# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

**For An Authorized Committee**

Office Use Only

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

TOOMIM FOR CONGRESS

ADDRESS (number and street) ▼ 1112 MONTANA AVE., NO. 3-88

☐ Check if different than previously reported. (ACC)

SANTA MONICA (CITY ▲) CA (STATE ▲) 90403 – (ZIP CODE ▲)

2. **FEC IDENTIFICATION NUMBER ▼** C C00776948

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

STATE ▼ DISTRICT: CA 00

**4. TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
- ☐ July 15 Quarterly Report (Q2)
- ☒ October 15 Quarterly Report (Q3)
- ☐ January 31 Year-End Report (YE)
- ☐ Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
☐ Convention (12C) ☐ Special (12S)

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

(c) 30-Day **POST**-Election Report for the:

☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

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

5. Covering Period 07/01/2025 through 09/30/2025

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

Type or Print Name of Treasurer: Kiger, Robert, , ,

Signature of Treasurer: *Kiger, Robert, , ,* Date: 10/15/2025

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

| Office Use Only | | | | | | | |
|---|---|---|---|---|---|---|---|

Image# 202510169791604537

# SUMMARY PAGE
of Receipts and Disbursements

FEC **Form 3** (Revised 03/2016)

Write or Type Committee Name

TOOMIM FOR CONGRESS

Report Covering the Period: From: 07 / 01 / 2025 To: 09 / 30 / 2025

| | COLUMN A This Period | COLUMN B Election Cycle-to-Date |
|---|---|---|
| 6. Net Contributions (other than loans) | | |
| (a) Total Contributions (other than loans) (from Line 11(e)) .... | 0.00 | 16230.00 |
| (b) Total Contribution Refunds (from Line 20(d)) ..... | 0.00 | 0.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) ..... | 0.00 | 16230.00 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) ..... | 2063.73 | 16825.42 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 0.00 | 1062.98 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) ..... | 2063.73 | 15762.44 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 374.58 | |
| 9. Debts and Obligations Owed **TO** the Committee (Itemize all on Schedule C and/or Schedule D) ..... | 785.70 | |
| 10. Debts and Obligations Owed **BY** the Committee (Itemize all on Schedule C and/or Schedule D) ..... | 7695.47 | |

**For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov.**

Image# 202510169791604538

# DETAILED SUMMARY PAGE
of Receipts

FEC **Form 3** (Revised 05/2016)

Write or Type Committee Name

TOOMIM FOR CONGRESS

Report Covering the Period: From: 07 / 01 / 2025 To: 09 / 30 / 2025

| I. RECEIPTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|---|---|---|
| 11. CONTRIBUTIONS (other than loans) FROM: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A) | 0.00 | 15800.00 |
| (ii) Unitemized | 0.00 | 430.00 |
| (iii) TOTAL of contributions from individuals ▶ | 0.00 | 16230.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) The Candidate | 0.00 | 0.00 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)) | 0.00 | 16230.00 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 13. LOANS: | | |
| (a) Made or Guaranteed by the Candidate | 0.00 | 25.00 |
| (b) All Other Loans | 0.00 | 0.00 |
| (c) TOTAL LOANS (add Lines 13(a) and (b)) | 0.00 | 25.00 |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) | 0.00 | 1062.98 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.) | 0.00 | 0.00 |
| 16. **TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4) ▶ | 0.00 | 17317.98 |

# DETAILED SUMMARY PAGE

of Disbursements

FEC **Form 3** (Revised 05/2016)

## II. DISBURSEMENTS

| | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|---|---|---|
| 17. OPERATING EXPENDITURES | 2063.73 | 16825.42 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate | 0.00 | 1191.90 |
| (b) Of All Other Loans | 0.00 | 0.00 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)) | 0.00 | 1191.90 |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)) | 0.00 | 0.00 |
| 21. OTHER DISBURSEMENTS | 0.00 | 0.00 |
| 22. **TOTAL DISBURSEMENTS** (add Lines 17, 18, 19(c), 20(d), and 21) ▶ | 2063.73 | 18017.32 |

## III. CASH SUMMARY

| | |
|---|---|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD | 2438.31 |
| 24 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3) | 0.00 |
| 25. SUBTOTAL (add Line 23 and Line 24) | 2438.31 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) | 2063.73 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25) | 374.58 |

