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04/14/2025 13 : 11

STATEMENT	OF
ORGANIZATI	ON

FEC FORM 1	STATEMENT C ORGANIZATIO		c	PAGE 1 / 13
1. NAME OF COMMITTEE (in full)		ple:If typing, type he lines.	12FE4M5	
Young Kim for Con	gress			
ADDRESS (number and street)	PO Box 17490			
(Check if address is changed)				
ie changed,	Anaheim │		CA STATE ▲	2817-7490 – ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRE	SS			
(Check if address is changed)	Kellylawler@thekalgroup.com			
	Optional Second E-Mail Address			]
COMMITTEE'S WEB PAGE AD (Check if address is changed)	DRESS (URL)			
2. DATE 11 / 1.	D / Y Y Y Y 4 2024			
3. FEC IDENTIFICATION N	JMBER ► C C00665638			
4. IS THIS STATEMENT	NEW (N) OR ×	AMENDED (A)		
I certify that I have examined th	nis Statement and to the best of my kn	owledge and belief it is	s true, correct an	d complete.
Type or Print Name of Treasure	r Lawler, Kelly, , Mrs.,			
Signature of Treasurer Lawl	er, Kelly, , Mrs.,	[	Date 04	/ D D / Y Y Y Y 14 2025
NOTE: Submission of false, erron	eous, or incomplete information may subje ANY CHANGE IN INFORMATION SHC			e penalties of 52 U.S.C. §30109
Office Use Only	F	for further information con ederal Election Commission oll Free 800-424-9530 ocal 202-694-1100		FEC FORM 1 (Revised 06/2012)

FEC Form 1 (Revised 03/2022)	Page 2
5. TYPE OF COMMITTEE:	
Candidate Committee:	
(a) X This committee is a principal campaign committee. (Complete the candi	date information below.)
(b) This committee is an authorized committee, and is NOT a principal carr information below.)	npaign committee. (Complete the candidate
Name of Kim, Young, , , Candidate	
Candidate Office Party Affiliation REP Sought: X House Ser	nate President District 40
(c) This committee supports/opposes only one candidate, and is NOT an a	
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 organ	nization 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 committee. (i.e., nonconnected committee)	d is NOT a separate segregated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify spor	nsor 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 politica	I committee with both	contribution and	non-contribution	accounts	(Hybrid PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

## Joint Fundraising Representative:

This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political (i) committees/organizations, at least one of which is an authorized committee of a federal candidate. This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political (j) committees/organizations, none of which is an authorized committee of a federal candidate. Committees Participating in Joint Fundraiser С 1. С 2. 

FEC Form 1 (Revised 02/2009)	Page 3
Write or Type Committee Name	

## Young Kim for Congress

6.	Name of Any Connected Or	ganization,	Affilia	ated	Com	mit	tee	, Jo	oint	t F	unc	Irai	sin	g F	Rep	ores	ser	itat	ive	, o	r L	ea	der	shi	ρF	PAC	; SI	por	sor	r	
	Kim Victory Fund																														
	Mailing Address	PO Box 730	) 																												
		Hilmar																CA			Ľ	953 	24				- [_				
					CI	ΓY .										ę	ST/	ΤE						Z	IP	со	DE				
	Relationship: Connected (	Organization	ļ	Affiliat	ed C	rga	niza	tior	٦	×	Jo	oint	Fu	ndra	aisii	ng	Re	ores	sen	tativ	/e			Lea	ade	ersh	ip F	PAC	Sp	ons	or

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Lawler,	Kelly, , 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 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	Lawler, Kelly, , Mrs.,
Mailing Address	9460 Tegner Road
	Hilmar CA 95324
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	
Treasurer	Image: Second

FEC Form 1 (Revised 02	2/2009)	Page <b>4</b>
Full Name of Designated Agent		
Mailing Address		
	CITY ▲ STATE ▲	ZIP CODE
Title or Position ▼		
	Telephone number	·

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. 9.

Name of Bank, Depository, etc.

	Tri Counties Bank		
Mailing Address	210 N Tehama Street		
	Willows		95988-2834
	CITY 🔺	STATE A	ZIP CODE
Name of Bank, I	Depository, etc.		
	First Virginia Community Bank		
Mailing Address	11325 Random Hills Road		

I.

