

The F-1A form is designed to simplify reporting for persons who have no changes or only minor changes to an F-1 report previously filed.
A complete F-1 form must be filed at least every four years; an F-1A form may be used for no more than three consecutive reports.
Deadlines: Incumbent elected and appointed officials -- by April 15.
 Candidates and others -- within two weeks of becoming a candidate or being newly appointed to a position.

DOLLAR CODE	AMOUNT
A	\$1 to \$3,999
B	\$4,000 to \$19,999
C	\$20,000 to \$39,999
D	\$40,000 to \$99,999
E	\$100,000 or more

DATE FILED PDC
 E
MAR 10 2008
 I
 V
 E
 D

Last Name **POMEROY** First **CHRISTINE** Middle Initial **A**
 Mailing Address (Use PO Box or Work Address) **PO Box 12321**
 City **Olympia** County **Thurston** Zip + 4 **98508-2321**

Names of immediate family members. If there is no reportable information to disclose for dependent children, or other dependents living in your household, do not identify them. Do identify your spouse. See F-1 manual for details.
Sp - Leo P Bednarik
D - Anna L. Bednarik

Filing Status (Check only one box.)
 An elected or state appointed official filing annual report
 Final report as an elected official. Term expired: _____
 Candidate running in an election: month _____ year _____
 Newly appointed to an elective office
 Newly appointed to a state appointive office
 Professional staff of the Governor's Office and the Legislature

Office Held or Sought.
 Office title: **Superior Court Judge**
 County, city, district or agency of the office, name and number: _____
 Position number: _____
 Term begins: **1/04** ends: **1/08**

Select either "No Change Report" or "Minor Change Report," whichever reflects your situation. Supply all the requested information.
 NO CHANGE REPORT. I have reviewed my last complete F-1 report dated **3/23/06** and F-1A reports (if any) dated (1) **4/07** and (2) _____. The information disclosed on those reports is accurate for the current reporting period.
 MINOR CHANGES REPORT. I have reviewed my last complete F-1 report dated _____. The changes listed below have occurred during the reporting period. Specify F-1 Form item numbers describing changes. Provide all information required on F-1 report.
 Check here if continued on attached sheet

FOOD TRAVEL SEMINARS Complete this section if a source other than your own governmental agency paid for or otherwise provided all or a portion of the following items to you, your spouse or dependents, or a combination thereof: 1) Food and beverages costing over \$50 per occasion; 2) Travel occasions; or 3) Seminars, educational programs or other training.

Date Received	Donor's Name, City and State	Brief Description	Actual Dollar Amount	Value (Use Code)
Check here <input type="checkbox"/> if continued on attached sheet				

ALL FILERS EXCEPT CANDIDATES. Check the appropriate box.
 I hold a state elected office, am an executive state officer or professional staff. I have read and am familiar with RCW 42.52.180 regarding the use of public resources in campaigns.
 I hold a local elected office. I have read and am familiar with RCW 42.17.130 regarding the use of public facilities in campaigns.

CERTIFICATION: I certify under penalty of perjury that the information contained in this report is true and correct to the best of my knowledge.
Christine Pomeroy
 Signature _____ Date **3/10/08**
 Contact Telephone: **(360) 7865560**
 Email: **leo** (work)
 Email: **leobed@comcast.net** (Home)

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Deadlines: Incumbent elected and appointed officials -- by April 15. Candidates and others -- within two weeks of becoming a candidate or being newly appointed to a position.

DOLLAR CODE	AMOUNT
A	\$1 to \$2,999
B	\$3,000 to \$14,999
C	\$15,000 to \$29,999
D	\$30,000 to \$74,999
E	\$75,000 or more

R
E
C
E
I
V
E
D

Last Name <i>Pomeroy</i>	First <i>Christine</i>	Middle Initial <i>A</i>	Names of immediate family members. If there is no reportable information to disclose for dependent children, or other dependents living in your household, do not identify them. Do identify your spouse. See F-1 manual for details. <i>Sp Leo P Bednarik</i> <i>Daughter Anna Bednarik</i>
Mailing Address (Use PO Box or Work Address) <i>PO Box 10321</i>			
City <i>Olympia</i>	County <i>Thurston</i>	Zip + 4 <i>98508-2321</i>	

Filing Status (Check only one box.) <input checked="" type="checkbox"/> An elected or state appointed official filing annual report <input type="checkbox"/> Final report as an elected official. Term expired: _____ <input type="checkbox"/> Candidate running in an election: month _____ year _____ <input type="checkbox"/> Newly appointed to an elective office <input type="checkbox"/> Newly appointed to a state appointive office	Office Held or Sought Office title: <i>Superior Ct. Judge</i> County, city, district or agency of the office, name and number: _____ Position number: _____ Term begins: <i>1/2004</i> ends: <i>1/2008</i>
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Select either "No Change Report" or "Minor Change Report," whichever reflects your situation. Supply all the requested information.

- NO CHANGE REPORT.** I have reviewed my last complete F-1 report dated _____ and F-1A reports (if any) dated (1) _____ and (2) _____. The information disclosed on those reports is accurate for the current reporting period.
- MINOR CHANGES REPORT.** I have reviewed my last complete F-1 report dated *3/23/06*. The changes listed below have occurred during the reporting period. Specify F-1 Form Item numbers describing changes. Provide all information required on F-1 report.

#1 *Income* ~~Jeff Brethinger~~ -- Pd off Real Estate Contract -- D
Shelton, WA
Logging Income - Logged - E
Various Buyer

#2 Property Purchased
Mason Co 2205101013 - E
2205101014 - D
Creditor Bank of America
PO Box 1675
Corapolis Pa 15108
15 yrs 6.95% Equity E - E

Check here if continued on attached sheet

FOOD TRAVEL SEMINARS Complete this section if a source other than your own governmental agency paid for or otherwise provided all or a portion of the following items to you, your spouse or dependents, or a combination thereof: 1) Food and beverages costing over \$50 per occasion; 2) Travel occasions; or 3) Seminars, educational programs or other training.

Date Received	Donor's Name, City and State	Brief Description	Actual Dollar Amount	Value (Use Code)
Check here <input type="checkbox"/> if continued on attached sheet				

ALL FILERS EXCEPT CANDIDATES. Check the appropriate box.

- I hold a state elected office or am an executive state officer. I have read and am familiar with RCW 42.52.180 regarding the use of public resources in campaigns.
- I hold a local elected office. I have read and am familiar with RCW 42.17.130 regarding the use of public facilities in campaigns.

CERTIFICATION: I certify under penalty of perjury that the information contained in this report is true and correct to the best of my knowledge.

Christine Pomeroy 4/4/07
 Signature Date

Contact Telephone: *(360) 786-5560*
 Email: _____ (work)
 Email: *leobed@comcast.net* (Home)

Information Continued

Name Christine A Pomeroy

Select either "No Change Report" or "Minor Change Report," whichever reflects your situation. Supply all the requested information.

NO CHANGE REPORT. I have reviewed my last complete F-1 report dated _____ and F-1A reports (if any) dated (1) _____ and (2) _____. The information disclosed on those reports is accurate for the current reporting period.

MINOR CHANGES REPORT. I have reviewed my last complete F-1 report dated 3/23/08 The changes listed below have occurred during the reporting period. Specify F-1 Form Item numbers describing changes. Provide all information required on F-1 report.

#2 Pat of G. Harbor Property - Bank of America
170521220010 | Coraopolis Pa 15108
170521240010
1705213100100

#3 Ameritrade JF Acct - Stocks ACI; B total E
PO Box 2438 CCJ; D
Omaha NE 68103 CRK; B
 POPE; B
 EMU; B

**FOOD
 TRAVEL
 SEMINARS** (Continued)

Date Received	Donor's Name, City and State	Brief Description	Actual Dollar Amount \$	Value (Use Code)

Refer to instruction manual for detailed assistance and examples.

Deadlines: Incumbent elected and appointed officials -- by April 15.
 Candidates and others -- within two weeks of becoming a candidate or being newly appointed to a position.

SEND REPORT TO PUBLIC DISCLOSURE COMMISSION

DOLLAR CODE	AMOUNT
A	\$1 to \$2,999
B	\$3,000 to \$14,999
C	\$15,000 to \$29,999
D	\$30,000 to \$74,999
E	\$75,000 or more

Last Name: Pomeroy First: Christine Middle Initial: A

Names of immediate family members. If there is no reportable information to disclose for dependent children, or other dependents living in your household, do not identify them. Do identify your spouse. See F-1 manual for details.