Image# 202510169791604540

# SCHEDULE B (FEC Form 3)
# ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21





NAME OF COMMITTEE (In Full)
TOOMIM FOR CONGRESS

**A.**
Full Name (Last, First, Middle Initial)
Enterprise Rent-A-Car
Mailing Address 600 Corporate Park Drive,
City: St. Louis | State: MO | Zip Code: 63105
Purpose of Disbursement: Car Rental
Category/Type: 002
Candidate Name: TOOMIM FOR CONGRESS
Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 00
Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 14 / 2025
FEC Identification Number: C C00776948
Amount of Each Disbursement this Period: 444.76
**Transaction ID : SB17.5679**
☐ Memo Item

**B.**
Full Name (Last, First, Middle Initial)
Enterprise Rent-A-Car
Mailing Address 600 Corporate Park Drive,
City: St. Louis | State: MO | Zip Code: 63105
Purpose of Disbursement: Car Rental
Category/Type: 002
Candidate Name: TOOMIM FOR CONGRESS
Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 00
Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 08 / 19 / 2025
FEC Identification Number: C C00776948
Amount of Each Disbursement this Period: 118.83
**Transaction ID : SB17.5680**
☐ Memo Item

**C.**
Full Name (Last, First, Middle Initial)
FEC Infusion, LLC
Mailing Address PO Box 3495
City: Palm Beach | State: FL | Zip Code: 33480
Purpose of Disbursement: Reporting & Compliance
Category/Type: 001
Candidate Name: TOOMIM FOR CONGRESS
Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 00
Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 14 / 2025
FEC Identification Number: C C00776948
Amount of Each Disbursement this Period: 500.00
**Transaction ID : SB17.5682**
☐ Memo Item

**SUBTOTAL** of Disbursements This Page (optional) ▶ 1,063.59

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

Image# 202510169791604541

# SCHEDULE B (FEC Form 3)
# ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21





NAME OF COMMITTEE (In Full)
TOOMIM FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)
FEC Infusion, LLC

Mailing Address PO Box 3495

City: Palm Beach | State: FL | Zip Code: 33480

Purpose of Disbursement: Reporting & Compliance
Category/Type: 001

Candidate Name: TOOMIM FOR CONGRESS

Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 00

Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 09 / 04 / 2025

FEC Identification Number: C C00776948

Amount of Each Disbursement this Period: 250.00

**Transaction ID : SB17.5681**

☐ Memo Item

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**B.** Full Name (Last, First, Middle Initial)
Lyft

Mailing Address 185 Berry St
Suite 400

City: San Francisco | State: CA | Zip Code: 94107

Purpose of Disbursement: Travel/Ground Transportation
Category/Type: 002

Candidate Name: TOOMIM FOR CONGRESS

Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 00

Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 07 / 21 / 2025

FEC Identification Number: C C00776948

Amount of Each Disbursement this Period: 38.22

**Transaction ID : SB17.5685**

☐ Memo Item

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**C.** Full Name (Last, First, Middle Initial)
Lyft

Mailing Address 185 Berry St
Suite 400

City: San Francisco | State: CA | Zip Code: 94107

Purpose of Disbursement: Travel/Ground Transportation
Category/Type: 002

Candidate Name: TOOMIM FOR CONGRESS

Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 00

Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 07 / 21 / 2025

FEC Identification Number: C C00776948

Amount of Each Disbursement this Period: 29.40

**Transaction ID : SB17.5686**

☐ Memo Item

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**SUBTOTAL** of Disbursements This Page (optional) ▶ 317.62

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

# SCHEDULE B (FEC Form 3)
# ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21





NAME OF COMMITTEE (In Full)
TOOMIM FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)
Lyft

