



# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

**TOM VO FOR CONGRESS**

Report Covering the Period: From:  /  /  To:  /  /

|  | COLUMN A<br>This Period                | COLUMN B<br>Election Cycle-to-Date     |
|--|--|--|
| 6. Net Contributions (other than loans)  |  |  |
| (a) Total Contributions<br>(other than loans) (from Line 11(e)) ....   | <input type="text" value="31515.00"/>  | <input type="text" value="34315.00"/>  |
| (b) Total Contribution Refunds<br>(from Line 20(d)) .....  | <input type="text" value="0.00"/>      | <input type="text" value="0.00"/>      |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)) .....                            | <input type="text" value="31515.00"/>  | <input type="text" value="34315.00"/>  |
| 7. Net Operating Expenditures  |  |  |
| (a) Total Operating Expenditures<br>(from Line 17) .....   | <input type="text" value="452781.44"/> | <input type="text" value="453726.44"/> |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14) .....  | <input type="text" value="0.00"/>      | <input type="text" value="0.00"/>      |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)) .....                                      | <input type="text" value="452781.44"/> | <input type="text" value="453726.44"/> |
| 8. Cash on Hand at Close of<br>Reporting Period (from Line 27) .....   | <input type="text" value="80588.56"/>  |  |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <input type="text" value="0.00"/>      |  |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | <input type="text" value="500000.00"/> |  |

For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov).

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

**TOM VO FOR CONGRESS**

Report Covering the Period: From:  /  /  To:  /  /

| <b>I. RECEIPTS</b>   | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Election Cycle-to-Date</b> |
|--|---------------------------------------|--|
| <b>11. CONTRIBUTIONS (other than loans) FROM:</b>  |                                       |  |
| (a) Individuals/Persons Other Than Political Committees  |                                       |  |
| (i) Itemized (use Schedule A).....   | 26340.00                              | 28590.00                                   |
| (ii) Unitemized.....   | 5175.00                               | 5725.00                                    |
| (iii) TOTAL of contributions from individuals ▶  | 31515.00                              | 34315.00                                   |
| (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))..                     | 31515.00                              | 34315.00                                   |
| <b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>  | 0.00                                  | 0.00                                       |
| <b>13. LOANS:</b>  |                                       |  |
| (a) Made or Guaranteed by the Candidate.....   | 0.00                                  | 500000.00                                  |
| (b) All Other Loans.....   | 0.00                                  | 0.00                                       |
| (c) TOTAL LOANS (add Lines 13(a) and (b)).....   | 0.00                                  | 500000.00                                  |
| <b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>                                | 0.00                                  | 0.00                                       |
| <b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>  | 0.00                                  | 0.00                                       |
| <b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b> | 31515.00                              | 534315.00                                  |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 05/2016)

| II. DISBURSEMENTS  | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES.....  | 452781.44                     | 453726.44                          |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES .....                        | 0.00                          | 0.00                               |
| 19. LOAN REPAYMENTS:   |                               |                                    |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....                     | 0.00                          | 0.00                               |
| (b) Of All Other Loans .....   | 0.00                          | 0.00                               |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....                  | 0.00                          | 0.00                               |
| 20. REFUNDS OF CONTRIBUTIONS TO:   |                               |                                    |
| (a) Individuals/Persons Other<br>Than Political Committees .....             | 0.00                          | 0.00                               |
| (b) Political Party Committees.....  | 0.00                          | 0.00                               |
| (c) Other Political Committees<br>(such as PACs).....                        | 0.00                          | 0.00                               |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c)).....       | 0.00                          | 0.00                               |
| 21. OTHER DISBURSEMENTS .....  | 0.00                          | 0.00                               |
| 22. <b>TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) ▶ | 452781.44                     | 453726.44                          |

**III. CASH SUMMARY**

|   |           |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 501855.00 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....                            | 31515.00  |
| 25. SUBTOTAL (add Line 23 and Line 24).....   | 533370.00 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 452781.44 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 80588.56  |