Mailing Address (Use PO Box or Work Address): PO Box 12321

Leo P. Bednarik - Spouse
Anna L. Bednarik - Daughter

City: Olympia County: Thurston Zip + 4: 98508

Filing Status (Check only one box.)
 An elected or state appointed official filing annual report
 Final report as an elected official. Term expired: _____
 Candidate running in an election: month _____ year _____
 Newly appointed to an elective office
 Newly appointed to a state appointive office

Office Held or Sought
 Office title: Superior Court Judge
 County, city, district or agency of the office, name and number: _____
 Position number: _____
 Term begins: 1/2004 ends: 1/2008

1 INCOME List each employer, or other source of income (pension, social security, legal judgment) from which you or a family member received \$1,500 or more during the period. (Report interest and dividends in Item 3 on reverse)

Name and Address of Employer or Source of Compensation	Occupation or How Compensation Was Earned	Amount: (Use Code)
<u>S. State of Washington Thurston County</u>	<u>Judge</u>	<u>E</u>
<u>Sp. Master Mates & Pickets Linthicum Heights, Md</u>	<u>Mate</u>	<u>C</u>
<u>Sp Horizon Lines Vessels 4064 Colony Rd Charlotte, NE</u>	<u>Mate</u>	<u>C</u>

Check Here if continued on attached sheet

2 REAL ESTATE List street address, assessor's parcel number, or legal description AND county for each parcel of Washington real estate with value of over \$7,500 in which you or a family member held a personal financial interest during the reporting period. (Show partnership, company, etc. real estate on F-1 supplement.)

Property Sold or Interest Divested	Assessed Value (Use Code)	Name and Address of Purchaser	Nature and Amount (Use Code) of Payment or Consideration Received			
<u>Lot 5 Rodeo Trails Winthrop, Wa Okanogan</u>		<u>Nancy J. St Clair PO Box 1072 Winthrop, Wa 98862</u>	<u>D</u>			
Property Purchased or Interest Acquired		Creditor's Name/Address	Payment Terms	Security Given	Mortgage Amount - (Use Code) Original	Current
<u>All Other Property Entirely or Partially Owned Thurston Co. 1273120300</u>	<u>E</u>	<u>Olympia Savings Box 1338 Oly, Wa 98507</u>	<u>16 yrs 4.8%</u>	<u>Equity</u>	<u>E</u>	<u>E</u>

Check here if continued on attached sheet

3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS

List bank and savings accounts, insurance policies, stock, bonds and other intangible property held during the reporting period.

A. Name and address of each bank or financial institution in which you or a family member had an account over \$15,000 any time during the report period.	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
B. Name and address of each insurance company where you or a family member had a policy with a cash or loan value over \$15,000 during the period.			
C. Name and address of each company, association, government agency, etc. in which you or a family member owned or had a financial interest worth over \$1,500. Include stocks, bonds, ownership, retirement plan, IRA, notes, and other intangible property.			
Check here <input checked="" type="checkbox"/> if continued on attached sheet.			

DATE FILED PDC
MAR 29 2006

4 CREDITORS List each creditor you or a family member owed \$1,500 or more any time during the period. Don't include retail charge accounts, credit cards, or mortgages or real estate reported in Item 2.

Creditor's Name and Address	Terms of Payment	Security Given	AMOUNT (USE CODE)	
			Original	Present
Check here <input type="checkbox"/> if continued on attached sheet.				

5 All filers answer questions A thru D below. If the answer is YES to any of these questions, the F-1 Supplement must also be completed as part of this report. If all answers are NO and you are a candidate for state or local office, an appointee to a vacant elective office, or a state executive officer filing your initial report, no F-1 Supplement is required.

Incumbent elected officials and state executive officers filing an annual financial affairs report also must answer question E. An F-1 Supplement is required of these officeholders unless all answers to questions A thru E are NO.

- A. Were you, your spouse or dependents an officer, director, general partner or trustee of any corporation, company, union, association, joint venture or other entity at any time during the reporting period? NO If yes, complete Supplement, Part A.
- B. Did you, your spouse or dependents have an ownership of 10% or more in any company, corporation, partnership, joint venture or other business at any time during the reporting period? NO If yes, complete Supplement, Part A.
- C. Did you, your spouse or dependents own a business at any time during the reporting period? No If yes, complete Supplement, Part A.
- D. Did you, your spouse or dependents prepare, promote or oppose state legislation, rules, rates or standards for current or deferred compensation (other than pay for a currently-held public office) at any time during the reporting period? NO If yes, complete Supplement, Part B.
- E. Only for Persons Filing Annual Report. Regarding the receipt of items not provided or paid for by your governmental agency during the previous calendar year: 1) Did you, your spouse or dependents (or any combination thereof) accept a gift of food or beverages costing over \$50 per occasion? NO or 2) Did any source other than your governmental agency provide or pay in whole or in part for you, your spouse and/or dependents to travel or to attend a seminar or other training? NO If yes to either or both questions, complete Supplement, Part C.

ALL FILERS EXCEPT CANDIDATES. Check the appropriate box.

I hold a state elected office or am an executive state officer. I have read and am familiar with RCW 42.52.180 regarding the use of public resources in campaigns.

I hold a local elected office. I have read and am familiar with RCW 42.17.130 regarding the use of public facilities in campaigns.

CERTIFICATION: I certify under penalty of perjury that the information contained in this report is true and correct to the best of my knowledge.

Christine Tomeroy Signature 3/23/06 Date

Contact Telephone: (360) 9093232

Email: _____ (work)

Email: _____ (Home)

REPORT NOT ACCEPTABLE WITHOUT FILER'S SIGNATURE

Information Continued

DATE FILED PDC

F-1

Name

MAR 29 2006

1

INCOME (continued)

Show Self (S)
Spouse (SP)
Dependent (D)

Name and Address of Employer or Source of Compensation	Occupation or How Compensation Was Earned	Amount: (Use Code)
U.S. Government	Land Lease	B
Hartford Corp	Cashed in an Annuity	C
Logging Income Vastres Buyers	Logged Land	E
Jeff Brechtlinger Shelton, N.H.	Payment Real Estate Contract	B

2

REAL ESTATE (continued)

Property Sold or Interest Divested	Assessed Value (Use Code)	Name and Address of Purchaser	Nature and Amount (Use Code) of Payment or Consideration Received			
Property Purchased or Interest Acquired		Creditor's Name/Address	Payment Terms	Security Given	Mortgage Amount - (Use Code) Original Current	
All Other Property Entirely or Partially Owned	See Attached					

3

ASSETS / INVESTMENTS - INTEREST / DIVIDENDS (continued)

A. Name and address of each bank or financial institution	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
See attached			
B. Name and address of each insurance company			
C. Name and address of each company, association, government agency			

4

CREDITORS (continued)

AMOUNT (USE CODE)

Creditor's Name and Address	Terms of Payment	Security Given	Original	Present

DATE FILED PDC

MAR 29 2006

		Original	Now
#2	Grays Harbor Property 170521220010 170521240010 1705213100100	Bank of America PO Box 1675 Coraopolis Pa 15108	15 yr Mortgage D
#2	Mason Co. Property 40 E. Twanoh Tides Dr. Belfair, Wa 98528	Wash Mutual 1715 114 th Ave SE St. 100 Bellevue, Wa 98004	15 yr Mortgage D
#3	Hartford Corp 200 Hop Meadow St Simsbury, Ct 06089	Deffered Compensation / Annuity	E
	ICMA Retirement 177 N. Capital St NE #600 Wash DC 2002-4240	Deffered Compensation	E
	Vanguard Group Master Mates & Pillets	IRAP-Lee	A
	State of Washington PO Box 48380 Olympia, Wa	Retirement	E
	Fidelity Investments 82 Devonshire St. Boston, Ma 02109	Deffered Compensation	D
	Wash. St. Retirement PO Box 40931 Olympia, Wa -	Deffered Compensation	D
		Judicial Retirement Acct	E

DATE FILED PDC

MAR 29 2006

#3	Banks Twin Co Credit Union Olympia, Wa	Checking/Savings	C
	Wash. Mutual Savings Bellevue, Wa	Checking/Savings	C
	Bank of America Corsoport Pa 15108	(2 Accounts) Checking/Savings	C / B
	Edward Jones 201 Progress Parkway Maryland Heights Md (6304)3-3042	Stock Acct	D
	* Jordan Pomeroy - Broker		
	Ameritrade PO Box 2438 Omaha, NE. 68103-2438	JT. Acct Stock Acct	D
	Anna's Acct UTMA	"	B
#3	Patrick Pomeroy 840 S. Channon St Seattle, Wa	Loan	B
	Labor & Jeanne Ashment Homer Spit Rd. Homer, AK	Loan	C

Edward Jones Jt.

