

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 \$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

RECEIVED
 C
 APR - 7 2008
 V
 Public Disclosure
 D Commission

Last Name Wickham	First Chris	Middle Initial
Mailing Address (Use PO Box or Work Address) 2000 Lakeridge Dr. SW		
City Olympia	County Thurston	Zip + 4 98502

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.
 Stephanie Claire

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

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: Thurston

Position number: Seven

Term begins: 1/10/05 ends: 1/10/09

1 INCOME List each employer, or other source of income (pension, social security, legal judgment, etc.) from which you or a family member received \$2,000 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	Thurston County/State of Washington	Judge	E
SP	Stephanie Claire, LMP	Licensed Massage Therapist	A
SP	Senior Services of South Sound	Administrative Assistant	B
SP	The Evergreen State College	Faculty	B
SP	Unity Church	Music director	A

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 \$10,000 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 38500700500 37850001000 Check here <input type="checkbox"/> if continued on attached sheet	E E	Olympia Credit Un Olympia Fed Sav			D E E E

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 \$20,000 any time during the report period.	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
Olympia Credit Union	Checking	D	RECEIVED APR --7 2008 Public Disclosure Commission
B. Name and address of each insurance company where you or a family member had a policy with a cash or loan value over \$20,000 during the period. Mass. Mutual	Life Insurance	C	A
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 \$2,000. Include stocks, bonds, ownership, retirement plan, IRA, notes, and other intangible property. Vanguard Los Angeles Apts	Mutual Funds Coop apartment	E E	D A

Check here if continued on attached sheet.

4 CREDITORS List each creditor you or a family member owed \$2,000 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. At any time during the reporting period were you, your spouse or dependents (1) an officer, director, general partner or trustee of any corporation, company, union, association, joint venture or other entity or (2) a partner or member of any limited partnership, limited liability partnership, limited liability company or similar entity including but not limited to a professional limited liability company? 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? Yes___ 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, 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.

Signature: [Signature] Date: 4/4/08

Contact Telephone: (360) 786-5560

Email: wickhac@co.thurston.wa.us (work)

Email: hcwickham@aol.com (Home)

Information Continued

F-1

Name

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

RECEIVED
Account
(Use Code)

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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					

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)
B. Name and address of each insurance company			
C. Name and address of each company, association, government agency			

4 CREDITORS (continued)

Creditor's Name and Address	Terms of Payment	Security Given	AMOUNT (USE CODE)	
			Original	Present

APR 7 2008

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

Last Name Wickham	First Chris	Middle Initial	DATE 04/03/08	Public Disclosure Commission
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A OFFICE HELD, BUSINESS INTERESTS: Provide the following information if, during the reporting period, you, your spouse or dependents

- (1) were an officer, director, general partner, trustee, or 10 percent or more owner of a corporation, non-profit organization, union, partnership, joint venture or other entity; and/or
- (2) were a partner or member of a limited partnership, limited liability partnership, limited liability company or similar entity, including but not limited to a professional limited liability company.

- 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 \$10,000 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: **Stephanie Claire, LMP** POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME: **Stephanie Claire, LMP** 100

ADDRESS: **5030 Oyster Bay Rd NW
Olympia, WA 98502**

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

Licensed massage therapist

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

Purpose of payments	Amount (actual dollars)
---------------------	-------------------------

0	\$
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PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$10,000 OR MORE:

Agency name:	Purpose of payment (amount not required)
--------------	--

0	
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PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$10,000 OR MORE

Customer name:	Purpose of payment (amount not required)
----------------	--

0	
---	--

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 \$20,000. List street address, assessor parcel number, or legal description and county for each parcel):

0	
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Check here if continued on attached sheet

CONTINUE PARTS B AND C ON NEXT PAGE

Name _____

ENTITY NO. 2

Reporting For: Self Spouse Dependent

LEGAL NAME:

POSITION OR PERCENT OF OWNERSHIP **RECEIVED**

TRADE OR OPERATING NAME:

APR - 7 2008

ADDRESS:

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Commission

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 OTHER GOVERNMENT AGENCIES OF \$10,000 OR MORE:

Agency name:

Purpose of payment (amount not required)

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$10,000 OR MORE

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 \$20,000. 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)
4/24	NCJFCJ, Reno, NV	CJS in DV Cases Program	\$ 2178	A
7/10	NCJFCJ, Reno, NV	EJS in Elder Abuse Cases	1354	A
10/15	NCJFCJ, Reno, NV	EJS in DV Cases	1404	A
10/30	NCJFCJ, Reno, NV	EJS in Elder Abuse Cases	1505	A

Check here if continued on attached sheet

Information Continued

F-1 Supplement

Name

ENTITY NO. Reporting For: Self Spouse Dependent

LEGAL NAME: POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME:

ADDRESS:

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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 OTHER GOVERNMENT AGENCIES OF \$10,000 OR MORE:

Agency name:

Purpose of payment (amount not required)

