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FEC FORM 1

STATEMENT OF **ORGANIZATION**

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Office Use Only

1. NAME OF		(Chaple if name	Everyladi turing ture		
NAME OF COMMITTEE (in full)		(Check if name is changed)	Example: If typing, type over the lines.	12FÉ4M5	<u></u>
Pearl Kim for Congress					
	111			1 1 1 1 1	
ADDRESS (number and street)	50-S ₁ F	rpvidence Road			
(Check if address is changed)					
	Media			PA 19	063
	C	CITY		STATE ▲	ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRES	SS				
(Check if address is changed)	Ischia	zza@barszgowie	.com		
		I Second E-Mail Add			÷ ,
	Inissoc	okkim@comcast.	net		
		•			
COMMITTEE'S WEB PAGE ADD	RESS (L	JRL)			
(Check if address is changed)	www.	pearlkimfprcongr	ess.com		
	1,,,				·
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и м , о	<u> </u>	TYTY			
2. DATE 3 1		2018			
3. FEC IDENTIFICATION NU	IMBER				
		legrandinand.			
4. IS THIS STATEMENT	NEV	V (N) OR	AMENDED (A)		
I certify that I have examined th	is Statem	ent and to the best	of my knowledge and belief it	is true correct an	1 complete
Tooling that I have examined th			or my knowledge and bollor k	is true, correct and	o complete.
Type or Print Name of Treasurer	Loui	s Schiazza			
	· —			- M - M	/ D. D. / Y. Y. Y. Y.
Signature of Treasurer	7			Date 3	
NOTE: Submission of false, errone			may subject the person signing the ION SHOULD BE REPORTED W		penalties of 52 U.S.C. §30109
Office			For further information co		FEC FORM 1
Use Only			Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	rr ((Revised 06/2012)

се			For further information conta
e			Federal Election Commission Toll Free 800-424-9530
ly			Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009) Page 2			
		OMMITTEE			
	2000000	e Committee:			
(a)	×	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 the candidate information below.)			
Nam Cano	e or didate	[Pearl Kim,			
	didate / Affiliati	on Rep Office State President District			
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.			
Nam Cano	e of didate				
Par	ty Con	nmittee:			
(d)		(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Party			
Poli	tical A	ction Committee (PAC):			
(e)	П	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is			
	Billion .	Corporation Corporation w/o Capital Stock Labor Organization			
	-	In addition, this committee is a Lobbyist/Registrant PAC.			
(f)	П	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or part committee. (i.e., nonconnected committee)			
	In addition, this committee is a Lobbyist/Registrant PAC.				
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)			
	t Fund	Iraising Representative:			
(g)	L	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.			
(h)	П	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.			
	Com	mittees Participating in Joint Fundraiser			
	1.	FEC ID number C			
	2.	FEC ID number			
	3.	FEC ID number			
	4				

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Write or Type Committee Na	ne		
Pearl Kim for Congress			
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundrais	sing Representative, or Lea	dership PAC Sponsor
Mailing Address			
	CITY	STATE	ZIP CODE
Relationship: Connec	ed Organization Affiliated Committee Joint Fu	indraising Representative	Leadership PAC Sponsor
 Custodian of Records: lo books and records. 	entify by name, address (phone number optional) a	and position of the person in	possession of committee
Full Name Lquis S	chjazza, , , , , , , , , , , , , , , , , ,	_1	<u> </u>
Mailing Address	50 S ₁ Providence Road		<u> </u>
			<u> </u>
	[Media	PA 190	163] - []
Title or Position	CITY	STATE	ZIP CODE
Treasurer	Telep	hone number [61,0]	- [565] - [1120
Treasurer: List the name any designated agent (e.g.	and address (phone number optional) of the treasu , assistant treasurer).	rer of the committee; and th	e name and address of
Full Name of Treasurer Louis S	chjazza, , , , , , , , , , , , , , , , , ,		· .
Mailing Address	50 S _I Providence Road		<u></u>
	Mędia CITY	PA 190 STATE	ZIP CODE
Title or Position	: 1		1565 i 11120
Treasurer	Teleph	hone number 610	_ [565

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		· · · · · · · · · · · · · · · · · · ·				
	Full Name of Designated Agent	Peter R Barsz				
	Mailing Address	50 S Providence Road				
			1 1 1			
		Media CITY	PA STATE	19063 ZIP CODE		
	Title or Position Assistant Trea	sµrer Telephone num	ber 610			
9.	. Banks or Other Depositorles: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Name of Bank, Depository, etc.					
		United Sayings Bank				
	Mailing Address	35 E Baltimore Pike				
			<u> </u>			
		Media: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	PA	19063		
		CITY	STATE	ZIP CODE		
	Name of Bank, I	Depository, etc.	-			
	Mailing Address					
			1"111			
				<u> </u>		
		CITY	STATE	ZIP CODE		

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FEDERAL ELECTION COMMISSION 1050 FIRST STREET, NE

WASHINGTON DC 20463 (202) 694-1170 PC:

TRK# 7801 3124 6749

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20463

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Extremely Urgent

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Date of Receipt Hand Delivered	
Postmarked Date of Receipt USPS First Class Mail	 =-
Postmarked (R/0 USPS Registered/Certified	C)
USPS Priority Mail	
Postmarked USPS Priority Mail Express	
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify): Fed Ex Shipping Date 3/17/18 Next Business Day Delivery	1
Date of Receipt Received from House Records & Registration Office	-
Received from Senate Public Records Office Date of Receipt	
Received from Electronic Filing Office Date of Receipt	,
Other (Specify): Date of Receipt or Postmarke	d
ES 3/19/18	
PREPARER DATE PREPAR (3/2015)	ED