

**Statement of Organization
Recipient Committee**

Statement Type

Initial
 Not yet qualified
or
 Date qualification threshold met

Amendment
Date qualification threshold met

Termination - See Part 5
Date of termination

04 / 23 / 2022

04 / 23 / 2022

04 / 23 / 2022

1. Committee Information

I.D. Number 1443953
(if applicable)

Eiect Joong Kim for County Supervisor #1 2022

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Joong S. Kim

STREET ADDRESS (NO P.O. BOX)

321 W. 2nd Street

CITY
Calexico

STATE
CA

ZIP CODE
92231

AREA CODE/PHONE
760-618-1757

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

joongkim4community@gmail.com

COUNTY OF DOMICILE

Imperial

JURISDICTION WHERE COMMITTEE IS ACTIVE

Calexico

NAME OF PRINCIPAL OFFICER(S)

Joong S. Kim

STREET ADDRESS (NO P.O. BOX)

321 W. 2nd Street

CITY
Calexico

STATE
CA

ZIP CODE
92231

AREA CODE/PHONE
760-618-1757

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on April 23, 2022 By _____

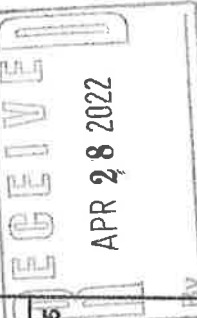
Executed on April 23, 2022 By _____

Executed on _____ By _____

Executed on _____ By _____

SIGNATURE OF TREASURER OR ASSISTANT TREASURER
SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent
SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent
SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent

Date Stamp



Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME
Elect Joong Kim for County Supervisor #1 2022

I.D. NUMBER
1443953

All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION
First Imperial Credit Union

AREA CODE/PHONE
760-352-1540

BANK ACCOUNT NUMBER
015940097

ADDRESS
1602 West Main Street 1001

CITY
El Centro

STATE
CA

ZIP CODE
92543

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROponent	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE	(list political party below)
Joong Shik Kim	Imperial County Supervisor # 1	2022	Nonpartisan <input checked="" type="checkbox"/>	Nonpartisan
			Nonpartisan	Nonpartisan

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CHECK ONE
	SUPPORT
	OPPOSE