

**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE**

Date Initial Filing Received

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Ryu, David			

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)

Department of Consumer Affairs

Division, Board, Department, District, if applicable

Your Position

Medical Board of California

Board Member

► 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)**

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> State   | <input type="checkbox"/> Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) |
| <input type="checkbox"/> Multi-County _____ | <input type="checkbox"/> County of _____   |
| <input type="checkbox"/> City of _____      | <input type="checkbox"/> Other _____   |

**3. Type of Statement (Check at least one box)**

- |  |   |
|--|---|
| <input type="checkbox"/> <b>Annual:</b> The period covered is January 1, 2020 through December 31, 2020              | <input type="checkbox"/> <b>Leaving Office:</b> Date Left ____/____/____<br>(Check one circle)  |
| -or-   | <input type="radio"/> The period covered is January 1, 2020 through the date of leaving office. |
| The period covered is ____/____/____, through December 31, 2020  | <input type="radio"/> The period covered is ____/____/____, through the date of leaving office. |
| <input checked="" type="checkbox"/> <b>Assuming Office:</b> Date assumed <u>05</u> / <u>05</u> / <u>2021</u>         |   |
| <input type="checkbox"/> <b>Candidate:</b> Date of Election _____ and office sought, if different than Part 1: _____ |   |

**4. Schedule Summary (must complete) ► Total number of pages including this cover page: 1****Schedules attached**

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Schedule A-1 - Investments</b> – schedule attached | <input type="checkbox"/> <b>Schedule C - Income, Loans, &amp; Business Positions</b> – schedule attached |
| <input type="checkbox"/> <b>Schedule A-2 - Investments</b> – schedule attached | <input type="checkbox"/> <b>Schedule D - Income – Gifts</b> – schedule attached                          |
| <input type="checkbox"/> <b>Schedule B - Real Property</b> – schedule attached | <input type="checkbox"/> <b>Schedule E - Income – Gifts – Travel Payments</b> – schedule attached        |

-or-

- 
- None - No reportable interests on any schedule**

**5. Verification**

MAILING ADDRESS	STREET	CITY	STATE	ZIP CODE
<i>(Business or Agency Address Recommended - Public Document)</i>				
3275 N. Knoll Drive		Los Angeles	CA	90068
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS			
( 213 ) 926-1779	david@davidryu.com			

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 07/19/2021  
(month, day, year)Signature David Ryu  
(File the originally signed paper statement with your filing official.)