**FEC** 

Only

### STATEMENT OF **ORGANIZATION**

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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 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 2023 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., 12 28 2023 Signature of Treasurer Lawler, Kelly, , Mrs., Date 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 <b>2</b>
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 t information below.)	he candidate
Name of Candidate Kim, Young, , ,	
Candidate Party Affiliation  REP  Office Sought:  House  Senate  President	State CA  District 40
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	300
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the Republication	tic, n, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ted organization is a:
Corporation Corporation w/o Capital Stock Labor	Organization
Membership Organization Trade Association Coope	rative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregat committee. (i.e., nonconnected committee)	ed 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 F	PAC).
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.	or 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.	or more political
Committees Participating in Joint Fundraiser	
1C	
C	

•	FEC Form 1 (Revised 0	2/2009)		Page 3
٧	Vrite or Type Committee Name			
	Young Kim for C	ongress		
6.	Name of Any Connected Or	ganization, Affiliated Committee, Joint Fundraising R	Representative, or Leade	rship PAC Sponsor
	Kim Victory Fund			
	Mailing Address	PO Box 730		
		I		
		Hilmar	CA 95324	
		CITY A	STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fundra	aising Representative	Leadership PAC Sponso
<del></del>	Custodian of Records: Identi	fy by name, address (phone number optional) and positi	ion of the person in posses	ssion of committee
	books and records.	y by hame, address (phone hamber optional) and positi	ion of the percent in pecces	Soloti of commuco
	Lawler, Kel	ly Mrs		
	Full Name	y, , wiis.		
	Mailing Address	9460 Tegner Road		
	. J			
		Hilmar	CA 05224	
		Tillina	CA 95324	
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼			
	Record Keeper	Telephone	number 209 - L	656   -   1542
8.	Treasurer: List the name and	d address (phone number optional) of the treasurer of	f the committee; and the	name and address of
	any designated agent (e.g., a	ssistant treasurer).		
	Full Name Lawler, Kel	ly, , Mrs.,		
	of Treasurer			
	Mailing Address	9460 Tegner Road		
		I		
		lHilmar	CA 95324	
	Title or Desiries	CITY A	STATE ▲	ZIP CODE ▲
	Title or Position ▼		202	656 4540
	Treasurer	Telephone	number 209 - [	656   -   1542

FEC Form 1	(Revised 02/2009)		Page <b>4</b>
Full Name of Designated Agent			
Mailing Address			
	CITY ▲	STATE ▲	ZIP CODE ▲
Title or Position			
	Telephone n	umber	
	<b>Depositories:</b> List all banks or other depositories in which the comm ses or maintains funds.	ittee deposits fun	ds, holds accounts, rents
Name of Bank, D	epository, etc.		
	Tri Counties Bank		
Mailing Address	210 N Tehama Street		
	Willows	CA	95988-2834
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.		
	First Virginia Community Bank		
Mailing Address	11325 Random Hills Road		
	Suite 240		
	Fairfax	Ŭ VA □	22030
	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	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	I Organization, Affiliated Committee, Joint Fund	raising Representative	or Leadership PAC Spon
Protect the House C			
Mailing Address	PO Box 30844		
	Bethesda	MD	20824
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte		t Fundraising Representa	ative Leadership PAC Sp
Connecte	ed Organization Affiliated Committee X Join	t Fundraising Representa	Leadership PAC Sp
Connecte esignated Agent: Identi	ed Organization Affiliated Committee X Join	t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi	ed Organization Affiliated Committee X Join	t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi	ed Organization Affiliated Committee X Join	t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi	Affiliated Committee X Join fy by name, address (phone number – optional)	t Fundraising Representation	Leadership PAC Sp
esignated Agent: Identi  Full Name  Mailing Address	Affiliated Committee X Join fy by name, address (phone number – optional)		
esignated Agent: Identi Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mailing and the control of the control o	Affiliated Committee	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	Affiliated Committee	STATE A	ZIP CODE A

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

h). <b>Joint Fundraisi</b>	ing i di tioipant.		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
lame of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spons
Grow the Majority			
	228 S Washington St Ste 115		
Mailing Address			
	Alexandria	VA VA	22314
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee X Joint	t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi	Affiliated Committee X Joint fy by name, address (phone number – optional)	t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	Leadership PAC Sp
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esignated Agent: Identi	fy by name, address (phone number – optional)	t Fundraising Represent	
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   Te	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or m	fy by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
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# Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

