

Officeholder and Candidate
Campaign Statement
Form 470 Supplement

Amendment (Explain below)

Date Stamp
**Received
9-24-2020**

-KLB

CALIFORNIA FORM **470** SUPPLEMENT
For Official Use Only

SEE INSTRUCTIONS ON REVERSE

This form is written notification that the officeholder/candidate listed below has received contributions totaling \$2,000 or more or has made expenditures of \$2,000 or more during the calendar year.

1. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Souha Kim

STREET ADDRESS

[REDACTED]

CITY

STATE

ZIP CODE

Port Hueneme

CA

93041

AREA CODE DAYTIME PHONE NUMBER

OPTIONAL FAX / E-MAIL ADDRESS

[REDACTED]

sonete@live.com

2. Office Sought

OFFICE SOUGHT

COUNCIL MEMBER

DISTRICT NUMBER
(IF APPLICABLE)

0

DATE OF ELECTION (MONTH DAY YEAR)

11/03/2020

3. Date Contributions Totalling \$2,000 or More Were Received or Date Expenditures of \$2,000 or More Were Made

9/20/2020

(MONTH DAY YEAR)

Officeholder and Candidate
Campaign Statement –
Short Form

Date of election if applicable: (Month Day Year) NOV 3 2020	<input type="checkbox"/> Amendment (if any, list below) _____ _____	Date Stamp	CALIFORNIA FORM 470 <small>For Official Use Only</small>
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1. Statement Covers Calendar Year 20 20

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
SONIA KIM

STREET ADDRESS
[REDACTED]

CITY STATE ZIP CODE
PORT HUENEME CA 93041

AREA CODE DAYTIME PHONE NUMBER OPTIONAL FAX/E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
COUNCIL MEMBER

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
PORT HUENEME 0

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND ID NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
<u>SONIA KIM FOR PORT HUENEME CITY COUNCIL 2020</u>	<u>[REDACTED] PORT HUENEME CA 93041</u>	<u>Teresa Gruber</u>

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I will spend less than \$2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 9/20/2020
DATE

[REDACTED SIGNATURE]
SIGNATURE OF OFFICEHOLDER OR CANDIDATE