

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

100126748

AMENDMENT

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Candidate or Committee Name (Do not abbreviate. Use full name.) MAUER GEORGE W		Deposit Date 05/27/2005
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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	G	E
			I	N	N	N
					Amount	Aggregate Total*
05/26/2005	MANN JERILEE 17920 STONE AVE N SHORELINE WA 98133	CARE PLUSS MEDICAL CENT SHORELINE WA Occupation MEDICAL CLINIC MANAGER			\$ 500.00	\$ 500.00
05/26/2005	STIMSON KRISTINA 2155 NW 201ST ST. SHORELINE WA 98177	Occupation			\$ 50.00	\$ 50.00
05/26/2005	MOE DONALD G MD 729 N 148TH ST. SHORELINE WA 98133	Occupation			\$ 50.00	\$ 50.00
05/26/2005	BEAR WILLIAM 2541 NE 165TH ST. SHORELINE WA 981556128	Occupation			\$ 50.00	\$ 50.00
05/27/2005	MEYER FRANKLIN 358 NW 189TH ST. SHORELINE WA 98177	Occupation RETIRED			\$ 100.00	\$ 100.00
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