9/29/22 GLS COVER PAGE Recipient Committee Date Stamp **CALIFORNIA** Campaign Statement FORM Cover Page (Government Code Sections 84200-84216.5) Date of election if applicable: Statement covers period (Month, Day, Year) 01/01/2022 from For Official Use Only 11:/08/2022 SEE INSTRUCTIONS ON REVERSE 09/24/2022 through _ 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. 2. Type of Statement: X Officeholder, Candidate Controlled Committee X Preelection Statement Primarily Formed Ballot Measure Quarterly Statement State Candidate Election Committee Committee Semi-annual Statement Special Odd-Year Report Recall Controlled □ Termination Statement Supplemental Preelection (Also Complete Part 5) Sponsored (Also file a Form 410 Termination) Statement - Attach Form 495 (Also Complete Part 6) Amendment (Explain below) ☐ General Purpose Committee Primarily Formed Candidate/ Sponsored Officeholder Committee Small Contributor Committee (Also Complete Part 7) Political Party/Central Committee I.D. NUMBER 3. Committee Information Treasurer(s) 1453291 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER KIM FOR SCHOOL BOARD 2022 Cine D. Ivery MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE Inglewood CA 90301 (310)817-6679 CITY NAME OF ASSISTANT TREASURER, IF ANY STATE ZIP CODE AREA CODE/PHONE Michelle Moore Sanders Inglewood CA (310)817-6679 90301 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS CITY ZIP CODE AREA CODE/PHONE CITY STATE STATE ZIP CODE AREA CODE/PHONE (310)817-6679 Inglewood CA 90301 OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS (310)672-6679 / cine@politicalreportingplus.com Verification I have used all reasonable diligence in preparing and reviewing this statement and to 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 09/28/2022

> Signature of Controlling Officeholder, Candidate, State Measure Proponent FPPC Form 460 (Jan/2016)

Executed on _

Executed on.

Executed on .

Executed on.

09/28/2022

ble Officer of Sponsor

Recipient Committee Campaign Statement Cover Page — Part 2

COVER	PAGE - PART 2
CALIFORNIA FORM	460
Page2	of9

Officeholder or Candidate Controlled Co	mmittee			6.	Primarily Formed Ballot	t Measure Committe	e .	
NAME OF OFFICEHOLDER OR CANDIDATE					NAME OF BALLOT MEASURE			
Bryan Kim								
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DI	STRICT NUMBER	R IF APPLICABL	-E)		BALLOT NO. OR LETTER	JURISDICTION		SUPPORT
Board of Education Alhambra District 5						1		OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP					
	Rosemead	CA	91770		Identify the controlling offic	ceholder, candidate, or s	state measure p	roponent, if any.
					NAME OF OFFICEHOLDER, CAND	DIDATE, OR PROPONENT		
Related Committees Not Included in this	Statement	List any con	nmittees				· · · · · · · · · · · · · · · · · · ·	
not included in this statement that are controlled by	you or are prin	-			OFFICE SOUGHT OR HELD		DISTRICT NO. II	ANY
contributions or make expenditures on behalf of you	ır candidacy.					,	1	
COMMITTEE NAME	I.D. NUM	BER						
NAME OF TREASURER	CONTRO	LLED COMMITT		7.	Primarily Formed Cand			
NAME OF TREASURER	□ YE				officeholder(s) or candidate(s)	for which this committee	is primarily forme	ed.
COMMITTEE ADDRESS STREET ADDRESS (NO F					NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFICE SO	UGHT OR HELD	T
STREET ADDRESS (NOT	O. BOX)							SUPPORT OPPOSE
CITY STATE	ZIP CODE	AREA COD	E/PHONE		NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFICE SO	UGHT OR HELD	SUPPORT
						1		OPPOSE
COMMITTEE NAME	I.D. NUM	BER			WALES OF OFFICE OF OR OR	055105.00	HOUT OF HELP	-
					NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFICE SO	UGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER		LLED COMMITT			NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFICE SO	UGHT OR HELD	SUPPORT
	☐ YE	S 🗌 NO						OPPOSE
COMMITTEE ADDRESS (NO P	P.O. BOX)							
CITY STATE	ZIP CODE	AREA COD	E/PHONE		Attach	n continuation sheets if	necessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SU	MMARY PAGE
CALIFORNIA	460
EODM	C 1010E