Mailing Address 185 Berry St
Suite 400

City: San Francisco | State: CA | Zip Code: 94107

Purpose of Disbursement: Travel/Ground Transportation
Category/Type: 002

Candidate Name: TOOMIM FOR CONGRESS

Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 00

Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 08 / 07 / 2025

FEC Identification Number: C C00776948

Amount of Each Disbursement this Period: 35.82

**Transaction ID : SB17.5683**

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)
Lyft

Mailing Address 185 Berry St
Suite 400

City: San Francisco | State: CA | Zip Code: 94107

Purpose of Disbursement: Travel/Ground Transportation
Category/Type: 002

Candidate Name: TOOMIM FOR CONGRESS

Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 00

Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 08 / 07 / 2025

FEC Identification Number: C C00776948

Amount of Each Disbursement this Period: 35.99

**Transaction ID : SB17.5684**

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)
Patriot Mobile

Mailing Address 3341 Regent Blvd
STE 352

City: Irving | State: TX | Zip Code: 75063

Purpose of Disbursement: Mobile Phone
Category/Type: 001

Candidate Name: TOOMIM FOR CONGRESS

Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 00

Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 08 / 04 / 2025

FEC Identification Number: C C00776948

Amount of Each Disbursement this Period: 84.23

**Transaction ID : SB17.5677**

☐ Memo Item

**SUBTOTAL** of Disbursements This Page (optional) ▶ 156.04

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

# SCHEDULE B (FEC Form 3)
# ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21





NAME OF COMMITTEE (In Full)
TOOMIM FOR CONGRESS

**A.**
Full Name (Last, First, Middle Initial)
Patriot Mobile
Mailing Address 3341 Regent Blvd
STE 352
City: Irving | State: TX | Zip Code: 75063
Purpose of Disbursement: Mobile Phone
Category/Type: 001
Candidate Name: TOOMIM FOR CONGRESS
Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 00
Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 03 / 2025
FEC Identification Number: C C00776948
Amount of Each Disbursement this Period: 84.26
**Transaction ID : SB17.5676**
☐ Memo Item

**B.**
Full Name (Last, First, Middle Initial)
Patriot Mobile
Mailing Address 3341 Regent Blvd
STE 352
City: Irving | State: TX | Zip Code: 75063
Purpose of Disbursement: Mobile Phone
Category/Type: 001
Candidate Name: TOOMIM FOR CONGRESS
Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 00
Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 03 / 2025
FEC Identification Number: C C00776948
Amount of Each Disbursement this Period: 84.27
**Transaction ID : SB17.5678**
☐ Memo Item

**C.**
Full Name (Last, First, Middle Initial)
SixT Rent a Car
Mailing Address PO Box 8188
City: Fort Lauderdale | State: FL | Zip Code: 33310
Purpose of Disbursement: Travel/Car Rental
Category/Type: 002
Candidate Name: TOOMIM FOR CONGRESS
Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 00
Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 08 / 25 / 2025
FEC Identification Number: C C00776948
Amount of Each Disbursement this Period: 47.47
**Transaction ID : SB17.5687**
☐ Memo Item

**SUBTOTAL** of Disbursements This Page (optional) ▶ 216.00

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

Image# 202510169791604544

# SCHEDULE B (FEC Form 3)
# ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21





NAME OF COMMITTEE (In Full)
TOOMIM FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)
SixT Rent a Car

Mailing Address PO Box 8188

City: Fort Lauderdale | State: FL | Zip Code: 33310

Purpose of Disbursement: Travel/Car Rental

Category/Type: 002

Candidate Name: TOOMIM FOR CONGRESS

Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 00

Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 09 / 06 / 2025

FEC Identification Number: C C00776948

Amount of Each Disbursement this Period: 66.18

**Transaction ID : SB17.5689**

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)
SixT Rent a Car

Mailing Address PO Box 8188

City: Fort Lauderdale | State: FL | Zip Code: 33310

Purpose of Disbursement: Travel/Car Rental

Category/Type: 002

Candidate Name: TOOMIM FOR CONGRESS

Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 00

Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 09 / 10 / 2025

FEC Identification Number: C C00776948

Amount of Each Disbursement this Period: 44.30

**Transaction ID : SB17.5688**

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)
Starry, Inc.

Mailing Address 1520 Leander Rd #102

City: Georgetown | State: TX | Zip Code: 78628

Purpose of Disbursement: Website Services/Internet Access

Category/Type: 001

Candidate Name: TOOMIM FOR CONGRESS

Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 00

Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 07 / 28 / 2025

FEC Identification Number: C C00776948

Amount of Each Disbursement this Period: 60.00

**Transaction ID : SB17.5675**

☐ Memo Item

**SUBTOTAL** of Disbursements This Page (optional) ▶ 170.48

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

Image# 202510169791604545

# SCHEDULE B (FEC Form 3)
# ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21





NAME OF COMMITTEE (In Full)
TOOMIM FOR CONGRESS

**A.**
Full Name (Last, First, Middle Initial)
Starry, Inc.
Mailing Address 1520 Leander Rd #102
City: Georgetown | State: TX | Zip Code: 78628
Purpose of Disbursement: Website Services/Internet Access
Category/Type: 001
Candidate Name: TOOMIM FOR CONGRESS
Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 00
Disbursement For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 08 / 28 / 2025
FEC Identification Number: C C00776948
Amount of Each Disbursement this Period: 60.00
Transaction ID : SB17.5672
☐ Memo Item