DATE FILED PDC

MAR 29 2006

Bond	Ford Holdings	A
	J.C. Penny	A

Stock	Cisco	B
	Johnson & Johnson	A
	WalMart	A
	Fargo & Co	B
	Prospect St.	A

Anna's

	BP Amoco	A
	Citigroup	A
	Proctor & Gamble	A
	UPS	A

Ameritrade

Anna's

	Prospect St	A-
	Wireless Telecom Group	B
	Torch Energy Royal Trust	B

DATE FILED PDC

MAR 29 2006

Ameritrade - Joint

Procter & Gamble	B
Corning Inc.	B
Motorola Inc.	B
Comstock Resources	B
Cisco Systems	B
Forward Industries	B
Terra Nitrogen	B
Pope Resources	B
Sears Holdings	B
EOG Resources	B
Halliburton	B
Costco	B



PDC FORM F-1A (9/02)	PERSONAL FINANCIAL AFFAIRS STATEMENT Short Form	PDC OFFICE USE DATE FILED PDC MAR 30 2005
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 Deadlines: Incumbent elected and appointed officials -- by April 15. Candidates and others -- within two weeks of becoming a candidate or being newly appointed to a position.

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A	\$1 to \$2,999
B	\$3,000 to \$14,999
C	\$15,000 to \$29,999
D	\$30,000 to \$74,999
E	\$75,000 or more

POST MARK RECEIVED

Last Name: <u>Pomeroy</u> Mailing Address (Use PO Box or Work Address): <u>PO Box 12321</u> City: <u>Olympia</u> County: <u>Thurston</u>	First: <u>Christine</u> Middle Initial: <u>A.</u> Zip + 4: <u>98508-2321</u>	Names of immediate family members. If there is no reportable information to disclose for dependent children, or other dependents living in your household, do not identify them. Do identify your spouse. See F-1 manual for details.
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Filing Status (Check only one box.) <input checked="" type="checkbox"/> An elected or state appointed official filing annual report <input type="checkbox"/> Final report as an elected official. Term expired: _____ year _____ <input type="checkbox"/> Candidate running in an election: month _____ year _____ <input type="checkbox"/> Newly appointed to an elective office <input type="checkbox"/> Newly appointed to a state appointive office	Office Held or Sought Office title: <u>Superior</u> County, city, district or agency of the office, name and number: _____ Position number: _____ Term begins: <u>1/05</u> ends: <u>1/09</u>
--	--

Select either "No Change Report" or "Minor Change Report," whichever reflects your situation. Supply all the requested information.

- NO CHANGE REPORT. I have reviewed my last complete F-1 report dated _____ and F-1A reports (if any) dated (1) _____ and (2) _____. The information disclosed on those reports is accurate for the current reporting period.
- MINOR CHANGES REPORT. I have reviewed my last complete F-1 report dated 3/30/05. The changes listed below have occurred during the reporting period. Specify F-1 Form Item numbers describing changes. Provide all information required on F-1 report.

#1 Sp Employer Horizons Shipping Lines North Carolina - D

Check here if continued on attached sheet

FOOD TRAVEL SEMINARS Complete this section if a source other than your own governmental agency paid for or otherwise provided all or a portion of the following items to you, your spouse or dependents, or a combination thereof: 1) Food and beverages costing over \$50 per occasion; 2) Travel occasions; or 3) Seminars, educational programs or other training.

Date Received	Donor's Name, City and State	Brief Description	Actual Dollar Amount	Value (Use Code)

Check here if continued on attached sheet

- ALL FILERS EXCEPT CANDIDATES.** Check the appropriate box.
- I hold a state elected office or am an executive state officer. I have read and am familiar with RCW 42.52.180 regarding the use of public resources in campaigns.
- I hold a local elected office. I have read and am familiar with RCW 42.17.130 regarding the use of public facilities in campaigns.

CERTIFICATION: I certify under penalty of perjury that the information contained in this report is true and correct to the best of my knowledge.

Signature: Christine Pomeroy Date: 3/30/05
 Contact Telephone: (360) 986-5560 (work)
 Email: _____ (Home)

Report Not Acceptable Without Filer's Signature

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C	\$15,000 to \$29,999
D	\$30,000 to \$74,999
E	\$75,000 or more

Last Name: Jomey First: Christine Middle Initial: A
 Mailing Address (Use PO Box or Work Address): PO Box 12321
 City: Olympia County: Thurston Zip + 4: 985083321

Names of immediate family members. If there is no reportable information to disclose for dependent children, or other dependents living in your household, do not identify them. Do identify your spouse. See F-1 manual for details.

Filing Status (Check only one box.)
 An elected or state appointed official filing annual report
 Final report as an elected official. Term expired: _____ year _____
 Candidate running in an election: month _____ year _____
 Newly appointed to an elective office
 Newly appointed to a state appointive office

Office Held or Sought
 Office title: Superior Court Judge
 County, city, district or agency of the office, name and number: Thurston County
 Position number: _____
 Term begins: 100 ends: 105

Select either "No Change Report" or "Minor Change Report," whichever reflects your situation. Supply all the requested information.
 NO CHANGE REPORT. I have reviewed my last complete F-1 report dated 3/20/02 and F-1A reports (if any) dated (1) 3/19/03 and (2) _____. The information disclosed on those reports is accurate for the current reporting period.
 MINOR CHANGES REPORT. I have reviewed my last complete F-1 report dated 3/20/02. The changes listed below have occurred during the reporting period. Specify F-1 Form Item numbers describing changes. Provide all information required on F-1 report.
#C Delete Matt Shostack repaid Loan
#1 Sp Employer Arm Shipping Walnut Creek Ca 94596 - D

Check here if continued on attached sheet

FOOD TRAVEL SEMINARS Complete this section if a source other than your own governmental agency paid for or otherwise provided all or a portion of the following items to you, your spouse or dependents, or a combination thereof: 1) Food and beverages costing over \$50 per occasion; 2) Travel occasions; or 3) Seminars, educational programs or other training.

Date Received	Donor's Name, City and State	Brief Description	Actual Dollar Amount	Value (Use Code)

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 I hold a local elected office. I have read and am familiar with RCW 42.17.130 regarding the use of public facilities in campaigns.

CERTIFICATION: I certify under penalty of perjury that the information contained in this report is true and correct to the best of my knowledge.
 Signature: Christine Jomey Date: 1/16/04
 Contact Telephone: (360) 3524673
 Email: _____ (work)
 Email: _____ (Home)

The F-1A form is designed to simplify reporting for persons who have no changes or only minor changes to an F-1 report previously filed.

A complete F-1 form must be filed at least every four years; an F-1A form may be used for no more than three consecutive reports.

Deadlines: Incumbent elected and appointed officials -- by April 15.
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R
E
C
E
I
V
E
D

Last Name Pomeroy First Christine Middle Initial A
 Mailing Address (Use PO Box or Work Address) P.O. Box 12321
 City Olympia County Thurston Zip + 4 98501-2321

Names of immediate family members. If there is no reportable information to disclose for dependent children, or other dependents living in your household, do not identify them. Do identify your spouse. See F-1 manual for details.
Spouse Leo Bednark
Daughter Anna Bednark

Filing Status (Check only one box.)
 An elected or state appointed official filing annual report
 Final report as an elected official. Term expired: _____
 Candidate running in an election: month _____ year _____
 Newly appointed to an elective office
 Newly appointed to a state appointive office

Office Held or Sought
 Office title: Superior Ct Judge
 County, city, district or agency of the office, name and number: Thurston Co.
 Position number: _____
 Term begins: 7/02 ends: 7/05

Select either "No Change Report" or "Minor Change Report," whichever reflects your situation. Supply all the requested information.

NO CHANGE REPORT. I have reviewed my last complete F-1 report dated _____ and F-1A reports (if any) dated (1) _____ and (2) _____. The information disclosed on those reports is accurate for the current reporting period.

MINOR CHANGES REPORT. I have reviewed my last complete F-1 report dated 7/02. The changes listed below have occurred during the reporting period. Specify F-1 Form Item numbers describing changes. Provide all information required on F-1 report.

1-sp Employer - Am. Shipping Management Mate A.
2175 N. Callow Blvd
Walnut Creek, Ca 94596
4 Hyundai Finance Bought new Car C

FOOD TRAVEL SEMINARS Complete this section if a source other than your own governmental agency paid for or otherwise provided all or a portion of the following items to you, your spouse or dependents, or a combination thereof: 1) Food and beverages costing over \$50 per occasion; 2) Travel occasions; or 3) Seminars, educational programs or other training.

Date Received	Donor's Name, City and State	Brief Description	Actual Dollar Amount	Value (Use Code)
<u>11-7-02</u> <u>11-9-02</u>	<u>Violence vs. Women Office of US Dept of Justice</u> <u>Office of Justice Programs</u>	<u>Judicial Education on Domestic Violence in Seattle, WA</u>		<u>A</u>

Check here if continued on attached sheet

ALL FILERS EXCEPT CANDIDATES. Check the appropriate box.
 I hold a state elected office or am an executive state officer. I have read and am familiar with RCW 42.52.180 regarding the use of public resources in campaigns.
 I hold a local elected office. I have read and am familiar with RCW 42.17.130 regarding the use of public facilities in campaigns.