22030

ZIP CODE 🔺

1

VA

STATE **▲** 

Suite 240

CITY

Fairfax

or(h).	oome i unuruning	g Participant:			
1.				number	С
2.				number	C
3.			FEC ID	number	C
4.			FEC ID	number	С
Nomo	of Any Connected	Organization, Affiliated Committee, Joint	Fundraising Don	rocontativa	or Londorphin BAC Sponsor
	P Winning Women	-	runulaising nep	iesemative	, or Leadership FAC Sponsor
Ν	Mailing Address	228 S. Washington St.			
		Ste. 115			
		Alexandria		VA	22314
F	Relationship:	CITY 🔺		STATE A	ZIP CODE A
	Connected	Organization Affiliated Committee	<ul> <li>Joint Fundraising</li> </ul>	Representa	ative Leadership PAC Spons
Desigr	nated Agent: Identify	by name, address (phone number - optio	nal)		
_	nated Agent: Identify	by name, address (phone number - optio	nal)		
Fu		by name, address (phone number - optio	nal)		
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5(g) or (l	h). Joint Fundraising	Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	С
	3.		FEC ID number	С
_	4.		FEC ID number	C
6. <b>N</b> a	ame of Any Connected (	Drganization, Affiliated Committee, Joint Fundrais	ing Representative	, or Leadership PAC Sponsor
	American Battleground	d Fund		
	Mailing Address	PO Box 30844		
		Bethesda		
	Relationship:	CITY A	STATE A	ZIP CODE A
	Connected	Organization Affiliated Committee X Joint Fu	ndraising Representa	tive Leadership PAC Sponsor
8. <b>D</b> e		by name, address (phone number – optional)		
— 8. <b>D</b> e	Full Name	by name, address (phone number – optional)		
— 8. <b>D</b> e		by name, address (phone number - optional)		
8. De	Full Name	by name, address (phone number - optional)		
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8. De	Full Name		I I I I I I I I I I I I I I I I I I I	ZIP CODE ▲
9. <b>B</b> a sa	Full Name Mailing Address TITLE OR POSITION	CITY A CITY A Telep	hone Number	
9. <b>Ba</b> sa Na	Full Name Mailing Address TITLE OR POSITION	Image: Image	hone Number	
9. <b>Ba</b> sa Na	Full Name Mailing Address TITLE OR POSITION	CITY A CITY A Telep	hone Number	
9. <b>Ba</b> sa Na	Full Name          Mailing Address         TITLE OR POSITION         anks or Other Depositor         affety deposit boxes or mail         ame of Bank,       Wells Face         epository, etc.	CITY ▲ CITY ▲ CITY ▲ Telep ties: List all banks or other depositories in which the ntains funds. argo Bank	hone Number	
9. <b>Ba</b> sa Na	Full Name          Mailing Address         TITLE OR POSITION         anks or Other Depositor         affety deposit boxes or mail         ame of Bank,       Wells Face         epository, etc.	CITY ▲ CITY ▲ CITY ▲ Telep ties: List all banks or other depositories in which the ntains funds. argo Bank	hone Number	

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	1		FEC ID number	С
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	4		FEC ID number	C
6.	Name of Any Connected	Drganization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
	Golden State Victory I	Fund		
	Mailing Address	824 S. Milledge Ave. Ste. 101		
			GA	30605
	Relationship:	CITY A	STATE A	ZIP CODE A
	Connected	Organization Affiliated Committee X Joint	Fundraising Represent	ative Leadership PAC Sponsor
8.		by name, address (phone number – optional)		
8.	Designated Agent: Identify	by name, address (phone number – optional)		
8.		by name, address (phone number - optional)		
8.	Full Name	by name, address (phone number - optional)		
8.	Full Name	by name, address (phone number - optional)		
8.	Full Name			<ul> <li></li></ul>
8.	Full Name		L I I I I I I I I I I I I I I I I I I I	· · · · · · · · · · · · · · · · · · ·
9.	Full Name		ephone Number	
9.	Full Name Mailing Address TITLE OR POSITION		ephone Number	
9.	Full Name	CITY A CITY A Tel ies: List all banks or other depositories in which th ntains funds.	ephone Number	
9.	Full Name          Mailing Address         TITLE OR POSITION            Banks or Other Depositor         safety deposit boxes or mail         Name of Bank,       Chain E         Depository, etc.	CITY ▲ CITY ▲ CITY ▲ Tel Ges: List all banks or other depositories in which the state of the st	ephone Number	
9.	Full Name          Mailing Address         TITLE OR POSITION            Banks or Other Depositor         safety deposit boxes or mail         Name of Bank,       Chain E         Depository, etc.	CITY ▲ CITY ▲ CITY ▲ Tel Ges: List all banks or other depositories in which the state of the st	ephone Number	