Statement covers period 01/01/2022 09/24/2022 through _ I.D. NUMBER 1453291

KIM FOR SCHOOL BOARD 2022

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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KIM FOR SCHOOL BOARD 2022			1453291
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 General Elections
1. Monetary Contributions Schedule A, Line 3	\$2,817.72	\$2,817.72	
2. Loans Received Schedule B, Line 3	0.00	0.00	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$2,817.72	\$2,817.72	20. Contributions Received \$ \$
4. Nonmonetary Contributions Schedule C, Line 3	0.00	0.00	21. Expenditures
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$2,817.72	\$2,817.72	Made \$ \$
Expenditures Made			Expenditure Limit Summary for State
Schedule E, Line 4		\$1,594.18	Candidates
7. Loans Made Schedule H, Line 3		0.00	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$1,594.18	\$1,594.18	(If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)	800.00	800.00	Date of Election Total to Date
10. Nonmonetary Adjustment	0.00	0.00	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE	\$2,394.18	\$2,394.18	\$
Current Cash Statement			/ \$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$0.00	To calculate Column B, add	
13. Cash Receipts Column A, Line 3 above	2,817.72	amounts in Column A to the corresponding amounts	***************************************
14. Miscellaneous Increases to Cash Schedule I, Line 4		from Column B of your last	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments		report. Some amounts in Column A may be negative	*·
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$1,223.54	figures that should be subtracted from previous	
If this is a termination statement, Line 16 must be zero.		period amounts. If this is the first report being filed	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$0.00	for this calendar year, only carry over the amounts	, in the second
Cash Equivalents and Outstanding Debts		from Lines 2, 7, and 9 (if any).	
18. Cash Equivalents See instructions on reverse	\$0.00		
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$800.00		
			FPPC Form 460 (Jan
			FPPC Advice: advice@fppc.ca.gov (866/2

FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule /		Amoun	ts may be rounded	<u> </u>			SCHEDULE A	
Monetary Contributions Received			to whole dollars.		Statement covers period from01/01/2022		FORM 460	
	NS ON REVERSE			through _09/24/2	022	Page	_4 of9	
IAME OF FILER						I.D. NUM	IBER	
KIM FOR SCHO	OOL BOARD 2022					145329	1 .	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (FCOMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)	
08/20/2022	Adele Andrade-Stadler Alḥambra, CA 91803	⊠IND □COM □OTH □PTY □SCC	Councilmember City of Alhambra	100.00		200.00		
08/29/2022	Ken Tang for Alhambra School Board 2024 (ID# 1426786) Inglewood, CA 90301	□IND □COM □OTH □PTY □SCC		250.00		250.00		
09/10/2022	Adele Andrade-Stadler Alhambra, CA 91803	⊠IND □COM □OTH □PTY □SCC	Councilmember City of Alhambra	100.00		200.00		
09/10/2022	Bobbi Bruesch Rosemead, CA 91770	⊠IND □COM □OTH □PTY □SCC	School Board Member Garvey School District	200.00		200.00		
09/10/2022	Li'il Furumoto Sylmar, CA 91342	⊠IND □COM □OTH □PTY □SCC	Consultant Self-Employed- No Separate Business Name	500.00	•	500.00		
			SUBTOTAL\$	1,150.00		4.4	And the state of t	
. Amount red (Include all	A Summary ceived this period – itemized monetary contributions. I Schedule A subtotals.)				IND - COM OTH	other th Other (e	t Committee an PTY or SCC) .g., business entity)	
. Total mone	etary contributions received this period.		,	2.817.72		- Political P - Small Co	Party ntributor Committee	

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

CALIFORNIA

Statement covers period

٠.				from01/01/	/2022	FORM 400
		*		through09/24/	/2022 Pag	je <u>5</u> of <u>9</u>
NAME OF FILER					I.D.	NUMBER
KIM FOR SCHOO	DL BOARD 2022				14:	53291
DATE RECEIVED	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)
09/10/2022	Karen Jacobson San Gabriel, CA 91775	⊠IND □COM □OTH □PTY □SCC	Teacher Alhambra High School	500.00	500.0	0
09/10/2022	Vanessa Luna Monrovia, CA 91016	⊠IND □COM □OTH □PTY □SCC	Teacher Alhambra Unified School District	100.00	100.0	0
09/11/2022	Manith Thaning Los Angeles, CA 90008	IND COM OTH PTY	Unemployed None	259.38 Received through interefundraising Connection Sacramento, CA 95816-1		8
09/16/2022	Kaysa Moreno Alhambra, CA 91803	☑IND □COM □OTH □PTY □SCC	Professor El Camino College	100.00 Received through inter ePundraising Connection Sacramento, CA 95816-1		0
09/16/2022	Jose Sanchez Monterey Park, CA 91754		Teacher Alhambra Unified School District	200.00 Received through interefundraising Connection Sacramento, CA 95816-1		O .