CERTIFICATION: I certify under penalty of perjury that the information contained in this report is true and correct to the best of my knowledge.
Christine Pomeroy
 Signature _____ Date 3/19/03
 Contact Telephone: (360) 3524673

P M PDC OFFICE USE
 O A R K
 S T K
 DATE FILED PDC
 APR 02 2002
 RECEIVED

Refer to instruction manual for detailed assistance and examples.

Deadlines: Incumbent elected and appointed officials – by April 15.
 Candidates and others – within two weeks of becoming a candidate or being newly appointed to a position.

DOLLAR CODE	AMOUNT
A	\$1 to \$2,999
B	\$3,000 to \$14,999
C	\$15,000 to \$29,999
D	\$30,000 to \$74,999
E	\$75,000 or more

SEND REPORT TO PUBLIC DISCLOSURE COMMISSION

Last Name First Middle Initial

Pomeroy Christine A

Mailing Address (Use PO Box or Work Address)

PO Box 12321

City Olympia County Thurston Zip + 4 98508

Filing Status (Check only one box.)

- An elected or state appointed official filing annual report
- Final report as an elected official. Term expired: _____
- Candidate running in an election: month _____ year _____
- Newly appointed to an elective office
- Newly appointed to a state appointive office

Names of immediate family members. If there is no reportable information to disclose for dependent children, or other dependents living in your household, do not identify them. Do identify your spouse. See F-1 manual for details.

Leo P. Bednarik - spouse
 Anna L. Bednarik - daughter

Office Held or Sought

Office title: Superior Court Judge

County, city, district or agency of the office, name and number: Thurston

Position number:

Term begins: 1/2000 ends: 1/2005

1 INCOME List each employer, or other source of income (pension, social security, legal judgment) from which you or a family member received \$1,500 or more during the period. (Report interest and dividends in Item 3 on reverse)

Show Self (S) Spouse (SP) Dependent (D)	Name and Address of Employer or Source of Compensation	Occupation or How Compensation Was Earned	Amount: (Use Code)
	S - State of Washington Thurston County	Judge	E
	Sp - Master Mateo & Probst Vacation Plan Linthicum Heights Md 21090	Mate	C
	Sp CSX Lines 4100 Alpha Rd #700 Dallas Tx 75244	Mate	B.

Check Here if continued on attached sheet

2 REAL ESTATE List street address, assessor's parcel number, or legal description AND county for each parcel of Washington real estate with value of over \$7,500 in which you or a family member held a personal financial interest during the reporting period. (Show partnership, company, etc. real estate on F-1 supplement.)

Property Sold or Interest Divested	Assessed Value (Use Code)	Name and Address of Purchaser	Nature and Amount (Use Code) of Payment or Consideration Received
Property Purchased or Interest Acquired		Creditor's Name/Address	Payment Terms Security Given Mortgage Amount - (Use Code) Original Current
All Other Property Entirely or Partially Owned			
Thurston Co. 1273120300	E	Olympia Savings Box 1338 Oly, Wa 98507	16 yrs 6.6370 Down Payment E E

Check here if continued on attached sheet

3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS

List bank and savings accounts, insurance policies, stock, bonds and other intangible property held during the reporting period.

A. Name and address of each bank or financial institution in which you or a family member had an account over \$15,000 any time during the report period.	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
B. Name and address of each insurance company where you or a family member had a policy with a cash or loan value over \$15,000 during the period.			
C. Name and address of each company, association, government agency, etc. in which you or a family member owned or had a financial interest worth over \$1,500. Include stocks, bonds, ownership, retirement plan, IRA, notes, and other intangible property.			

Check here if continued on attached sheet.

4 CREDITORS List each creditor you or a family member owed \$1,500 or more any time during the period. Don't include retail charge accounts, credit cards, or mortgages or real estate reported in Item 2. **AMOUNT (USE CODE)**

Creditor's Name and Address	Terms of Payment	Security Given	Original	Present

Check here if continued on attached sheet.

5 All filers answer questions A thru D below. If the answer is YES to any of these questions, the F-1 Supplement must also be completed as part of this report. If all answers are NO and you are a candidate for state or local office, an appointee to a vacant elective office, or a state executive officer filing your initial report, no F-1 Supplement is required.

Incumbent elected officials and state executive officers filing an annual financial affairs report also must answer question E. An F-1 Supplement is required of these officeholders unless all answers to questions A thru E are NO.

- A. Were you, your spouse or dependents an officer, director, general partner or trustee of any corporation, company, union, association, joint venture or other entity at any time during the reporting period? NO If yes, complete Supplement, Part A.
- B. Did you, your spouse or dependents have an ownership of 10% or more in any company, corporation, partnership, joint venture or other business at any time during the reporting period? NO If yes, complete Supplement, Part A.
- C. Did you, your spouse or dependents own a business at any time during the reporting period? NO If yes, complete Supplement, Part A.
- D. Did you, your spouse or dependents prepare, promote or oppose state legislation, rules, rates or standards for current or deferred compensation (other than pay for a currently-held public office) at any time during the reporting period? NO If yes, complete Supplement, Part B.
- E. Only for Persons Filing Annual Report. Regarding the receipt of items not provided or paid for by your governmental agency during the previous calendar year: 1) Did you, your spouse or dependents (or any combination thereof) accept a gift of food or beverages costing over \$50 per occasion? NO or 2) Did any source other than your governmental agency provide or pay in whole or in part for you, your spouse and/or dependents to travel or to attend a seminar or other training? YES If yes to either or both questions, complete Supplement, Part C.

ALL FILERS EXCEPT CANDIDATES. Check the appropriate box.

I hold a state elected office or am an executive state officer. I have read and am familiar with RCW 42.52.180 regarding the use of public resources in campaigns.

I hold a local elected office. I have read and am familiar with RCW 42.17.130 regarding the use of public facilities in campaigns.

CERTIFICATION: I certify under penalty of perjury that the information contained in this report is true and correct to the best of my knowledge.

Christine Conroy
Signature _____ Date 3/20/02

Contact Telephone: (360) 709-3332

REPORT NOT ACCEPTABLE WITHOUT FILER'S SIGNATURE



PUBLIC DISCLOSURE COMMISSION
 711 CAPITOL WAY RM 206
 PO BOX 40908
 OLYMPIA WA 98504-0908
 (360) 753-1111

DATE FILED PDC
 APR 02 2002

PDC FORM F-1 SUPPLEMENT (11/97)	SUPPLEMENT PAGE PERSONAL FINANCIAL AFFAIRS STATEMENT
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PROVIDE INFORMATION FOR YOURSELF, SPOUSE, DEPENDENT CHILDREN AND OTHER DEPENDENTS IN YOUR HOUSEHOLD

Last Name <i>Pomeroy</i>	First <i>Christine</i>	Middle Initial <i>A</i>	DATE <i>3/20/02</i>
-----------------------------	---------------------------	----------------------------	------------------------

A

OFFICE HELD, BUSINESS INTERESTS:

For each corporation, non-profit organization, association, union, partnership, joint venture or other entity in which you, your spouse or dependents are an officer, director, general partner, trustee, or 10 percent or more owner – provide the following information:

- Legal Name: Report name used on legal documents establishing the entity.
- Trade or Operating Name: Report name used for business purposes if different from the legal name.
- Position or Percent of Ownership: The office, title and/or percent of ownership held.
- Brief Description of the Business/Organization: Report the purpose, product(s), and/or the service(s) rendered.
- Payments from Governmental Unit: If the governmental unit in which you hold or seek office made payments to the business entity concerning which you're reporting, show the purpose of each payment and the actual amount received.
- Payments from Business Customers and Other Government Agencies: List each corporation, partnership, joint venture, sole proprietorship, union, association, business or other commercial entity and each government agency (other than the one you seek/hold office) which paid compensation of \$5,000 or more during the period to the entity. Briefly say what property, goods, services or other consideration was given or performed for the compensation.
- Washington Real Estate: Identify real estate owned by the business entity if the qualifications referenced below are met.

