

# CASH RECEIPTS MONETARY CONTRIBUTIONS

## C3

(1/02)

THIS SPACE FOR OFFICE USE

110049802

09-27-2021

Candidate or Committee Name (Do not abbreviate. Use full name.)

**Cindy Ryu (Friends for Cindy Ryu)**

Mailing Address

**PO Box 33548**

City Zip + 4 Office Sought (candidates)  
**Shoreline, WA 98133 STATE REPRESENTATIVE**

Election Date  
**2022**

### 1. MONETARY CONTRIBUTIONS DEPOSITED IN ACCOUNT

| Date Received |   | Amount | Total |
|---------------|---|--------|-------|
|               | a. Anonymous .....  |        |       |
|               | b. Candidate's personal funds deposited in the bank (include candidate loans in 1c).....            |        |       |
|               | c. Loans, notes, security agreements. Attach Schedule L .....                                       |        |       |
|               | d. Miscellaneous receipts (interest, refunds, auctions, other). Attach explanation .....            |        |       |
|               | e. Small contributions \$25.00 or less not itemized and number of persons giving <u>0</u> (persons) |        |       |

### 2. CONTRIBUTIONS OVER \$25.00

| Date Received | Contributor's Name, Address, City, State, Zip                              | Contributions of more than \$100:<br>Employer's Name, City and State | P<br>R<br>I | G<br>E<br>N | Amount   | Aggregate*<br>Total          |
|---------------|--|--|-------------|-------------|----------|------------------------------|
| 09/20/21      | United Healthcare Group, Inc.<br>PO Box 1459<br>Minneapolis, MN 55440-1459 |  | X           |             | \$450.00 | \$450.00                     |
|               |  | Occupation   |             |             |          |                              |
|               |  |  |             |             |          |                              |
|               |  | Occupation   |             |             |          |                              |
|               |  |  |             |             |          |                              |
|               |  | Occupation   |             |             |          |                              |
|               |  |  |             |             |          |                              |
|               |  | Occupation   |             |             |          |                              |
|               |  |  |             |             |          |                              |
|               |  | Occupation   |             |             |          |                              |
|               |  |  |             |             |          |                              |
|               |  | Sub-total  |             |             | \$450.00 | *See reverse<br>for details. |
|               | <input type="checkbox"/> Check here if additional pages are attached       | Amount from attached pages   |             |             | \$0.00   |                              |
|               |  |  |             |             | \$450.00 |                              |

### 3. TOTAL FUNDS RECEIVED AND DEPOSITED OR CREDITED TO ACCOUNT

Sum of parts 1 and 2 above. Enter this amount in line 1, Schedule A to C4.

\$450.00

4. Date of Deposit

09/20/21

Treasurer's Daytime Telephone No.: (206)486-0085

I certify that this report is true and complete to the best of my knowledge

Treasurer's Signature

Date

Jason Bennett

09-27-2021