



PUBLIC DISCLOSURE COMMISSION
 711 CAPITOL WAY RM 206
 PO BOX 40908
 OLYMPIA WA 98504-0908
 (360) 753-1111
 TOLL FREE 1-877-601-2828

CASH RECEIPTS MONETARY CONTRIBUTIONS

C3
 (11/83)

100051646
 THIS SPACE FOR OFFICE USE

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

Mailing Address
P O BOX 65258

City: **SHORELINE** WA 98155 Zip + 4: **WA 98155** Office Sought (candidates): **CITY COUNCIL**

09/02/2003

1. MONETARY CONTRIBUTIONS DEPOSITED IN ACCOUNT

Date Received		Amount	Total
	a. Anonymous.....	\$ 0.00	\$ 0.00
	b. Candidate's personal funds deposited in the bank (include candidate loans in 1c).....	\$ 0.00	\$ 0.00
	c. Loans, notes, security agreements. Attach Schedule L.....	\$ 0.00	
	d. Miscellaneous receipts (interest, refunds, auctions, other). Attach explanation.....	\$ 0.00	
	e. Small contributions \$25.00 or less not itemized and number of persons giving (persons).....	\$ 0.00	

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
08/22/2003	DAVIS LEORA M. MS. 629 N. 201ST LANE SHORELINE WA 98133			X	\$ 50.00	\$ 50.00
		Occupation				
08/23/2003	KORKOWSKI RUTH MS. 2615 S. DE LAPPE PLACE SEATTLE WA 98144			X	\$ 50.00	\$ 50.00
		Occupation				
		Occupation				
		Occupation				
		Occupation				
	<input type="checkbox"/> Check here if additional pages are attached				Sub-total \$ 100.00	*See next page for details.
					Amount from attached pages	

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.

\$ 100.00

4. Date of Deposit: **08/26/2003**

Treasurer's Daytime Telephone No.: **(206) 542-3181**

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

Treasurer's Signature: **CRONK JEROME R.** Date: _____