**B.**
Full Name (Last, First, Middle Initial)
Starry, Inc.
Mailing Address 1520 Leander Rd #102
City: Georgetown | State: TX | Zip Code: 78628
Purpose of Disbursement: Website Services/Internet Access
Category/Type: 001
Candidate Name: TOOMIM FOR CONGRESS
Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 00
Disbursement For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 29 / 2025
FEC Identification Number: C C00776948
Amount of Each Disbursement this Period: 60.00
Transaction ID : SB17.5674
☐ Memo Item

**C.**
Full Name (Last, First, Middle Initial)
Mailing Address
City | State | Zip Code
Purpose of Disbursement
Category/Type
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
FEC Identification Number: C
Amount of Each Disbursement this Period
☐ Memo Item

**SUBTOTAL** of Disbursements This Page (optional) ▶ 120.00

**TOTAL** This Period (last page this line number only) ▶ 2043.73

Image# 202510169791604546

# SCHEDULE C (FEC Form 3)
# LOANS

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



FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
TOOMIM FOR CONGRESS

**Transaction ID : SC/10.5503**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)
Kiger, Robert, , ,

[ ] Memo Item

Mailing Address
PO Box 3495

City: Palm Beach | State: FL | ZIP Code: 33480

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
|---|---|---|
| 25.00 | 0.00 | 25.00 |

**TERMS**

| Date Incurred (MM/DD/YYYY) | Date Due (MM/DD/YYYY) | Interest Rate (If none, enter 0) | Secured: |
|---|---|---|---|
| 01/25/2025 | None | 0.00 % (apr) | [ ] Yes [X] No |

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

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

**SUBTOTALS** This Period This Page (optional) ▶ 25.00

**TOTALS** This Period (last page in this line only) ▶

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**

Image# 202510169791604547

# SCHEDULE C (FEC Form 3)
# LOANS

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



FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
TOOMIM FOR CONGRESS

**Transaction ID : SC/10.4103**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)
TOOMIM, LEAH MELISSA, , ,

[ ] Memo Item

Mailing Address
1112 MONTANA AVENUE #3-88

| City | State | ZIP Code |
|---|---|---|
| SANTA MONICA | CA | 90403 |

Election: 2022
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
|---|---|---|
| 1000.00 | 250.00 | 750.00 |

**TERMS**

| Date Incurred (MM/DD/YYYY) | Date Due (MM/DD/YYYY) | Interest Rate (If none, enter 0) | Secured: |
|---|---|---|---|
| 05/12/2021 | 11/15/2022 | 5.00 % (apr) | [ ] Yes [X] No |

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

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

**SUBTOTALS** This Period This Page (optional) ▶ 750.00

**TOTALS** This Period (last page in this line only) ▶

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**

Image# 202510169791604548

# SCHEDULE C (FEC Form 3)
# LOANS

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



FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
TOOMIM FOR CONGRESS

**Transaction ID : SC/10.4306**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)
TOOMIM, LEAH MELISSA, , ,

☐ Memo Item

Election: 2022
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
1112 MONTANA AVENUE #3-88

| City | State | ZIP Code |
|---|---|---|
| SANTA MONICA | CA | 90403 |

[X] Personal Funds of the Candidate

| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
|---|---|---|
| 19.90 | 0.00 | 19.90 |

**TERMS**

| Date Incurred (MM/DD/YYYY) | Date Due (MM/DD/YYYY) | Interest Rate (If none, enter 0) | Secured: |
|---|---|---|---|
| 06/01/2021 | 11/15/2022 | 5.00 % (apr) | ☐ Yes ☒ No |

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

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

**SUBTOTALS** This Period This Page (optional) ▶ 19.90

**TOTALS** This Period (last page in this line only) ▶

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**

Image# 202510169791604549

# SCHEDULE C (FEC Form 3)
# LOANS

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



FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
TOOMIM FOR CONGRESS

**Transaction ID : SC/10.4307**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)
TOOMIM, LEAH MELISSA, , ,

☐ Memo Item

Election: 2022
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
1112 MONTANA AVENUE #3-88

| City | State | ZIP Code |
|---|---|---|
| SANTA MONICA | CA | 90403 |

[X] Personal Funds of the Candidate

| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
|---|---|---|
| 19.90 | 0.00 | 19.90 |