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 OF 22  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)  
**TOM VO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
CAI, SAU, H, ,

Mailing Address 188 ADAMS ST

City QUINCY State MA Zip Code 02169-1731

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 05 / 2026

Transaction ID : A876588D4E86F4B2593F

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 1562 CLOVERDALE AVE

City UPLAND State CA Zip Code 91766

FEC ID number of contributing federal political committee. C

Name of Employer SELF EMPLOYED Occupation BUSINESSMAN

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 13 / 2026

Transaction ID : AC690DBC6CA8F4B7F8AE

Amount of Each Receipt this Period  
3500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
DAO, TRU, M, ,

Mailing Address 14562 PETSWORTH LN

City WESTMINSTER State CA Zip Code 92683

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 13 / 2026

Transaction ID : ABD405014B0DE47F48DA

Amount of Each Receipt this Period  
200.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 4200.00

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

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 22  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**TOM VO FOR CONGRESS**

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

Mailing Address 3765 PALAZZO GROVE

City COLORADO SPRINGS State CO Zip Code 80920

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 26 / 2026

Transaction ID : A0CFFF5E20BE4B4C8E5

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 10075 SUNN CIR

City FOUNTAIN VLY State CA Zip Code 92708

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 13 / 2026

Transaction ID : A515A6C51311947098FE

Amount of Each Receipt this Period  
3500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
HAI NINH VETERANS

Mailing Address 2205 N 4TH AVE

City UPLAND State CA Zip Code 91784

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 13 / 2026

Transaction ID : A0C096BAEFF9B49A9952

Amount of Each Receipt this Period  
300.00

Memo Item

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

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

4300.00

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 OF 22  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**TOM VO FOR CONGRESS**

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

Mailing Address 1812 MESA AVE.

City EUREKA State CA Zip Code 95503

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 13 / 2026

Transaction ID : A48D307E02F4C48F0AEF

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 3301 S. GREENWICH ROAD

City WICHITA State KS Zip Code 67210

FEC ID number of contributing federal political committee. C

Name of Employer SELF EMPLOYED Occupation BEAUTICIAN

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 13 / 2026

Transaction ID : A43D443E1CFD94E179A8

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
LE, NGAN-HA, , ,

Mailing Address 8681 LORRAINE DR

City HUNTINGTON BEACH State CA Zip Code 92646-2629

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3940.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 13 / 2026

Transaction ID : A6E75D60B13A84A66B27

Amount of Each Receipt this Period  
3940.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5940.00

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

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 OF 22  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**TOM VO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
LE, NGAN-HA, , ,

Mailing Address 8681 LORRAINE DR

City HUNTINGTON BEACH State CA Zip Code 92646-2629

FEC ID number of contributing federal political committee.

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 13 / 2026

Transaction ID : A34AAAFF1820A4C1CA87

Amount of Each Receipt this Period

Memo Item  
REDESIGNATION FROM

**B.** Full Name (Last, First, Middle Initial)  
LE, NGAN-HA, , ,

Mailing Address 8681 LORRAINE DR

City HUNTINGTON BEACH State CA Zip Code 92646-2629

FEC ID number of contributing federal political committee.

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 13 / 2026

Transaction ID : A6CFBEE38B80743F2B2C

Amount of Each Receipt this Period

Memo Item  
REDESIGNATION TO

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

Mailing Address 13192 KERRY ST.

City GARDEN GROVE State CA Zip Code 92844

FEC ID number of contributing federal political committee.

Name of Employer BAOS HOG Occupation OWNER

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 13 / 2026

Transaction ID : A82EADC86AAAF488B81D

Amount of Each Receipt this Period

Memo Item

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

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

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 OF 22  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**TOM VO FOR CONGRESS**

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

Mailing Address 9200 WESTMINSTER BLVD. SPC 6

City WESTMINSTER State CA Zip Code 92683

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 13 / 2026

Transaction ID : A171C03D8DFE34BAEB27

Amount of Each Receipt this Period  
200.00

Memo Item

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

Mailing Address 32150 JENNIFER DR.

