

# 48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |                          |                                                             |                           |                                                       |                                                                                                                                                                |                   |                                         |                           |                                       |                                                                                                                                                                |                   |                               |                                            |  |  |                                     |  |  |  |  |  |                             |                    |                          |                          |  |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------------|-------------------------------------------------------------|---------------------------|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------------------------------------|---------------------------|---------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------------------|--------------------------------------------|--|--|-------------------------------------|--|--|--|--|--|-----------------------------|--------------------|--------------------------|--------------------------|--|--|--|--|--|
| <b>1. NAME OF COMMITTEE IN FULL</b><br>Young Kim for Congress                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |                          |                                                             |                           |                                                       |                                                                                                                                                                |                   |                                         |                           |                                       |                                                                                                                                                                |                   |                               |                                            |  |  |                                     |  |  |  |  |  |                             |                    |                          |                          |  |  |  |  |  |
| ADDRESS (number and street) PO Box 2186                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                          |                                                             |                           |                                                       |                                                                                                                                                                |                   |                                         |                           |                                       |                                                                                                                                                                |                   |                               |                                            |  |  |                                     |  |  |  |  |  |                             |                    |                          |                          |  |  |  |  |  |
| <b>CITY</b><br>Fullerton                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    | <b>STATE</b><br>CA       |                                                             | <b>ZIP CODE</b><br>92837  |                                                       |                                                                                                                                                                |                   |                                         |                           |                                       |                                                                                                                                                                |                   |                               |                                            |  |  |                                     |  |  |  |  |  |                             |                    |                          |                          |  |  |  |  |  |
| <b>2. NAME OF CANDIDATE</b><br>Kim, Young, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |                          | <b>3. OFFICE SOUGHT</b> (State and District)<br>House CA 40 |                           |                                                       |                                                                                                                                                                |                   |                                         |                           |                                       |                                                                                                                                                                |                   |                               |                                            |  |  |                                     |  |  |  |  |  |                             |                    |                          |                          |  |  |  |  |  |
| <b>4. FEC IDENTIFICATION NUMBER</b><br>C00665638                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                          |                                                             |                           |                                                       |                                                                                                                                                                |                   |                                         |                           |                                       |                                                                                                                                                                |                   |                               |                                            |  |  |                                     |  |  |  |  |  |                             |                    |                          |                          |  |  |  |  |  |
| <b>5. IS THIS AN AMENDMENT?</b> <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |                          |                                                             |                           |                                                       |                                                                                                                                                                |                   |                                         |                           |                                       |                                                                                                                                                                |                   |                               |                                            |  |  |                                     |  |  |  |  |  |                             |                    |                          |                          |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> <b>A. FULL NAME</b><br/>           Prisco, Gregg, , ,         </td> <td colspan="2">           Name of Employer<br/>           The Gilbert Company         </td> <td colspan="2">           Date (month, day, year)<br/>           10/26/2022         </td> <td colspan="2">           Amount<br/>           2500.00         </td> </tr> <tr> <td colspan="3">           MAILING ADDRESS<br/>           43 Panorama         </td> <td colspan="2"> <b>Transaction ID : F65-4393472</b> </td> <td colspan="2" rowspan="2"></td> <td colspan="2" rowspan="2"></td> </tr> <tr> <td> <b>CITY</b><br/>           Coto de Caza         </td> <td> <b>STATE</b><br/>           CA         </td> <td> <b>ZIP CODE</b><br/>           92679         </td> <td colspan="2">           Occupation<br/>           Executive         </td> </tr> </table>              |                    |                          |                                                             |                           | <b>A. FULL NAME</b><br>Prisco, Gregg, , ,             |                                                                                                                                                                |                   | Name of Employer<br>The Gilbert Company |                           | Date (month, day, year)<br>10/26/2022 |                                                                                                                                                                | Amount<br>2500.00 |                               | MAILING ADDRESS<br>43 Panorama             |  |  | <b>Transaction ID : F65-4393472</b> |  |  |  |  |  | <b>CITY</b><br>Coto de Caza | <b>STATE</b><br>CA | <b>ZIP CODE</b><br>92679 | Occupation<br>Executive  |  |  |  |  |  |
| <b>A. FULL NAME</b><br>Prisco, Gregg, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |                          | Name of Employer<br>The Gilbert Company                     |                           | Date (month, day, year)<br>10/26/2022                 |                                                                                                                                                                | Amount<br>2500.00 |                                         |                           |                                       |                                                                                                                                                                |                   |                               |                                            |  |  |                                     |  |  |  |  |  |                             |                    |                          |                          |  |  |  |  |  |