**TERMS**

| Date Incurred (MM/DD/YYYY) | Date Due (MM/DD/YYYY) | Interest Rate (If none, enter 0) | Secured: |
|---|---|---|---|
| 07/02/2021 | 11/15/2022 | 5.00 % (apr) | ☐ Yes ☒ No |

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

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

**SUBTOTALS** This Period This Page (optional) ▶ 19.90

**TOTALS** This Period (last page in this line only) ▶

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**

Image# 202510169791604550

# SCHEDULE C (FEC Form 3)
# LOANS

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



FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
TOOMIM FOR CONGRESS

**Transaction ID : SC/10.4114**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)
TOOMIM, LEAH MELISSA, , ,

[ ] Memo Item

Mailing Address
1112 MONTANA AVENUE #3-88

City: SANTA MONICA | State: CA | ZIP Code: 90403

Election: 2022
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
|---|---|---|
| 25.00 | 0.00 | 25.00 |

**TERMS**

| Date Incurred (MM/DD/YYYY) | Date Due (MM/DD/YYYY) | Interest Rate (If none, enter 0) | Secured: |
|---|---|---|---|
| 07/19/2021 | 11/15/2022 | 5.00 % (apr) | [ ] Yes [X] No |

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

| | |
|---|---|
| **SUBTOTALS** This Period This Page (optional) ▶ | 25.00 |
| **TOTALS** This Period (last page in this line only) ▶ | |

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**

Image# 202510169791604551

# SCHEDULE C (FEC Form 3)
# LOANS

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



FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
TOOMIM FOR CONGRESS

**Transaction ID : SC/10.4115**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)
TOOMIM, LEAH MELISSA, , ,

- [ ] Memo Item

Election: 2022
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
1112 MONTANA AVENUE #3-88

| City | State | ZIP Code |
|---|---|---|
| SANTA MONICA | CA | 90403 |

- [X] Personal Funds of the Candidate

| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
|---|---|---|
| 600.00 | 500.00 | 100.00 |

**TERMS**

| Date Incurred (MM/DD/YYYY) | Date Due (MM/DD/YYYY) | Interest Rate (If none, enter 0) | Secured: |
|---|---|---|---|
| 07/28/2021 | 11/15/2022 | 5.00 % (apr) | [ ] Yes [X] No |

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

| | |
|---|---|
| **SUBTOTALS** This Period This Page (optional) ▶ | 100.00 |
| **TOTALS** This Period (last page in this line only) ▶ | |

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**

Image# 202510169791604552

# SCHEDULE C (FEC Form 3)
# LOANS

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



FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
TOOMIM FOR CONGRESS

**Transaction ID : SC/10.4308**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)
TOOMIM, LEAH MELISSA, , ,

☐ Memo Item

Election: 2022
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
1112 MONTANA AVENUE #3-88

| City | State | ZIP Code |
|---|---|---|
| SANTA MONICA | CA | 90403 |

[X] Personal Funds of the Candidate

| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
|---|---|---|
| 39.71 | 0.00 | 39.71 |

**TERMS**

| Date Incurred (MM/DD/YYYY) | Date Due (MM/DD/YYYY) | Interest Rate (If none, enter 0) | Secured: |
|---|---|---|---|
| 08/01/2021 | 11/15/2022 | 5.00 % (apr) | ☐ Yes ☒ No |

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

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

| | |
|---|---|
| **SUBTOTALS** This Period This Page (optional) ▶ | 39.71 |
| **TOTALS** This Period (last page in this line only) ▶ | |

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**

Image# 202510169791604553

# SCHEDULE C (FEC Form 3)
# LOANS

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



FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
TOOMIM FOR CONGRESS

**Transaction ID : SC/10.4309**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)
TOOMIM, LEAH MELISSA, , ,

[ ] Memo Item

Mailing Address
1112 MONTANA AVENUE #3-88

City: SANTA MONICA | State: CA | ZIP Code: 90403

Election: 2022
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
|---|---|---|
| 39.70 | 0.00 | 39.70 |

