EDDC Form 460 ( January/06)	ile Measure Proponent ile Measure Proponent	Signature of Controlling Officeholder, Candidate, State Measure Proponent	8y		Executed on	
I	e, state measure molponers of Responsible Unicer of Sponsor	organise of consideration of the state (1988) and the state of the sta	By		Executed on	
1 <b>1</b>	easura	Speakde of Treasurer or Assistant Treasurer	By Simplification		Executed on MAY 1, 2014	
is true and complete. I certify	ein and in the attached schedules	wledge the information contained here	tatement and to the best of my kno he foregoing is true and correct.	d reviewing this s of California that t	Verifi I have u under p	4.
, man and a second a second and	ESS	OPTIONAL: FAX / E-MAIL ADDRESS			OPTIONAL: FAX / E-MAIL ADDRESS	
AREA CODE/PHONE	STATE ZIP CODE	CITY	AREA CODE/PHONE	ZIP CODE	CITY STATE	
		MAILING ADDRESS		OR P.O. BOX	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	
	ER, IF ANY	NAME OF ASSISTANT TREASURER, IF ANY	(760) 618-1848	21P CODE 92231	CALEXICO CA	
AREA CODE/PHONE (760) 618-1848	CA 92231	CALEXICO			121 HACIENDA DR# 40	
		121 HACIENDA DR# 40			STREET ADDRESS (NO PO ROX)	
		JOONG SHIK KIM	DISTRICT #1	PERVISOR [	ELECT JOONG KIM FOR COUNTY SUPERVISOR DISTRICT #1	
		Treasurer(s)	18ER 357	I.D. NUMBER 1362857		ယ္
Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495	ation)	2. Type of Statement:  [2] Preelection Statement  [3] Semi-annual Statement  [4] Termination Statement  [5] (Also file a Form 410 Termination)  [6] Amendment (Explain below)	complete Parts 1, 2, 3, and 4.  Primarily Formed Ballot Measure  Committee  Controlled  Sponsored  (Also Complete Part 6)  Primarily Formed Candidate/  Officeholder Committee  (Also Complete Part 7)	All Committees - Complete Parts 1, 2, ommittee	Type of Recipient Committee:  Officeholder, Candidate Controlled C	<u>-</u> -
	IMPERIAL COUNTY REGISTRAR OF VOTERS	6/3/14	through03 / 17 / 14	thro	SEE INSTRUCTIONS ON REVERSE	3S
ficial Use Only	MAY 0 2 2014	Date of election if applicable: (Month, Day, Year)	Statement covers period 01/07/14	from		
ORM	RECEIVED				Cover Page (Government Code Sections 84200-84216.5)	ତି ପ
CALLEORNIX A COVER PAGE	Date Stamp	ınk.	Type or print nk.		Recipie committee	) TO

Page	CALIFORNIA FORM	O
2 of	RNIA 4	COVER PAGE - PART 2
8	091	-PART 2

					Page of_	0
5. Officeholder or Candidate Controlled Committee	te Controlled Commit	ttee	6. Primarily Formed Ballot Measure Committee	Measure Committee	•	
NAME OF OFFICEHOLDER OR CANDIDATE	NDIDATE		NAME OF BALLOT MEASURE			
JOONG SHIK KIM						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)	DE LOCATION AND DISTRICT	NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER J	JURISDICTION	SUPPORT	7
IMPERIAL COUNTY BOARD OF SUPERVISOR DISTRICT #1	AD OF SUPERVISOR	R DISTRICT #1			OPPOSE	"
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	S (NO. AND STREET) CITY	Y STATE ZIP				
121 HACIENDA DR #40	CALEXICO	CA, 92231	Identify the controlling officeholder, candidate, or state measure proponent, if any	holder, candidate, or st	ate measure propone	nt, if any.
			NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	ATE, OR PROPONENT		
Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.	Included in this Stat nat are controlled by you or tres on behalf of your cano	ement: List any committees are primarily formed to receive	OFFICE SOUGHT OR HELD		DISTRICT NO. IF ANY	
COMMITTEE NAME		I.D. NUMBER				
NAME OF TREASURER		CONTROLLED COMMITTEE?	Frimarily Formed Candidate/Officeholder Committee List is officeholder(s) or candidate(s) for which this committee is primarily formed.	ate/Officeholder Co r which this committee is	primarily formed.	of
COMMITTEE ADDRESS STI	STREET ADDRESS (NO PO. BOX)	8)	NAME OF OFFICEHOLDER OR CANDIDATE	DIDATE OFFICE SOUGHT OR HELD		SUPPORT
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COMMITTEE NAME		NCMBER	NAME OF OFFICEHOLDER OR CANDIDATE	DIDATE OFFICE SOUGHT OR HELD		SUPPORT OPPOSE
			NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD		SUPPORT
NAME OF TREASURER		CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD		SUPPORT
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CITY	STATE ZIP CODE	DE AREA CODE/PHONE	Attach c	Attach continuation sheets if necessary	ecessary	
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npaign Disclosure Statement	nmary Page
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Type or print in ink.
Amounts may be rounded to whole dollars.

Statement covers period CALIFORNIA 4.60 from 01/07/14 FORM 103/17/14 Page 3 of 8

	03/17/14 Page 3 of 8	LD. NUMBER 1362857	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections	Contributions Received \$ \$ \$   Expenditures Made \$ \$ \$	Expenditure Limit Summary for State Candidates  22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election (mm/dd/yy)  \$  \$  Amounts in this section may be different from amounts reported in Column B.	FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
trom	through 03 /		Column B CALENDAR YEAR TOTAL TO DATE 510.00	20.	\$ 4,203.41  \$ 4,203.41  \$ 500.00  \$ 500.00  \$ 4203.41  \$ 500.00    Candidates	FPPC
		11 2014	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)  5 510.00	\$ 3,200.00 \$ 3,710.00 \$ 0.00	\$ \$4,203.41 \$ 4,203.41 \$ 0.00 \$ 3,710.00 \$ 4,703.41 \$ 4,703.41 \$ (492.54) \$ 0	\$ 3,700.00
	SEE INSTRUCTIONS ON REVERSE	NAME OF FILER ELECT JOONG KIM FOR COUNTY SUPERVISOR DISTRICT #1 2014	Contributions Received	2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1+2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3+4	Expenditures Made  6. Payments Made  7. Loans Made  8. SUBTOTAL CASH PAYMENTS  9. Accrued Expenses (Unpaid Bills)  10. Nonmonetary Adjustment  10. Nonmonetary Adjustment  11. TOTAL EXPENDITURES MADE  12. Beginning Cash Balance  13. Cash Receipts  14. Miscellaneous Increases to Cash  15. Cash Payments  16. ENDING CASH BALANCE  17. LOAN GUARANTEES RECEIVED  18. Cash Equivalents and Outstanding Debts  19. Cash Equivalents  10. Schedule B, Part 2  Cash Equivalents and Outstanding Debts	Add Line 2

# Schedul<sub>b</sub> A

Type or print in ink.
Amounts may be rounded

SCHEDULE A

Monetary (	Monetary Contributions Received	to v	to whole dollars.	from01/07/14		CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE	NS ON REVERSE			through 03/	03/17/14 Pa	Page4 of8
NAME OF FILER ELECT JO	NE OF FILER ELECT JOONG KIM FOR COUNTY SUPERVISOR DISTRICT #1 2014	#1 2014	£2		1.D 13	I.D. NUMBER 1362857
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER) D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/29/14	GLORIA NOGALIS	□COM □COM □OTH □PTY		\$100.00		
		OTH SCC				
		DOTH SCC				
•	41	□ ND □ COM □ PTY □ SCC	586			
		□ SCC				
			\$UBTOTAL	\$100.00		
Schedule A	A Summary				*Contributor Codes	or Codes

\$510.00

3. Total monetary contributions received this period.

2. Amount received this period – unitemized monetary contributions of less than \$100 ......

Amount received this period – itemized monetary contributions.

