

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

TESSA LYNN HODGE FOR CONGRESS

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 01 / 2025 To: M M / D D / Y Y Y Y 12 / 31 / 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))	6682.00	23337.10
(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))	6682.00	23337.10
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	6125.02	24825.92
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	28.98
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	6125.02	24796.94
8. Cash on Hand at Close of Reporting Period (from Line 27)		
	2190.56	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		
	3770.40	

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

TESSA LYNN HODGE FOR CONGRESS

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

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).....	1575.00	5863.10
(ii) Unitemized.....	2657.00	11774.00
(iii) TOTAL of contributions from individuals ▶	4232.00	17637.10
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	2450.00	5700.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	6682.00	23337.10
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	3770.40
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	3770.40
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	28.98
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)..... ▶	6682.00	27136.48

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.....	6125.02	24825.92
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
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	120.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	6125.02	24945.92

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1633.58
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	6682.00
25. SUBTOTAL (add Line 23 and Line 24).....	8315.58
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	6125.02
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	2190.56

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 5 OF 25	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TESSA LYNN HODGE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Ambriz, Mary, , ,

Mailing Address 815 West Fern Avenue

City Redlands	State CA	Zip Code 92373
------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer Redlands Unifed School Distric	Occupation Educator
--	------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.4718

Amount of Each Receipt this Period

Memo Item
Donation

B. Full Name (Last, First, Middle Initial)
Ambriz, Mary, , ,

Mailing Address 815 West Fern Avenue

City Redlands	State CA	Zip Code 92373
------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer Redlands Unifed School Distric	Occupation Educator
--	------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.4754

Amount of Each Receipt this Period

Memo Item
Donation

C. Full Name (Last, First, Middle Initial)
Ambriz, Mary, , ,

Mailing Address 815 West Fern Avenue

City Redlands	State CA	Zip Code 92373
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FEC ID number of contributing federal political committee.

Name of Employer Redlands Unifed School Distric	Occupation Educator
--	------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.4790

Amount of Each Receipt this Period

Memo Item
Donation

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 6 OF 25
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TESSA LYNN HODGE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Atkins, James, , ,

Mailing Address 74392 Pinon Drive

City Twentynine Palms State CA Zip Code 92277

FEC ID number of contributing federal political committee. C

Name of Employer Not Employed Occupation Not Employed

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
10 07 2025

Transaction ID : SA11AI.4713

Amount of Each Receipt this Period
100.00

Memo Item
Donation

B. Full Name (Last, First, Middle Initial)
COPELAND, PATRICE, , ,

Mailing Address 10345 Sunny Vista Rd

City Phelan State CA Zip Code 92371

FEC ID number of contributing federal political committee. C

Name of Employer Not Employed Occupation Not Employed

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 Y
10 17 2025

Transaction ID : SA11AI.4726

Amount of Each Receipt this Period
25.00

Memo Item
Donation

C. Full Name (Last, First, Middle Initial)
COPELAND, PATRICE, , ,

Mailing Address 10345 Sunny Vista Rd

City Phelan State CA Zip Code 92371

FEC ID number of contributing federal political committee. C

Name of Employer Not Employed Occupation Not Employed

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 675.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 12 2025

Transaction ID : SA11AI.4761

Amount of Each Receipt this Period
50.00

Memo Item
Donation

SUBTOTAL of Receipts This Page (optional)..... ▶ 175.00

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 7 OF 25
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TESSA LYNN HODGE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
COPELAND, PATRICE, , ,

Mailing Address 10345 Sunny Vista Rd

City Phelan State CA Zip Code 92371

FEC ID number of contributing federal political committee. C

Name of Employer Not Employed Occupation Not Employed

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 700.00

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 17 / 2025

Transaction ID : SA11AI.4767

Amount of Each Receipt this Period
25.00

Memo Item
Donation

B. Full Name (Last, First, Middle Initial)
COPELAND, PATRICE, , ,

Mailing Address 10345 Sunny Vista Rd

City Phelan State CA Zip Code 92371

FEC ID number of contributing federal political committee. C

Name of Employer Not Employed Occupation Not Employed

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 725.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 17 / 2025