SUBTOTAL\$

*Contributor Codes

IND-Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

SCHEDULE A (CONT.)
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Monetary Contributions Received		to whole		from01/01/2022		FORM 460	
	•			through09/24/	/2022	Page_	6 of9
NAME OF FILER						I.D. NUN	IBER
KIM FOR SCHO	OL BOARD 2022					145329)1 .
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	AR	PER ELECTION TO DATE (IF REQUIRED)
09/16/2022	Marcia Wilson Alhambra, CA 91801	⊠IND □COM □OTH □PTY □SCC	Administrator Los Angeles Community College District	150.00 Received through interesting Connection Sacramento, CA 95816-	mediary:	50.00	
09/20/2022	Sandra Armenta for Rosemead City Council 2022 (ID# 143478) Norwalk, CA 90650	☐IND IXCOM ☐OTH ☐PTY ☐SCC		200.00	20	00.00	
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
	e	IND COM OTH PTY SCC					
			SUBTOTAL	350.00			

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Schedule E
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period	CALIFORNIA 160
from01/01/2022	FORM 400
through09/24/2022	Page7 of9
	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1453291 KIM FOR SCHOOL BOARD 2022

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. MBR member communications RAD radio airtime and production costs campaign paraphernalia/misc. MTG meetings and appearances CNS campaign consultants RFD returned contributions office expenses CTB contribution (explain nonmonetary)* campaign workers' salaries petition circulating t.v. or cable airtime and production costs CVC civic donations candidate filing/ballot fees РНО phone banks candidate travel, lodging, and meals FIL polling and survey research staff/spouse travel, lodging, and meals FND fundraising events POL independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor IND professional services (legal, accounting) VOT voter registration legal defense campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Ken Tang		FND	Event Foo Expenses Reimbursement	237.76
Alhambra, CA 91801				
Political Reporting	Plus	PRO	Political Accounting - Retainer & Set-Up Fee	1,250.00
Inglewood, CA 90301				

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL\$ 1,487.76 Schedule E Summary 1,487.76 2. Unitemized payments made this period of under \$100\$______\$ 106.42 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)......\$______\$

FPPC Form 460 (Jan/2016)

					SCHEDULE
Schedule F	Amounts may be round	ded	Statement cov		IFORNIA 460
Accrued Expenses (Unpaid Bills)	to whole dollars.		from01/01/	/2022	ORM 400
SEE INSTRUCTIONS ON REVERSE			through 09/24/	rag	e8 of9
NAME OF FILER				I.D. NU	JMBER
KIM FOR SCHOOL BOARD 2022				1453	3291
CODES: If one of the following codes accurately described CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense	MBR member communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey res POS postage, delivery and PRO professional services	ns nces earch messenger services	RAD radio airtime a RFD returned contr SAL campaign wor TEL t.v. or cable air TRC candidate trave TRS staff/spouse tr TSF transfer betwe VOT voter registrati	nd production costs ibutions kers' salaries rtime and production cosel, lodging, and meals avel, lodging, and meals en committees of the ston	s ame candidate/sponsor
LIT campaign literature and mailings	PRT print ads		WEB information ted	chnology costs (internet,	e-mail)
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Brvan Kim	FIL Candidate Ballot Statement Fee	0.00	800.00	0.0	800.0
Rosemead, CA 91770	Reimbursement				
* Payments that are contributions or independent expenditures must also be					<u> </u>
summarized on Schedule D.	SUBTOTALS	0.00\$	800.00	0.00	\$ 800.00
Schedule F Summary 1. Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized and second expenses of \$100 or more, plus total unitemized and second expenses of \$100 or more, plus total unitemized and second expenses of \$100 or more, plus total unitemized and second expenses of \$100 or more, plus total unitemized and second expenses of \$100 or more, plus total unitemized and second expenses of \$100 or more, plus total unitemized and second expenses of \$100 or more, plus total unitemized and second expenses of \$100 or more, plus total unitemized and second expenses of \$100 or more, plus total unitemized and second expenses of \$100 or more, plus total unitemized and second expenses of \$100 or more, plus total unitemized and second expenses of \$100 or more, plus total unitemized and second expenses of \$100 or more, plus total unitemized and second expenses of \$100 or more, plus total unitemized and second expenses of \$100 or more, plus total unitemized and second expenses of \$100 or more, plus total unitemized and second expenses of \$100 or more, plus total unitemized and second expenses of \$100 or more, plus total unitemized and second expenses of \$100 or more, plus total unitemized expenses of \$100 o			INCU	RRED TOTALS \$.	800.00
Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized)	payments on accrued exp	enses under \$100.).		.PAID TOTALS \$_	0.00
Net change this period. (Subtract Line 2 from Line 1. Enton the Summary Page, Column A, Line 9.)	ter the difference here and			NET \$ -	800.00 May be a negative number

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	,

Amounts may be rounded to whole dollars.

_		SCHEDULE G
ſ	Statement covers period	CALIFORNIA AGO
l	from01/01/2022	FORM 460
	through09/24/2022	— Page9 of9
		I.D. NUMBER
		1453291

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

KIM FOR SCHOOL BOARD 2022

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Ken Tang

CODES: If one of the following codes accurately describes the newment, you may enter the code. Otherwise, describe the newment

CO	DES: It one of the following codes accurately describe	s the	payment, you may enter the code.	Otherwise	e, describe the payment.
CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS:	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
ЦT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Saigon Bakery's & Sandwich	FND	Event Food Expense	237.76
San Gabriel, CA 91776			
		· · · · · · · · · · · · · · · · · · ·	
			-
•			
		<u> </u>	

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

237.76

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.