

# CASH RECEIPTS MONETARY CONTRIBUTIONS

## C3

(1/02)

THIS SPACE FOR OFFICE USE

110060178

11-02-2021

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

**JAMIE D PEDERSEN (PEOPLE FOR PEDERSEN)**

Mailing Address

**815 1ST AVE #111**

City

**SEATTLE, WA**

Zip + 4

**98104**

Office Sought (candidates)

**STATE SENATOR**

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 _____ (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       |
|---------------|--|--|-------------|-------------|----------|---------------------------|
| 11/02/21      | UNITED HEALTH GROUP INC<br>PO Box 1459<br>Minneapolis, MN 55440      |  |             | X           | \$500.00 | \$500.00                  |
|               |  | Occupation   |             |             |          |                           |
|               |  |  |             |             |          |                           |
|               |  | Occupation   |             |             |          |                           |
|               |  |  |             |             |          |                           |
|               |  | Occupation   |             |             |          |                           |
|               |  |  |             |             |          |                           |
|               |  | Occupation   |             |             |          |                           |
|               |  |  |             |             |          |                           |
|               |  | Occupation   |             |             |          |                           |
|               | <input type="checkbox"/> Check here if additional pages are attached | Sub-total  |             |             | \$500.00 | *See reverse for details. |
|               |  | Amount from attached pages   |             |             | \$0.00   |                           |

### 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.

**\$500.00**

4. Date of Deposit

**11/02/21**

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

Treasurer's Signature

Date

**JEFF SABADO**

**11-02-2021**

Treasurer's Daytime Telephone No.: **(206) 757-8578**