Transaction ID : SA11AI.4797

Amount of Each Receipt this Period
25.00

Memo Item
Donation

C. Full Name (Last, First, Middle Initial)
Duane Michael Zea, MSSC, , ,

Mailing Address 2967 Ceylon Drive

City Costa Mesa State CA Zip Code 92626

FEC ID number of contributing federal political committee. C

Name of Employer Not Employed Occupation Not Employed

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
11 / 24 / 2025

Transaction ID : SA11AI.4769

Amount of Each Receipt this Period
250.00

Memo Item
Donation

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 8 OF 25
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TESSA LYNN HODGE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Fredette, Barbara, , ,

Mailing Address PO Box 721798

City Pinon Hills State CA Zip Code 92372

FEC ID number of contributing federal political committee. C

Name of Employer Not Employed Occupation Not Employed

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
11 / 14 / 2025

Transaction ID : SA11AI.4764

Amount of Each Receipt this Period
100.00

Memo Item
Donation

B. Full Name (Last, First, Middle Initial)
Quillinan, Jeffrey, , ,

Mailing Address 841 Linda Ln

City Barstow State CA Zip Code 92395

FEC ID number of contributing federal political committee. C

Name of Employer Not employed Occupation Not employed

Receipt For: 2025
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 335.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 06 / 2025

Transaction ID : SA11AI.4711

Amount of Each Receipt this Period
150.00

Memo Item
Donation

C. Full Name (Last, First, Middle Initial)
Quillinan, Jeffrey, , ,

Mailing Address 841 Linda Ln

City Barstow State CA Zip Code 92395

FEC ID number of contributing federal political committee. C

Name of Employer Not employed Occupation Not employed

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 485.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 06 / 2025

Transaction ID : SA11AI.4749

Amount of Each Receipt this Period
150.00

Memo Item
Donation

SUBTOTAL of Receipts This Page (optional)..... ▶ 400.00

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 9 OF 25
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TESSA LYNN HODGE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Quillinan, Jeffrey, , ,

Mailing Address 841 Linda Ln

City Barstow State CA Zip Code 92395

FEC ID number of contributing federal political committee. C

Name of Employer Not employed Occupation Not employed

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
635.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 06 / 2025

Transaction ID : SA11AI.4782

Amount of Each Receipt this Period
150.00

Memo Item
Donation

B. Full Name (Last, First, Middle Initial)
Willis, Gary, , ,

Mailing Address 31006 W.Weldon Ave

City Buckeye State AZ Zip Code 85396

FEC ID number of contributing federal political committee. C

Name of Employer Willdan Engineering Occupation Building Inspector

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
10 / 18 / 2025

Transaction ID : SA11AI.4730

Amount of Each Receipt this Period
250.00

Memo Item
Doandtion

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).....▶	400.00
TOTAL This Period (last page this line number only).....▶	1575.00

**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 25
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TESSA LYNN HODGE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
HODGE, TESSA, LYNN, ,

Mailing Address 15108 PRADO CT

City: VICTORVILLE State: CA Zip Code: 92395

FEC ID number of contributing federal political committee: **C** H6CA23230

Name of Employer: SELF-EMPLOYED Occupation: LICENSED CLINICAL SOCIAL WORKER

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
7120.40

Date of Receipt: 10 / 14 / 2025

Transaction ID : SA11D.4873

Amount of Each Receipt this Period: 100.00

Memo Item donation

B. Full Name (Last, First, Middle Initial)
HODGE, TESSA, LYNN, ,

Mailing Address 15108 PRADO CT

City: VICTORVILLE State: CA Zip Code: 92395

FEC ID number of contributing federal political committee: **C** H6CA23230

Name of Employer: SELF-EMPLOYED Occupation: LICENSED CLINICAL SOCIAL WORKER

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
7620.40

Date of Receipt: 10 / 14 / 2025

Transaction ID : SA11D.4874

Amount of Each Receipt this Period: 500.00

Memo Item donation

C. Full Name (Last, First, Middle Initial)
HODGE, TESSA, LYNN, ,

Mailing Address 15108 PRADO CT

City: VICTORVILLE State: CA Zip Code: 92395

FEC ID number of contributing federal political committee: **C** H6CA23230

Name of Employer: SELF-EMPLOYED Occupation: LICENSED CLINICAL SOCIAL WORKER

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
8320.40

Date of Receipt: 11 / 06 / 2025

Transaction ID : SA11D.4875

Amount of Each Receipt this Period: 700.00

Memo Item Donation

SUBTOTAL of Receipts This Page (optional) ▶ 1300.00

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: (check only one)	PAGE 11 OF 25
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TESSA LYNN HODGE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
HODGE, TESSA, LYNN, ,

