**FEC** 

Only

# STATEMENT OF

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**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Young Kim for Congress PO Box 17490 ADDRESS (number and street) (Check if address is changed) Anaheim 92817-7490 CA CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address Kellylawler@thekalgroup.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) WWW.Youngkimforcongress.com (Check if address is changed) DATE 30 2024 C00665638 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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 Lawler, Kelly, , Mrs., Date 07 17 2024 Signature of Treasurer Lawler, Kelly, , Mrs., 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

EC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) X 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 th information below.)	e candidate
Name of Kim, Young, , , Candidate	
Candidate Party Affiliation REP Office Sought: X House Senate President	State CA  District 40
(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 Republican,	•
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a:
Corporation Corporation w/o Capital Stock Labor C	rganization
Membership Organization Trade Association Coopera	ative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	d fund or party
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 PA	AC).
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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political
(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	r more political
Committees Participating in Joint Fundraiser	
1	

I	FEC Form 1 (Revised 0)	2/2009)	Page <b>3</b>
٧	rite or Type Committee Name		
_	Young Kim for C		the section develop DIO Occurren
6.	Kim Victory Fund	ganization, Affiliated Committee, Joint Fundraising Representat	tive, or Leadership PAC Sponsor
	Mailing Address	PO Box 730	
		Hilmar	95324
		CITY ▲ STATE	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising Repres	sentative Leadership PAC Sponso
			_
7.	Custodian of Records: Identi books and records.	fy by name, address (phone number optional) and position of the pe	erson in possession of committee
	Lawler, Kel	y, , Mrs.,	
	Full Name		
	Mailing Address	9460 Tegner Road	
		Hilmar   CA	95324
		CITY ▲ STATE	ZIP CODE ▲
	Title or Position ▼		
	Record Keeper	Telephone number	209   656   1542
8.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the commissistant treasurer).	ittee; and the name and address of
	Full Name Lawler, Kell of Treasurer	y, , Mrs.,	
		9460 Tegner Road	
	Mailing Address		
		Hilmor 24	05204
		Hilmar CA	
	T	CITY ▲ STATE	ZIP CODE ▲
	Title or Position ▼		. 200
	Treasurer	Telephone number	209   656   1542

FE	C Form 1 (Revised 02/2009)	Page <b>4</b>
Full Na Design Agent		
Mailing	Address	
	CITY ▲ STATE	ZIP CODE ▲
Title o	Position ▼	
	Telephone number	
	or Other Depositories: List all banks or other depositories in which the committee deposit boxes or maintains funds.	osits funds, holds accounts, rents
Name	of Bank, Depository, etc.	
	Tri Counties Bank	
Mailing	Address 210 N Tehama Street	
	Willows	95988-2834
	CITY ▲ STATE	ZIP CODE ▲
Name	of Bank, Depository, etc.	
	First Virginia Community Bank	
Mailing	Address 11325 Random Hills Road	
	Suite 240	
	Fairfax   VA	
	CITY ▲ STATE	ZIP CODE ▲

### Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

(h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	С
2		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
lame of Any Connected American Battlegrou	d Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spons
American Battlegrot			
Mailing Address	PO Box 30844		
	Bethesda	MD	20824
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecto		nt Fundraising Representa	ative Leadership PAC Spo
Connecto	ed Organization	nt Fundraising Representa	ative Leadership PAC Spi
Connecte  Designated Agent: Identi	ed Organization	at Fundraising Representa	Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name	ed Organization	t Fundraising Representa	Leadership PAC Spo
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Connecte  Designated Agent: Identi  Full Name	ed Organization Affiliated Committee X Join fy by name, address (phone number – optional)	st Fundraising Representation	Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name  Mailing Address	Affiliated Committee X Join fy by name, address (phone number – optional)		
Pesignated Agent: Identification of the Position of the Positi	Affiliated Committee X Join fy by name, address (phone number – optional)  CITY   Ories: List all banks or other depositories in which naintains funds.  Bridge Bank  1445 A Laughlin Avenue	STATE A Telephone Number	ZIP CODE   s funds, holds accounts, rents
Connected Pesignated Agent: Identify Full Name Mailing Address  TITLE OR POSITION Period Peri	Affiliated Committee X Join fy by name, address (phone number – optional)  CITY   Ories: List all banks or other depositories in which naintains funds.  Bridge Bank	STATE A	ZIP CODE A