	ng Participant:		
1.		FEC ID number	er C
2.		FEC ID number	er C
3.		FEC ID number	er C
4.		FEC ID number	er C
Name of Any Connected	Organization, Affiliated Committee, Join	Fundraising Representa	ative, or Leadership PAC Spons
Mailing Address	PO Box 30844		
	Bethesda	MD	20824
Relationship:	CITY A	STATE	ZIP CODE ▲
Full Name			
Full Name			
	CITY A	STATE A	ZIP CODE A
Mailing Address	CITY A		ZIP CODE
Mailing Address  TITLE OR POSITION  Banks or Other Depositor afety deposit boxes or mails and the second states of Bank, Chain	pries: List all banks or other depositories in	Telephone Number	
Mailing Address  TITLE OR POSITION  Banks or Other Deposito afety deposit boxes or mail affety deposit boxes or mail affety depository, etc.	ories: List all banks or other depositories in aintains funds.  Bridge Bank	Telephone Number	

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

h). <b>Joint Fundraisi</b> r	ig Farticipant.		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spon
Mailing Address	228 S. Washington St.		
	Ste. 115		<u> </u>
	Alexandria	VA	22314
Deletionahin	CITY A	STATE ▲	ZIP CODE ▲
Relationship:		nt Fundraising Representa	Leadership PAC Sp
Connecte		nt Fundraising Representa	Leadership PAC Sp
Connecte esignated Agent: Identif	d Organization Affiliated Committee X Join	nt Fundraising Representa	Leadership PAC Sp
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esignated Agent: Identif  Full Name  Mailing Address	Affiliated Committee X Join by by name, address (phone number – optional)  CITY		
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esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposited afety deposit boxes or mailing address or mailing and the control of the control o	Affiliated Committee X Join by by name, address (phone number – optional)  CITY   CITY   ries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
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## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Spon
American Dream Victo	ory Fund		
Mailing Address	9070 Irvine Center Drive		
	Suite 150		
	Irvine	CA	92618
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
esignated Agent: Identify	by name, address (phone number – optional)		
	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A	STATE A	ZIP CODE A
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Full Name     Mailing Address  TITLE OR POSITION	CITY   CITY   Tes: List all banks or other depositories in which	elephone Number	

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

(h). <b>Joint Fundraisi</b>	ng Faiticipant.		
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3.		FEC ID number	С
4.		FEC ID number	C
	d Organization, Affiliated Committee, Joint Fun	draising Representativ	e, or Leadership PAC Spon
Emmer Majority Buil	ders 		
	824 S. Milledge Ave. Ste. 101		
Mailing Address			
	Athens	L GA	30605
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee X Joi	int Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi	ed Organization Affiliated Committee X Joint fy by name, address (phone number – optional)	int Fundraising Represent	ative Leadership PAC Sp
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esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)		
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY ▲  Ories: List all banks or other depositories in whice	STATE A Telephone Number	ZIP CODE A
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# Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

1		FEC ID no	umber C	
2		FEC ID no	umber C	
3.		FEC ID nu	umber	
4.		FEC ID nu	umber C	
Name of Any Connected	Organization, Affiliated Committee, Joint	Fundraicing Ponros	ontotivo o	or Loadership DAC Spens
GOP Winning Wome				Leadership FAC Sports
Mailing Address	228 S Washington St			
	Ste 115			
	Alexandria	, , , , <b>,</b> , , , , , , , , , , , , , ,	VA	22314
Relationship:	CITY ▲	Sī	TATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee X  by by name, address (phone number – option	Joint Fundraising Re	epresentativ	e Leadership PAC Spo
			epresentativ	e Leadership PAC Spo
Designated Agent: Identif			epresentativ	e Leadership PAC Spo
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Pesignated Agent: Identif  Full Name  Mailing Address  TITLE OR POSITION	by name, address (phone number – option	nal)	TE A	
Pesignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION	ries: List all banks or other depositories in valintains funds.	nal) STA Telephone Numb	TE A  per  deposits for	ZIP CODE A
Pesignated Agent: Identification Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositors afety deposit boxes or mails and some part of Bank,	ries: List all banks or other depositories in valuations funds.	STA  Telephone Numb	TE A  per  deposits for	ZIP CODE A
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## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
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Scalise Leadership F		aising nepresentative	e, or Leadership PAC Spon
Mailing Address	317 15th St NE		
	Washington	DC	20002
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	d Organization Affiliated Committee X Joint	t Fundraising Representa	ative Leadership PAC S
	d Organization Affiliated Committee X Joint y by name, address (phone number – optional)	t Fundraising Representa	ative Leadership PAC S
esignated Agent: Identif		t Fundraising Representa	Leadership PAC S
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esignated Agent: Identif	y by name, address (phone number – optional)  CITY		
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Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or ma	y by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposited afety deposit boxes or mails are of Bank,	y by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or material depositions, epository, etc.	y by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A