(include all Schedule A subtotals.) .....

€

....**S** 

\$410.00 \$100.00

IND – Individual

COM – Recipient Committee

(other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY – Political Party

SCC – Small Contributor Committee

Schedule B - Part 1 Loans Received

Type or print in ink.
Amounts may be rounded to whole dollars.

Statement covers period CALIFORNIA 4.60 from 01/07/14 FORM FORM 8 of 8

CUMULATIVE PER ELECTION\*\* PER ELECTION\*\* PER ELECTION \*\* CALENDAR YEAR CALENDAR YEAR CALENDAR YEAR TO DATE DATE INCURRED DATE INCURRED DATE INCURRED ORIGINAL AMOUNT OF LOAN I.D. NUMBER 1362857 (Enter (e) on Schedule E, Line 3) RATE RATE % INTEREST PAID THIS PERIOD RATE (d) OUTSTANDING BALANCEAT CLOSE OF THIS PERIOD 3,200 3,200 DATE DUE DATE DUE DATE DUE ¥ W (c) AMOUNT PAID OR FORGIVEN 0 THIS PERIOD 0 ☐ FORGIVEN ☐ FORGIVEN FORGIVEN PAID □ PAID □ PAID (6)
AMOUNT
| RECEIVED THIS | PERIOD **S** 0 S S OUTSTANDING
BALANCE
BEGINNING THIS
PERIOD 0 SUBTOTALS ELECT JOONG KIM FOR COUNTY SUPERVISOR DISTRICT #1 2014 S IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) MERCHANT SCC SCC SCC FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD. NUMBER) ΡŢ F F SEE INSTRUCTIONS ON REVERSE 121 HACIENDA DR #40 □ OTH □ OTH □ OTH CALEXICO, CA 92231 COM WOS □ COM JOONG KIM NAME OF FILER g 2 2 Į ₽ 

Schedule B Summary	

3,200 B Total Column (b) plus unitemized loans of less than \$100. Loans received this period ...... e.

3. Net change this period. (Subtract Line 2 from Line 1.)	Enter the net here and on the Summary Page, Column A, Line 2.
3	

Include loans paid by a third party that are also itemized on Schedule A.)

Total Column (c) plus loans under \$100 paid or forgiven.)

Loans paid or forgiven this period .....

N

\*Amounts forgiven or paid by another party also must be reported on Schedule A.

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPF \$6/275-3772)

OTH – Other (e.g., business entity) PTY – Political Party SCC – Small Contributor Committee

3,200

(May be a negative number)

₩

NET

(other than PTY or SCC)

COM - Recipient Committee

Contributor Codes

IND - Individual

0

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### Schedule E Payments Made

NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.
Amounts may be rounded to whole dollars.

	through	Statem from
	03/17/14	Statement covers period 01/07/14
I.D. NUMBER	Page 6 of	CALIFORNIA FORM

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ELECT JOONG KIM FOR COUNTY SUPERVISOR DISTRICT #1 2014  CODES: If one of the following codes accurately describes the payment you	in may ente	Otherwise describe the neument	1362857
aign paraphernalia/misc.  MBR aign consultants  bution (explain nonmonetary)*  date filing/ballot fees endent expenditure supporting/opposing others (explain)*  PRO defense  gign literature and mailings	member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and mess professional services (legal print ads	member communications meetings and appearances office expenses petition circulating phone banks postage, delivery and messenger services professional services (legal, accounting)  PAD radio airtime and production costs  RFD returned contributions SAL campaign workers' salaries TRC campaign workers' salaries TRC candidate travel, lodging, and meals tv. or cable airtime and production costs  TRC candidate travel, lodging, and meals transfer between committees of the same candidate/sponsor voter registration WEB information technology costs (internet, e-mail)	costs eals same candidate/spons
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	R DESCRIPTION OF PAYMENT	AMOUNT PAID
CITY OF CALEXICO	FND	RENT DEPOSIT	\$200.00
ACOPLADOS DESIGNS 1167 BLOOMFIELD ST HEBER, CA. 92249	PRT	BANNER AND FLIER PRINTING	\$2,058.00
GOT PRINT	PRT	BUSINESS CARD & FLIER PRINT	\$286.77
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	arized on Sc	hedule D. SUBTOTAL\$	1L\$ \$2,544.77
Schedule E Summary  1. Itemized payments made this period. (Include all Schedule E subtotals.)		₩	\$3,684.70
2. Unitemized payments made this period of under \$100		₩	\$518.71
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	l, Column (e		0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	ie Summan	/ Page, Column A, Line 6.) <b>TOTAL</b> \$	\$4,203.41

(Continuation Sheet) Payments Made Schedule E

Amounts may be rounded to whole dollars. Type or print in ink.

SCHEDULE E (CONT.) ω 5 CALIFORNIA ^ FORM Page \_\_\_ Statement covers period 03 / 17 / 14 01/07/14 through

\$186.93 transfer between committees of the same candidate/sponsor \$130.00 \$823.00 AMOUNT PAID information technology costs (internet, e-mail) I.D. NUMBER 1362857 campaign workers' salaries candidate travel, lodging, and meals staff/spouse travel, lodging, and meals radio airtime and production costs describe the payment. returned contributions voter registration DESCRIPTION OF PAYMENT CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, RAD SAL SAL TIEL TIEL TIES TIES WEB postage, delivery and messenger services professional services (legal, accounting) OR polling and survey research meetings and appearances member communications TRS VOT 닖 CODE petition circulating. office expenses phone banks print ads ELECT JOONG KIM FOR COUNTY SUPERVISOR DISTRICT #1 2014 independent expenditure supporting/opposing others (explain)\* NAME AND ADDRESS OF PAYEE

OMMITTEE, ALSO ENTER I.D. NUMBER) JACK IN THE BOX 30 57 CALEXICO CA contribution (explain nonmonetary)\* campaign literature and mailings Imperial County Election Dept Imperial County Election Dept campaign paraphernalia/misc. candidate filing/ballot fees SEE INSTRUCTIONS ON REVERSE campaign consultants fundraising events civic donations legal defense NAME OF FILER <u>0</u> 문문일등 SSS SSC CTB

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPI 36/275-3772)

\$1,139.93

**SUBTOTAL \$** 

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

### Schedule F Accrued Expenses (Unpaid Bills)

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

ELECT JOONG KIM FOR COUNTY SUPERVISOR DISTRICT #1 2014

Type or print in ink.
Amounts may be rounded to whole dollars.

through. Statement covers period 01/07/14 03 / 17 / 14 I.D. NUMBER CALIFORNIA Page\_ FORM  $\infty$ 앜 ω