**TERMS**

| Date Incurred (MM/DD/YYYY) | Date Due (MM/DD/YYYY) | Interest Rate (If none, enter 0) | Secured: |
|---|---|---|---|
| 09/01/2021 | 11/15/2022 | 5.00 % (apr) | [ ] Yes [X] No |

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

| | |
|---|---|
| **SUBTOTALS** This Period This Page (optional) ▶ | 39.70 |
| **TOTALS** This Period (last page in this line only) ▶ | |

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**

Image# 202510169791604554

# SCHEDULE C (FEC Form 3)
# LOANS

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



FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
TOOMIM FOR CONGRESS

**Transaction ID : SC/10.4324**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)
TOOMIM, LEAH MELISSA, , ,

[ ] Memo Item

Mailing Address
1112 MONTANA AVENUE #3-88

City: SANTA MONICA | State: CA | ZIP Code: 90403

Election: 2022
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
|---|---|---|
| 39.70 | 0.00 | 39.70 |

**TERMS**

| Date Incurred (MM/DD/YYYY) | Date Due (MM/DD/YYYY) | Interest Rate (If none, enter 0) | Secured: |
|---|---|---|---|
| 10/02/2021 | 11/15/2022 | 5.00 % (apr) | [ ] Yes [X] No |

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

| | |
|---|---|
| **SUBTOTALS** This Period This Page (optional) ▶ | 39.70 |
| **TOTALS** This Period (last page in this line only) ▶ | |

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**

Image# 202510169791604555

# SCHEDULE C (FEC Form 3)
# LOANS

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



FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
TOOMIM FOR CONGRESS

**Transaction ID : SC/10.4325**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)
TOOMIM, LEAH MELISSA, , ,

- [ ] Memo Item

Election: 2022
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
1112 MONTANA AVENUE #3-88

| City | State | ZIP Code |
|---|---|---|
| SANTA MONICA | CA | 90403 |

- [X] Personal Funds of the Candidate

| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
|---|---|---|
| 39.53 | 35.95 | 3.58 |

**TERMS**

| Date Incurred (MM/DD/YYYY) | Date Due (MM/DD/YYYY) | Interest Rate (If none, enter 0) | Secured: |
|---|---|---|---|
| 11/01/2021 | 11/15/2022 | 5.00 % (apr) | [ ] Yes [X] No |

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

| | |
|---|---|
| **SUBTOTALS** This Period This Page (optional) ▶ | 3.58 |
| **TOTALS** This Period (last page in this line only) ▶ | |

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**

Image# 202510169791604556

# SCHEDULE C (FEC Form 3)
# LOANS

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



FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
TOOMIM FOR CONGRESS

**Transaction ID : SC/10.4326**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)
TOOMIM, LEAH MELISSA, , ,

☐ Memo Item

Mailing Address
1112 MONTANA AVENUE #3-88

| City | State | ZIP Code |
|---|---|---|
| SANTA MONICA | CA | 90403 |

Election: 2022
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
|---|---|---|
| 39.53 | 35.95 | 3.58 |

**TERMS**

| Date Incurred (MM/DD/YYYY) | Date Due (MM/DD/YYYY) | Interest Rate (If none, enter 0) | Secured: |
|---|---|---|---|
| 12/02/2021 | 11/15/2022 | 5.00 % (apr) | ☐ Yes ☒ No |

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

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

**SUBTOTALS** This Period This Page (optional) ▶ 3.58

**TOTALS** This Period (last page in this line only) ▶

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**

Image# 202510169791604557

# SCHEDULE C (FEC Form 3)
# LOANS

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



FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
TOOMIM FOR CONGRESS

**Transaction ID : SC/10.4404**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)
TOOMIM, LEAH MELISSA, , ,

☐ Memo Item

Mailing Address
1112 MONTANA AVENUE #3-88

| City | State | ZIP Code |
|---|---|---|
| SANTA MONICA | CA | 90403 |

Election: 2022
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
|---|---|---|
| 11000.00 | 6500.00 | 4500.00 |

**TERMS**

| Date Incurred (MM/DD/YYYY) | Date Due (MM/DD/YYYY) | Interest Rate (If none, enter 0) | Secured: |
|---|---|---|---|
| 03/10/2022 | 11/15/2022 | 5.00 % (apr) | ☐ Yes ☒ No |

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

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

| | |
|---|---|
| **SUBTOTALS** This Period This Page (optional) ▶ | 4500.00 |
| **TOTALS** This Period (last page in this line only) ▶ | |

