

**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

CA

90403

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C

C00776948

3. IS THIS
REPORTNEW
(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

M M / D D / Y Y Y Y
07 / 01 / 2025

through

M M / D D / Y Y Y Y
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

M M / D D / Y Y Y Y
10 / 25 / 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**FEC FORM 3**
(Revised 05/2016)

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:

MM / DD / YYYY
07 / 01 / 2025

To:

MM / DD / YYYY
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))....	5.00	16235.00
(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))	5.00	16235.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	3328.87	18090.56
(b) Total Offsets to Operating Expenditures (from Line 14).....	300.00	1362.98
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	3028.87	16727.58
8. Cash on Hand at Close of Reporting Period (from Line 27).....	39.44	
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)	8320.47	

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

TOOMIM FOR CONGRESS

Report Covering the Period:

From:

MM / DD / YYYY
07 / 01 / 2025

To:

MM / DD / YYYY
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

5.00

435.00

(iii) TOTAL of contributions
from individuals ▶

5.00

16235.00

(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))..

5.00

16235.00

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the
Candidate.....

625.00

650.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS
(add Lines 13(a) and (b)).....

625.00

650.00

14. OFFSETS TO OPERATING
EXPENDITURES
(Refunds, Rebates, etc.)

300.00

1362.98

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)..... ▶

930.00

18247.98

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.....	3328.87	18090.56
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) ►	3328.87	19282.46

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	2438.31
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	930.00
25. SUBTOTAL (add Line 23 and Line 24).....	3368.31
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	3328.87
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	39.44

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 5 OF 31

☐ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 15
☐ 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)

TOOMIM FOR CONGRESS

Full Name (Last, First, Middle Initial)

TOOMIM, LEAH MELISSA, , ,

A. Mailing Address 1112 MONTANA AVENUE #3-88

City
SANTA MONICAState
CAZip Code
90403FEC ID number of contributing
federal political committee.

C H2CA00146

Name of Employer
SelfOccupation
Candidate

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 18 2025

Transaction ID : SA13A.5733

Amount of Each Receipt this Period

625.00

☐ Memo Item

Loan From M. toomim

Full Name (Last, First, Middle Initial)

B. 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

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. 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

Amount of Each Receipt this Period

☐ Memo Item

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

625.00

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

625.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 OF 31

☐ 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)

TOOMIM FOR CONGRESS

Full Name (Last, First, Middle Initial)

Enterprise Rent-A-Car

A.

Mailing Address 600 Corporate Park Drive,

City

St. Louis

State

MO

Zip Code

63105

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

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
07 16 2025

Transaction ID : SA14.5720

Amount of Each Receipt this Period

300.00



Memo Item

Travel/Rental Car Refund

B.

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

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

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

300.00

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

300.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 31

☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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)

TOOMIM FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. American Freedom Alliance

Mailing Address 17412 Ventura Blvd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		17		2025

City
EncinoState
CAZip Code
91316

FEC Identification Number

C	C00776948
---	-----------

Purpose of Disbursement
Meeting Fee

007

Amount of Each Disbursement this Period

72.40

Candidate Name
TOOMIM FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 00

Transaction ID : SB17.5722

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. American Freedom Alliance

Mailing Address 17412 Ventura Blvd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		05		2025

City
EncinoState
CAZip Code
91316

FEC Identification Number

C	C00776948
---	-----------

Purpose of Disbursement
Meeting Fee

007

Amount of Each Disbursement this Period

134.19

Candidate Name
TOOMIM FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 00

Transaction ID : SB17.5730

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOT

Mailing Address 1920 McKinney Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		18		2025

City
DallasState
TXZip Code
75201

FEC Identification Number

C	C00776948
---	-----------

Purpose of Disbursement
Processing Fees

003

Amount of Each Disbursement this Period

0.50

Candidate Name
TOOMIM FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 00

Transaction ID : SB17.5697

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

207.09

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 31

☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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)

TOOMIM FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Enterprise Rent-A-Car