1362857

from\_

<ol> <li>Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)</li> </ol>	2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)	Schedule F Summary  1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)	* Payments that are contributions or independent expenditures must also be summarized on Schedule D.		Javier Burgo	NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODES: If one of the following codes accurately describes the CNP campaign paraphernalla/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CTC civic donations FRIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LTC campaign literature and mailings  PRT
r the difference here and	dule F, Column (c) subtot ayments on accrued exp	hedule F, Column (b) sul	SUBTOTALS \$		Banners and Bill Board setup \$ install	CODE OR DESCRIPTION OF PAYMENT	s the payment, you may enter the code MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads
	tals for payments on enses under \$100.).	btotals for	0 \$		0.00	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	enter the co es erch essenger servingal, accounting
		INCUI	0 \$	10	500.00	(b) AMOUNT INCURRED THIS PERIOD	de. Otherwise, describe the paymer RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and pro TRC candidate travel, lodging, an TRS staff/spouse travel, lodging, an TRS transfer between committee VOT voter registration  WEB information technology cost
ZET &	PAID TOTALS \$_	INCURRED TOTALS \$_	0.00 \$		0	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	, describe the payment. radio airlime and production costs returned contributions campaign workers' salaries t.v. or cable airlime and production costs candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor voter registration information technology costs (internet, e-mail)
500.00	0	500.00	500.00		500.00	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	.s me candidate/sponsor ∍-mail)

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FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)	May be a negative number
FPPC Form 460 (January/05) 866/ASK-FPPC (866/275-3772)	May be a negative number

Executed onBy	Executed on	4. Verification  I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  MAY 22, 2014  Executed on	CITY STATE ZIP CODE AREA COPTIONAL: FAX / E-MAIL ADDRESS	STREET ADDRESS (NO P.O. BOX)  121 HACIENDA DR# 40  STATE ZIP CODE AREA CODE/PHON CALEXICO CALEXICO CA 92231 (760) 618-1848  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	3. Committee Information 1362857  COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  ELECT JOONG KIM FOR COUNTY SUPERVISOR DISTRICT #1  2014	1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.    Officeholder, Candidate Controlled Committee   Primarily Formed Ballot Measure   Committee   Committee   Committee   Committee   Committee   Committee   Controlled   Controlled   Sponsored   Sponsored   Sponsored   Officeholder Committee   Officeholder Committee	Statement covers period  Statement covers period  03/18/14  from 05/17/14  SEE INSTRUCTIONS ON REVERSE	
Signature of Controlling Officeholder, Candidate, State Measure Propanent	Signature of Controlling Officeholder, Candidate, State Measure Proportent	the best of my knowledge the information <u>contai</u> ped herein and in the attached schedules is true and complete. I certify rue and correct.  Signature of Controlling Officeholder-Candidate, State Measthe Proportion or Responsible Officer of Sponsor	AREA CODE/PHONE CITY STATE ZIP CODE  OPTIONAL: FAX / E-MAIL ADDRESS	CITY STATE ZIP CODE CALEXICO CA 92231  AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY 760) 618-1848  MAILING ADDRESS	Treasurer(s)  NAME OF TREASURER  JOONG SHIK KIM  MAILING ADDRESS  121 HACIENDA DR# 40	2. Type of Statement:    Preelection Statement	covers period Date of election if applicable: MAY 2 2 2014 03 / 18 / 14 (Month, Day, Year)  05 / 17 / 14 6 / 3 / 14  Page IMPERIAL COUNTY EGISTRAR OF VOTERS	
FPPC Form 460 (January/		e and complete. I certify	AREA CODE/PHON	(760) 618-1848		Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495	For Official Use Only	IFORM.



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5. Officeholder or Candidate Controlled Committee	ttee	ი	Primarily Formed Ballot Measure Committee	Measur	e Committee		
NAME OF OFFICEHOLDER OR CANDIDATE		21	NAME OF BALLOT MEASURE				
JOONG SHIK KIM		ı					
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)	NUMBER IF APPLICABLE)	<b>(20</b> )	BALLOT NO. OR LETTER	JURISDICTION	TION	П	SUPPORT
IMPERIAL COUNTY BOARD OF SUPERVISOR DISTRICT #1	R DISTRICT #1	ı					OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY	TY STATE ZIP	•					
121 HACIENDA DR #40 CALEXICO	CO CA, 92231	1 =	Identify the controlling officeholder, candidate, or state measure proponent, if any.	holder, c	andidate, or state	measure	proponent, if any.
		z	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	DATE, OR F	ROPONENT		
not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.	r are primarily formed to receive	ΟI	OFFICE SOUGHT OR HELD	- 124	DĮ.	DISTRICT NO. IF ANY	IF ANY
COMMITTEE NAME	I.D. NUMBER	i					
		7	Primarily Formed Candin		inahaldar Com	***	
NAME OF TREASURER	CONTROLLED COMMITTEE?	_	officeholder(s) or candidate(s) for which this committee is primarily formed	r which t	r candidate(s) for which this committee is primarily formed.	imarily form	red.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		z	NAME OF OFFICEHOLDER OR CANDIDATE	DIDATE	OFFICE SOUGHT OR HELD	T OR HELD	SUPPORT
CITY SIAIE ZIP CODE	AREA CODE/PHONE	z	NAME OF OFFICEHOLDER OR CANDIDATE	DIDATE	OFFICE SOUGHT OR HELD	T OR HELD	SUPPORT OPPOSE
COMBANITIES INVANE	I.D. NUMBER	<b>2</b> 1	NAME OF OFFICEHOLDER OR CANDIDATE	DIDATE	OFFICE SOUGHT OR HELD	T OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?	21	NAME OF OFFICEHOLDER OR CANDIDATE	DIDATE	OFFICE SOUGHT OR HELD	OR HELD	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	<b>x</b> )	1					
CITY STATE ZIP CODE	ODE AREA CODE/PHONE		Attach	continual	Attach continuation sheets if necessary	essarv	

### Summar Campaign Disclosure Statement

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SUMMARY PAGE

Summary Page	Amounts may be rounded to whole dollars.	Stater	Statement covers period 03 / 18 / 14	CALIFORNÍA 460
SEE INSTRUCTIONS ON REVERSE		through	05/17/14	Page 3 of 8
NAME OF FILER ELECT JOONG KIM FOR COUNTY SUPERVISOR DISTRICT #1 2014	1 2014			1.D. NUMBER 1362857
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	COlumn B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidate Running in Both the State Primary and	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions       Schedule A, Line 3         2. Loans Received       Schedule B, Line 3         3. SUBTOTAL CASH CONTRIBUTIONS       Add Lines 1 + 2         4. Nonmonetary Contributions       Schedule C, Line 3         5. TOTAL CONTRIBUTIONS RECEIVED       Add Lines 3 + 4	\$ 4,525.00 \$ 3,550.00 \$ 8,075.00 \$ 0.00 \$	5,035.00 6,750.00 11,785.00 0.00 11,785.00	20. Contributions Received \$  21. Expenditures Made	1/1 through 6/30 7/1 to Date  \$\$
Expenditures Made Schedule E, Line 4 6. Payments Made Schedule E, Line 4 7. Loans Made Schedule H, Line 3 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 10. Nonmonetary Adjustment Schedule C, Line 3 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ \$7,066.83 \$ 0 0.00 0 0.00 \$ \$7,066.83 \$	11,270.24 0 11,270.24 500.00 0.00 11,770.24	Expenditure Limit Summary for State Candidates  22. Cumulative Expenditures Made (#Subject to Voluntary Expenditure Limit)  Date of Election (mm/dd/yy)  \$	iture Limit Summary for State  22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) of Election Total to Date nrv/dd/yy) \$
Current Cash Statement  12. Beginning Cash Balance	\$ 0 To 8,075.00 and 60 from 515.63 figures 515.63 suppose the state of	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is	*Amounts in this section rreported in Column B.	*Amounts in this section may be different from amounts reported in Column B.
17. LOAN GUARANTEES RECEIVED Schedule B. Part 2  Cash Equivalents and Outstanding Debts  18. Cash Equivalents See instructions on reverse	\$ 0 foc	for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).		