Mailing Address 15108 PRADO CT

City VICTORVILLE	State CA	Zip Code 92395
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FEC ID number of contributing federal political committee. **C** H6CA23230

Name of Employer SELF-EMPLOYED	Occupation LICENSED CLINICAL SOCIAL WORKER
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Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
8570.40

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 12 / 2025

Transaction ID : SA11D.4876

Amount of Each Receipt this Period
250.00

Memo Item
Donation

B. Full Name (Last, First, Middle Initial)
HODGE, TESSA, LYNN, ,

Mailing Address 15108 PRADO CT

City VICTORVILLE	State CA	Zip Code 92395
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FEC ID number of contributing federal political committee. **C** H6CA23230

Name of Employer SELF-EMPLOYED	Occupation LICENSED CLINICAL SOCIAL WORKER
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Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
8620.40

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 12 / 2025

Transaction ID : SA11D.4877

Amount of Each Receipt this Period
50.00

Memo Item
Donation

C. Full Name (Last, First, Middle Initial)
HODGE, TESSA, LYNN, ,

Mailing Address 15108 PRADO CT

City VICTORVILLE	State CA	Zip Code 92395
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FEC ID number of contributing federal political committee. **C** H6CA23230

Name of Employer SELF-EMPLOYED	Occupation LICENSED CLINICAL SOCIAL WORKER
-----------------------------------	---

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
8920.40

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 21 / 2025

Transaction ID : SA11D.4878

Amount of Each Receipt this Period
300.00

Memo Item
Donation

SUBTOTAL of Receipts This Page (optional)..... ▶	600.00
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 12 OF 25
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TESSA LYNN HODGE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
HODGE, TESSA, LYNN, ,

Mailing Address 15108 PRADO CT

City: VICTORVILLE State: CA Zip Code: 92395

FEC ID number of contributing federal political committee: **C** H6CA23230

Name of Employer: SELF-EMPLOYED Occupation: LICENSED CLINICAL SOCIAL WORKER

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
9470.40

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 24 / 2025

Transaction ID : SA11D.4879

Amount of Each Receipt this Period
550.00

Memo Item
Donation

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)..... ▶	550.00
TOTAL This Period (last page this line number only)..... ▶	2450.00

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 13 OF 25	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TESSA LYNN HODGE FOR CONGRESS

A. ADP Pay-By-Pay

Full Name (Last, First, Middle Initial)
Mailing Address 1 ADP Boulevard

City Roseland State NJ Zip Code 07068

Purpose of Disbursement payroll Category/Type 001

Candidate Name TESSA LYNN HODGE FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2026 Primary General Other (specify) ▼
State: CA District: 23

Date of Disbursement: 12 / 26 / 2025

FEC Identification Number: C C00899138

Amount of Each Disbursement this Period: 75.00

Transaction ID : SB17.4870

Memo Item

B. ADP Payroll fee

Full Name (Last, First, Middle Initial)
Mailing Address 1 ADP Boulevard

City Roseland State NJ Zip Code 07068

Purpose of Disbursement payroll fees Category/Type 001

Candidate Name TESSA LYNN HODGE FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2026 Primary General Other (specify) ▼
State: CA District: 23

Date of Disbursement: 10 / 03 / 2025

FEC Identification Number: C C00899138

Amount of Each Disbursement this Period: 16.00

Transaction ID : SB17.4825

Memo Item

C. ADP Payroll fee

Full Name (Last, First, Middle Initial)
Mailing Address 1 ADP Boulevard

City Roseland State NJ Zip Code 07068

Purpose of Disbursement fees Category/Type 001

Candidate Name TESSA LYNN HODGE FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2026 Primary General Other (specify) ▼
State: CA District: 23

Date of Disbursement: 10 / 24 / 2025

FEC Identification Number: C C00899138

Amount of Each Disbursement this Period: 16.00

Transaction ID : SB17.4836

Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 107.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 OF 25	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TESSA LYNN HODGE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ADP Payroll fee			Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2025	
Mailing Address 1 ADP Boulevard			FEC Identification Number C C00899138	
City Roseland	State NJ	Zip Code 07068	Amount of Each Disbursement this Period 32.00	
Purpose of Disbursement fees		Category/ Type 001	Transaction ID : SB17.4850	
Candidate Name TESSA LYNN HODGE FOR CONGRESS		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: CA District: 23				

