



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)

100054910
 THIS SPACE FOR OFFICE USE

Candidate or Committee Name (Do not abbreviate. Use full name.)
RANSOM ROBERT L

Mailing Address
17962 MIDVALE AVE. NORTH, SUITE 204

City **SHORELINE** WA **98133** Zip + 4 **WA 98133** Office Sought (candidates)
CITY COUNCIL

10/07/2003

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
09/30/2003	SZE GEORDIE MR. 17001 AURORA AVE. NORTH SHORELINE WA 98133	17001, INC. SHORELINE WA OWNER OF RESTAURANT Occupation		X	\$ 500.00	\$ 500.00
10/06/2003	STEVENS RICK & DIANA 18607 -117TH AVE. SE SNOHOMISH WA 982965031	HIGHLAND ICE ARENA SHORELINE WA OWNER/MANAGER Occupation		X	\$ 100.00	\$ 100.00
10/07/2003	MCCORMICK THOMAS P. MR. PO BOX 7307 SHORELINE WA 98133	EMPLOYEE BENEFIT INSTIT SHORELINE WA DIRECTOR Occupation		X	\$ 100.00	\$ 100.00
		Occupation				
		Occupation				
	<input type="checkbox"/> Check here if additional pages are attached	Sub-total			\$ 800.00	*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.

\$ 800.00

4. Date of Deposit: **10/06/2003**

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

Treasurer's Signature: **RANSOM ROBERT** Date: _____

Treasurer's Daytime Telephone No.: **(206) 546-9308**