19. Outstanding Debts ...... Add Line 2 + Line 9 in Column B above

49

7,250.00

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

### Schedule ~ **Monetary Contributions Received**

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Amounts may be rounded to whole dollars.

Statement covers period

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SEE INSTRUCTIONS ON REVERSE	NS ON REVERSE			through 05,	05/17/14	Page4 of8
ELECT JO	RE OF FILER ELECT JOONG KIM FOR COUNTY SUPERVISOR DISTRICT #1 2014	±1 2014				I.D. NUMBER 1362857
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5/2/14	Deanza Pharmacy	DOTH SCC		\$1,000.00		
		OTH SCC				
		□ IND □ COM □ PTY □ SCC				
		SCC				
		SCC C				
			\$ SUBTOTAL	\$1,000.00		

## Schedule A Summary

 \$4,525.00	3. Total monetary contributions received this period.  (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)
\$3,525.00	2. Amount received this period—unitemized monetary contributions of less than \$100\$
 \$1,000.00	1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)\$

(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party \*Contributor Codes IND – Individual
COM – Recipient Committee SCC - Small Contributor Committee

#### Schedule B --Loans Receiv . Duf 1

Type or print in ink.

SCHEDULE B - PART 1

Loans Received	Amo	Amounts may be rounded to whole dollars.	unded s.		Statement covers period 03 / 18 / 14 from	03 / 18 / 14	CALIFORNIA FORM	<sup>IA</sup> 460
SEE INSTRUCTIONS ON REVERSE	•				through 05	05/17/14	Page 5	of 8
NAME OF FILER							I.D. NUMBER	
ELECT JOONG KIM FOR COUNTY SUPERVISOR DISTRICT #1 2014	ERVISOR DISTRICT #1 20	014					1362857	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IFCOMMITTEE, ALSO ENTERLD. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD *	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(9) CUMULATIVE CONTRIBUTIONS TO DATE
JOONG KIM	MERCHANT			□ PAID	6 750			CALENDAR YEAR
CALEXICO, CA 92231				FORGIVEN	5,700	RATE %	5	PERELECTION
TO IND COM COTH CPTY CSCC		3,200	3,550		N/A DATE DUE	•	DATE INCURRED	•
				PAID	<b>(A)</b>	RATE %		CALENDAR YEAR
†□ IND □ COM □ OTH □ PTY □ SCC		-	•	5	DATEDUE	-	DATE INCURRED	6
				PAID				CALENDAR YEAR
				FORGIVEN		RATE	<b>S</b>	PER ELECTION ***
T□ IND □ COM □ OTH □ PTY □ SCC		Š		5	DATE DUE	*	DATE INCURRED	*
		SUBTOTALS \$	3,550 \$	0 :	\$ 6,750	\$		
n					o n n	(Enter (e) on Schedule E, Line 3)		
(Total Column (b) plus unitemized loans of less than \$100.)	of less than \$100.)			• •		ਨ੍ਹੀ	Contributor Codes	
2. Loans paid or forgiven this period	paid or forgiven.) are also itemized on Sched	ule A.)		 ↔	0	9 88	IND – Individual  COM – Recipient Committee  (other than PTY or SCC)  OTH – Other (e.g., business enlity)	nmittee 'TY or SCC) business entity)
3. Net change this period. (Subtract Line 2 from Line 1.) Enter the net here and on the Summary Page, Column A, Line	2 from Line 1.)Page, Column A, Line 2.			NET \$ (May	3,550 (May be a negative number)	SCC	1 1 1	Small Contributor Committee
	rage, Colonillo, Elice.							

\*\* If required.

\*Amounts forgiven or paid by another party also must be reported on Schedule A.

#### Payments Made Schedule E

Type or print in Ink.

Amounts may be rounded to whole dollars.

	through _	from	Statem
	05/17/14	03/18/14	Statement covers period
I.D. NUMBER	Page _	FORM	
ABER	6 of	RM	
ĺ	· ·	£	

NAME OF FILER SEE INSTRUCTIONS ON REVERSE ELECT JOONG KIM FOR COUNTY SUPERVISOR DISTRICT #1 2014 thro 1362857

DES: If one of the following codes accurately describes the pacampaign paraphernalia/misc.  MBR campaign consultants  Contribution (explain nonmonetary)*	ayment, you may ente member communications meetings and appearances office expenses	Otherwise, de RAD RFD SAL	ion costs	
civic donations  candidate filing/ballot fees  fundraising events independent expenditure supporting/opposing others (explain)*  legal defense campaign literature and mailings  PET  POS  PRO  PRO  PRO  PRO  PRO  PRO  PRO	petition circulating phone banks phone banks polling and survey research postage, delivery and mess professional services (legal print ads	TEL TRC TRS enger services TSF accounting) VOT WEB	roduction costs and meals ng, and meals tees of the same tees (internet, e-rosts (internet, e-rosts)	e candidate/sponsor nail)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT		AMOUNT PAID
CITY OF CALEXICO	FND	RENT DEPOSIT		\$1,000.00
ACOPLADOS DESIGNS 1167 BLOOMFIELD ST HEBER, CA. 92249	PRT	BANNER AND FLIER PRINTING		\$1,480.00
PS PRINT	PRT	POSTER PRINT	H.	\$778.28
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	arized on Sc		SUBTOTAL \$	\$3,258.28
Schedule E Summary			#i	\$6.186.83
2. Unitemized payments made this period of under \$100			<b>69</b>	\$880.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	1, Column (	θ).)	€	0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	he Summar	y Page, Column A, Line 6.)Ti	TOTAL \$	\$7,066.83

#### Schedule = Payments Made (Continuation Sheet)

Type or print in ink.
Amounts may be rounded to whole dollars.

from.

through.

Statement covers period 03/18/14 05/17/14 CALIFORNIA I.D. NUMBER Page\_ FORM JLE E (CONT.) 으 ထ

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. SEE INSTRUCTIONS ON REVERSE NAME OF FILER ELECT JOONG KIM FOR COUNTY SUPERVISOR DISTRICT #1 2014 1362857

				***************************************
383.19		TRS		COSTCO
\$230.19		FND		COSTCO
\$650		FND		CARMEN MURRILLO
\$300.00		FND		FACTRA
\$252.69		TRS		JACK IN THE BOX 30 57 CALEXICO CA
AMOUNT PAID	OR DESCRIPTION OF PAYMENT	CODE		NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
me candidate/sponsor	RAD radio airtime and production costs  RFD returned contributions  SAL campaign workers' salaries  TEL t.v. or cable airtime and production costs  TRC candidate travel, lodging, and meals  TRS staff/spouse travel, lodging, and meals  TRS staff/s	member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting) print ads	MBR member of MTG meetings OFC office ex PET petition of PHO phone by PHO polling and PHO postage, PRO profession PRT print ads	CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events ND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings

#### Schedul Payments Made (Continuation Sheet)

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Type or print in 1....
Amounts may be rounded to whole dollars.

