code		
2. Loans paid or forgiven this period	***************************************	***************************************	*******************	\$ _	0		ND - Individual COM - Recipient C	ommittee	
(Total Column (c) plus loans under \$100 paid or forgiven.) (Include loans paid by a third party that are also itemized on Schedule A.)								PTY or SCC) business entity)	
Net change this period. (Subtract Line 2 from Line 1.)					0		SCC - Small Contri		
Enter the net here and on the Summar	y Page, Column A, Line 2.			. 1021 9 _	(bley be a regulive number)				
*Amounts forgiven or paid by another party also	must be reported on Schedule A								
** If required.								460 (January/05	
					FPP(Foll-Free Help	iline: 866/ASK-FP	PC (866/275-3772	

						SCI	HEDULE B-PART	
Schedule B – Part 2 Loan Guarantors	Type or print in ink. Amounts may be rounded to whole dollars.			Statement covers period 10/01/2021		CALIFOR	CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE					through 12/31/2021		a 25	
NAME OF FILER PILIPINO AMERICAN LOS ANGELES DE	1.0. NUMBER 1421550							
FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (F COMMITTEE ALSO ENTERED NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER OF SELF-EMPLOYED, ENTER NAME OF BUSINESS!	LOAN		AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE	
NON TO REPORT	□IND □COM		LENDER			CALENDAR YEAR		
	□OTH □PTY □SCC	-	DATE			PER ELECTION (IF REQUIRED)		
						1		
	COM		LEHOER			CALENDAR YEAR		
	□отн □РТҮ		DATE			PER ELECTION (IF REQUIRED)		
	□scc					\$		
	□ND □COM		LENGER			S		
	□ OTH □ PTY □ SCC		DATE			(IF REGURED)		
	□ND □COM		LENDER			CALENDAR YEAR		
	□OTH □PTY	□OTH □PTY		DATE			PER ELECTION (IF REQUIRED)	
	□scc					5		

FPPC Form 460 (January/05) FPPC Toil-Free Helptine: 866/ASK-FPPC (866/275-3772)

SUBTOTAL \$

Schedule E **Payments Made**

Type or print in ink. Amounts may be rounded to whole dollars. Statement covers period 10/01/2021 12/31/2021

through

CALIFORNIA FORM

19

I.D. NUMBER 1421550

460

0125

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.

MBR member communications RAD radio sirtime and production costs RFD returned contributions MTG meetings and appearances OFC office expenses

CMP campaign paraphemalia/misc.
CMS campaign consultants.
CTB contribution (explain nonmonetary)*
CVC civic donations SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meets PET petition circulating FIL candidate filing/ballot fees PHO phone banks POL polling and survey research FND fundraising events TRS staff/spouse travel, lodging, and meets TSF transfer between committees of the same candidate/sponsor

ND independent expenditure supporting/opposing others (explain)* LEG legal defense POS postage, delivery and messenger services PRO professional services (legal, accounting) VOT voter registration
WEB information technology costs (internet, e-mail) campaign literature and mailings PRT print ada

PIAME AND ADDRESS OF PAYEE (IF COMMITTEE ALSO ENTER ID. MUSIRIER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
TOMMY GONZALES COVINA, CA.	FND	FOOD FOR EVENT	NOLUNTEERS OF FUNDRAISING	109.00
SHEKINAH DEOCARES LOS ANGELES, CA	FND	MAILING EX	XPENSES FOR FUNDRAISING EVENT	67.31
BIANCA NEPALES GERVACIO SUNLAND, CA	FND	SCREEN, V	1,764.40	
Payments that are contributions or independent expanditures must a	also be summarized on S	chedule D.	SUBTOTAL	\$ 1,940.71
Schedule E Summary				
1. Itemized payments made this period. (Include all Schedule E sul	ototals.)		\$ _	2,762.22
2. Unitemized payments made this period of under \$100	************************	*************	\$	0
3. Total interest paid this period on loans, (Enter amount from Sche	dule B. Part 1. Column	(e).)	ss_	0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)				

FPPC Toff-Free Halptine: 866/ASK-FPPC (866/275-3772)

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

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

PRT

print ada

SCHEDULE E (CONT.) Statement covers period CALIFORNIA 10/01/2021 FORM 12/31/2021 Page 20

I.D. NUMBER

1421550

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

CMP campaign paraphernalia/misc.