ENTITY NO. 1

Reporting For: Self Spouse Dependent

LEGAL NAME:

Christine Pomeroy

POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME:

ADDRESS:

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLD OFFICE:

Purpose of payments

Amount (actual dollars)

\$

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS AND OTHER GOVERNMENT AGENCIES OVER \$7,500:

Customer name:

Purpose of payment (amount not required)

WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$15,000. List street address, assessor parcel number, or legal description and county for each parcel):

Check here if continued on attached sheet

CONTINUE PARTS B AND C ON REVERSE

Name

ENTITY NO. 2

Reporting For: Self Spouse Dependent

LEGAL NAME:

POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME:

ADDRESS:

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLD OFFICE:

Purpose of payments

Amount (actual dollars)

\$

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS AND OTHER GOVERNMENT AGENCIES OVER \$7,500:

Customer name:

Purpose of payment (amount not required)

WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$15,000. List street address, assessor parcel number, or legal description and county for each parcel):

Check here if continued on attached sheet

B LOBBYING:

List persons for whom you or any immediate family member lobbied or prepared state legislation or state rules, rates or standards for current or deferred compensation. Do not list pay from government body in which you are an elected official or professional staff member.

Person to Whom Services Rendered	Description of Legislation, Rules, Etc.	Compensation (Use Code)
Check here <input type="checkbox"/> if continued on attached sheet		

C FOOD TRAVEL SEMINARS

Complete this section if a source other than your own governmental agency paid for or otherwise provided all or a portion of the following items to you, your spouse or dependents, or a combination thereof: 1) Food and beverages costing over \$50 per occasion; 2) Travel occasions; or 3) Seminars, educational programs or other training.

Date Received	Donor's Name, City and State	Brief Description	Actual Dollar Amount	Value (Use Code)
10/29 - 10/31/01	National Judicial College Reno, NV.	Judicial Education on Financial Statements	\$	A
9/17/01 - 9/12/01	Violence vs Women Office US Dept of Justice Office of Justice Programs	Judicial Education in San Francisco, Ca on Domestic Violence		B
Check here <input type="checkbox"/> if continued on attached sheet				

APR 02 2002

#1

Jeff Brethinger
Shelton, WashPayment on
Real Estate
Contract

B

S. Lincoln National Life Ins.
Fort Wayne In 46801

Inheritance

C

S- Estate of Violet Pomeroy

Inheritance

E

Sp Ludlow Esses
1207 E 76th
Anchorage AKRepayment
of Loan

B

Sp American Ship Management
2175 N. Calif Blvd.
Walnut Creek, CA 94596

Mate

B

#2 Grays Harbor Property
170521220010
170521240010
170521310010Mid West Loan Service
PO Box 188
Houghton M. 4993130yr
Mortgage

E E

#2 Okanogan Property
7170050000

Ø

Ø

C

Purchased in 2001

#2 Mason Co Property
40 E Twanoh Tides Dr.
Belfair, Wa 98528Wash. Mutual
1715 114th Ave SE
Ste 100
Bellevue Wa 9800415yr
Mortgage

D D

Hartford Corp.
3 200 Hopmeadow St.
Simsbury Ct. 06089Deferred
Compensation / Annuity

E

ICMA Retirement
737 N. Capital St NE #600
Wash DC 20002-4290Deferred
Compensation

E

Vanguard Group
Master Mates & Prolets IRAP

IRAP

A.

St of Washington
PO. Box 48380
Olympia, Wa

Retirement

E

#3	Fidelity Investments 82 Devonshire St Boston, MA 02109	Deffered Compensation	D
	Wash St. Retirement PO Box 40931 Olympia, wa	Deffered Compensation	E

#3	Banko Twin Falls Credit Union 887 Olympia, wa	Checking/ SAVINGS	B
----	--	----------------------	---

	Wash. Mutual Savings Bellevue, wa	Checking/ SAVINGS	B
--	--------------------------------------	----------------------	---

	Home Street Bank 2000 Two Union Square Seattle, wa	Savings	A
--	--	---------	---

	Edward Jones 201 Progress Parkway Maryland Heights Mo 63043-3042	STOCK	C
		AVAYA British Telecommunication Fed Equity Income Fed Growth Bell South Lucent ATT Corp SBC Communications Am Express Atlantic City Electric Bell Tel - PA1 JC Penneys Fed Home Loan Hartford Global Hartford Stock FD.	
		BONDS	

Datek Online Trading 70 Hudson St. Jersey City NJ 07302-4599	B	Amazon.com, Inc
	B	Bell Microproducts Inc.
	B	Dyersburg Corp
	B	Comstock Resources, Inc
	B	Amtech Systems, Inc
	C	Charter Communication, Inc
	C	ImmuneX Corp.
	B	Cellular Tech Services Co. Inc

		DATE FILED PDC
B	Intel Corp	
C	Merix Corp	APR 02 2002
B	QQQ	
B	LaBranche & Co Inc.	
B	National Health Investors, Inc.	
B	Amarillo Mesquite Grill	
B	Crown Cork & Seal Co.	
C	Naturewell Inc.	
B	Prospect Street Hi Income	
B	Community Medical Transport	
B	Meridian BioScience	
A	RCN Corp	
B	6Ad3000, Inc	
B	Men's Warehouse, Inc.	
B	Dell Computer Co.	
B	Torch Energy Royalty Trust	
B	Kreiser Manufacturing	
B	Discovery Partners International	
A	Nortel Networks	
A	Somanetics Corp.	
B	Oracle Corp.	
B	Bell South	
B	Microsoft	
B	ATT Wireless	
A	Smart Tires	
C	Charter Communications	

#3

Patrick Pomeroy
840 S. Channon St
Seattle, Wa

Loan

B

Matthew Shostack
~~104~~ 14046 17th Ave NE
Seattle, Wa 98125

loan

B

Tabor & Jeanne Ashment
Homer Spit Rd
Homer, AK

Loan

C

DATE FILED PDC

APR 02 2002



PUBLIC DISCLOSURE COMMISSION

711 CAPITOL WAY RM 403
PO BOX 40908
OLYMPIA WA 98504-0908
(360) 753-1111

PDC FORM
F-1A
(11/97)

PERSONAL FINANCIAL
AFFAIRS STATEMENT
Short Form

PDC OFFICE USE

APR 10 2001

MARK
RECEIVED

The F-1A form is designed to simplify reporting for persons who have no changes or only minor changes to an F-1 report previously filed.
A complete F-1 form must be filed at least every four years; an F-1A form may be used for no more than three consecutive reports.
Deadlines: Incumbent elected and appointed officials—by April 15.
Candidates and others—within two weeks of becoming a candidate or being newly appointed to a position.

Table with columns: DOLLAR CODE, AMOUNT. Rows: A \$1 to \$2,999; B \$3,000 to \$14,999; C \$15,000 to \$29,999; D \$30,000 to \$74,999; E \$75,000 or more

Personal information fields: Last Name (Pomeroy), First (Christine), Middle Initial (A.), Mailing Address (P.O. Box 12321), City (Olympia), County (Thurston), Zip + 4 (98508-2321), Names of Spouse and Dependents (Leo P. Bednarik, Anna L. Bednarik), Political Party

Filing Status section with checkboxes: An elected official or state appointed official filing annual report (checked), Final report as an elected official, Candidate running in an election, Newly appointed to an elective office, Newly appointed to a state appointive office

Office information fields: Office Held or Sought, Office title (Superior Ct Judge), County, city, district or agency of the office, name and number (Thurston), Position number, Term begins (1/97) ends (1/2001)

Select either "No Change Report" or "Minor Change Report," whichever reflects your situation. Supply all the requested information.
NO CHANGE REPORT. I have reviewed my last complete F-1 report dated ... and F-1A reports ... The information disclosed on those reports is accurate for the current reporting period.

MINOR CHANGE REPORT. I have reviewed my last complete F-1 report dated 4/14/98 (F-1A) 99800. The changes listed below have occurred during the reporting period. Specify F-1 Form Item numbers when describing changes. Provide all information required on F-1 report.
#3 Stocks >= 1500 - Datek Investments D - See Attached List New Jersey
#4 Creditors G. & A. Bednarik - Loan B - 0
Olympia, Wa

Check here [] if continued on attached sheet

FOOD TRAVEL SEMINARS Complete this section if a source other than your own governmental agency paid for or otherwise provided all or a portion of the following items to you, your spouse or dependents, or a combination thereof: 1) Food and beverages costing over \$50 per occasion; 2) Travel occasions; or 3) Seminars, educational programs or other training.

Table with 5 columns: Date Received, Donor's Name, City and State, Brief Description, Actual Dollar Amount, Value (Use Code)

Check here [] if continued on attached sheet

ALL FILERS EXCEPT CANDIDATES. Check the appropriate box.
I hold a state elected office or am an executive state officer. I have read and am familiar with RCW 42.52.180 regarding the use of public resources in campaigns.
I hold a local elected office. I have read and am familiar with RCW 42.17.130 regarding the use of public facilities in campaigns.