ULE E (CONT.)

CALIFORNIA 46 Page \_ ω 9 ω

from.

03/18/14

Statement covers period

through

05/17/14

I.D. NUMBER

ELECT JOONG KIM FOR COUNTY SUPERVISOR DISTRICT #1 2014			1362857	
CODES: If one of the following codes accurately describes the payment, you may ent campaign paraphernalia/misc.  CNS campaign consultants CNS campaign consultants CTB contribution (explain nonmonetary)*  CVC civic donations FIL candidate filing/ballot fees FND fundraising events FND independent expenditure supporting/opposing others (explain)*  POS postage, delivery and mess professional services (legal defense  LEG legal defense  ET print ads  FRT print ads	payment, you may enter the code. member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting) print ads	RAD radio sirtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals ounting) VOT voter registration VEB information technology costs (internet, e-mail)	costs uction costs meals and meals of the same	e candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT		AMOUNT PAID
TORTAS AND BEER CALEXICO CA	FND			\$230
PARIENTE	FND			\$300.00
FOOD4LESS	мта		W <sub>V</sub>	\$252.39
FOOD4LESS	FND			\$230.19
NEIGHBOR HOOD HOUSE	cvc			\$100
* Payments that are contributions or independent expenditures must also be summarized on Schedule D	chedule D.	SUE	SUBTOTAL \$	\$1,112.58

	ate Measure Proponent	Signature of Controlling Officeholder, Candidate, State Measure Proponent	. Ву	Executed on	Ĕ
•	ste Measure Proponent	Signature of Controlling Officeholder, Candidate, State Measure Proponent		Date	į
ě.	reasurer	Signature of Trassurer or Assistant Treasurer Signature of Controlland Officer of Sponsor			
true and complete. I certify	ein and in the attached schedules is	wledge the information contained here	this statement and to the best of my kno that the foregoing is true and correct.	Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information conflained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  It is 21 2014	4. Verification I have used all r under penalty o
	E88	OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS	OPTIONAL
AREA CODE/PHONE	STATE ZIP CODE	СІТҮ	DE AREA CODE/PHONE	STATE ZIP CODE	CITY
	ER, IT ANT	MAILING ADDRESS	(760) 618-1848	STATE ZIP CODE CA 92231  PRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	CALEXICO MAILING ADDRESS
AREA CODE/PHONE (760) 618-1848	STATE ZIP CODE CA 92231	CALEXICO			STREET A
		JOONG SHIK KIM  MAILING ADDRESS  121 HACIENDA DR# 40	OR DISTRICT #1	ELECT JOONG KIM FOR COUNTY SUPERVISOR DISTRICT #1	ELECT 2014
		Treasurer(s)	1362857	Committee Information	3. Commi
Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495	ation)	2. Type of Statement:  Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below)	complete Parts 1, 2, 3, and 4.  Primarily Formed Ballot Measure  Committee  Controlled  Sponsored  (Aso Complete Part 6)  Primarily Formed Candidate/ Officeholder Committee  (Also Complete Part 7)	er, Candidate Controlled Committee = Cer, Candidate Controlled Committee   Candidate Election	1. Type of Re  Officehold State Conple Also Comple General P Spons Small Compleids
Chichac Actions of the Cartesian Wilder Stakes	IMPERIAL COUNTY REGISTRAR OF YOTERS	6/3/14	through 06/30/14	SEE INSTRUCTIONS ON REVERSE	SEE INSTRUC
Page 1 of 7 For Official Use Only	JUL 3 1 2014	Date of election if applicable: (Month, Day, Year)	Statement covers period from 05/18/14	(Government Code Sections 84200-84216.5)	(Government
CALIFORNIA 460	Date Stamp C.	ink.	Type or print it ink.	Recipier. Jommittee Campaign Statement Cover Page	Recipier. 20 Campaign S Cover Page

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
State of California

	Attach continuation sheets if necessary	continuation	Attach	AREA CODE/PHONE	ZIP CODE	STATE	СІТҮ	
					S (NO P.O. BOX)	STREET ADDRESS (NO P.O. BOX)	COMMITTEE ADDRESS	
SUPPORT	OFFICE SOUGHT OR HELD		NAME OF OFFICEHOLDER OR CANDIDATE	CONTROLLED COMMITTEE?	009		NAME OF TREASURER	
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD		NAME OF OFFICEHOLDER OR CANDIDATE					
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD		NAME OF OFFICEHOLDER OR CANDIDATE	D. NUMBER		SIAID	COMMITTEE NAME	
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD		NAME OF OFFICEHOLDER OR CANDIDATE		S (NO P.O. BOX)	STREET ADDRESS (NO P.O. BOX)	COMMITTEE ADDRESS	
d.	or candidate(s) for which this committee is primarily formed.	for which this	officeholder(s)	CONTROLLED COMMITTEE?	CON		NAME OF TREASURER	
	holder Committee	date/Office	7 Primarily Formed Candi	I.D. NOMBER	·		COMMITTEE NAME	
ANY	DISTRICT NO. IF ANY		OFFICE SOUGHT OR HELD	not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.	lled by you or are of your candidac	ement that are control xpenditures on behalf	not included in this statement that are controlled by you or are p contributions or make expenditures on behalf of your candidacy.	
	PONENT	DATE, OR PROI		Related Committees Not Included in this Statement: List any committees	n this Statem	es Not Included i	Related Committee	
roponent, if any.	ontrolling officeholder, candidate, or state measure proponent, if any.	eholder, cand	Identify the controlling office	STATE ZIP CA, 92231	CALEXICO	ADDRESS (NO. AND ST R#40	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)  121 HACIENDA DR #40 CA	
OPPOSE				STRICT #1	PERVISOR DI	Y BOARD OF SU	IMPERIAL COUNTY BOARD OF SUPERVISOR DISTRICT #1	
SUPPORT		JURISDICTION	BALLOT NO. OR LETTER	MBER IF APPLICABLE)	AND DISTRICT NUN	D (INCLUDE LOCATION	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)	
							JOONG SHIK KIM	
			NAME OF BALLOT MEASURE			OR CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	
	ommittee	Measure C	6. Primarily Formed Ballot Weasure Committee		ed Committee	ndidate Controlle	Officeholder or Candidate Controlled Committee	Çi .
	o Ru							

# Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded to whole dollars.

