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PUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY RM 2 PO BOX 40908 01 YMPIA WA 98504-090 (360) 753-1111 Toll Free 1-877-601-282
Candidate's Name (Give candidate's full name.)
THOMAS P. LARKIN
Candidate's Committee Name (Do not abbreviate
CITIZENS FOR LARK
Mailing Address

Candidate

C1 DATE FILED PDC

	OLYMPIA WA 98504-0908 (360) 753-1111 Toli Free 1-877-601-2828	Registration	(1/2008)	JUN 1 1 2008		
Candidate's Name (Give candidate's full name.) Telephone Number						
THOMAS P.	LARKIN			(253) 798-7576		
Candidate's Committee N				Fax Number		
	FOR LARKIN			()		
Mailing Address	ru oo TH			Candidate's E-Mail Address		
3021 NORT	I H 20	County	Zip + 4	tlarkin@co.pierce.wa.us		
City TACOMA		PIERCE	98407	Campaign E-Mail Address		
What office are you	running for? OR COURT JUDGE	Legislative District, County or City	Position No. DEPT. 3	Do you now hold this office? Yes X No		
Political party (if party)			3. Date of general or specia	al election		
N/A						
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. Option I MINI REPORTING: In addition to my filing fee of \$ 1.409						
local voters pamphlets. I will not accept more than \$500 in the aggregate from any contributor except myself.						
Option II FULL REPORTING: I will use the Full Reporting system. I will file the frequent, detailed campaign reports required by law.						
	and Address. Does treasurer perform on the defense of the streasurers on attached sheet.		e WAC 390-05-243 and next Continued on attached sheet.	Daytime Telephone Number		
N/A	,	_		()		
6. Persons who perfor 390-05-243 and nex		half <u>and</u> on behalf of other candidates or politica	al committees. List name, title	e and address of these persons. See WAC		
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." Continued on attached sheet.						
N/A						
8. Campaign Bank or	Depository	Branch		City		
N/A						
9. Related or Affiliated	Political Committees. List name, addi	ress and relationship.		Continued on attached sheet.		
N/A						
holidays. In the spa post office box or a	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 In order to make an appointment, contact the campaign at (telephone, fax, e-mail): (253) 752 594						
11. CERTIFICATION: I certify that this rep						