City WILDOMAR State CA Zip Code 92595

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 13 / 2026

Transaction ID : A9BF10A6B373F4D1E8CA

Amount of Each Receipt this Period  
500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
NGUYEN, HUNG M., , ,

Mailing Address 32150 JENNIFER DR.

City WILDOMAR State CA Zip Code 92595

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 13 / 2026

Transaction ID : AA7528EFA60814A7DB7E

Amount of Each Receipt this Period  
500.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 1200.00

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

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

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

FOR LINE NUMBER: PAGE 10 OF 22  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**TOM VO FOR CONGRESS**

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

Mailing Address 13960 HOOVER ST APT D104

City WESTMINSTER State CA Zip Code 92683

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 13 / 2026

Transaction ID : A29DF0C43C24D46F29CC

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
NGUYEN, VY CHI, , ,

Mailing Address 10161 BOLSA AVE STE C202

City WESTMINSTER State CA Zip Code 92683

FEC ID number of contributing federal political committee. C

Name of Employer SELF EMPLOYED Occupation DOCTOR

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 13 / 2026

Transaction ID : A158A6E8F2EE94BC5979

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
PHAN, DIEM, DINH, ,

Mailing Address 10200 BOLSA AVE  
SPC 19

City WESTMINSTER State CA Zip Code 92683-6735

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 17 / 2026

Transaction ID : A0A4F3A4B6FF549758C1

Amount of Each Receipt this Period  
2000.00

Memo Item

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

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

4000.00

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 11 OF 22  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**TOM VO FOR CONGRESS**

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

Mailing Address 19216 CHANDON LANE

City HUNTINGTON BEACH State CA Zip Code 92648

FEC ID number of contributing federal political committee. C

Name of Employer KELLER WILLIAMS Occupation OWNER

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 06 / 2026

Transaction ID : AC926AB57419640C9B46

Amount of Each Receipt this Period  
300.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
SACHON-ARTUSA, YVONNE, , ,

Mailing Address 1859 GARANEMORE ST.

City LAS VEGAS State NV Zip Code 89135

FEC ID number of contributing federal political committee. C

Name of Employer SELF EMPLOYED Occupation BUSINESSWOMAN

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 13 / 2026

Transaction ID : AF4A5F395EFE04EB9992

Amount of Each Receipt this Period  
250.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
STUPPY, LAURENCE, J., ,

Mailing Address 6872 VISTA DEL SOL DR

City HUNTINGTON BEACH State CA Zip Code 92647

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation ENGINEER

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1200.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 13 / 2026

Transaction ID : ADFDD05E37FAE4A84A4A

Amount of Each Receipt this Period  
200.00

Memo Item

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

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

750.00

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 22  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**TOM VO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
TIEN VO, LYNDON, , ,

Mailing Address 16918 CRANBROOK AVE

City TORRANCE State CA Zip Code 90504

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 13 / 2026

Transaction ID : AD4A92EDF23934E34B56

Amount of Each Receipt this Period  
100.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
TIEN VO, LYNDON, , ,

Mailing Address 16918 CRANBROOK AVE

City TORRANCE State CA Zip Code 90504

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 13 / 2026

Transaction ID : AB553F64C2BE64A1B84E

Amount of Each Receipt this Period  
100.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
TIEN VO, LYNDON, , ,

Mailing Address 16918 CRANBROOK AVE

City TORRANCE State CA Zip Code 90504

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 13 / 2026

Transaction ID : ADF819AD94464258A1E

Amount of Each Receipt this Period  
100.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00

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

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 OF 22  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**TOM VO FOR CONGRESS**