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**

Image# 202510169791604558

# SCHEDULE C (FEC Form 3)
# LOANS

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



FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
TOOMIM FOR CONGRESS

**Transaction ID : SC/10.4594**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)
TOOMIM, LEAH MELISSA, , ,

☐ Memo Item

Election: 2022
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
1112 MONTANA AVENUE #3-88

| City | State | ZIP Code |
|---|---|---|
| SANTA MONICA | CA | 90403 |

[X] Personal Funds of the Candidate

| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
|---|---|---|
| 220.00 | 0.00 | 220.00 |

**TERMS**

| Date Incurred (MM/DD/YYYY) | Date Due (MM/DD/YYYY) | Interest Rate (If none, enter 0) | Secured: |
|---|---|---|---|
| 06/03/2022 | 11/15/2022 | 5.00 % (apr) | ☐ Yes ☒ No |

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

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

| | |
|---|---|
| **SUBTOTALS** This Period This Page (optional) ▶ | 220.00 |
| **TOTALS** This Period (last page in this line only) ▶ | |

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**

Image# 202510169791604559

# SCHEDULE C (FEC Form 3)
# LOANS

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



FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
TOOMIM FOR CONGRESS

**Transaction ID : SC/10.4611**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)
TOOMIM, LEAH MELISSA, , ,

☐ Memo Item

Election: 2022
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
1112 MONTANA AVENUE #3-88

| City | State | ZIP Code |
|---|---|---|
| SANTA MONICA | CA | 90403 |

[X] Personal Funds of the Candidate

| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
|---|---|---|
| 100.00 | 0.00 | 100.00 |

**TERMS**

| Date Incurred (MM/DD/YYYY) | Date Due (MM/DD/YYYY) | Interest Rate (If none, enter 0) | Secured: |
|---|---|---|---|
| 07/07/2022 | 11/15/2024 | 5.00 % (apr) | ☐ Yes ☒ No |

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

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

| | |
|---|---|
| **SUBTOTALS** This Period This Page (optional) ▶ | 100.00 |
| **TOTALS** This Period (last page in this line only) ▶ | 5886.07 |

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**

# SCHEDULE D (FEC Form 3)
## DEBTS AND OBLIGATIONS
**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) [X] 9 [ ] 10

NAME OF COMMITTEE (In Full)

TOOMIM FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
FEC Infusion, LLC

Mailing Address PO Box 3495

City: Palm Beach | State: FL | Zip Code: 33480

Nature of Debt (Purpose): Reporting And Compliance

Outstanding Balance Beginning This Period: 405.70

**Transaction ID : SD9.5416**

Amount Incurred This Period: 0.00

Payment This Period: 0.00

Outstanding Balance at Close of This Period: 405.70

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
FEC Infusion, LLC

Mailing Address PO Box 3495

City: Palm Beach | State: FL | Zip Code: 33480

Nature of Debt (Purpose): Reporting And Compliance

Outstanding Balance Beginning This Period: 380.00

**Transaction ID : SD9.5469**

Amount Incurred This Period: 0.00

Payment This Period: 0.00

Outstanding Balance at Close of This Period: 380.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City | State | Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

| | |
|---|---|
| 1) **SUBTOTALS** This Period This Page (optional) ▶ | 785.70 |
| 2) **TOTALS** This Period (last page this line number only) ▶ | 785.70 |
| 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶ | 0.00 |
| 4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶ | 785.70 |

# SCHEDULE D (FEC Form 3)

## DEBTS AND OBLIGATIONS

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)
- [ ] 9
- [X] 10

NAME OF COMMITTEE (In Full)

TOOMIM FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

FEC Infusion, LLC

Mailing Address PO Box 3495

City: Palm Beach | State: FL | Zip Code: 33480

Nature of Debt (Purpose): Compliance and Reporting

**Transaction ID : SD10.5415**

Outstanding Balance Beginning This Period: 1809.40

Amount Incurred This Period: 0.00

Payment This Period: 0.00

Outstanding Balance at Close of This Period: 1809.40

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City | State | Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City | State | Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

| | |
|---|---|
| 1) **SUBTOTALS** This Period This Page (optional) ▶ | 1809.40 |
| 2) **TOTALS** This Period (last page this line number only) ▶ | 1809.40 |
| 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶ | 5886.07 |
| 4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶ | 7695.47 |