CVC civic donations Fil. candidate filing/ballot fees

campaign consultants contribution (explain nonmonetary)*

campaign literature and mailings

CNS

PILIPINO AMERICAN LOS ANGELES DEMOCRATS

FND fundraising events
ND independent expenditure supporting/opposing others (explain)*
LEG legal defense

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. MBR member communications RAD radio airlime and production costs MTG MTG meetings and appearances OFC office expenses RFD returned contributions SAL campaign workers' salaries petition circulating PET TEL. t.v. or cable airtims and production costs TRC

PHO phone banks POL polling and survey research candidate travel, lodging, and meets staff/spouse travel, lodging, and meets TRS POS postage, delivery and messenger services PRO professional services (legal, accounting)

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

NAME AND ADDRESS OF PAYEE OF COMMITTEE ALSO ENTER LD. NUMBERS CODE DESCRIPTION OF PAYMENT AMOUNT PAID OR JESSICA CALOZA REIMBURSEMENT FOR MESSENGER SERVICES FND FOR FUNDRAISING EVENT 628.16 LOS ANGELES, CA. 90057 JESSICA CALOZA LACDP DUES, ZOOM DUES, FACEBOOK OFC **EXPENSES** 193.05 LOS ANGELES, CA. 90057

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

SUBTOTAL \$

821.51

Schedule F Type or print in init. CALIFORNIA Statement covers period Amounts may be rounded to whole dollars. Accrued Expenses (Unpaid Bills) FORM 10/01/2021 Page 21 of 25 12/31/2021 SEE INSTRUCTIONS ON REVERSE LD NUMBER PILIPINO AMERICAN LOS ANGELES DEMOCRATS 1421550 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. campaign paraphemalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants RFD returned contributions meetings and appearances OFC office expenses PET petition circulating SAL campaign workers' salaries
TEL tv or cable airtime and production costs CTB contribution (explain nonmonetary)* CVC civic donations candidate filing/ballot fees PHO phone banks candidate travel, lodging, and meals FND fundraising events TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponsor POL poling and survey research independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services professional services (legal, accounting) POS LEG legal defense VOT voter registration III campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail) (d) OUTSTANDING (c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON II) (b) AMOUNT INCURRED THIS PERIOD (a) OUTSTANDING CODE OR NAME AND ADDRESS OF CREDITOR OF COMMITTEE, ALSO ENTER LD, MANHERD DESCRIPTION OF PAYMENT **BALANCE BEGINNING** BALANCE AT CLOSE OF THIS PERIOD OF THIS PERIOD NONE TO REPORT 0 ions or independent expenditures must also be SUBTOTALS \$ 0 arized on Schedule D. Schedule F Summary 1. Total accrued expenses incurred this period. (Include all Schedule F. Column (b) subtotals for 0INCURRED TOTALS \$ accrued expenses of \$100 or more, plus total uniternized accrued expenses under \$100.)..... 2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on 0PAID TOTALS \$ accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) 3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and 0 on the Summary Page, Column A, Line 9.) NET \$ May be a negative number

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills) Type or print in ink. to whole dollars.

ent covers period 10/01/2021

12/31/2021 through

SCHEDULE F (CONT.) CALIFORNIA FORM

Page 2Z

ID NUMBER

1421550

NAME OF FILER

PILIPINO AMERICAN LOS ANGELES DEMOCRATS

CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events

independent expenditure supporting/opposing others (explain)*

LEG legal defense LIT campaign literature and mailings

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. MBR member communications MTG meetings and appearances

OFC office expenses PET petition circulating PHO phone banks

POL polling and survey research

POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ada

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 meats TRS staff/spouse travel, lodging, and meats

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	(4) 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					
	SUBTOTALS	\$	\$	\$	\$ (