Full Name (Last, First, Middle Initial) B. ADP Payroll fee			Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2025	
Mailing Address 1 ADP Boulevard			FEC Identification Number C C00899138	
City Roseland	State NJ	Zip Code 07068	Amount of Each Disbursement this Period 16.00	
Purpose of Disbursement fees		Category/ Type 001	Transaction ID : SB17.4859	
Candidate Name TESSA LYNN HODGE FOR CONGRESS		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: CA District: 23				

Full Name (Last, First, Middle Initial) C. ADP Tax			Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2025	
Mailing Address 1 ADP Boulevard			FEC Identification Number C C00899138	
City Roseland	State NJ	Zip Code 07068	Amount of Each Disbursement this Period 157.87	
Purpose of Disbursement tax		Category/ Type 001	Transaction ID : SB17.4840	
Candidate Name TESSA LYNN HODGE FOR CONGRESS		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: CA District: 23				

SUBTOTAL of Disbursements This Page (optional).....▶	205.87
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 OF 25	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TESSA LYNN HODGE FOR CONGRESS

A. ADP Tax

Full Name (Last, First, Middle Initial)
Mailing Address 1 ADP Boulevard

City Roseland State NJ Zip Code 07068

Purpose of Disbursement tax Category/Type 001

Candidate Name TESSA LYNN HODGE FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2026 Primary General Other (specify) ▼
State: CA District: 23

Date of Disbursement: 10 / 15 / 2025

FEC Identification Number: C C00899138

Amount of Each Disbursement this Period: 157.87

Transaction ID : SB17.4833

Memo Item

B. ADP Tax

Full Name (Last, First, Middle Initial)
Mailing Address 1 ADP Boulevard

City Roseland State NJ Zip Code 07068

Purpose of Disbursement tax Category/Type 001

Candidate Name TESSA LYNN HODGE FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2026 Primary General Other (specify) ▼
State: CA District: 23

Date of Disbursement: 11 / 10 / 2025

FEC Identification Number: C C00899138

Amount of Each Disbursement this Period: 156.67

Transaction ID : SB17.4846

Memo Item

C. ADP Tax

Full Name (Last, First, Middle Initial)
Mailing Address 1 ADP Boulevard

City Roseland State NJ Zip Code 07068

Purpose of Disbursement tax Category/Type 001

Candidate Name TESSA LYNN HODGE FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2026 Primary General Other (specify) ▼
State: CA District: 23

Date of Disbursement: 11 / 25 / 2025

FEC Identification Number: C C00899138

Amount of Each Disbursement this Period: 153.07

Transaction ID : SB17.4855

Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 467.61

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 OF 25	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TESSA LYNN HODGE FOR CONGRESS

A. ADP Wage Pay for Stasik Winderbaum

Full Name (Last, First, Middle Initial)

Mailing Address 520 East Murray Canyon Drive
APT #821

City Palm Springs State CA Zip Code 92264

Purpose of Disbursement payroll Category/Type 001

Candidate Name TESSA LYNN HODGE FOR CONGRESS

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

State: CA District: 23

Date of Disbursement 10 / 15 / 2025

FEC Identification Number C C00899138

Amount of Each Disbursement this Period 884.53

Transaction ID : SB17.4834

Memo Item

B. ADP Wage Pay for Stasik Winderbaum

Full Name (Last, First, Middle Initial)

Mailing Address 520 East Murray Canyon Drive
APT #821

City Palm Springs State CA Zip Code 92264

Purpose of Disbursement payroll Category/Type 001

Candidate Name TESSA LYNN HODGE FOR CONGRESS

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

State: CA District: 23

Date of Disbursement 11 / 04 / 2025

FEC Identification Number C C00899138

Amount of Each Disbursement this Period 708.13

Transaction ID : SB17.4841

Memo Item

C. ADP Wage Pay for Stasik Winderbaum

Full Name (Last, First, Middle Initial)