Statement covers period

SUMMARY PAGE

Summary Page	to whole dollars.	Stateme from	Statement covers period m 05 / 18 / 14	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		through	06/30/14	Page 3 of 7
NAME OF FILER ELECT JOONG KIM FOR COUNTY SUPERVISOR DISTRICT #1 2014	1 2014			I.D. NUMBER 1362857
Contributions Received  Monetary Contributions	Column A Col TOTAL THIS PERIOD CALES (FROMATTACHED SCHEDULES) TOTA  678.00 \$	Column B CALENDAR YEAR TOTAL TO DATE  5,713.00  7.750.00	Calendar Year Summary for Candidate Running in Both the State Primary and General Elections  1/1 through 6/30  7/1 to Da	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections 1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS			20. Contributions Received \$	<i>ss ss</i>
Expenditures Made  6. Payments Made  7. Loans Made  8. SUBTOTAL CASH PAYMENTS  9. Accrued Expenses (Unpaid Bills)  10. Nonmonetary Adjustment  11. TOTAL EXPENDITURES MADE  Schedule E, Line 3  Add Lines 6 + 7  Schedule F, Line 3  Add Lines 8 + 9 + 10	\$ \$2,028.50 \$ 0 \$ \$2,028.50 \$ 0 \$ \$2,028.50 \$ 0.00 \$ \$2,228.50 \$	13,298.74 0 13,298.74 700.00 0.00 13.998.74	Expenditure Limit S Candidates  22. Cumulative (If Subject to V Date of Election (mm/dd/yy)	iture Limit Summary for State ates  22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) of Election Total to Date Im/dd/yy)
Current Cash Statement  12. Beginning Cash Balance	\$ 515.63  1,678.00 0 To calculate Column B, a amounts in Column A to corresponding amounts from Column B of your large of the column A may be negating figures that should be	the ast	*Amounts in this section ma	*Amounts in this section may be different from amounts reported in Column B.
17. LOAN GUARANTEES RECEIVED Schedule 8, Part 2  Cash Equivalents and Outstanding Debts  18. Cash Equivalents See instructions on reverse	for this ca carry over from Lines any).	for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).		
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$8,450.00		FPPC Toll-Free Helpline	FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

### Schedule A Monetary Contributions Received

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ELECT JOONG KIM FOR COUNTY SUPERVISOR DISTRICT #1 2014

Type or print in ink.
Amounts may be round to whole dollars.

Statement covers

from

05/18/14

through

06 / 30 / 14

1362857

3		
I.D. NUMBER	Page4	CALIFORNI FORM
~	of	4 AIN
	7	60

SCHEDULE A

						DATE RECEIVED
						FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSOENTERID NUMBER)
4514	□ SCC	SCC SCC	ODTH SCC	SCC SCC	□IND □OTH □SCC	CONTRIBUTOR CODE *
\$ SUBTOTAL						IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)
<b>57</b>						AMOUNT RECEIVED THIS PERIOD
						CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
						PER ELECTION TO DATE (IF REQUIRED)

## Schedule A Summary

- Amount received this period itemized monetary contributions. (Include all Schedule A subtotals.) ......\$
- 2. Amount received this period unitemized monetary contributions of less than \$100 ...... \$
- 3. Total monetary contributions received this period.

\$678.00

\*Contributor Codes

(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party IND – Individual
COM – Recipient Committee

\$678.00

SCC - Small Contributor Committee

Type or print in ink

SCh. JLEB-PART 1

Schedule B – Part 1 Loans Received	Amo	Amounts may be rounded to whole dollars.	unded s.	<u></u>	Statement covers period 05 / 18 / 14	vers period 18/14	- CALIFORNIA - FORM	<sup>^</sup> 460
SEE INSTRUCTIONS ON REVERSE	*			=	ngh 	06/30/14	Page 5	of
VAME OF FILER							I.D. NUMBER	
ELECT JOONG KIM FOR COUNTY SUPERVISOR DISTRICT #1 2014	PERVISOR DISTRICT #1 20	)14					1362857	1
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IFCOMMITTEE ALSOENTER ID NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER OF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD *	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
JOONG KIM 121 HACIENDA DR #40	MERCHANT				\$7,750	- %	5	CALENDAR YEAR \$ 7,750
CALEXICO, CA 92231				FORGIVEN		RATE		PER ELECTION***
<sup>†</sup> ☑ ND □ COM □ OTH □ PTY □ SCC		s 6,750	1,000		N/A DATE DUE	S.	DATE INCURRED	6
				PAID				CALENDAR YEAR
				FORGIVEN		RATE		PER ELECTION **
†□ ND □ COM □ OTH □ PTY □ SCC		9			DATE DUE	¢,	DATE INCURRED	\$
				PAID				CALENDAR YEAR
		NAC 0 0 00		FORGIVEN	6	RATE %		PER ELECTION***
TO IND COM OTH PTY SCC		0		S	DATE DUE	S	DATE INCURRED	S
		SUBTOTALS \$	1,000 \$	0	\$ 7,750	€9		***
Schedule B Summary					· •	(Enter (e) on Schedule E, Line 3)		
1. Loans received this period	opflore than 6400 )			€9	1,000			
2. Loans paid or forgiven this period	o or reso train a roor)			<b>⇔</b>	0	 Q Z d	TContributor Codes  IND Individual  COM Recipient Committee	nmittee
(Total Column (c) plus loans under \$100 paid or forgiven.) (Include loans paid by a third party that are also itemized on Schedule A.)	0 paid or forgiven.) t are also itemized on Sched	ule A.)				<u> </u>	(other than PTY or SCC) OTH Other (e.g., business ent PTY Political Party	(other than PTY or SCC) Other (e.g., business entity) Political Party
<ol> <li>Net change this period. (Subtract Line 2 from Line 1.)</li> <li>Enter the net here and on the Summary Page, Column A,</li> </ol>	e 2 from Line 1.) y Page, Column A, Line 2.			NET \$	1,000 (May be a negative number)	S	SCC - Small Contrib	Small Contributor Committee
Enter the net here and on the Summai	y Page, Column A, Line z.				,			

\*Amounts forgiven or paid by another party also must be reported on Schedule A.
\*\* If required.

#### Schedule E Payments Made

SEE INSTRUCTIONS ON REVERSE

ELECT JOONG KIM FOR COUNTY SUPERVISOR DISTRICT #1 2014

Amounts may be rounded Type or print in ink. to whole dollars.

from Statement covers period 05/18/14

CALIFORNIA FORM o

SCHEDULE

through 06/30/14

Page \_ 1362857 I.D. NUMBER 앜

크腔돛 R R CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment ω 2. Unitemized payments made this period of under \$100 ...... Schedule E Summary 1. Itemized payments made this period. (Include all Schedule E subtotals.)...... Call Em All Calexico Chronicle HEBER, CA. 92249 1167 BLOOMFIELD ST ACOPLADOS DESIGNS Payments that are contributions or independent expenditures must also be summarized on Schedule D. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)......(e). Total payments made this period. (Add Lines 1, 2, and 3, Enter here and on the Summary Page, Column A, Line 6.) ....... campaign paraphernalia/misc. candidate filing/ballot fees civic donations contribution (explain nonmonetary)\* campaign consultants independent expenditure supporting/opposing others (explain)\* fundraising events campaign literature and mailings NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSOENTER LD. NUMBER) OFC MIG 3 2 2 P 몽 凸 meetings and appearances member communications office expenses print ads petition circulating professional services (legal, accounting) postage, delivery and messenger services polling and survey research phone banks CODE PHO PRT PRT OR. BANNER PRINTING News Paper AD PRINT PHONE BANK DESCRIPTION OF PAYMENT SAS BAS 75 XS 回 경 voter registration radio airtime and production costs information technology costs (internet, e-mail transfer between committees of the same candidate/sponsor candidate travel, lodging, and meals campaign workers' salaries returned contributions staff/spouse travel, lodging, and meals t.v. or cable airtime and production costs \$ TOTAL \$ SUBTOTAL \$ 69 € AMOUNT PAID \$1,358.50 \$2,028.50 \$670.00 \$1,358.50 \$502.50 \$676.00 180.00

4.