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee) SEE INSTRUCTIONS ON REVERSE	Amo	ype or print in ink. unts may be rounded to whole dollers.	Statement covers period from 10/01/2021 through 12/31/2021	CALIFORNIA 460 FORM 45
NAME OF FILER				LO. NUMBER
PILIPINO AMERICAN LOS ANGELES DEMOCRATS NAME OF AGENT OR INDEPENDENT CONTRACTOR				1421550
CODES: If one of the following codes accurately describ CMP campaign paraphernalia/misc. CMS campaign consultarits CTB contribution (explain nonmonetary)* CVC clvc donations FIL candidate fising/ballot fees FIND independent expenditure supporting/opposing others (explain)* LEG legal defense LT campaign literature and mailings	MER members MTG meetings OFC office ex PET petition of PHO phone be POL polling ar POS postage, PRO professio PRT print ade	communications and appearances penses irculating inks id survey research delivery and messenger sen nal services (legal, eccounting	RAD radio airtime and products RFD returned contributions SAL campaign workers' salarie TEL tv. or cable airtime and pi TRC candidate travel, lodging, or TRS staff/spouse travel, lodging, or travel travel travel.	on costs es roduction costs and meats g, and meats es of the same candidate/sponsor
* Payments that are contributions or Independent expenditures must all NAME AND ADDRESS OF PAYEE OR CREDITOR	so be summarized	con Schedule D.	DESCRIPTION OF PAYMENT	AMOUNT PAID
NONE TO REPORT				

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

* Do not transfer to any other schedule or to the Summery 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*		Amounts m	print in ink. ay be rounded le dollars.		Statement cov	ers period 1/2021	CALIFORN FORM	A 460
SEE INSTRUCTIONS ON REVERSE					through 12/3	31/2021	Page 36/	01 25
NAME OF FILER							I.D. NUMBER	
PILIPINO AMERICAN LOS ANGELES I	DEMOCRATS						1421550	
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, AUGO ENTER LD NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER OF BELFEMPLOYED, ENTER NAME OF BUSINESS	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT LOANED THIS PERIOD	REPAYMENT OF FORGIVENESS THIS PERIOD	CLOSE OF THIS	(N) (NTEREST RECEIVED	ORIGINAL AMOUNT OF LOAN	CUMBILATIVE LOANS TO DATE
NONE TO REPORT				5	4	%	,0	CALENDAR YEAR
				FORGINEN		8000		PER ELECTION*
					DATE DUE		DATE NOURRED	
				☐ PAID				CALENDAR YEAR
				FORGMEN	1	NOE N	1	PER ELECTION ^a
		8	3	3	DATE DUE	*	DATE INCURRED	1
*Loans that are contributions to another candle must also be summarized on Schedule D. Loan also be reported on Schedule E.		SUBTOTALS	s	s	s	s		
						(Enter (e) on Schedule 1, Line 3	1	
Schedule H Summary								
Loans made this period (Total Column (b) plus unitemized loans	s of less than \$100.)	********************			\$		_ [**If Required
Payments received on loans (Total Column (c) plus uniternized payments	nents of less than \$100.)	***************		***************	\$	()	
Net change this period. (Subtract Line (Enter the net here and on the Summa					NET \$	y be a regaine numb	<u>)</u>	

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

Miscellaneous Increases to Cash to whole		Type or print in Ink. Amounts may be rounded to whole dollars.	WOM	1/2021	CALIFORNIA 460 FORM 25
AME OF FILER PILIPINO AI	MERICAN LOS ANGELES DEMOCRATS			1.b. NUMBER 1421550	
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE OF COMMITTEE, ALSO ENTER LD. HUMBER)	DE	SCRIPTION OF RECEIF	т	AMOUNT OF INCREASE TO CASH
	NONE TO REPORT				0
Attach add	litional information on appropriately labeled continuation sheets.			SUBTOTAL S	0
	1 Summary			0	
	increases to cash this period			0	
	ed increases to cash of under \$100 this period				
	I interest received this period on loans made to others. (Sche-		\$ _	0	
	cellaneous increases to cash this period. (Add Lines 1, 2, and Page, Line 14.)		TOTAL \$_	0	
			FPP	Toll-Free Helpline:	FPPC Form 460 (January/05) 866/ASK-FPPC (866/275-3772)