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FEC FORM 2

STATEMENT OF CANDIDACY

Name of Candidate (in full) Kim, Heerak, Christian, Dr., Address (number and street) 5111 8th Road South Apt. 402 City, State, and ZIP Code Arlington VA 22204 City Statement Check if address changed 2. Candidate's FEC Identificat H0VA08172 3. Is This Statement (N)	
Address (number and street) 5111 8th Road South Apt. 402 City, State, and ZIP Code Check if address changed 2. Candidate's FEC Identificat H0VA08172 3. Is This New	
5111 8th Road South Apt. 402 H0VA08172 City, State, and ZIP Code 3. Is This New	
City, State, and ZIP Code 3. Is This New	ation Number
Arlington VA 22204 Statement (N)	Amended
	OR (A)
arty Affiliation 5. Office Sought 6. State & District of Candidate	
EPUBLICAN PARTY House VA 08	
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE	
ereby designate the following named political committee as my Principal Campaign Committee for the 2024 (year of election)	election(s).
OTE: This designation should be filed with the appropriate office listed in the instructions.	
Name of Committee (in full) HEERAK CHRISTIAN KIM FOR CONGRESS	
) Address (number and street) 5111 8TH ROAD SOUTH APT. 402	
City, State, and ZIP Code	
ARLINGTON VA 22204	
ARLINGTON VA 22204	
DESIGNATION OF OTHER AUTHORIZED COMMITTEES	
DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives) ereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend findidacy. DTE: This designation should be filed with the principal campaign committee.	I funds on behalf of my
(Including Joint Fundraising Representatives) ereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend f ndidacy.	I funds on behalf of my
(Including Joint Fundraising Representatives) ereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend f ndidacy. DTE: This designation should be filed with the principal campaign committee.	funds on behalf of my
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(Including Joint Fundraising Representatives) lereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend for notidacy. DTE: This designation should be filed with the principal campaign committee. I Name of Committee (in full) I City, State, and ZIP Code I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and committee.	
(Including Joint Fundraising Representatives) Increby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend for indidacy. Increase of Committee (in full) Increase of Committ	complete.
(Including Joint Fundraising Representatives) lereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend for indidacy. DTE: This designation should be filed with the principal campaign committee. Name of Committee (in full) Address (number and street)	I funds on behalf of

FEC FORM 2 (REV. 02/2009)