### Schedule F Accrued Expenses (Unpaid Bills)

SEE INSTRUCTIONS ON REVERSE

ELECT JOONG KIM FOR COUNTY SUPERVISOR DISTRICT #1 2014

Type or print in ink.
Amounts may be rounded to whole dollars.

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Statement covers period from 05 / 18 / 14 through 06 / 30 / 14

CALIFORNIA 460

I.D. NUMBER 1362857

Page -

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000 CH CNS A 크변물물 \* Payments that are contributions or independent expenditures must also be summarized on Schedule D. 골 Calexico Chronicle CODES: If one of the following codes accurately describes the payment, you may enter the 3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and 2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on 1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for Schedule F Summary accrued expenses of \$100 or more, plus total uniternized accrued expenses under \$100.)... on the Summary Page, Column A, Line 9.) ..... accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) .. campaign paraphernalia/misc civic donations contribution (explain nonmonetary)\* campaign consultants campaign literature and mailings independent expenditure supporting/opposing others (explain)\* candidate filing/ballot fees legal defense fundraising events NAME AND ADDRESS OF CREDITOR (IF COMMITTEE ALSO ENTER I.D. NUMBER) 몽 四分割 2 DESCRIPTION OF PAYMENT office expenses meetings and appearances member communications professional services (legal, accounting) postage, delivery and messenger services polling and survey research phone banks petition circulating CODE OR SUBTOTALS \$ (a)
OUTSTANDING
BALANCE BEGINNING
OF THIS PERIOD code. Otherwise, describe the payment 0 **4**0 (b)
AMOUNT INCURRED
THIS PERIOD 다 당 당 청 ᅌ information technology costs (internet, e-mail) voter registration transfer between committees of the same candidate/sponsor staff/spouse travel, lodging, and meals candidate travel, lodging, and meals t.v. or cable airtime and production costs campaign workers' salaries returned contributions radio airtime and production costs \$ 200.00 200.00 **INCURRED TOTALS** ... PAID TOTALS €₽ (c)
AMOUNT PAID
THIS PERIOD
(ALSO REPORT ON E) ..... NET \$ May be a negative number 0.00 0 <del>(</del>A (d)
OUTSTANDING
BALANCE AT CLOSE
OF THIS PERIOD 200.00 200.00 \$ 200.00 200.00 0

EDDC Form 460 / Immension	easure Proponerx	Signature of Controlling Officeholder, Candidate, State Measure Proponent	Ву	Executed on
	вахите Ргороктет к	Signature of Controlling Officeholder, Candidate, State Measure Proporters	Ву	Executed on
ue and complete. I certify	and in the attached schedules is tru	st of my knowledge the information contained herein and in the attached schedid correct.  Signature of Treasure of Assistant Treasure.  Signature of Controlling Officeholder, Candidak, State Measure Proponent or Responsible Officer of Sponsor	ng this statement and to the best of my kno nia that the foregoing is true and correct.  By	I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information comtained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  Executed on January 29, 2015  By Signature of Controlling Officebodder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
AREA CODE/PHONE	STATE ZIP CODE	OPTIONAL: FAX / E.MAIL ADDRESS	ZIP CODE AREA CODE/PHONE	OPTIONAL: FAX / E-MAIL ADDRESS
аrea code/Рионе (760) 618-1848	STATE ZIP CODE CA 92231 IF ANY	239 E. 1st Street CITY CALEXICO NAME OF ASSISTANT TREASURER, IF ANY MAILING ADDRESS	CODE AREA CODE/PHONE 31 (760) 618-1848 BOX	STREET ADDRESS (NO P.O. BOX)  239 E. 1st Street  CITY  STATE ZIP CODE  CALEXICO  CALEXICO  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
		Treasurer(s) NAME OF TREASURER JOONG SHIK KIM MAILING ADDRESS	1.D. NUMBER 1362857 E) (SOR DISTRICT #1	3. Committee Information 1.D. NUMBER 1362857  COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  ELECT JOONG KIM FOR COUNTY SUPERVISOR DISTRICT #1 2014
Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495	(noite	2. Type of Statement:    Preelection Statement     Semi-annual Statement     Termination Statement     (Also file a Form 410 Termination)     Amendment (Explain below)	Complete Parts 1, 2, 3, and 4.  Primarily Formed Ballot Measure Committee Committee Complete Complete Part 6)  Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.  [2] Officeholder, Candidate Controlled Committee
For Official Use Only	JAN 8 9 2015 Page	Date of election if applicable: (Month, Day, Year) 6/3/14	Statement covers period 17 / 01 / 14 through 12 / 31 / 14	SEE INSTRUCTIONS ON REVERSE
CALIFORNIA 460	Date Slamp CAL	ink.	Type or print in ink	Recipient Committee Campaign Statement Cover Page Government Code Sections 84200-84216.5)

CALIFORNIA 460
FORM 2 of 5

## Campaign Disclosure Statement

Type or print in ink.

