

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met <u>4/</u> / <u>18</u> / <u>2026</u>	Date of termination ____/____/____



1. Committee Information	I.D. Number 1487769 <small>(if applicable)</small>	2. Treasurer and Other Principal Officers
NAME OF COMMITTEE Elect Joong Kim for County Supervisor #1 2026		NAME OF TREASURER Joong S. Kim
STREET ADDRESS (NO P.O. BOX) [REDACTED]		STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE [REDACTED]
CITY STATE ZIP CODE AREA CODE/PHONE [REDACTED]		EMAIL ADDRESS OF TREASURER (REQUIRED) AREA CODE/PHONE [REDACTED]
FULL MAILING ADDRESS (IF DIFFERENT) [REDACTED]		NAME OF ASSISTANT TREASURER, IF ANY [REDACTED]
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) [REDACTED]		STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE [REDACTED]
COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE	EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) AREA CODE/PHONE [REDACTED]
[REDACTED]		NAME OF PRINCIPAL OFFICER(S) Joong S. Kim
[REDACTED]		STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE [REDACTED]
[REDACTED]		EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) AREA CODE/PHONE [REDACTED]
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	<u>4/18/2026</u>	By	[REDACTED]
	<small>DATE</small>		
Executed on	<u>4/18/2026</u>	By	[REDACTED]
	<small>DATE</small>		
Executed on	_____	By	_____
	<small>DATE</small>		<small>SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent</small>
Executed on	_____	By	_____
	<small>DATE</small>		<small>SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent</small>

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INSTRUCTIONS ON REVERSE

COMMITTEE NAME Elect Joong Kim for County Supervisor #1 2026	I.D. NUMBER 1487769
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• All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.

NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS Corazo Credit Union Joong Shik Kim	AREA CODE/PHONE 92231	BANK ACCOUNT NUMBER [REDACTED]
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ADDRESS OF FINANCIAL INSTITUTION 1010 E.Cole Blvd	CITY Calexico	STATE Ca	ZIP CODE 92231
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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]
			Nonpartisan	Partisan	
Joong S. Kim	Imperial County Supervisor #1	2026	<input checked="" type="checkbox"/>	<input type="checkbox"/>	[list political party below]
			<input type="checkbox"/>	<input type="checkbox"/>	[list political party below]

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.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE