



**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)

100055845  
 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: **98155** Office Sought (candidates): **CITY COUNCIL**

10/13/2003

**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 <b>0</b> (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
10/06/2003	PHILLIPS MYRON 18805 86TH PLACE W. EDMONDS WA 980265907	RICHMOND HIGHLANDS VET. SHORELINE WA Occupation: VETERINARIAN		X	\$ 100.00	\$ 100.00
		Occupation				
		Occupation				
		Occupation				
		Occupation				
	<input type="checkbox"/> Check here if additional pages are attached	<b>Sub-total</b>			\$ 100.00	<b>*See next page for details.</b>
		<b>Amount from attached pages</b>				

**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: **10/06/2003**

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: \_\_\_\_\_