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(h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	С
2		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
		delete Berner delle	
Scalise Leadership	d Organization, Affiliated Committee, Joint Fun  Fund 2024	draising Representative	e, or Leadersnip PAC Spons
Mailing Address	320 1st St SE		
	Washington	DC	20003
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee X Joint Indiana Affiliated Committee X Joint Ind	int Fundraising Represent	ative Leadership PAC Sp
		int Fundraising Represent	ative Leadership PAC Spo
esignated Agent: Identi		int Fundraising Represent	ative Leadership PAC Spo
Pesignated Agent: Identi		int Fundraising Represent	ative Leadership PAC Spo
Pesignated Agent: Identi		int Fundraising Represent	ative Leadership PAC Spo
Pesignated Agent: Identi	fy by name, address (phone number – optional)	int Fundraising Represent	Leadership PAC Spo
Pesignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)		
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### Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected American Dream Vid	l Organization, Affiliated Committee, Joint Fun ctory Fund	draising Representativ	e, or Leadership PAC Spons
Mailing Address	9070 Irvine Center Drive		
	Suite 150	1 1 1 1 1 1 1	
	Irvine	CA	92618
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	Affiliated Committee X Jo  fy by name, address (phone number – optional)	int Fundraising Represent	Leadership PAC Sp
		int Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		int Fundraising Represent	Leadership PAC Sp
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esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)  CITY		
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which aintains funds.  Bank	STATE A Telephone Number	ZIP CODE A

### Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

1.			
		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
4.			
Name of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representativ	e, or Leadership PAC Spons
Protect the House Ca	alifornia 2024		
Mailing Address	PO Box 30844		
			<u> </u>
	Bethesda	MD	20824
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
neiationship.			
Connected	d Organization Affiliated Committee X Join  y by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC Spo
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Connecter  Designated Agent: Identify		t Fundraising Represent	Leadership PAC Spo
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Connected  Designated Agent: Identify  Full Name	y by name, address (phone number – optional)  CITY		

### Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

1. 🔃				FEC II	D number	C	
2. 🔲				FEC II	D number	С	
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	Any Connected (	_	liated Committee, Joint	Fundraising Re	presentative	e, or Leadershi	p PAC Spons
Mail	ling Address	228 S. Washing	ton St.				
		Ste. 115					
		Alexandria			VA	22314	-
	. 12 1. 2 .		CITY ▲		STATE A	ZIF	CODE A
		Organization by name, address	Affiliated Committee	Joint Fundraisin	g Representa	ative Lead	ership PAC Sp
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<b>esignate</b> Full N	Connected ed Agent: Identify				g Representa	ative Lead	ership PAC Sp
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	Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
Name of Any Connected	Organization, Affiliated Committee, Joint Fu	ndraising Representative	e, or Leadership PAC Sponsor
Grow the Majority CA			
Mailing Address	228 S Washington St Ste 115		
	Alexandria	, VA	22314
Relationship:	CITY A	STATE A	ZIP CODE A
riciationship.			
Connected  Designated Agent: Identify	Organization Affiliated Committee X Joby name, address (phone number – optional)	oint Fundraising Represent	Leadership The Open
			Leadership The Open
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Designated Agent: Identify  Full Name			
Designated Agent: Identify  Full Name			
Designated Agent: Identify  Full Name    Mailing Address	by name, address (phone number – optional)		ZIP CODE A
Designated Agent: Identify  Full Name	by name, address (phone number – optional)		

