

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

T O O M I M F L O R I C O N G R E S S I

ADDRESS (number and street)

1 1 1 2 M O N T A N A A V E N U E

☐

(Check if address
is changed)

U N I T 3 - 8 8

S A N T A M O N I C A

CITY ▲

C A

STATE ▲

9 0 4 0 3

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☒

(Check if address
is changed)

Q A N D I D A T E @ T O O M I M 4 C O N G R E S S I C O M

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐

(Check if address
is changed)

T O O M I M 4 C O N G R E S S I C O M

2. DATE

0 1 / 1 6 / 2 0 2 6

3. FEC IDENTIFICATION NUMBER ►

C 0 0 7 7 6 9 4 8

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

Leah Melissa Toomim

Signature of Treasurer

Leah Melissa Toomim

Date

0 1 / 2 0 / 2 0 2 6

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.

Office
Use
Only

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

FEC FORM 1
(Revised 03/2022)

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

M E L I S S A T O O M I M

Candidate Party Affiliation

R E P

Office Sought:

☒

House

☐

Senate

☐

President

State

C A

District

3 6

- (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. C C

2025 RELEASE UNDER E.O. 14176

Write or Type Committee Name

TOOMIM 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 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.

Full Name

LEAH MELISSA TOOMIM

Mailing Address

1112 MONTANA AVENUE

UNIT 388

SANTA MONICA

CA

90403

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

CANDIDATE

Telephone number

310-593-3987

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

LEAH MELISSA TOOMIM

Mailing Address

1112 MONTANA AVE. UNIT 388

SANTA MONICA

CA

90403

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

CANDIDATE

Telephone number

310-593-3987

Full Name of
Designated
Agent

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.

FIRST BANK

Mailing Address

4206 LINCOLN BLVD

MARINA DEL REY

CA

90403-

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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5(i) or (j). **Joint Fundraising Participant:**

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

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

Mailing Address

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

☐

Connected Organization

☐

Affiliated Committee

☐

Joint Fundraising Representative

☐

Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)Full Name Mailing Address

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

 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.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

NON-PROFIT ORGANIZATION

Via E-Mail

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The FEC added this page to the end of this filing to indicate how it was received.

☐ Hand Delivered	Date of Receipt
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 PREPARER (4/2025)	1/21/26 DATE PREPARED

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