CERTIFICATION: I certify under penalty of perjury that the information contained in this report is true and correct to the best of my knowledge.
Signature: Christine Pomeroy
Date: 4/10/01
Daytime Telephone: (360) 786-5560

APR 10 2001

Stocks \pm ^{\$}1500 Bought & Sold w/i The Year

RCNC	A
Apache Medical Systems	B
SSPI	A
La Branche & Co	B
Titan Corp	B
Real Networks	B
Oracle	B
CopyTel, Inc	A
Torch Energy Royalty Trust	A
CCCL	B
Stone & Webster	A
TRC Company	B
Wash Mutual	A
Ballard Power System	B
Electric Fuel Corp	B
RDLX	B
Rite Aid Corp	B
Grupo Casa Avtrej	B
Starbucks	B
Harken Energy Corp	A
Brilliance China Automotive	A
PTI	A
CBIZ	B
Nordstrom	B
Pomeroy	B
Medical Alliance, Inc	A
Renex Corp	B

Dransfield China Paper Corp	B
Nu Wave Technologies, Inc	B
Blue Wave Systems, Inc	B
Tele Spectrum Worldwide	B
Steel Technologies	B
Point Nest Capital	B
Trinity Biotech	A
Scan-Optic	A
Merix Corp	B
Micron Electric	B
Smart Tire	B
Knight Trading	B
NextLink	B
China Broadband Corp	B
Amazon.com	A
Bell Microproducts	B
Charter Communications	B
Comstock Resources	B
Dyersberg Corp	A
Titan Corp	B
Cobalt, Inc.	B
Amtech Systems	B
Mens Warehouse	A
Gadzooks	A
TRU	A

The F-1A form is designed to simplify reporting for persons who have no changes or only minor changes to an F-1 report previously filed.
A complete F-1 form must be filed at least every four years; an F-1A form may be used for no more than three consecutive reports.
Deadlines: Incumbent elected and appointed officials—by April 15.
Candidates and others—within two weeks of becoming a candidate or being newly appointed to a position.

DOLLAR CODE	AMOUNT
A	\$1 to \$2,999
B	\$3,000 to \$14,999
C	\$15,000 to \$29,999
D	\$30,000 to \$74,999
E	\$75,000 or more

Last Name <i>Pomeroy</i>	First <i>Christine</i>	Middle Initial <i>A</i>	Names of Spouse and Dependents <i>SP Leo P. Bednarik D. Anika L. Bednarik</i>	Political Party If partisan office or pertinent to appointment
Mailing Address <i>PO Box 12321</i>				
City <i>Olympia</i>	County <i>Thurston</i>	Zip + 4 <i>98508-2321</i>		

Filing Status (Check only one box.)

An elected official or state appointed official filing annual report

Final report as an elected official. Term expired _____

Candidate running in an election: month _____ year _____

Newly appointed to an elective office

Newly appointed to a state appointive office

Office Held or Sought

Office title *Superior Ct. Judge*

County, city, district or agency of the office, name and number: *Thurston*

Position number _____

Term begins: *1/97* ends: *1/2001*

Select either "No Change Report" or "Minor Change Report," whichever reflects your situation. Supply all the requested information.

NO CHANGE REPORT. I have reviewed my last complete F-1 report dated _____ and F-1A reports (if any) dated (1) _____ and (2) _____. The information disclosed on those reports is accurate for the current reporting period.

MINOR CHANGE REPORT. I have reviewed my last complete F-1 report dated *4/14/98 & F1A 4/5/99*. The changes listed below have occurred during the reporting period. Specify F-1 Form Item numbers when describing changes. Provide all information required on F-1 report.

*#2 Bought Grays Harbor Property 170 521220010 Twin Co Credit Union 30 yrs
Datek Investments 170 521240060 5500 Pacific Ave 20% down E E
#3 New Jersey D see attached list Lacey WA 98503*

#4 Key Bank - Auto loan - B - Pd off

Check here if continued on attached sheet

FOOD TRAVEL SEMINARS Complete this section if a source other than your own governmental agency paid for or otherwise provided all or a portion of the following items to you, your spouse or dependents, or a combination thereof:
 1) Food and beverages costing over \$50 per occasion; 2) Travel occasions; or 3) Seminars, educational programs or other training.

Date Received	Donor's Name, City and State	Brief Description	Actual Dollar Amount	Value (Use Code)

Check here if continued on attached sheet

ALL FILERS EXCEPT CANDIDATES. Check the appropriate box.

I hold a state elected office or am an executive state officer. I have read and am familiar with RCW 42.52.180 regarding the use of public resources in campaigns.

I hold a local elected office. I have read and am familiar with RCW 42.17.130 regarding the use of public facilities in campaigns.

CERTIFICATION: I certify under penalty of perjury that the information contained in this report is true and correct to the best of my knowledge.

Christine Pomeroy
 Signature _____ Date *3/21/00*
 Daytime Telephone: *(360) 7865560*

MAR 21 2000

#1

Income

- 5-5p Phil & Nancy Graves B
Malone, Wash (Rent)
- 5 Violet Pomeroy (Gift) B
Des Moines, WA 98198
- 5-5p Jeff Breitinger B
Shelton Wa (Real Estate Contract)
- 5p State of Wash - Unemployment B
- 5p Sno Pak Inc. B
Seattle, Wa
- 5p American Ship Management B
2175 N. Calif Blvd #1000
Walnut Creek, Ca 94596

#3

Stocks > \$1500

- Microsoft C
- Dell B
- AOL A
- Charter Communications C
- Balard Power Systems B
- Oak Technology Inc B
- Protocal Systems B
- Electric Fuel Corp A
- Polmer Research Corp A

- Stocks > \$1500 Bought & Sold w/i the Year
- Nordstrom AU
 - Washington Mutual B
 - Pomeroy Computers A

Century Business A
 Lone Star Inc A
 Nextlink A
 Radiology Labs B
 Star bucks A
 PowerServe Corp A
 Telespectrum WorldWide A
 TRC, Inc. B
 Meridian Diagnostics B
 Apache Medical Systems B
 Forward Industries Inc A
 Point West Capital Corp. A
 Cellular Tech Systems B
 Steel Tech Inc. A

#4

Creditors

Washington Mutual ^{line of credit} B - \emptyset
 Seattle, Wa

Gloria & Adolph Bednarik Loan B - B
 Olympia Wa

Datek, Inc ^{Margin Accts} B - B



PUBLIC DISCLOSURE COMMISSION
 711 CAPITOL WAY RM 403
 PO BOX 40908
 OLYMPIA WA 98504-0908
 (360) 753-1111

PDC FORM
F-1A
 (11/97)

**PERSONAL FINANCIAL
 AFFAIRS STATEMENT**
 Short Form

P
M
A
R
K

R
E
C
E
I
V
E
D

PDC OFFICE USE

APR - 6 1999

The F-1A form is designed to simplify reporting for persons who have no changes or only minor changes to an F-1 report previously filed.
 A complete F-1 form must be filed at least every four years; an F-1A form may be used for no more than three consecutive reports.
Deadlines: Incumbent elected and appointed officials—by April 15.
Candidates and others—within two weeks of becoming a candidate or being newly appointed to a position.

DOLLAR CODE	AMOUNT
A	\$1 to \$2,999
B	\$3,000 to \$14,999
C	\$15,000 to \$29,999
D	\$30,000 to \$74,999
E	\$75,000 or more

Last Name Pomeroy	First Christine	Middle Initial A	Names of Spouse and Dependents Sp. Leo P. Bednarik	Political Party If partisan office or pertinent to appointment
Mailing Address PO Box 12321				
City Olympia	County Thurston	Zip + 4 98508-2321		

Filing Status (Check only one box.)

An elected official or state appointed official filing annual report

Final report as an elected official. Term expired _____

Candidate running in an election: month _____ year _____

Newly appointed to an elective office

Newly appointed to a state appointive office

Office Held or Sought

Office title **Superior Ct Judge**

County, city, district or agency of the office, name and number: **Thurston**

Position number _____

Term begins: **1/97** ends: **1/2001**

Select either "No Change Report" or "Minor Change Report," whichever reflects your situation. Supply all the requested information.

NO CHANGE REPORT. I have reviewed my last complete F-1 report dated _____ and F-1A reports (if any) dated (1) _____ and (2) _____. The information disclosed on those reports is accurate for the current reporting period.

MINOR CHANGE REPORT. I have reviewed my last complete F-1 report dated **4/14/98**. The changes listed below have occurred during the reporting period. Specify F-1 Form Item numbers when describing changes. Provide all information required on F-1 report.

#2 Sold Mason Co Property 319101300641 **TO J. Breiting** 15 yrs @ 7.5%
 319101300051 **SE 2981 Kamilche Pt Rd** 75% down
Shelton, Wa 98584 E Note

#3 GMC Dump Truck - Paid Off **Rex Wrigley**
P.O. Box 1036
Delta Junction, AK 99737

#2 Refinanced Thurston 12735120300 E
Olympia Fed Savings 6.63% Mortgage E E
Box 4338
Olympia 98507

Check here if continued on attached sheet

FOOD TRAVEL SEMINARS Complete this section if a source other than your own governmental agency paid for or otherwise provided all or a portion of the following items to you, your spouse or dependents, or a combination thereof:
 1) Food and beverages costing over \$50 per occasion; 2) Travel occasions; or 3) Seminars, educational programs or other training.