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	FEC ID number	С
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Organization, Affiliated Committee, Joint Fund	traising Representative	or Leadership PAC Sponsor
d 2024		,
228 S Washington St.		
Ste. 115		
Alexandria		22314
CITY A	STATE ▲	
Organization Affiliated Committee X Join	nt Fundraising Representa	tive Leadership PAC Sponsor
by name, address (phone number – optional)		
•	STATE ▲	
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	2.		FEC ID number	С
	3.		FEC ID number	С
	4		FEC ID number	С
		Organization, Affiliated Committee, Joint Fundrai	sing Representative	, or Leadership PAC Sponsor
	Grow the Majority			
L				
	Mailing Address	228 S Washington St Ste 115		
		Alexandria		22314
	Relationship:	CITY 🔺	STATE A	ZIP CODE
	Connected	Organization Affiliated Committee X Joint F	Fundraising Representa	tive Leadership PAC Sponsor
8. <b>De</b> s	signated Agent: Identify	by name, address (phone number - optional)		
8. <b>De</b> :	signated Agent: Identify	by name, address (phone number - optional)		
8. <b>De</b> s		by name, address (phone number - optional)		
8. <b>De</b> s	Full Name	by name, address (phone number - optional)		
8. <b>De</b> s	Full Name	by name, address (phone number - optional)		
8. <b>De</b> :	Full Name			
8. <b>De</b> :	Full Name		STATE	· · · · · · · · · · · · · · · · · · ·
9. <b>Ba</b>	Full Name		ephone Number	
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9. <b>Ba</b> i safe Nat	Full Name		ephone Number	
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3.				FEC ID number	С
4.				FEC ID number	C
	-	-	iated Committee, Joint Fu	Indraising Representativ	e, or Leadership PAC Sponsor
Sco	ott Franklin Wingma				
r	Mailing Address	PO Box 2811			
		Lakeland			33806
I	Relationship:		CITY 🔺	STATE A	ZIP CODE
	Connected	I Organization	Affiliated Committee	loint Fundraising Represent	tative Leadership PAC Sponsor
-	II Name		(phone number – optiona	,	
Ma	ailing Address				
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т	ITLE OR POSITION	▼		STATE A	
L				Telephone Number	
9. <b>Banks</b> safety	or Other Depositor deposit boxes or ma	r <b>ies:</b> List all banks intains funds.	or other depositories in wh	ich the committee deposi	ts funds, holds accounts, rents
	of Bank, itory, etc.				
	Mailing Address				
			CITY A	STATE 🔺	ZIP CODE

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5(g) or (h).	Joint Fundraising	Participant:		_	
1.			FEC ID I	number	C
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4.			FEC ID	number	C
6. <b>Name</b>	e of Any Connected C	rganization, Affiliated Committee, Joint	Fundraising Repre	esentative,	or Leadership PAC Sponsor
	ow the Majority CA	-			
	Mailing Address	228 S Washington St Ste 115			
		Alexandria		VA	22314
	Relationship:	CITY 🔺	5	STATE 🔺	ZIP CODE
		Drganization Affiliated Committee	✓ Joint Fundraising F		ve Leadership PAC Sponsor
8. Desig	nated Agent: Identify	by name, address (phone number – optio	nal)		
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	1.		FEC ID number	C
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6. <b>N</b> a		Organization, Affiliated Committee, Joint Fundr	aising Representative	, or Leadership PAC Sponsor
	Emmer Majority Builde	ers		
	Mailing Address	824 S. Milledge Ave. Ste. 101		
		Athens	GA	30605
	Relationship:		STATE A	ZIP CODE
	Connected	Organization Affiliated Committee X Joint	Fundraising Representa	tive Leadership PAC Sponsor
8. <b>D</b> e	esignated Agent: Identify	by name, address (phone number - optional)		
8. <b>D</b> e	esignated Agent: Identify	by name, address (phone number - optional)		
8. De		by name, address (phone number - optional)		
8. <b>D</b> e	Full Name	by name, address (phone number - optional)		
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9. <b>B</b> a sa Na	Full Name          Mailing Address         TITLE OR POSITION            anks or Other Depositor         afety deposit boxes or mail         ame of Bank,         epository, etc.		lephone Number	
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6. Nan	ne of Any Connected (	Organization, Affiliated Committee, Joint Fundrai	ising Representative, or Leadership PAC Sponsor
A	American Dream Victo	ory Fund	
L			
	Mailing Address	9070 Irvine Center Drive	
		Suite 150	
		Irvine	
	Relationship:	CITY A	STATE A ZIP CODE A
	Connected	Organization Affiliated Committee X Joint F	Fundraising Representative
8. <b>Des</b>	ignated Agent: Identify	by name, address (phone number - optional)	
	Full Name		
	Mailing Address		
		1	
	TITLE OR POSITION		STATE A ZIP CODE A
			ephone Number
	<b>Iks or Other Depositor</b> Ity deposit boxes or mai		ne committee deposits funds, holds accounts, rents
	ne of Bank, pository, etc.		
	Mailing Address		
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