Mailing Address 600 Corporate Park Drive,

City
St. LouisState
MOZip Code
63105Purpose of Disbursement
Car Rental

002

Candidate Name
TOOMIM FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	4		2	0	2	5

FEC Identification Number

C C00776948

Amount of Each Disbursement this Period

444.76

Transaction ID : SB17.5679

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Enterprise Rent-A-Car

Mailing Address 600 Corporate Park Drive,

City
St. LouisState
MOZip Code
63105Purpose of Disbursement
Car Rental

002

Candidate Name
TOOMIM FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	9		2	0	2	5

FEC Identification Number

C C00776948

Amount of Each Disbursement this Period

118.83

Transaction ID : SB17.5680

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FEC Infusion, LLC

Mailing Address PO Box 3495

City
Palm BeachState
FLZip Code
33480Purpose of Disbursement
Reporting & Compliance

001

Candidate Name
TOOMIM FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	4		2	0	2	5

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).....▶

1063.59

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 31

☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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)

TOOMIM FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. FEC Infusion, LLC

Mailing Address PO Box 3495

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		04		2025

City
Palm BeachState
FLZip Code
33480

FEC Identification Number

C	C00776948
---	-----------

Purpose of Disbursement
Reporting & Compliance

001

Amount of Each Disbursement this Period

250.00

Transaction ID : SB17.5681

☐ Memo ItemCandidate Name
TOOMIM FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 00

Full Name (Last, First, Middle Initial)

B. LA County Reistrar-Recorder/County Clerk

Mailing Address 12400 Imperial Hwy

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		15		2025

City
NorwalkState
CAZip Code
90650

FEC Identification Number

C	C00776948
---	-----------

Purpose of Disbursement
List Acquisition/Voter Data

001

Amount of Each Disbursement this Period

238.70

Transaction ID : SB17.5719

☐ Memo ItemCandidate Name
TOOMIM FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 00

Full Name (Last, First, Middle Initial)

C. LyftMailing Address 185 Berry St
Suite 400

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		21		2025

City
San FranciscoState
CAZip Code
94107

FEC Identification Number

C	C00776948
---	-----------

Purpose of Disbursement
Travel/Ground Transportation

002

Amount of Each Disbursement this Period

38.22

Transaction ID : SB17.5685

☐ Memo ItemCandidate Name
TOOMIM FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 00

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

526.92

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 31

☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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)

TOOMIM FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. LyftMailing Address 185 Berry St
Suite 400City
San FranciscoState
CAZip Code
94107Purpose of Disbursement
Travel/Ground Transportation

002

Candidate Name
TOOMIM FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	1		2	0	2	5

FEC Identification Number

C C00776948

Amount of Each Disbursement this Period

29.40

Transaction ID : SB17.5686

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. LyftMailing Address 185 Berry St
Suite 400City
San FranciscoState
CAZip Code
94107Purpose of Disbursement
Travel/Ground Transportation

002

Candidate Name
TOOMIM FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	2	5

FEC Identification Number

C C00776948

Amount of Each Disbursement this Period

35.82

Transaction ID : SB17.5683

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. LyftMailing Address 185 Berry St
Suite 400City
San FranciscoState
CAZip Code
94107Purpose of Disbursement
Travel/Ground Transportation

002

Candidate Name
TOOMIM FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	2	5

FEC Identification Number

C C00776948

Amount of Each Disbursement this Period

35.99

Transaction ID : SB17.5684

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

101.21

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 31

☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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)

TOOMIM FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. LyftMailing Address 185 Berry St
Suite 400City
San FranciscoState
CAZip Code
94107Purpose of Disbursement
Travel/Ground Transportation

002

Candidate Name
TOOMIM FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	2	5

FEC Identification Number

C C00776948

Amount of Each Disbursement this Period

3.00

Transaction ID : SB17.5738

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Patriot MobileMailing Address 3341 Regent Blvd
STE 352City
IrvingState
TXZip Code
75063Purpose of Disbursement
Mobile Phone