Mailing Address 520 East Murray Canyon Drive
APT #821

City Palm Springs State CA Zip Code 92264

Purpose of Disbursement payroll Category/Type 001

Candidate Name TESSA LYNN HODGE FOR CONGRESS

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

State: CA District: 23

Date of Disbursement 11 / 07 / 2025

FEC Identification Number C C00899138

Amount of Each Disbursement this Period 708.13

Transaction ID : SB17.4843

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 2300.79

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 OF 25	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TESSA LYNN HODGE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ADP Wage Pay for Stasik Winderbaum		Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2025
Mailing Address 520 East Murray Canyon Drive APT #821		FEC Identification Number C C00899138
City Palm Springs	State CA	Zip Code 92264
Purpose of Disbursement payroll	Category/ Type 001	
Candidate Name TESSA LYNN HODGE FOR CONGRESS		Amount of Each Disbursement this Period 708.13
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 23	Transaction ID : SB17.4856 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Albrycht, Stephanie, , ,		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2025
Mailing Address PO Box 3421		FEC Identification Number C C00899138
City Big Bear Lake	State CA	Zip Code 92315
Purpose of Disbursement payroll	Category/ Type 001	
Candidate Name TESSA LYNN HODGE FOR CONGRESS		Amount of Each Disbursement this Period 800.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 23	Transaction ID : SB17.4881 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Amazon		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2025
Mailing Address 410 Terry Avenue North		FEC Identification Number C C00899138
City Seattle	State WA	Zip Code 98109
Purpose of Disbursement campaign supplies	Category/ Type 006	
Candidate Name TESSA LYNN HODGE FOR CONGRESS		Amount of Each Disbursement this Period 86.99
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 23	Transaction ID : SB17.4835 <input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	1595.12
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 OF 25	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TESSA LYNN HODGE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. California Democratic Party			Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2025	
Mailing Address 1830 9th Street			FEC Identification Number C C00899138	
City Sacramento	State CA	Zip Code 95811	Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Endorsement application fee		Category/ Type 001	Transaction ID : SB17.4858	
Candidate Name TESSA LYNN HODGE FOR CONGRESS		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: CA District: 23				

Full Name (Last, First, Middle Initial) B. Costco			Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2025	
Mailing Address 999 Lake Drive			FEC Identification Number C C00899138	
City Issaquah	State WA	Zip Code 98027	Amount of Each Disbursement this Period 179.49	
Purpose of Disbursement event supplies		Category/ Type 007	Transaction ID : SB17.4867	
Candidate Name TESSA LYNN HODGE FOR CONGRESS		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: CA District: 23				

Full Name (Last, First, Middle Initial) C. Google Services			Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2025	
Mailing Address 1600 Amphitheatre Parkway			FEC Identification Number C C00899138	
City Mountain View	State CA	Zip Code 94043	Amount of Each Disbursement this Period 24.01	
Purpose of Disbursement admin		Category/ Type 001	Transaction ID : SB17.4824	
Candidate Name TESSA LYNN HODGE FOR CONGRESS		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2025 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: CA District: 23				

SUBTOTAL of Disbursements This Page (optional).....▶	703.50
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 19 OF 25	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TESSA LYNN HODGE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Google Services		Date of Disbursement MM / DD / YYYY 11 / 03 / 2025
Mailing Address 1600 Amphitheatre Parkway		FEC Identification Number C C00899138
City Mountain View	State CA	Zip Code 94043
Purpose of Disbursement admin	Category/Type 001	
Candidate Name TESSA LYNN HODGE FOR CONGRESS		Amount of Each Disbursement this Period 24.13
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 23	Transaction ID : SB17.4838 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Google Services		Date of Disbursement MM / DD / YYYY 12 / 02 / 2025
Mailing Address 1600 Amphitheatre Parkway		FEC Identification Number C C00899138
City Mountain View	State CA	Zip Code 94043
Purpose of Disbursement admin	Category/Type 001	
Candidate Name TESSA LYNN HODGE FOR CONGRESS		Amount of Each Disbursement this Period 24.13
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 23	Transaction ID : SB17.4857 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Mailchimp		Date of Disbursement MM / DD / YYYY 12 / 15 / 2025
Mailing Address 405 N. Angire Ave. NE		FEC Identification Number C C00899138
City Atlanta	State GA	Zip Code 30308
Purpose of Disbursement email	Category/Type 001	
Candidate Name TESSA LYNN HODGE FOR CONGRESS		Amount of Each Disbursement this Period 45.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 23	Transaction ID : SB17.4869 <input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	93.26
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 25	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TESSA LYNN HODGE FOR CONGRESS

