

## RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

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Candidate or Committee Name (Do not abbreviate. Use full name.)			Deposit Date			
RYU CINDY S			05/27/2005			
2. CONTRIBUTIONS OVER \$25.00						
Date Received	Contributor's Name, Address, City, State, Zip	Contributions of more than \$100: Employer's Name, City and State	P R I	G E N	Amount	Aggregate Total*
05/24/2005	HAHN SEONG 24160 W. GRREYSTONE LANE WOODWAY WA 98020	RETIREDD Occupation			\$ 100.00	\$ 100.00
05/24/2005	KANG YOON JIN 3211 147TH PL MILL CREEK WA 98012	Occupation			\$ 50.00	\$ 50.00
05/24/2005	KIM JOON 1410 NE 123RD ST SEATTLE WA 98125	Occupation			\$ 50.00	\$ 50.00
05/24/2005	KIM CHIL 1410 NE 123RD ST. SEATTLE WA 98125	Occupation			\$ 50.00	\$ 50.00
05/24/2005	HONG JOSEPH 13917 205TH AVE NE WOODINVILLE WA 98072	JS WESTERN INC WOODINVILLE WA BUSINESS OWNER Occupation			\$ 200.00	\$ 200.00
05/24/2005	SHON RICHARD 23223 HIGHWAY 99 APT C205 EDMONDS WA 98026	Occupation			\$ 50.00	\$ 50.00
05/24/2005	PARK YONG MOON 6224 68TH ST. SE SMOHOHISH WA 98290	RETIREDD Occupation			\$ 100.00	\$ 100.00
05/24/2005	PARK MIKE 2017 S 284TH PL FEDERAL WAY WA 98003	SELF EMPLOYED FEDERAL WAY WA BUSINESS OWNER-DRYCLEANER Occupation			\$ 100.00	\$ 100.00
05/24/2005	THWING DANIEL 19014 FREMONT AVE N SEATTLE WA 98133	S & B INC BELLEVUE WA ENGINEER Occupation			\$ 100.00	\$ 200.00
05/24/2005	MANN JERILEE 17920 STONE AVE N SHORELINE WA 98133	CARE PLUS MEDICAL CENTE SHORELINE WA MEDICAL CLINIC OWNER/MNGR Occupation			\$ 500.00	\$ 500.00
05/24/2005	KIM JAE IL 2912 FORDS PRAIRIE AVE CENTRALIA WA 98531	Occupation			\$ 50.00	\$ 50.00

Page Total \$ 1,350.00