| MAILING ADDRESS<br>43 Panorama                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |                          | <b>Transaction ID : F65-4393472</b>                         |                           |                                                       |                                                                                                                                                                |                   |                                         |                           |                                       |                                                                                                                                                                |                   |                               |                                            |  |  |                                     |  |  |  |  |  |                             |                    |                          |                          |  |  |  |  |  |
| <b>CITY</b><br>Coto de Caza                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>STATE</b><br>CA | <b>ZIP CODE</b><br>92679 | Occupation<br>Executive                                     |                           |                                                       |                                                                                                                                                                |                   |                                         |                           |                                       |                                                                                                                                                                |                   |                               |                                            |  |  |                                     |  |  |  |  |  |                             |                    |                          |                          |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> <b>B. FULL NAME</b><br/>           Schellhas, Bob, , ,         </td> <td colspan="2">           Name of Employer<br/>           Ernst &amp; Young LLP         </td> <td colspan="2">           Date (month, day, year)<br/>           10/26/2022         </td> <td colspan="2">           Amount<br/>           1000.00         </td> </tr> <tr> <td colspan="3">           MAILING ADDRESS<br/>           2639 N Roosevelt Street         </td> <td colspan="2"> <b>Transaction ID : F65-4393349</b> </td> <td colspan="2" rowspan="2"></td> <td colspan="2" rowspan="2"></td> </tr> <tr> <td> <b>CITY</b><br/>           Arlington         </td> <td> <b>STATE</b><br/>           VA         </td> <td> <b>ZIP CODE</b><br/>           22207         </td> <td colspan="2">           Occupation<br/>           Consultant         </td> </tr> </table> |                    |                          |                                                             |                           | <b>B. FULL NAME</b><br>Schellhas, Bob, , ,            |                                                                                                                                                                |                   | Name of Employer<br>Ernst & Young LLP   |                           | Date (month, day, year)<br>10/26/2022 |                                                                                                                                                                | Amount<br>1000.00 |                               | MAILING ADDRESS<br>2639 N Roosevelt Street |  |  | <b>Transaction ID : F65-4393349</b> |  |  |  |  |  | <b>CITY</b><br>Arlington    | <b>STATE</b><br>VA | <b>ZIP CODE</b><br>22207 | Occupation<br>Consultant |  |  |  |  |  |
| <b>B. FULL NAME</b><br>Schellhas, Bob, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |                          | Name of Employer<br>Ernst & Young LLP                       |                           | Date (month, day, year)<br>10/26/2022                 |                                                                                                                                                                | Amount<br>1000.00 |                                         |                           |                                       |                                                                                                                                                                |                   |                               |                                            |  |  |                                     |  |  |  |  |  |                             |                    |                          |                          |  |  |  |  |  |
| MAILING ADDRESS<br>2639 N Roosevelt Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |                          | <b>Transaction ID : F65-4393349</b>                         |                           |                                                       |                                                                                                                                                                |                   |                                         |                           |                                       |                                                                                                                                                                |                   |                               |                                            |  |  |                                     |  |  |  |  |  |                             |                    |                          |                          |  |  |  |  |  |
| <b>CITY</b><br>Arlington                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>STATE</b><br>VA | <b>ZIP CODE</b><br>22207 | Occupation<br>Consultant                                    |                           |                                                       |                                                                                                                                                                |                   |                                         |                           |                                       |                                                                                                                                                                |                   |                               |                                            |  |  |                                     |  |  |  |  |  |                             |                    |                          |                          |  |  |  |  |  |
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| <b>C. FULL NAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                          | Name of Employer                                            |                           | Date (month, day, year)                               |                                                                                                                                                                | Amount            |                                         |                           |                                       |                                                                                                                                                                |                   |                               |                                            |  |  |                                     |  |  |  |  |  |                             |                    |                          |                          |  |  |  |  |  |
| MAILING ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |                          |                                                             |                           |                                                       |                                                                                                                                                                |                   |                                         |                           |                                       |                                                                                                                                                                |                   |                               |                                            |  |  |                                     |  |  |  |  |  |                             |                    |                          |                          |  |  |  |  |  |
| <b>CITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>STATE</b>       | <b>ZIP CODE</b>          | Occupation                                                  |                           |                                                       |                                                                                                                                                                |                   |                                         |                           |                                       |                                                                                                                                                                |                   |                               |                                            |  |  |                                     |  |  |  |  |  |                             |                    |                          |                          |  |  |  |  |  |