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. Poliengine		M M / D D / Y Y Y Y 10 / 10 / 2025
Mailing Address 621 12th Ave		FEC Identification Number
City Gainesville	State FL	Zip Code 32601
Purpose of Disbursement website	Category/ Type	Amount of Each Disbursement this Period
Candidate Name TESSA LYNN HODGE FOR CONGRESS	004	41.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4828
State: CA District: 23		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Poliengine		M M / D D / Y Y Y Y 11 / 12 / 2025
Mailing Address 621 12th Ave		FEC Identification Number
City Gainesville	State FL	Zip Code 32601
Purpose of Disbursement website	Category/ Type	Amount of Each Disbursement this Period
Candidate Name TESSA LYNN HODGE FOR CONGRESS	004	41.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4847
State: CA District: 23		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. Poliengine		M M / D D / Y Y Y Y 12 / 11 / 2025
Mailing Address 621 12th Ave		FEC Identification Number
City Gainesville	State FL	Zip Code 32601
Purpose of Disbursement website	Category/ Type	Amount of Each Disbursement this Period
Candidate Name TESSA LYNN HODGE FOR CONGRESS	001	41.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4862
State: CA District: 23		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	123.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 OF 25	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TESSA LYNN HODGE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. R.V Nuccio and Associates			Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2025	
Mailing Address P.O. Box 8999			FEC Identification Number C C00899138	
City San Francisco	State CA	Zip Code 94128	Amount of Each Disbursement this Period 254.15	
Purpose of Disbursement event insurance		Category/ Type 007	Transaction ID : SB17.4848	
Candidate Name TESSA LYNN HODGE FOR CONGRESS		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: CA District: 23				

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

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

SUBTOTAL of Disbursements This Page (optional).....▶	254.15
TOTAL This Period (last page this line number only).....▶	5850.30

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **TESSA LYNN HODGE FOR CONGRESS** Transaction ID : **SC/10.4303**

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
HODGE, TESSA, LYNN, ,		<input checked="" type="checkbox"/> Primary
Mailing Address 15108 PRADO CT		<input type="checkbox"/> General
City VICTORVILLE		<input type="checkbox"/> Other (specify) ▼
State CA	ZIP Code 92395	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
214.60	0.00	214.60

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 06 / 07 / 2025	M M / D D / Y Y Y Y n/a	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:

SUBTOTALS This Period This Page (optional).....▶	214.60
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

NAME OF COMMITTEE (In Full) **TESSA LYNN HODGE FOR CONGRESS** Transaction ID : **SC/10.4302**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
HODGE, TESSA, LYNN, ,			<input checked="" type="checkbox"/> Primary
Mailing Address 15108 PRADO CT			<input type="checkbox"/> General
City VICTORVILLE		State CA	<input type="checkbox"/> Other (specify) ▼
ZIP Code 92395		<input checked="" type="checkbox"/> Personal Funds of the Candidate	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
345.00	0.00	345.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	06 / 19 / 2025	n/a	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:

SUBTOTALS This Period This Page (optional).....▶	345.00
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

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.4304
 TESSA LYNN HODGE FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item HODGE, TESSA, LYNN, ,		Election: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 15108 PRADO CT		
City VICTORVILLE	State CA	ZIP Code 92395 <input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
210.80	0.00	210.80

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 06 / 20 / 2025	M M / D D / Y Y Y Y n/a	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: <input style="width: 150px;" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 150px;" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 150px;" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 150px;" type="text"/>

SUBTOTALS This Period This Page (optional).....▶	<input style="width: 150px;" type="text" value="210.80"/>
TOTALS This Period (last page in this line only)▶	<input style="width: 150px;" type="text"/>

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) **TESSA LYNN HODGE FOR CONGRESS** Transaction ID : **SC/10.4301**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
HODGE, TESSA, LYNN, ,			<input checked="" type="checkbox"/> Primary
Mailing Address 15108 PRADO CT			<input type="checkbox"/> General
City VICTORVILLE		State CA	<input type="checkbox"/> Other (specify) ▼
ZIP Code 92395		<input checked="" type="checkbox"/> Personal Funds of the Candidate	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3000.00	0.00	3000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	06 / 25 / 2025	n/a	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:

SUBTOTALS This Period This Page (optional).....▶	3000.00
TOTALS This Period (last page in this line only).....▶	3770.40

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