SUMMARY PAGE

Summary Page	Amounts may be rounded to whole dollars.	Staten	Statement covers period	CALIFORNIA 460
		through_	12/31/14	Page 3 of 5
NAME OF FILER ELECT JOONG KIM FOR COUNTY SUPERVISOR DISTRICT #1 2014	2014			1.D. NUMBER 1362857
Contributions Received	Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)	COLUMN B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions Schedule A. Line 3 2. Loans Received Schedule B. Line 3	\$ 0 \$	5,713.00 7,750.00	General Ejections	1S 1/1 through 6/30 7/1 to Date
SUBTOTAL CASH CONTRIBUTIONS	\$ 0 \$	13,463.00 0.00 13,463.00	20. Contributions Received \$  21. Expenditures Made \$	GA GA
Expenditures Made Schedule E. Line 4	\$ 0 \$	13,298.74	Expenditure Limit Summary for State Candidates	ummary for State
ASH PAYMENTSenses (Unpaid Bills)	0 0 \$	13,298.74 700.00	22. Cumulative (if Subject to Date of Election	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) of Election Total to Date
10 Nonmonetary Adjustment 3  11. TOTAL EXPENDITURES MADEAdd Lines 8 + 9 + 10	\$ 0 s	13.998.74	(типидогуу)	₩
Current Cash Statement  12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 65.13	To calculate Column B, add		<b>\$</b>
14. Miscellaneous Increases to Cash Schedule I, Line 4	, ,		*Amounts in this section m reported in Column B.	*Amounts in this section may be different from amounts reported in Column B.
ALANCE Add Lines 12 + 13 + ion statement, Line 16 must be zero	\$ 65.13 figure	Column A may be negative figures that should be subtracted from previous period amounts. If this is		
17. LOAN GUARANTEES RECEIVED Schedule B. Part 2	\$ 0 for t	for this calendar year, only carry over the amounts		
Cash Equivalents and Outstanding Debts 18. Cash Equivalents		from Lines 2, 7, and 9 (if any).		
19. Outstanding Debts	\$ 8,450.00		FPPC Toll-Free Helplin	FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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Trom   07 / 01 / 14	Schedule B - Part 1	Amo	Amounts may be rounded	unded		Statement covers period	vers period	CALIFORNIA	
COUNTY SUPERVISOR DISTRICT #1 2014   Flage   4	Loans Received		to whole dollars				01/14	FORM	400
COUNTY SUPERVISOR DISTRICT #1 2014	SEE INSTRUCTIONS ON REVERSE						/31/14		
ECT JOONG KIM FOR COUNTY SUPERVISOR DISTRICT #1 2014    If An INDEPCION, LETTER   COUNTY SUPERVISOR DISTRICT #1 2014   If An INDEPCION, LETTER   COUNTY SUPERVISOR DISTRICT #1 2014   If An INDEPCION, LETTER   COUNTY SUPERVISOR DISTRICT #1 2014   If An INDEPCION, LETTER   COUNTY SUPERVISOR DISTRICT #1 2014   If An INDEPCION, LETTER   COUNTY SUPERVISOR DISTRICT #1 2014   If An INDEPCION   COUNTY	NAME OF FILER							I.D. NUMBER	
Total Column (c) pits   Date	ELECT JOONG KIM FOR COUNTY SUPP	ERVISOR DISTRICT #1 20	)14					1362857	
HACIENDA DR #40  LEXICO, CA 92231  MERCHANT  M	FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, A. SO ENTER LD. NUMBER)		OUTSTANDING BALANCE BEGINNING THIS PERIOD		(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD		(f) ORIGINAL AMOUNT OF LOAN	(9) CUMULATIVE CONTRIBUTIONS TO DATE
IND   COM   OTH   PTY   SCC   SINDERING	JOONG KIM 121 HACIENDA DR #40 CALEXICO, CA 92231	MERCHANT			PAID  S ORGIVEN			<b>S</b>	CALENDAR YEAR 7,750 PER ELECTION**
COM COTH CPTY CSCC  SUBTOTALS \$ 0\$ 7.750 \$  ICENTR(SO)  All Column (b) plus unitermized loans of less than \$100.)  SUBTOTALS \$ 0\$ 0\$ 7.750 \$  ICENTR(SO)  ACC Small Contributor Codes of less than \$100.)  ICENTR(SO)  ACC Small Contributor Codes of less than \$100.)  ICENTR(SO)  ACC Small Contributor Codes of less than \$100.)  ICENTR(SO)  ACC Small Contributor Codes of less than \$100.)  ICENTR(SO)  ACC Small Contributor Codes of less than \$100.)  ICENTR(SO)  ACC Small Contributor Codes of less than \$100.)  ICENTR(SO)  ACC Small Contributor Codes of less than \$100.)  ICENTR(SO)  ACC Small Contributor Codes of less than \$100.)  ICENTR(SO)  ACC Small Contributor Codes of less than \$100.)  ICENTR(SO)  ACC Small Contributor Codes of less of less than \$100.)  ICENTR(SO)  ACC Small Contributor Codes of less of les	ON COM CON CON CONTRACT					N/A DATE DUE	S	DATE INCURRED	
COM   OTH   PTY   SCC   S.   S.   DATE DUE   S.   DATE INCURRED   S.					PAID  S FORGIVEN				CALENDAR YEAR  S PER ELECTION **
COM   OTH   PTV   SCC   SUBTOTALS \$ 0 \$ 7,750 \$   Contributor Codes In Spaid or forgiven, index spaid by a third party that are also itemized on Schedule A.)    Column (a) puls loans and or the Summary Page Column A Line 2   C	IND COM COTH PTY		w	, s		DATE DIJE	S	DATE INCURRED	5
SUBTOTALLS \$ 0\$ 7,750 \$    Substanct Line 2 from Line 1.)   Signature   Signat					[] PAID				CALENDAR YEAR
SUBTOTALS \$ 0 \$ 7,750 \$    Common   Oth   Pry   Scc   Subtract Line 2 from Line 1.)   Subtract Line 2 from Line 2.   Column 4 ine 2.   Column 5   Column 6   Column 6   Column 7					) FORGIVEN			S	PER ELECTION**
Chedule B Summary  Loans received this period	COM OTH PTY		ĺ	\$		DATE DUE	S	DATE INCURRED	•
Loans received this period							49	-14	The state of the s
Loans received this period	$\mathbf{\omega}$						(Enter (e) on Schedule E. Line 3)		
Loans paid or forgiven this period\$ 0 (Total Column (c) plus loans under \$100 paid or forgiven.) (Include loans paid by a third party that are also itemized on Schedule A.)  Net change this period. (Subtract Line 2 from Line 1.)		of less than \$100.)				0	<u>,</u>	Contributor Codes	
(Include loans paid by a third party that are also itemized on Schedule A.)  Net change this period. (Subtract Line 2 from Line 1.)  Enter the net here and on the Summary Page Column A. Line 2.  (Include loans paid by a third party that are also itemized on Schedule A.)  NET \$ (May be a negative number)	5.0				<del>69</del>	0	'	D – Individual DM – Recipient Co	mmittee
Net change this period. (Subtract Line 2 from Line 1.)	(Include foans paid by a third party that	paid of forgiven.) are also itemized on Sched	ule A.)				<b>P</b> O	(other than F TH - Other (e.g., TY Political Party	business entity)
		2 from Line 1.) Page, Column A, Line 2			<del>40</del>	y be a negative number	, (%)	CC – Small Contrib	utor Committee

\*Amounts forgiven or paid by another party also must be reported on Schedule A.

\*\* If required.

### SCHEDULEF

# Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded to whole dollars.

through	from	Statem
12/31/14	07/01/14	Statement covers period

FORM 460

I.O. NUMBER

1362857

NAME OF FILER SEE INSTRUCTIONS ON REVERSE ELECT JOONG KIM FOR COUNTY SUPERVISOR DISTRICT #1 2014 through

 $\Gamma = \Pi \Pi \cap \Omega \cap \Omega$ 

\$ 700.00	0.00 \$	\$ 0	0 \$	\$ subtotals	<ul> <li>Payments that are contributions or independent expenditures must also be summarized on Schedule D.</li> </ul>
				The state of the s	
\$ 500.00			\$ 500.00	Banners and Bill Board setup \$ install	Javier Burgo
\$ 200.00	0		\$ 200.00		Calexico Chronicle
(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(b) AMOUNT INCURRED THIS PERIOD	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	CODE OR DESCRIPTION OF PAYMENT	NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
ls me candidale/sponsor e-mail)	, describe the payment. radio airtime and production costs returned contributions campaign workers' salaries t.v. or cable airtime and production costs candidate travel, lodging, and meals staff/spouse travel, lodging, and meals stransfer between committees of the same candidate/sponsor voter registration information technology costs (internet, e-mail)	Wise Wise	payment, you may enter the code. Other member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting) print ads	s the payment, you may enter the code.  MBR member communications  MTG meetings and appearances  OFC office expenses  PET petition circulating  PHO phone banks  POL polling and survey research  POS postage, delivery and messenger services  PRO professional services (legal, accounting)  PRT print ads	CODES: If one of the following codes accurately describes the MPR campaign paraphernalia/misc.  MPR campaign consultants  NS campaign consultants  CFC contribution (explain nonmonetary)*  CFC civic donations  IL candidate filing/ballot fees  EG legal defense  EG legal defense  FRO  PRI  CAMPA  PRI  PRI  PRI  PRI  CAMPA  PRI  PRI  PRI  PRI  PRI  PRI  PRI  P

## Schedule F Summary

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and 2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on on the Summary Page, Column A, Line 9.) ..... accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) ... accrued expenses of \$100 or more, plus total unitermized accrued expenses under \$100.)...... Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for .....INCURRED TOTALS \$ .....PAID TOTALS \$ NET S May be a negative number 700.00 700.00 0