

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Bloomfield for Congress

ADDRESS (number and street) 909 N. Aviation Blvd., Suite 9

(Check if address is changed)

Manhattan Beach

CA

90266

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

bryan@politicalfinancesolutions.com

(Check if address is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.bloomfieldforcongress.com

(Check if address is changed)

2. DATE

04 / 27 / 2012

3. FEC IDENTIFICATION NUMBER

C C00516641

4. IS THIS STATEMENT

X

NEW (N)

OR

AMENDED (A)

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

Type or Print Name of Treasurer Bryan Burch

Signature of Treasurer Bryan Burch

[Electronically Filed]

Date

04 / 27 / 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 02/2009)

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate Bill Bloomfield

Candidate Party Affiliation IND Office Sought: House Senate President State CA District 33

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative
 - In addition, this committee is a Lobbyist/Registrant PAC.
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number C _____
2. _____ FEC ID number C _____
3. _____ FEC ID number C _____
4. _____ FEC ID number C _____

Write or Type Committee Name

Bloomfield for Congress

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

None

Mailing Address

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Bryan Burch

Mailing Address 1020 12th Street, Suite 232

Sacramento CA 95814

Title or Position CITY STATE ZIP CODE

Custodian of Records Telephone number 916 - 476 - 6926

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Bryan Burch

Mailing Address 1020 12th Street, Suite 232

Sacramento CA 95814

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 916 - 476 - 6926

Full Name of Designated Agent

None

Mailing Address

_____ CITY _____ STATE _____ ZIP CODE

Title or Position

Telephone number

_____-_____-_____

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

US Bank

Mailing Address

15910 Ventura Blvd.

Encino CITY CA STATE 91436 ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

_____ CITY _____ STATE _____ ZIP CODE