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

Mailing Address 15751 BROOKHURST ST STE 234

City WESTMINSTER State CA Zip Code 92683

FEC ID number of contributing federal political committee. C

Name of Employer SELF EMPLOYED Occupation BUSINESSMAN

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 13 / 2026

Transaction ID : A92F655AD2A2B4E9396C

Amount of Each Receipt this Period  
3500.00

Memo Item

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

Mailing Address 15751 BROOKHURST ST STE 234

City WESTMINSTER State CA Zip Code 92683

FEC ID number of contributing federal political committee. C

Name of Employer SELF EMPLOYED Occupation BUSINESSMAN

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 13 / 2026

Transaction ID : A2B0C309BF4E8406CA04

Amount of Each Receipt this Period  
- 1000.00

Memo Item  
REDESIGNATION FROM

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

Mailing Address 15751 BROOKHURST ST STE 234

City WESTMINSTER State CA Zip Code 92683

FEC ID number of contributing federal political committee. C

Name of Employer SELF EMPLOYED Occupation BUSINESSMAN

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 13 / 2026

Transaction ID : ADADD40D48E1F48218E8

Amount of Each Receipt this Period  
1000.00

Memo Item  
REDESIGNATION TO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3500.00

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

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 OF 22  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**TOM VO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
TRAN, JAMES HUNG, , ,

Mailing Address 16331 SANDALWOOD ST

City FOUNTAIN VLY State CA Zip Code 92708

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 13 / 2026

Transaction ID : A02DB1C7173C34C8A981

Amount of Each Receipt this Period  
250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
TRAN, QUI, TU, , ,

Mailing Address 109 HILLCREST AVE

City ALBANY State NY Zip Code 12203-2712

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 05 / 2026

Transaction ID : A29501DEAF0404E5BA77

Amount of Each Receipt this Period  
500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
VAN DENBURG, BURTON, , ,

Mailing Address 2203 HIGHWAY 66

City PLATTSMOUTH State NE Zip Code 68048

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 05 / 2026

Transaction ID : AE0B5E9CBE5644F0BB18

Amount of Each Receipt this Period  
300.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 1050.00

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

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 OF 22  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**TOM VO FOR CONGRESS**

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

Mailing Address 2832 SAWGRASS DR.

City SANTA ANA State CA Zip Code 92706

FEC ID number of contributing federal political committee. C

Name of Employer UPWORK Occupation ENGINEER

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 13 / 2026

Transaction ID : AE69D7D8FCD43434B8D1

Amount of Each Receipt this Period  
300.00

Memo Item

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

Mailing Address 4682 CHARNOCK DR.

City IRVINE State CA Zip Code 92604

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 13 / 2026

Transaction ID : AF28F6C7D407843A2BB8

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 800.00   |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 26340.00 |

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          |                                    | PAGE 16 OF 22                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**TOM VO FOR CONGRESS**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. AXCAPITAL, LLC</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>01 / 13 / 2026 |
| Mailing Address 800 W 47TH ST<br>STE 200  |  | FEC Identification Number<br>C                           |
| City<br>KANSAS CITY   | State<br>MO  | Zip Code<br>64112-1244                                   |
| Purpose of Disbursement<br>COMPLIANCE CONSULTING  |  | Amount of Each Disbursement this Period<br>555.00        |
| Candidate Name  |  | Transaction ID : BF16082159EC24F38860                    |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2026<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item                       |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. AXCAPITAL, LLC</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 10 / 2026 |
| Mailing Address 800 W 47TH ST<br>STE 200  |  | FEC Identification Number<br>C                           |
| City<br>KANSAS CITY   | State<br>MO  | Zip Code<br>64112-1244                                   |
| Purpose of Disbursement<br>COMPLIANCE CONSULTING  |  | Amount of Each Disbursement this Period<br>555.00        |
| Candidate Name  |  | Transaction ID : B36A4EEEEBCA734877A1B                   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2026<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item                       |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. AXCAPITAL, LLC</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 05 / 2026 |
| Mailing Address 800 W 47TH ST<br>STE 200  |  | FEC Identification Number<br>C                           |
| City<br>KANSAS CITY   | State<br>MO  | Zip Code<br>64112-1244                                   |
| Purpose of Disbursement<br>COMPLIANCE CONSULTING  |  | Amount of Each Disbursement this Period<br>555.00        |
| Candidate Name  |  | Transaction ID : BB266515934314B29BA6                    |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2026<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item                       |
| State: District:  |  |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 1665.00 |
| <b>TOTAL</b> 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)             |                                    | PAGE 17 OF 22                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**TOM VO FOR CONGRESS**

