

# 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

TOOMIM FOR CONGRESS

ADDRESS (number and street) 1112 Montana Avenue  
 (Check if address is changed) 3-88  
Santa Monica CA 90403  
CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) lmt@toomim4congress.com

Optional Second E-Mail Address rkiger@restoringusa.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed) toomim4congress.com

2. DATE 04 / 02 / 2023

3. FEC IDENTIFICATION NUMBER C C00776948

4. IS THIS STATEMENT  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 Kiger, Robert, , ,

Signature of Treasurer Kiger, Robert, , , [Electronically Filed] Date 04 / 02 / 2023

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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 Toomim, Leah, Melissa, Ms.,

Candidate Party Affiliation  Office Sought:  House  Senate  President State  District

- (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.)

- (g)  This committee is an independent expenditure-only political committee (Super PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

- (h)  This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

**Joint Fundraising Representative:**

- (i)  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.
- (j)  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. \_\_\_\_\_
2. \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Write or Type Committee Name

# TOOMIM FOR CONGRESS

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

NONE

Grid lines for text entry

Mailing Address

Grid lines for mailing address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:  Connected Organization  Affiliated Organization  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.

Kiger, Robert, , ,

Full Name

Grid lines for full name

Mailing Address

PO Box 2008

Grid lines for mailing address

Palm Beach

FL

33480

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Grid lines for title or position

Telephone number

720

837

4528

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).

Kiger, Robert, , ,

Full Name of Treasurer

Grid lines for full name of treasurer

Mailing Address

PO Box 2008

Grid lines for mailing address

Palm Beach

FL

33480

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Grid lines for title or position

Telephone number

720

837

4528

Full Name of Designated Agent Toomim, Melissa, Leah, ,

Mailing Address 1112 Montana Ave No 3-88 Santa Monica CA 90403 CITY STATE ZIP CODE

Title or Position Candidate Telephone number 805 284 7671

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.

First Bank

Mailing Address 4206 Lincoln Blvd. Marina del Rey CA 90292 CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Mailing Address CITY STATE ZIP CODE