001

Candidate Name
TOOMIM FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	2	5

FEC Identification Number

C C00776948

Amount of Each Disbursement this Period

84.23

Transaction ID : SB17.5677

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Patriot MobileMailing Address 3341 Regent Blvd
STE 352City
IrvingState
TXZip Code
75063Purpose of Disbursement
Mobile Phone

001

Candidate Name
TOOMIM FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	3		2	0	2	5

FEC Identification Number

C C00776948

Amount of Each Disbursement this Period

84.26

Transaction ID : SB17.5676

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

171.49

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 31

☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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)

TOOMIM FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Patriot MobileMailing Address 3341 Regent Blvd
STE 352City
IrvingState
TXZip Code
75063Purpose of Disbursement
Mobile Phone

001

Candidate Name
TOOMIM FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	3		2	0	2	5

FEC Identification Number

C C00776948

Amount of Each Disbursement this Period

84.27

Transaction ID : SB17.5678

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. SixT Rent a Car

Mailing Address PO Box 8188

City
Fort LauderdaleState
FLZip Code
33310Purpose of Disbursement
Travel/Car Rental

002

Candidate Name
TOOMIM FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	2	5

FEC Identification Number

C C00776948

Amount of Each Disbursement this Period

47.47

Transaction ID : SB17.5687

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. SixT Rent a Car

Mailing Address PO Box 8188

City
Fort LauderdaleState
FLZip Code
33310Purpose of Disbursement
Travel/Car Rental

002

Candidate Name
TOOMIM FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	6		2	0	2	5

FEC Identification Number

C C00776948

Amount of Each Disbursement this Period

66.18

Transaction ID : SB17.5689

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

197.92

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 31

☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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)

TOOMIM FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. SixT Rent a Car

Mailing Address PO Box 8188

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		10		2025

City
Fort LauderdaleState
FLZip Code
33310

FEC Identification Number

C C00776948

Purpose of Disbursement
Travel/Car Rental

002

Amount of Each Disbursement this Period

44.30

Candidate Name
TOOMIM FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID : SB17.5688

☐ Memo Item

State: CA District: 00

Full Name (Last, First, Middle Initial)

B. Staples

Mailing Address 2052 Bundy Dr

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		03		2025

City
West Los AngelesState
CAZip Code
90025

FEC Identification Number

C C00776948

Purpose of Disbursement
Office Supplies

001

Amount of Each Disbursement this Period

22.17

Candidate Name
TOOMIM FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID : SB17.5705

☐ Memo Item

State: CA District: 00

Full Name (Last, First, Middle Initial)

C. Staples

Mailing Address 2052 Bundy Dr

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		12		2025

City
West Los AngelesState
CAZip Code
90025

FEC Identification Number

C C00776948

Purpose of Disbursement
Office Supplies

001

Amount of Each Disbursement this Period

34.01

Candidate Name
TOOMIM FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID : SB17.5714

☐ Memo Item

State: CA District: 00

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

100.48

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 31

☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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)

TOOMIM FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Starry, Inc.Mailing Address 1520 Leander Rd
#102City
GeorgetownState
TXZip Code
78628Purpose of Disbursement
Website Services/Internet Access

001

Candidate Name
TOOMIM FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		28		2025

FEC Identification Number

C C00776948

Amount of Each Disbursement this Period

60.00

Transaction ID : SB17.5675

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Starry, Inc.Mailing Address 1520 Leander Rd
#102City
GeorgetownState
TXZip Code
78628Purpose of Disbursement
Website Services/Internet Access

001

Candidate Name
TOOMIM FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		28		2025

FEC Identification Number

C C00776948

Amount of Each Disbursement this Period

60.00

Transaction ID : SB17.5672

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Starry, Inc.Mailing Address 1520 Leander Rd
#102City
GeorgetownState
TXZip Code
78628Purpose of Disbursement
Website Services/Internet Access

001

Candidate Name
TOOMIM FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		29		2025

