CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

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Please type or print in ink.			SAN:	111400076-51H-0076
NAME OF FILER (LAST) (FIRST)			(MIDDLE)	
Kim Ki Beum				
1. Office, Agency, or Court	4			
Agency Name (Do not use acronyms)				
City of San Clemente				
Division, Board, Department, District, if a	pplicable	Your Position		
		Senior Civil Engineer		
▶ If filing for multiple positions, list below	w or on an attachment. (Do not	use acronyms)		
Agency:		Position:		
Agailey.		FOSILIOII.		
2. Jurisdiction of Office (Check a	it least one box)			
State		☐ Judge Retired	l ludge Pro Tem ludg	ge, or Court Commissioner
		(Statewide Juri		ge, or oddit dominiosioner
Multi-County		County of		
ズ City of San Clemente		V		
Zi City of San Clemente		_ Utner		
3. Type of Statement (Check at le	ast one box)			
Annual: The period covered is Jan	uary 1, 2021, through	Leaving Offi	ce: Date Left/	1
December 31, 2021.	, -,,		(Check one c	
-or- The period covered is	/	The perio	d covered is January	1, 2021, through the date of
December 31, 2021.	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	leaving of	ffice.	
■ Assuming Office: Date assumed .	08 , 15 , 2022		d covered is/_	
		1 TO	of leaving office.	
Candidate: Date of Election	and office sou	ght, if different than Part 1:		
A Sabadula Summanu (must as	amulata) =		allow terms. The main term of the state waster	
4. Schedule Summary (must co	Implete) ► Total numb	er of pages including	g this cover page	2
Schedules attached				
Schedule A-1 - Investments - so	chedule attached	Schedule C - Income	e, Loans, & Business F	Positions - schedule attached
Schedule A-2 - Investments – schedule attached Schedule D - Income – Gifts – schedule attached				
Schedule B - Real Property - so	chedule attached	Schedule E - Income	e – Gifts – Travel Payn	nents - schedule attached
-or- None - No reportable inte	erests on any schedule			
5. Verification				
MAILING ADDRESS STREET	CITY		STATE	ZIP CODE
(Business or Agency Address Recommended - Pub				
910 Calle Negocio DAYTIME TELEPHONE NUMBER	San	Clemente EMAIL ADDRESS	CA 9	92673
(949) 361-8200		EIVIAIL ADDRESS		
I have used all reasonable diligence in pr	reparing this statement. I have to	vioused this statement and	to the heat of minimum	uladas the information and the
herein and in any attached schedules is	true and complete. I acknowled	ge this is a public docume	nt.	viedge the information contained
I certify under penalty of perjury under	er the laws of the State of Calif	fornia that the foregoing	is true and correct.	
20/00/0000	0.44 AM	PAGEA AT		14120
Date Signed 09/28/2022 08		Signature	Ki Beum	Kim

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700	Manney (S. S.)
FAIR POLITICAL PRACTICES COMMISSION	
N. (Livered and Original)	

Name

Ki Beum Kim

▶ 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST		
MTS RND, Inc.			
Name P.O. Box 63992, Irvine, CA 92602	Name		
Address (Business Address Acceptable)	Address (Business Address Acceptable)		
Check one	Check one		
☐ Trust, go to 2 ■ Business Entity, complete the box, then go to 2	☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2		
GENERAL DESCRIPTION OF THIS BUSINESS Engineering Service	GENERAL DESCRIPTION OF THIS BUSINESS		
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED \$100,001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$1,000,000 \$100,001 - \$1,000,000 Over \$1,000,000		
NATURE OF INVESTMENT Partnership Sole Proprietorship C-Corporation Other	NATURE OF INVESTMENT Partnership Sole Proprietorship Other		
YOUR BUSINESS POSITION President	YOUR BUSINESS POSITION		
▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)		
\$0 - \$499	\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000 \$1,001 - \$10,000		
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) X None or Names listed below	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below		
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: INVESTMENT REAL PROPERTY	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: □ INVESTMENT □ REAL PROPERTY		
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property		
Description of Business Activity <u>or</u> City or Other Precise Location of Real Property	Description of Business Activity <u>or</u> City or Other Precise Location of Real Property		
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000		
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership		
Leasehold Other	Leasehold Other		
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached		

Comments: _