

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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| NAME OF FILER (LAS  | ST) (FIRST)  |                   |                     | (MIDDLE)                                  |                                       |  |  |
|---------------------|--|-------------------|---------------------|---|---------------------------------------|--|--|
| Kim                 | Ki Beum  | 1                 |                     |   |                                       |  |  |
| 1. Office, Ager     | ncy, or Court  |                   |                     |   |                                       |  |  |
|                     | (Do not use acronyms)  |                   |                     |   | _                                     |  |  |
| City of San         | ·  |                   |                     |   |                                       |  |  |
|                     | Department, District, if applicable  |                   | Your Position       | 1   |                                       |  |  |
|                     |  |                   | Conjor Ci           | ivil Engineer                             |                                       |  |  |
| Senior Civil E      |  |                   |                     | ivii Engineer                             |                                       |  |  |
| ► If filling for mu | ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)      |                   |                     |   |                                       |  |  |
| Agency:             |  |                   | Position:           |   |                                       |  |  |
| 2. Jurisdiction     | of Office (Check at least one box)   |                   |                     |   |                                       |  |  |
| State               | . Or Crisco (Green at react one work   |                   | □ ludge Peti        | ired ludge Pro Tem                        | Judge, or Court Commissioner          |  |  |
| State               |  |                   | (Statewide          |   | Judge, or Court Commissioner          |  |  |
| ☐ Multi-County      |  |                   | County of           |   |                                       |  |  |
|                     |  |                   | C 044               |   |                                       |  |  |
| only or <u>can</u>  | - Clothorite   |                   |                     |   |                                       |  |  |
| 3. Type of Sta      | atement (Check at least one box)   |                   |                     |   |                                       |  |  |
|                     | he period covered is January 1, <b>2022</b> , through ecember 31, <b>2022</b> .                |                   | Leaving C           |   | ne circle.)                           |  |  |
| <b>-or-</b><br>Ti   | he period covered is   | , through         |                     | •   | uary 1, 2022, through the date of     |  |  |
| Assuming            | Office: Date assumed//   |                   | ○ The pe            | eriod covered is<br>te of leaving office. | /, through                            |  |  |
| Candidate:          | Date of Election and   | office sought, if | different than Part | t 1:                                      |                                       |  |  |
| 4. Schedule S       | Summary (required) ► Tota  | al number o       | f pages includ      | ling this cover p                         | page: 2                               |  |  |
| Schedules           | • • • •  |                   | . pages mean        | д чс сстол р                              | <u></u>                               |  |  |
| ☐ Schedul           | e A-1 - Investments – schedule attached  |                   | Schedule C - Inco   | ome, Loans, & Busine                      | ess Positions – schedule attached     |  |  |
|                     | e A-2 - Investments – schedule attached  |                   |                     | ome – Gifts – schedu                      |                                       |  |  |
|                     | e B - Real Property – schedule attached  |                   | Schedule E - Inco   | ome – Gifts – Travel                      | Payments - schedule attached          |  |  |
|                     |  |                   |                     |   |                                       |  |  |
| -or- □ None         | - No reportable interests on any sche  | dule              |                     |   |                                       |  |  |
| 5. Verification     |  |                   |                     |   |                                       |  |  |
| MAILING ADDRESS     |  | CITY              |                     | STATE                                     | ZIP CODE                              |  |  |
| 910 Calle N         | y Address Recommended - Public Document)   | San Cle           | mente               | CA  | 92673                                 |  |  |
| DAYTIME TELEPHO     |  |                   | EMAIL ADDRESS       | <u> </u>                                  | 02010                                 |  |  |
| ( 949 ) 361         | 1-8200   |                   |                     |   |                                       |  |  |
|                     | reasonable diligence in preparing this statement.  ny attached schedules is true and complete. |                   |                     |   | knowledge the information contained   |  |  |
|                     | penalty of perjury under the laws of the Sta   | •                 | •                   |   | ect.                                  |  |  |
| •                   |  |                   | <b>J</b>            | -   |                                       |  |  |
| Date Signed         | 02/21/2023 03:52 PM  | Sig               | nature              |   | um Kim                                |  |  |
| _                   | (month, day, year)   | _                 | (Fil                | le the originally signed paper            | statement with your filing official.) |  |  |

## **SCHEDULE A-2** Investments, Income, and Assets of Business Entities/Trusts

FAI Na

(Ownership Interest is 10% or Greater)

| ALIFORNIA FORM / OO              |  |  |  |  |  |
|----------------------------------|--|--|--|--|--|
| R POLITICAL PRACTICES COMMISSION |  |  |  |  |  |
| ame                              |  |  |  |  |  |
| Ki Beum Kim                      |  |  |  |  |  |

| ▶ 1. BUSINESS ENTITY OR TRUST   | ► 1. BUSINESS ENTITY OR TRUST   |
|---|---|
| MTS RND, Inc.   |   |
| Name<br>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  |
| Engineering convice   |   |
| FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   | FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   |
| 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 OVER \$100,000   |
| \$1,001 - \$10,000  | L \$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:  | ➤ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST  Check one box:  |
| ☐ INVESTMENT ☐ REAL PROPERTY  | ☐ INVESTMENT ☐ REAL PROPERTY  |
| Name of Business Entity, if Investment, <u>or</u><br>Assessor's Parcel Number or Street Address of Real Property  | Name of Business Entity, if Investment, <u>or</u><br>Assessor's Parcel Number or Street Address of Real Property                                      |
| Description of Business Activity or City or Other Precise Location of Real Property   | Description of Business Activity or 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: \_