FEC Identification Number

C C00776948

Amount of Each Disbursement this Period

60.00

Transaction ID : SB17.5674

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

180.00

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

2548.70

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 15 OF 31

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5503

TOOMIM FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Kiger, Robert, , ,

Mailing Address

PO Box 3495

City

Palm Beach

State

FL

ZIP Code

33480

☒ Personal Funds of the Candidate

Original Amount of Loan

25.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
01 25 / 2025

M M / D D / Y Y Y Y

None

0.00 % (apr)

☐ Yes ☒ 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:**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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 16 OF 31

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4103

TOOMIM FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

TOOMIM, LEAH MELISSA, , ,

Mailing Address

1112 MONTANA AVENUE #3-88

City

SANTA MONICA

State

CA

ZIP Code

90403

☒ Personal Funds of the Candidate

Original Amount of Loan

1000.00

Cumulative Payment To Date

250.00

Balance Outstanding at Close of This Period

750.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
05 12 / 2021M M / D D / Y Y Y Y
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)

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:**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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 17 OF 31

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4306

TOOMIM FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

TOOMIM, LEAH MELISSA, , ,

Mailing Address

1112 MONTANA AVENUE #3-88

City

SANTA MONICA

State

CA

ZIP Code

90403

☒ Personal Funds of the Candidate

Original Amount of Loan

19.90

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

19.90

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
06 / 01 / 2021

M M / D D / Y Y Y Y

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)

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:**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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 18 OF 31

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4307

TOOMIM FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

TOOMIM, LEAH MELISSA, , ,

Mailing Address

1112 MONTANA AVENUE #3-88

City

SANTA MONICA

State

CA

ZIP Code

90403

☒ Personal Funds of the Candidate

Original Amount of Loan

19.90

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

19.90

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
07 02 / 2021

M M / D D / Y Y Y Y

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)

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:**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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 19 OF 31

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4114

TOOMIM FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

TOOMIM, LEAH MELISSA, , ,

Mailing Address

1112 MONTANA AVENUE #3-88

City

SANTA MONICA

State

CA

ZIP Code

90403

☒ Personal Funds of the Candidate

Original Amount of Loan

25.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
07 19 / 2021

M M / D D / Y Y Y Y

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)

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:**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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 20 OF 31

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4115

TOOMIM FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

TOOMIM, LEAH MELISSA, , ,

Mailing Address

1112 MONTANA AVENUE #3-88

City

SANTA MONICA

State

CA

ZIP Code

90403

☒ Personal Funds of the Candidate

Original Amount of Loan

600.00

Cumulative Payment To Date

500.00

Balance Outstanding at Close of This Period

100.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
07 / 28 / 2021M M / D D / Y Y Y Y
/ / 11/15/2022Y Y Y Y / D D / M M
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)

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:**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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 21 OF 31

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4308

TOOMIM FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

TOOMIM, LEAH MELISSA, , ,

Mailing Address

1112 MONTANA AVENUE #3-88

City

SANTA MONICA

State

CA

ZIP Code

90403

☒ Personal Funds of the Candidate

Original Amount of Loan

39.71

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

39.71

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
08 / 01 / 2021

M M / D D / Y Y Y Y

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)

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:**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.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 22 OF 31

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4309

TOOMIM FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

TOOMIM, LEAH MELISSA, , ,

Mailing Address

1112 MONTANA AVENUE #3-88

City

SANTA MONICA

State

CA

ZIP Code

90403

☒ Personal Funds of the Candidate

Original Amount of Loan

39.70

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

39.70

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
09 / 01 / 2021M M / D D / Y Y Y Y
/ / /M M / D D / Y Y Y Y
/ / /

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)

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:**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.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 23 OF 31

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4324

TOOMIM FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

TOOMIM, LEAH MELISSA, , ,

Mailing Address

1112 MONTANA AVENUE #3-88

City

SANTA MONICA

State

CA

ZIP Code

90403

☒ Personal Funds of the Candidate

Original Amount of Loan

39.70

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

39.70

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
10 / 02 / 2021M M / D D / Y Y Y Y
/ / 11/15/2022Y Y Y Y / D D / M M
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)