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h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
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4.		FEC ID number	С
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Grow the Majority			
		1 1 1 1 1 1 1 1	
Mailing Address	228 S Washington St Ste 115		
Mailing Address			
	Alamadria		00044
	Alexandria	L VA	22314
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	Affiliated Committee X fy by name, address (phone number – option	Joint Fundraising Represen	tative Leadership PAC S
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h). <b>Joint Fundraisi</b>	ig i artioipanti		
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Emmer Majority Buil	Organization, Affiliated Committee, Joint Fuders	ndraising Representativ	e, or Leadership PAC Spon
Mailing Address	824 S. Milledge Ave. Ste. 101		
	Athens	GA	30605
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee X J  y by name, address (phone number – optional)	oint Fundraising Represent	ative Leadership PAC Sp
			Leadership PAC Sp
esignated Agent: Identi			Leadership PAC Sp
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Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afty deposit boxes or mane of Bank,	y by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which aintains funds.	STATE A  Telephone Number	ZIP CODE A
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Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite the deposite boxes or mame of Bank, epository, etc.	y by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which aintains funds.	STATE A  Telephone Number	ZIP CODE A

# Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

(h). <b>Joint Fundrais</b> i	ng Participant:				
1.			FEC I	D number	С
2.			FEC I	D number	С
3.			FEC I	D number	C
4			FEC I	D number	С
Jama of Any Composts	A Overanization Affilia	ted Committee Isint	Frankraiaina Da		a ay Laadayshin DAC Chana
Scott Franklin Wingi			rundraising he	presentativ	e, or Leadership PAC Spons
Mailing Address	PO Box 2811				
	Lakeland			FL	33806
Relationship:		CITY A		STATE A	ZIP CODE ▲
			Joint Fundraisin	g Represent	ative Leadership PAC Spo
Connect				g Represent	ative Leadership PAC Spo
Connect  Designated Agent: Ident				g Represent	ative Leadership PAC Spo
Connect  Designated Agent: Ident  Full Name				g Represent	ative Leadership PAC Spo
Connect  Designated Agent: Ident  Full Name		phone number — option			
Connect  Designated Agent: Ident  Full Name	fy by name, address (			g Represent	ative Leadership PAC Spo
Connect  Designated Agent: Ident  Full Name  Mailing Address	fy by name, address (	phone number — option		STATE A	
Connect  Designated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (	r other depositories in v	Telephone N	STATE A  Jumber ittee deposit	
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# Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

(h). <b>Joint Fundraisi</b>				
1.		FEC ID nu	mber C	
2.		FEC ID nu	mber C	
3.		FEC ID nu	mber C	
4.		FEC ID nu	mber C	
California Victory Fu	Organization, Affiliated Committee, Joint F	Fundraising Represe	entative, or	Leadership PAC Spons
Mailing Address	228 S Washington St.		1 1 1 1	
Č	Ste. 115			
	Alexandria		VA	22314
Relationship:	CITY ▲	ST	ATE 🛦	ZIP CODE ▲
	d Organization Affiliated Committee X  y by name, address (phone number – options	Joint Fundraising Re	oresentative	Leadership PAC Spo
Designated Agent: Identif			presentative	Leadership PAC Spo
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Designated Agent: Identif	y by name, address (phone number – options			Leadership PAC Spo
Pesignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION	y by name, address (phone number – options	al)		
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### Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). <b>Joint Fundraisi</b>	ig i articipant.		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
-	Organization, Affiliated Committee, Joint	Fundraising Representati	ve, or Leadership PAC Spon
GOP Winning Wome	en 2024 		
Mailing Address	228 S Washington St		
	Ste 115		
	Alexandria	VA	22314
Relationship:	CITY ▲	STATE 4	ZIP CODE ▲
Connecte	Affiliated Committee X by pame, address (phone number – option	Joint Fundraising Represer	tative Leadership PAC Sp
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h). <b>Joint Fundraisi</b>	ig Participant:		
1.		FEC ID number	С
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3.		FEC ID number	С
4.		FEC ID number	C
-	Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spon
Golden State Victory	' Fund 		
Mailing Address	824 S. Milledge Ave. Ste. 101		
	Athens	GA GA	30605
Relationship:	CITY A	STATE A	ZIP CODE ▲
Connecte	Affiliated Committee X Jo	int Fundraising Represent	ative Leadership PAC Sp
Connecte		int Fundraising Represent	ative Leadership PAC Sp
Connecte		int Fundraising Represent	ative Leadership PAC Sp
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esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY    pries: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A
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