|   |  |                                    |   |  |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. KP &amp; ASSOCIATES</b>  |  |                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 06 / 2026 |  |
| Mailing Address 10360 EL MONTEREY AVE   |  |                                    | FEC Identification Number<br>C                                |  |
| City<br>FOUNTAIN VALLEY   | State<br>CA  | Zip Code<br>92708-5239             | Amount of Each Disbursement this Period<br>61704.00           |  |
| Purpose of Disbursement<br>DIGITAL CONSULTING   |  | Category/<br>Type<br>001           | Transaction ID : B0D7235D1CE53468090B                         |  |
| Candidate Name  |  | Memo Item <input type="checkbox"/> |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2026<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                    |   |  |
| State: District:  |  |                                    |   |  |

|   |  |                                    |   |  |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. KP &amp; ASSOCIATES</b>  |  |                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 27 / 2026 |  |
| Mailing Address 10360 EL MONTEREY AVE   |  |                                    | FEC Identification Number<br>C                                |  |
| City<br>FOUNTAIN VALLEY   | State<br>CA  | Zip Code<br>92708-5239             | Amount of Each Disbursement this Period<br>69977.60           |  |
| Purpose of Disbursement<br>DIGITAL CONSULTING   |  | Category/<br>Type<br>001           | Transaction ID : BEC540441105F40F3B97                         |  |
| Candidate Name  |  | Memo Item <input type="checkbox"/> |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2026<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                    |   |  |
| State: District:  |  |                                    |   |  |

|   |  |                                    |   |  |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. KP &amp; ASSOCIATES</b>  |  |                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 17 / 2026 |  |
| Mailing Address 10360 EL MONTEREY AVE   |  |                                    | FEC Identification Number<br>C                                |  |
| City<br>FOUNTAIN VALLEY   | State<br>CA  | Zip Code<br>92708-5239             | Amount of Each Disbursement this Period<br>18540.12           |  |
| Purpose of Disbursement<br>DIGITAL CONSULTING   |  | Category/<br>Type<br>001           | Transaction ID : B6C3B8502A5A74FE5B81                         |  |
| Candidate Name  |  | Memo Item <input type="checkbox"/> |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2026<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                    |   |  |
| State: District:  |  |                                    |   |  |

|  |           |
|--|-----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 150221.72 |
| <b>TOTAL</b> 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)             |                                    | PAGE 18 OF 22                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**TOM VO FOR CONGRESS**

**A. KP & ASSOCIATES**

Full Name (Last, First, Middle Initial)  
Mailing Address 10360 EL MONTEREY AVE

City FOUNTAIN VALLEY State CA Zip Code 92708-5239

Purpose of Disbursement DIGITAL CONSULTING Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For: 2026  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 17 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 150000.00

Transaction ID : BDEE2F2A093F64A888C6

Memo Item

**B. KP & ASSOCIATES**

Full Name (Last, First, Middle Initial)  
Mailing Address 10360 EL MONTEREY AVE

City FOUNTAIN VALLEY State CA Zip Code 92708-5239

Purpose of Disbursement DIGITAL CONSULTING Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For: 2026  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 16 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 150000.00