Date Received	Donor's Name, City and State	Brief Description	Actual Dollar Amount	Value (Use Code)
June 15-21 1998	State Justice Institute Alexandria, Virginia 22314	3 day follow up w/ Wash. Team for Leadership Institute in Memphis, Tn	\$ 500	A

Check here if continued on attached sheet

ALL FILERS EXCEPT CANDIDATES. Check the appropriate box.

I hold a state elected office or am an executive state officer. I have read and am familiar with RCW 42.52.180 regarding the use of public resources in campaigns.

I hold a local elected office. I have read and am familiar with RCW 42.17.130 regarding the use of public facilities in campaigns.

CERTIFICATION: I certify under penalty of perjury that the information contained in this report is true and correct to the best of my knowledge.

Christine Pomeroy
 Signature

Daytime Telephone: **(360) 7865560** Date: **4/5/99**

APR - 6 1999

Income #1
S

B

Violet Pomeroy
23600 Marine View Dr. S. #442
Des Moines, Wa 98118

Gift from Mother

Sp - Sea Land Services
13465 Midway Rd
Dallas, TX 75244

Mate C

Sp - Master Mates & Piolet's
Vacation Plan
Winthicum Heights, Md
21090

Mate C

Sp - #3 Assets
Loan to Ludlow ESSSES
1207 E 76th
Anchorage Ak
99518

B

Personal loan to Friend



PUBLIC DISCLOSURE COMMISSION

711 CAPITOL WAY RM 403
PO BOX 40908
OLYMPIA WA 98504-0908
(360) 753-1111

PDC FORM

F-1

(11/97)

PERSONAL FINANCIAL AFFAIRS STATEMENT

P
M
O
R
K

R
E
C
E
I
V
E
D

PDC OFFICE USE

RECEIVED

APR 14 1998

PUBLIC DISCLOSURE COMMISSION

Refer to instruction manual for detailed assistance and examples.

Deadlines: Incumbent elected and appointed officials—by April 15. Candidates and others—within two weeks of becoming a candidate or being newly appointed to a position.

SEND REPORT TO PUBLIC DISCLOSURE COMMISSION.

DOLLAR CODE	AMOUNT
A	\$1 to \$2,999
B	\$3,000 to \$14,999
C	\$15,000 to \$29,999
D	\$30,000 to \$74,999
E	\$75,000 or more

Last Name <i>Pomeroy</i>	First <i>Christine</i>	Middle Initial <i>A</i>	Names of Spouse and Dependents <i>Sp Leo P. Bednarik</i>	Political Party If partisan office or pertinent to appointment
Mailing Address <i>P.O. Box 12321</i>				
City <i>Olympia</i>	County <i>Thurston</i>	Zip + 4 <i>98508-2321</i>		
Filing Status (Check only one box.)			Office Held or Sought	
<input checked="" type="checkbox"/> An elected official or state appointed official filing annual report			Office title <i>Superior Ct Judge</i>	
<input type="checkbox"/> Final report as an elected official. Term expired _____			County, city, district or agency of the office, name and number: <i>Thurston</i>	
<input type="checkbox"/> Candidate running in an election: month _____ year _____			Position number	
<input type="checkbox"/> Newly appointed to an elective office			Term begins: <i>2/97</i> ends: <i>2/2001</i>	
<input type="checkbox"/> Newly appointed to a state appointive office				

1

INCOME

List each employer, or other source of income (pension, social security, legal judgment) from which you or a family member received \$1,500 or more during the period. (Report interest and dividends in Item 3 on reverse)

Show: Self (S) Spouse (SP) Dependent (D)	Name and Address of Employer or Source of Compensation	Occupation or How Compensation Was Earned	Amount: (Use Code)
	<i>5 - State of Washington Thurston County</i>	<i>Judge</i>	<i>E</i>

Check here if continued on attached sheet

2 REAL ESTATE

List street address, assessor's parcel number, or legal description AND county for each parcel of Washington real estate with value of over \$7,500 in which you or a family member held a personal financial interest during the reporting period. (Show partnership, company, etc. real estate on F-1 supplement.)

Property Sold or Interest Divested	Assessed Value (Use Code)	Name and Address of Purchaser	Nature and Amount (Use Code) of Payment or Consideration Received			
Property Purchased or Interest Acquired		Creditor's Name/Address	Payment Terms	Security Given	Mortgage Amount—(Use Code) Original Current	
All Other Property Entirely or Partially Owned <i>Thurston 12735 126300</i>	<i>E</i>	<i>Olympia Fed. Savings P.O. Box 1338 Olympia 98507</i>	<i>20% down 7.25% 15 yrs</i>	<i>Mortgage</i>	<i>E</i>	<i>E</i>

Check here if continued on attached sheet

3 ASSETS / INVESTMENTS—INTEREST / DIVIDENDS

List bank and savings accounts, insurance policies, stock, bonds and other intangible property held during the reporting period.

A. Name and address of each bank or financial institution in which you or a family member had an account over \$15,000 any time during the report period.	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
B. Name and address of each insurance company where you or a family member had a policy with a cash or loan value over \$15,000 during the period.			
C. Name and address of each company, association, government agency, etc. in which you or a family member owned or had a financial interest worth over \$1,500. Include stocks, bonds, ownership, retirement plan, IRA, notes, and other intangible property.	Storage Technology Corp Stock	A	30 Shares 0 Income

Check here if continued on attached sheet

4 CREDITORS

List each creditor you or a family member owed \$1,500 or more any time during the period. Don't include retail charge accounts, credit cards, or mortgages or real estate reported in item 2.

AMOUNT (USE CODE)

Creditor's Name and Address	Terms of Payment	Security Given	Original	Present
Key Bank P.O. Box 3544 Seattle, Wa 98124-3544	\$420 / mo	Auto Loan Security in Title	C	B

Check here if continued on attached sheet

5 All filers answer questions A thru D below. If the answer is YES to any of these questions, the F-1 Supplement must also be completed as part of this report. If all answers are NO and you are a candidate for state or local office, an appointee to a vacant elective office, or a state executive officer filing your initial report, no F-1 Supplement is required.

Incumbent elected officials and state executive officers filing an annual financial affairs report also must answer question E. An F-1 Supplement is required of these officeholders unless all answers to questions A thru E are NO.

- A. Were you, your spouse or dependents an officer, director, general partner or trustee of any corporation, company, union, association, joint venture or other entity at any time during the reporting period? No If yes, complete Supplement, Part A.
- B. Did you, your spouse or dependents have an ownership of 10% or more in any company, corporation, partnership, joint venture or other business at any time during the reporting period? Yes If yes, complete Supplement, Part A.
- C. Did you, your spouse or dependents own a business at any time during the reporting period? No If yes, complete Supplement, Part A.
- D. Did you, your spouse or dependents prepare, promote or oppose state legislation, rules, rates or standards for current or deferred compensation (other than pay for a currently-held public office) at any time during the reporting period? No If yes, complete Supplement, Part B.
- E. **Only for Persons Filing Annual Report.** Regarding the receipt of items not provided or paid for by your governmental agency during the previous calendar year: 1) Did you, your spouse or dependents (or any combination thereof) accept a gift of food or beverages costing over \$50 per occasion? No or 2) Did any source other than your governmental agency provide or pay in whole or in part for you, your spouse and/or dependents to travel or to attend a seminar or other training? _____ If yes to either or both questions, complete Supplement, Part C.

ALL FILERS EXCEPT CANDIDATES. Check the appropriate box.

- I hold a state elected office or am an executive state officer. I have read and am familiar with RCW 42.52.180 regarding the use of public resources in campaigns.
- I hold a local elected office. I have read and am familiar with RCW 42.17.130 regarding the use of public facilities in campaigns.

CERTIFICATION: I certify under penalty of perjury that the information contained in this report is true and correct to the best of my knowledge.

Signature: Christine Pomeroy
 Daytime Telephone: (360) 786 5560
 Date: 4/14/98

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PUBLIC DISCLOSURE COMMISSION

1 Income

- 5 - State of Washington
Thurston County Judge E
- Sp - Master, Mates & Pilots
Vacation Plan
Linthicum Heights, Md
21090 Mate B
- Sp Sea-Land Services
13465 Midway Rd
Dallas, Tx 75244 Mate A
- Sp Matson Navigation
Seattle, Wash. Mate B
- Sp Central Gulf Shipping
New Orleans, LA. Mate D
- Sp Sunway Fisheries
100 Nickerson Suite 340
Seattle, Wash 98109 Mate A.