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:**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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 24 OF 31

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4325

TOOMIM FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

TOOMIM, LEAH MELISSA, , ,

Mailing Address

1112 MONTANA AVENUE #3-88

City

SANTA MONICA

State

CA

ZIP Code

90403

☒ Personal Funds of the Candidate

Original Amount of Loan

39.53

Cumulative Payment To Date

35.95

Balance Outstanding at Close of This Period

3.58

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
11 / 01 / 2021M M / D D / Y Y Y Y
11 / 15 / 2022Y Y Y Y / M M / D D
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)

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:**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.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 25 OF 31

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4326

TOOMIM FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

TOOMIM, LEAH MELISSA, , ,

Mailing Address

1112 MONTANA AVENUE #3-88

City

SANTA MONICA

State

CA

ZIP Code

90403

☒ Personal Funds of the Candidate

Original Amount of Loan

39.53

Cumulative Payment To Date

35.95

Balance Outstanding at Close of This Period

3.58

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
12 / 02 / 2021

M M / D D / Y Y Y Y

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)

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:**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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 26 OF 31

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4404

TOOMIM FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

TOOMIM, LEAH MELISSA, , ,

Mailing Address

1112 MONTANA AVENUE #3-88

City

SANTA MONICA

State

CA

ZIP Code

90403

☒ Personal Funds of the Candidate

Original Amount of Loan

11000.00

Cumulative Payment To Date

6500.00

Balance Outstanding at Close of This Period

4500.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
03 10 / 2022

M M / D D / Y Y Y Y

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)

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:**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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 27 OF 31

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4594

TOOMIM FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

TOOMIM, LEAH MELISSA, , ,

Mailing Address

1112 MONTANA AVENUE #3-88

City

SANTA MONICA

State

CA

ZIP Code

90403

☒ Personal Funds of the Candidate

Original Amount of Loan

220.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

220.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
06 / 03 / 2022

M M / D D / Y Y Y Y

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)

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:**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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 28 OF 31

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4611

TOOMIM FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

TOOMIM, LEAH MELISSA, , ,

Mailing Address

1112 MONTANA AVENUE #3-88

City

SANTA MONICA

State

CA

ZIP Code

90403

☒ Personal Funds of the Candidate

Original Amount of Loan

100.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
07 07 / 2022

M M / D D / Y Y Y Y

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)

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:**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.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 29 OF 31

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5733

TOOMIM FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

TOOMIM, LEAH MELISSA, , ,

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

1112 MONTANA AVENUE #3-88

City

SANTA MONICA

State

CA

ZIP Code

90403

☒ Personal Funds of the Candidate

Original Amount of Loan

625.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

625.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
08 18 / 2025

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

none

0.00 % (apr)

☐ Yes ☒ 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:**SUBTOTALS** This Period This Page (optional).....▶

625.00

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

6511.07

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)

PAGE 30 OF 31

FOR LINE NUMBER:
(check only one)☒ 9
☐ 10

NAME OF COMMITTEE (In Full)

TOOMIM FOR CONGRESS

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

FEC Infusion, LLC

Nature of Debt (Purpose):

Reporting And Compliance

Mailing Address PO Box 3495

City

Palm Beach

State

FL

Zip Code

33480

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

Nature of Debt (Purpose):

Reporting And Compliance

Mailing Address PO Box 3495

City

Palm Beach

State

FL

Zip Code

33480

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

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

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)

PAGE 31 OF 31

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

TOOMIM FOR CONGRESS

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

FEC Infusion, LLC

Nature of Debt (Purpose):

Compliance and Reporting

Mailing Address PO Box 3495

City

Palm Beach

State

FL

Zip Code

33480

Outstanding Balance Beginning This Period

1809.40

Transaction ID : SD10.5415

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

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

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

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

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)

6511.07

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

8320.47