Transaction ID : B27E377BA48344E4485D

Memo Item

**C. T-MOBILE**

Full Name (Last, First, Middle Initial)  
Mailing Address 12920 SE 38TH ST

City BELLEVUE State WA Zip Code 98006-1350

Purpose of Disbursement PHONES Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For: 2026  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 12 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 90.94

Transaction ID : BAEFFC654ED29454F910

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 300090.94

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          |                                    | PAGE 19 OF 22                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**TOM VO FOR CONGRESS**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. T-MOBILE</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 11 / 2026 |
| Mailing Address 12920 SE 38TH ST  |  | FEC Identification Number<br>C                           |
| City BELLEVUE   | State WA   | Zip Code 98006-1350                                      |
| Purpose of Disbursement<br>PHONES   | Category/Type<br>001   |  |
| Candidate Name  | Amount of Each Disbursement this Period<br>91.47   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2026<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID : BE9A46E8EC9CD464C918                    |
| State: District:  | <input type="checkbox"/> Memo Item   |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b>  |  | Date of Disbursement<br>MM / DD / YYYY |
| Mailing Address   |  | FEC Identification Number<br>C         |
| City  | State  | Zip Code                               |
| Purpose of Disbursement   | Category/Type  |  |
| Candidate Name  | Amount of Each Disbursement this Period  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item     |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b>  |  | Date of Disbursement<br>MM / DD / YYYY |
| Mailing Address   |  | FEC Identification Number<br>C         |
| City  | State  | Zip Code                               |
| Purpose of Disbursement   | Category/Type  |  |
| Candidate Name  | Amount of Each Disbursement this Period  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item     |
| State: District:  |  |  |

|  |           |
|--|-----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 91.47     |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 452069.13 |

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

NAME OF COMMITTEE (In Full) **TOM VO FOR CONGRESS** Transaction ID : **CE46A8AB14C014A95B42**

|  |       |                                    |   |
|--|-------|------------------------------------|---|
| <b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) |       | <input type="checkbox"/> Memo Item | Election: 2026  |
| VO, TOM, , ,   |       |                                    | <input checked="" type="checkbox"/> Primary                         |
| Mailing Address  |       |                                    | <input type="checkbox"/> General                                    |
| PO BOX 8312  |       |                                    | <input type="checkbox"/> Other (specify) ▼                          |
| City   | State | ZIP Code                           | <input checked="" type="checkbox"/> Personal Funds of the Candidate |
| HUNTINGTON BEACH   | CA    | 92615-8312                         |   |

|                         |                            |   |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 20000.00                | 0.00                       | 20000.00                                    |

|              |                                       |                             |                                  |   |
|--------------|---------------------------------------|-----------------------------|----------------------------------|---|
| <b>TERMS</b> | Date Incurred                         | Date Due                    | Interest Rate (If none, enter 0) | Secured:  |
|              | M M / D D / Y Y Y Y<br>11 / 11 / 2025 | M M / D D / Y Y Y Y<br>NONE | 0.00 % (apr)                     | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

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

| 1. Full Name (Last, First, Middle Initial) | Name of Employer               |
|--|--------------------------------|
| Mailing Address                            | Occupation                     |
| City State ZIP Code                        | Amount Guaranteed Outstanding: |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer               |
| Mailing Address                            | Occupation                     |
| City State ZIP Code                        | Amount Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer               |
| Mailing Address                            | Occupation                     |
| City State ZIP Code                        | Amount Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer               |
| Mailing Address                            | Occupation                     |
| City State ZIP Code                        | Amount Guaranteed Outstanding: |

|   |          |
|---|----------|
| <b>SUBTOTALS</b> This Period This Page (optional).....▶       | 20000.00 |
| <b>TOTALS</b> 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.

