



Amended

PUBLIC DISCLOSURE COMMISSION  711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 Toll Free 1-877-601-2828		Candidate Registration	C1 (1/12)	DATE FILED PDC JUN 14 2014
Candidate's Name (Give candidate's full name.) Kevin Michael Roy			Telephone Number (509) 697-4349	
Candidate's Committee Name (Do not abbreviate.) none			Fax Number ()	
Mailing Address 1790 Selah Hgts Rd			Candidate's E-Mail Address KNMJK5C AOL.COM	
City Selah	County YAKIMA	Zip + 4 98942	Campaign E-Mail Address none	
1. What office are you running for? District Court Judge		Legislative District, County or City YAKIMA Co.	Position No. 1	Do you now hold this office? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2. Political party (if partisan office) None			3. Date of general or special election 11-4-2014	
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 \$ _____, 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 <input checked="" type="checkbox"/> See WAC 390-05-243 and next page for details. List deputy treasurers on attached sheet.			Daytime Telephone Number (509) 6974349	
Kevin Roy 1790 Selah Hgts Rd Selah WA 98942				
6. Persons who perform only ministerial functions on your behalf and 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. <input type="checkbox"/> Continued on attached sheet.				
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." <input type="checkbox"/> Continued on attached sheet.				
none				
8. Campaign Bank or Depository Chase		Branch 211 E. YAKIMA AVE DOWNTOWN YAKIMA	City YAKIMA WA	
9. Related or Affiliated Political Committees. List name, address and relationship. <input type="checkbox"/> Continued on attached sheet.				
none				
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 YAKIMA Central Library 102 N. 3rd ST YAKIMA WA.				
In order to make an appointment, contact the campaign at (telephone, fax, e-mail): () KNMJK5C AOL.COM				
11. CERTIFICATION: I certify that this report is true, complete and correct to the best of my knowledge.				
Candidate's Signature 			Date 6-12-14	