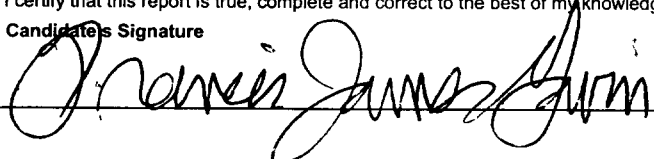


**Candidate
 Registration**

C1
 (1/2008)

DATE FILED PDC
 JUN 10 2008

Candidate's Name (Give candidate's full name.) FRANCIS JAMES GAVIN		Telephone Number (509) 574-2700(w)
Candidate's Committee Name (Do not abbreviate.) NONE		Fax Number ()
Mailing Address 5305 GLACIER WAY		Candidate's E-Mail Address ---
City YAKIMA	County YAKIMA	Zip + 4 98908
1. What office are you running for? SUPERIOR COURT Judge		Legislative District, County or City YAKIMA
2. Political party (if partisan office) NONPARTISAN		3. Date of general or special election
4. How much do you plan to spend during your entire election campaign, including the primary and general elections? Based on that estimate, choose one of the reporting options below. If no box is checked you are obligated to use Option II, Full Reporting. See instruction manuals for information about reports required and changing reporting options.		
<input checked="" type="checkbox"/> Option I MINI REPORTING: In addition to my filing fee of \$ 1409.⁷⁹ , I will raise and spend no more than \$5,000, including any charges for inclusion in state and local voters pamphlets. I will not accept more than \$500 in the aggregate from any contributor except myself.		
<input type="checkbox"/> Option II FULL REPORTING: I will use the Full Reporting system. I will file the frequent, detailed campaign reports required by law.		
5. Treasurer's Name and Address. Does treasurer perform <u>only</u> ministerial functions? Yes ___ No ___ See WAC 390-05-243 and next page for details. List deputy treasurers on attached sheet.		Daytime Telephone Number
NONE*		(:)
6. Persons who perform only ministerial functions on your behalf <u>and</u> on behalf of other candidates or political committees. List name, title and address of these persons. See WAC 390-05-243 and next page for details.		
NONE*		
7. Committee Officers and other persons who authorize expenditures or make decisions on your behalf. List name, title and address. See next page for definition of "officer."		
NONE*		
8. Campaign Bank or Depository	Branch	City
NONE*	---	---
9. Related or Affiliated Political Committees. List name, address and relationship.		
NONE* *NOONE Filed AGAINST ME. I will be receiving A Certificate of Election w/i 30 days.		
10. Campaign books must be open to the public by appointment between 8 a.m. and 8 p.m. during the eight days before the election, except Saturdays, Sundays, and legal holidays. In the space below, provide contact information for scheduling an appointment and the address where the inspection will take place. It is not acceptable to provide a post office box or an out-of-area address.		
Street Address, Room Number, City where campaign books will be available for inspection NONE		
In order to make an appointment, contact the campaign at (telephone, fax, e-mail): ()		
11. CERTIFICATION: I certify that this report is true, complete and correct to the best of my knowledge.		
Candidate's Signature 		Date 6/9/08