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PUBLIC DISCLOSURE COMMISSION

2 Property

Thurston
12735120300

E

Twin Co. Credit Union
Olympia, Wa

10%^{of} interest Mortgage 2nd C/B
for 3 years

MASON
319101300041
319101300051

E

Olympia Fed. Savings
Olympia, Wa.

20% down Mortgage D/C
8.25 for 16 yrs

OKANOGAN
7170050000

C

* N/A

N/A

N/A

#3 Assets

- 5. State of Washington
Committee on Deferred Compensation D
2600 Martin Way Suite D
Olympia, Wa 98504
- Sp Fidelity Investments 401K B
6005 Commerce Dr.
Irving, Texas 75063
- 5. Smith-Barney Inc. IRA C
711 Capitol Way
P.O. Box 1668
Olympia, Wa 98507
- 5. Hartford Life Insurance Co. 401-K (Deferred Comp) E
P.O. Box 2999
Hartford, Ct 06104-2999
- 5. ICMA Retirement Corp. 401-K (Deferred Comp) E
777 N. Capitol St NE
Suite 600
Washington, D.C 20002-4240
- 5 Public Employee Retirement PERS-1 E
Olympia, Wa
- Sp. Sunway Fisheries LLC Fishing Boat/Hug C
100 Nickerson Suite 340
Seattle, Wa 98109

(over)

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PROVIDE INFORMATION FOR YOURSELF, SPOUSE, DEPENDENT CHILDREN AND OTHER DEPENDENTS IN YOUR HOUSEHOLD

LAST NAME Pomeroy	FIRST Christine	MIDDLE INITIAL A.	DATE 4-14-98
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A OFFICES HELD, BUSINESS INTERESTS: For each corporation, non-profit organization, association, union, partnership, joint venture or other entity in which you, your spouse or dependents are an officer, director, general partner, trustee, or 10 percent or more owner—provide the following information:

- Legal Name: Report name used on legal documents establishing the entity.
- Trade or Operating Name: Report name used for business purposes if different from the legal name.
- Position or Percent of Ownership: The office, title and/or percent of ownership held.
- Brief Description of the Business/Organization: Report the purpose, product(s), and/or the service(s) rendered.
- Payments from Governmental Unit: If the governmental unit in which you hold or seek office made payments to the business entity concerning which you're reporting, show the purpose of each payment and the actual amount received.
- Payments from Business Customers and Other Government Agencies: List each corporation, partnership, joint venture, sole proprietorship, union, association, business or other commercial entity and each government agency (other than the one you seek/hold office) which paid compensation of \$7,500 or more during the period to the entity. Briefly say what property, goods, services or other consideration was given or performed for the compensation.
- Washington Real Estate: Identify real estate owned by the business entity if the qualifications referenced below are met.

ENTITY NO. 1 Reporting for: Self _____ Spouse Dependent _____

LEGAL NAME: **Sunway Fisheries L.L.C** POSITION OR PERCENT OF OWNERSHIP: **12.5%**
 TRADE OR OPERATING NAME:
 ADDRESS: **101 Nickerson St #340**
Seattle, wa 98109

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:
Fishing Boat & Barge

PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLD OFFICE:

Purpose of payments	Amount (actual dollars)
Ø	

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS AND OTHER GOVERNMENT AGENCIES OVER \$7,500:

Customer name:	Purpose of payment (amount not required)
Aleutian Dragon Fisheries	Tender Contract

WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$15,000. List street address, assessor parcel number, or legal description and county for each parcel):

Ø

Check here if continued on attached sheet

3p Master, Mats & Hotels IRA Plan — B — Income
5700 Hammonds Ferry Rd
Linthicum Heights, Md. 21090-1996

3p Sale of Personal Property:

Farm Equipment to Pete Fellman B owes B
HC60 Box 4200
Delta Junction, Ak
99737

3p GMC Dump Truck to Rex Wrigley B owes A
P.O. Box 1036
Delta Junction Ak
99737
Twin Co. Credit Union
Olympia, Wash Checking Savings B — B

#4 Creditors

3p Washington Mutual Approx. \$100/mo @ 14% Personal Loan-Line of Credit B — ~~0~~ Balance
P.O. Box 1469
Olympia, Wa 98507

ENTITY NO. 2

Reporting for: Self _____ Spouse _____ Dependent _____

LEGAL NAME:

POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME:

ADDRESS:

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLD OFFICE:

Purpose of payments

Amount (actual dollars)

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS AND OTHER GOVERNMENT AGENCIES OVER \$7,500:

Customer name:

Purpose of payment (amount not required)

WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$15,000. List street address, assessor parcel number, or legal description and county for each parcel):

Check here if continued on attached sheet

B LOBBYING

List persons for whom you or any immediate family member lobbied or prepared state legislation or state rules, rates or standards for current or deferred compensation. Do not list pay from government body in which you are an elected official or professional staff member.

Person to Whom Services Rendered

Description of Legislation, Rules, Etc.

Compensation (Use Code)

Check here if continued on attached sheet

C FOOD TRAVEL SEMINARS

Complete this section if a source other than your own governmental agency paid for or otherwise provided all or a portion of the following items to you, your spouse or dependents, or a combination thereof: 1) Food and beverages costing over \$50 per occasion; 2) Travel occasions; or 3) Seminars, educational programs or other training.

Date Received	Donor's Name, City and State	Brief Description	Actual Dollar Amount	Value (Use Code)
June 13-20 1997	State Justice Institute Alexandria, Virginia 22314	Week-long seminar for self - for Judicial Education Leadership Institute in Memphis, TN.	Approximately \$900.	A

Check here if continued on attached sheet

PDC OFFICE USE
 P M A R K
 O S T K
 R E C E I V E D
APR - 1 1997

The F-1A form is designed to simplify reporting for persons who have no changes or only minor changes to an F-1 report previously filed.
A complete F-1 form must be filed at least every four years; an F-1A form may be used for no more than three consecutive reports.
Deadlines: Incumbent elected and appointed officials—by April 15.
 Candidates and others—within two weeks of becoming a candidate or being newly appointed to a position.

DOLLAR CODE	AMOUNT
A	\$1 to \$1,999
B	\$2,000 to \$9,999
C	\$10,000 to \$19,999
D	\$20,000 to \$49,999
E	\$50,000 or more

Last Name Pomeroy	First Christine	Middle Initial A	Names of Spouse and Dependents Leo P Bednarik Sp.	Political Party If partisan office or pertinent to appointment
Mailing Address PO Box 12321				
City Olympia	County Wa (Thurston)	Zip + 4 98508-2321		

Filing Status (Check only one box.)

An elected official or state appointed official filing annual report

Final report as an elected official. Term expired _____

Candidate running in an election: month _____ year _____

Newly appointed to an elective office

Newly appointed to a state appointive office

Office Held or Sought

Office title **Superior Ct Judge**

County, city, district or agency of the office, name and number: _____

Position number _____

Term begins: **1/97** ends: **1/2001**

Select either "No Change Report" or "Minor Change Report," whichever reflects your situation. Supply all the requested information.

NO CHANGE REPORT. I have reviewed my last complete F-1 report dated _____ and F-1A reports (if any) dated (1) _____ and (2) _____. The information disclosed on those reports is accurate for the current reporting period.

MINOR CHANGE REPORT. I have reviewed my last complete F-1 report dated **4/7/95 & FIA 4/96**. The changes listed below have occurred during the reporting period. Specify F-1 Form item numbers when describing changes. Provide all information required on F-1 report.

Sp 1 - American President Lines - D - Oakland, Calif.

Sp 1 - Mater Mates & Plolets Vacation Plan C - Luthicum Heights, Md.

Sp 1 - Sealand - B - Dallas Tx

Sp 1 - Sunway Fisheries B - 100 Nickerson Suite 310 Seattle 98109

3 - C Sunway Fisheries Inc "

Check here if continued on attached sheet

FOOD TRAVEL SEMINARS Complete this section if a source other than your own governmental agency paid for or otherwise provided all or a portion of the following items to you, your spouse or dependents, or a combination thereof:
 1) Food and beverages costing over \$50 per occasion; 2) Travel occasions; or 3) Seminars, educational programs or other training.

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I hold a state elected office or am an executive state officer. I have read and am familiar with RCW 42.52.180 regarding the use of public resources in campaigns.

I hold a local elected office. I have read and am familiar with RCW 42.17.130 regarding the use of public facilities in campaigns.

CERTIFICATION: I certify under penalty of perjury that the information contained in this report is true and correct to the best of my knowledge.

Christine Pomeroy 4/1/97
 Signature Date

Daytime Telephone: **(360) 786 5360**