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| <b>D. FULL NAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                          | Name of Employer                                            |                           | Date (month, day, year)                               |                                                                                                                                                                | Amount            |                                         |                           |                                       |                                                                                                                                                                |                   |                               |                                            |  |  |                                     |  |  |  |  |  |                             |                    |                          |                          |  |  |  |  |  |
| MAILING ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |                          |                                                             |                           |                                                       |                                                                                                                                                                |                   |                                         |                           |                                       |                                                                                                                                                                |                   |                               |                                            |  |  |                                     |  |  |  |  |  |                             |                    |                          |                          |  |  |  |  |  |
| <b>CITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>STATE</b>       | <b>ZIP CODE</b>          | Occupation                                                  |                           |                                                       |                                                                                                                                                                |                   |                                         |                           |                                       |                                                                                                                                                                |                   |                               |                                            |  |  |                                     |  |  |  |  |  |                             |                    |                          |                          |  |  |  |  |  |
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| <b>E. FULL NAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                          | Name of Employer                                            |                           | Date (month, day, year)                               |                                                                                                                                                                | Amount            |                                         |                           |                                       |                                                                                                                                                                |                   |                               |                                            |  |  |                                     |  |  |  |  |  |                             |                    |                          |                          |  |  |  |  |  |
| MAILING ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |                          |                                                             |                           |                                                       |                                                                                                                                                                |                   |                                         |                           |                                       |                                                                                                                                                                |                   |                               |                                            |  |  |                                     |  |  |  |  |  |                             |                    |                          |                          |  |  |  |  |  |
| <b>CITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>STATE</b>       | <b>ZIP CODE</b>          | Occupation                                                  |                           |                                                       |                                                                                                                                                                |                   |                                         |                           |                                       |                                                                                                                                                                |                   |                               |                                            |  |  |                                     |  |  |  |  |  |                             |                    |                          |                          |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="4"> <b>SIGNATURE (optional)</b><br/>           Lawler, Kelly, , Mrs.,         </td> <td colspan="2"> <b>DATE</b><br/>           10/27/2022         </td> <td colspan="2"> <b>For further information contact:</b><br/>           Federal Election Commission<br/>           999 E Street, NW, Washington, DC 20463<br/>           Toll Free 800-424-9530, Local 202-694-1100         </td> </tr> <tr> <td colspan="4" style="text-align: center;"> <b>[Electronically Filed]</b> </td> <td colspan="2"></td> <td colspan="2"></td> </tr> </table>                                                                                                                                                                                                                                                                                                             |                    |                          |                                                             |                           | <b>SIGNATURE (optional)</b><br>Lawler, Kelly, , Mrs., |                                                                                                                                                                |                   |                                         | <b>DATE</b><br>10/27/2022 |                                       | <b>For further information contact:</b><br>Federal Election Commission<br>999 E Street, NW, Washington, DC 20463<br>Toll Free 800-424-9530, Local 202-694-1100 |                   | <b>[Electronically Filed]</b> |                                            |  |  |                                     |  |  |  |  |  |                             |                    |                          |                          |  |  |  |  |  |
| <b>SIGNATURE (optional)</b><br>Lawler, Kelly, , Mrs.,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |                          |                                                             | <b>DATE</b><br>10/27/2022 |                                                       | <b>For further information contact:</b><br>Federal Election Commission<br>999 E Street, NW, Washington, DC 20463<br>Toll Free 800-424-9530, Local 202-694-1100 |                   |                                         |                           |                                       |                                                                                                                                                                |                   |                               |                                            |  |  |                                     |  |  |  |  |  |                             |                    |                          |                          |  |  |  |  |  |
| <b>[Electronically Filed]</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |                          |                                                             |                           |                                                       |                                                                                                                                                                |                   |                                         |                           |                                       |                                                                                                                                                                |                   |                               |                                            |  |  |                                     |  |  |  |  |  |                             |                    |                          |                          |  |  |  |  |  |

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**FEC FORM 6**  
(Revised 03/2016)