FEC FORM 2
STATEMENT OF CANDIDACY

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_							The state of the s
1. ((a) Name of Candidate (in full) Bill Bloomfield					F.	EC MAIL CEN
	(b) Address (number and street)	Check if address cl	hanged	2. Identification Nu	mber		
	909 N. Aviation Blvd., S			TBA			
(c) City, State, and ZIP Code	City, State, and ZIP Code					Amended
		anhattan Beach, CA 90266			(N)	OR	(A)
4. 1	Party Affiliation	5. Office Sought		rict of Candidate	5:	•••	
	Independent	House of Representative	s Californi	a-Congressional	District	33	
	hereby designate the following na	•	incipal Campaign Com	nittee for the20	012 f election)	election	(s).
	NOTE: This designation should be	tiled with the appropriate office is	sted in the instructions.				,
(a) Name of Committee (in full)						
	Bloomfield for Con	gress					
(b) Address (number and street)				,		,
	909 N. Aviation Blv	d., Suite 9					
(c) City, State, and ZIP Code						
	Manhattan Beach	, CA 90266					
C	hereby authorize the following national candidacy. NOTE: This designation should be	med committee, which is NOT my		•	nd expend	funds o	n behalf of my
(a) Name of Committee (in full)	 					
(b) Address (number and street)						
(c) City, State, and ZtP Code						
	l certify that I have exa	emined this Statement and to the	best of my knowledge a	nd belief it is true, co	rrect and c	omplete	B.
Sig	nature of Candidate	1 /	7	Date		l	
	MI	3/m//	,	0	3/13/2	2012	
NO	E: Submission of false, erroneous	s, or incomplete information may s	ubject the person signi	ng this Staternent to p	enalties of	2 U.S.	C. §437g.
						FEC I	FORM 2 (REV. 12/2008)

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