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

NAME OF COMMITTEE (In Full) **TOM VO FOR CONGRESS** Transaction ID : **CE909B5E960DB4765B25**

|  |       |                                    |   |
|--|-------|------------------------------------|---|
| <b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) |       | <input type="checkbox"/> Memo Item | Election: 2026  |
| VO, TOM, , ,   |       |                                    | <input checked="" type="checkbox"/> Primary                         |
| Mailing Address  |       |                                    | <input type="checkbox"/> General                                    |
| PO BOX 8312  |       |                                    | <input type="checkbox"/> Other (specify) ▼                          |
| City   | State | ZIP Code                           | <input checked="" type="checkbox"/> Personal Funds of the Candidate |
| HUNTINGTON BEACH   | CA    | 92615-8312                         |   |

|                         |                            |   |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 300000.00               | 0.00                       | 300000.00                                   |

|              |                     |                     |                                  |   |
|--------------|---------------------|---------------------|----------------------------------|---|
| <b>TERMS</b> | Date Incurred       | Date Due            | Interest Rate (If none, enter 0) | Secured:  |
|              | M M / D D / Y Y Y Y | M M / D D / Y Y Y Y | 0.00 % (apr)                     | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|              | 11 / 14 / 2025      | NONE                |                                  |   |

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

|  |                                |
|--|--------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer               |
| Mailing Address                            | Occupation                     |
| City                                       | Amount Guaranteed Outstanding: |
| State                                      |                                |
| ZIP Code                                   |                                |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer               |
| Mailing Address                            | Occupation                     |
| City                                       | Amount Guaranteed Outstanding: |
| State                                      |                                |
| ZIP Code                                   |                                |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer               |
| Mailing Address                            | Occupation                     |
| City                                       | Amount Guaranteed Outstanding: |
| State                                      |                                |
| ZIP Code                                   |                                |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer               |
| Mailing Address                            | Occupation                     |
| City                                       | Amount Guaranteed Outstanding: |
| State                                      |                                |
| ZIP Code                                   |                                |

|   |           |
|---|-----------|
| <b>SUBTOTALS</b> This Period This Page (optional).....▶       | 300000.00 |
| <b>TOTALS</b> 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.

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

NAME OF COMMITTEE (In Full) **Transaction ID : C053256E7784F44ECA9B**  
**TOM VO FOR CONGRESS**

|   |             |   |
|---|-------------|---|
| <b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item |             | Election: 2026  |
| VO, TOM, , ,  |             | <input checked="" type="checkbox"/> Primary                         |
| Mailing Address<br>PO BOX 8312  |             | <input type="checkbox"/> General                                    |
|   |             | <input type="checkbox"/> Other (specify) ▼                          |
| City<br>HUNTINGTON BEACH  | State<br>CA | ZIP Code<br>92615-8312  |
|   |             | <input checked="" type="checkbox"/> Personal Funds of the Candidate |

|                         |                            |   |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 180000.00               | 0.00                       | 180000.00                                   |

|              |                                       |                             |                                  |   |
|--------------|---------------------------------------|-----------------------------|----------------------------------|---|
| <b>TERMS</b> | Date Incurred                         | Date Due                    | Interest Rate (If none, enter 0) | Secured:  |
|              | M M / D D / Y Y Y Y<br>11 / 12 / 2025 | M M / D D / Y Y Y Y<br>NONE | 0.00 % (apr)                     | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

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

|  |                                |
|--|--------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer               |
| Mailing Address                            | Occupation                     |
| City State ZIP Code                        | Amount Guaranteed Outstanding: |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer               |
| Mailing Address                            | Occupation                     |
| City State ZIP Code                        | Amount Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer               |
| Mailing Address                            | Occupation                     |
| City State ZIP Code                        | Amount Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer               |
| Mailing Address                            | Occupation                     |
| City State ZIP Code                        | Amount Guaranteed Outstanding: |

|   |           |
|---|-----------|
| <b>SUBTOTALS</b> This Period This Page (optional).....▶       | 180000.00 |
| <b>TOTALS</b> This Period (last page in this line only).....▶ | 500000.00 |

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