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$10,000 OR MORE

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 \$20,000. List street address, assessor parcel number, or legal description and county for each parcel):

B LOBBYING: (Continued)

Person to Whom Services Rendered	Description of Legislation, Rules, Etc.	Compensation (Use Code)

C FOOD TRAVEL SEMINARS (continued)

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

Toni Lince

From: Toni Lince
Sent: Tuesday, April 01, 2008 9:50 AM
To: 'WICKHAC@CO.THURSTON.WA.US'
Subject: F1 - PERSONAL FINANCIAL AFFAIRS STATEMENT

April 1, 2008

THE HONORABLE H CHRIS WICKHAM
JUDGE, THURSTON COUNTY SUPERIOR COURT
2000 LAKERIDGE DR
OLYMPIA WA 98502

Dear Judge Wickham,

We received your F1A (Personal Financial Affairs Statement) postmarked 3/31/2008.

The Commissions rules provide that the F1A report may only be used for a maximum of three years to update the full F1 report. Your last full F1 was 2004. Therefore you must file the full report again this year.

Reporting forms and the instruction manual are located at our website at:

<http://www.pdc.wa.gov/filers/buttons/manuals.aspx>

If you have any questions please contact Jennifer Hansen jhansen@pdc.wa.gov or another audit staff member toll free at 1-877-601-2828 or (360)753-1111.

Toni Lince
Staff Member
Public Disclosure Commission

4/1/2008

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MAR 31 2008

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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

Last Name: Wickham
 First: Chris
 Middle Initial: _____
 Mailing Address (Use PO Box or Work Address):
 2000 Lakeridge Dr. SW
 City: Olympia County: Thurston Zip + 4: 98502

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.
 Stephanie Claire

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
 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: Thurston
 Position number: Seven
 Term begins: 1/10/05 ends: 12/31/08

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 _____ 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 2/23/04. 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 Stephanie Claire, LMP	Licensed Massage Therapist	B
1 SP Senior Services of South Sound	Administrative Assistant	B
1 SP The Evergreen State College	Faculty	B
1 SP Unity Church	Music Director	A
1 S Thurston County/State of Wash.	Judge	E

Check here X 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)
4/24	NCJFCJ, Reno, NV	CJS in DV Cases Program	353	
7/10	NCJFCJ, Reno, NV	EJS in Elder Abuse Cases	254	
10/15	NCJFCJ, Reno, NV	EJS in DV Cases	404	
10/30	NCJFCJ, Reno, NV	EJS in Elder Abuse Cases	405	

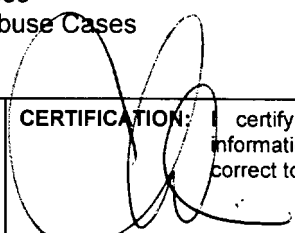
Check here if continued on attached sheet

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.


 Signature _____ Date: 3/28/08

Contact Telephone: (360) 786-5560
 Email: wickhac@ci.thurston.wa.us (work)
 Email: _____ (Home)

Information Continued

Name
Chris Wickham

Public Disclosure
Commission

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 2/23/04. 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	38500700500	E	Olympia Credit Union	D	E
3C	Los Angeles Apts		Cooperative apartment	E	A

FOOD
TRAVEL
SEMINARS (Continued)

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

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 Wickham	First Chris	Middle Initial
Mailing Address (Use PO Box or Work Address)		
2000 Lakeridge Dr. SW		
City Olympia	County Thurston	Zip + 4 98502

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.
Stephanie Claire

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: Thurston
 Position number: Seven
 Term begins: 1/10/05 ends: 12/31/08

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 _____ 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 2/23/04. 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	Capitol Playhouse	Music Director	A
1 SP	Evergreen State College	Faculty	B
1 S	Thurston County/State of Washington	Judge	E
1 SP	Stephanie Claire, LMP	Licensed Massage Therapist	A
3c S	Los Angeles Coop Apt	Share	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)
5/30/06	NCJFCJ	Faculty training	312.00	A
11/13/06	NCJFCJ	EJS Training	424.00	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.

4/11/07

Signature _____ Date _____

Contact Telephone: (360) 786-5560
 Email: wickham@co.thurston.wa.us (work)
 Email: _____ (Home)



PUBLIC DISCLOSURE COMMISSION
 711 CAPITOL WAY RM 206
 PO BOX 40908
 OLYMPIA WA 98504-0908
 (360) 753-1111
 TOLL FREE 1-877-601-2828

PDC FORM
F-1A
 (9/02)

PERSONAL FINANCIAL AFFAIRS STATEMENT
 Short Form

P M PDC OFFICE USE
 O A
 S R
 T K

RECEIVED

APR 10 2006

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 Public Disclosure Commission

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: Wickham
 First: Chris
 Middle Initial:
 Mailing Address (Use PO Box or Work Address):
 PO Box 442
 City: Olympia
 County: Thurston
 Zip + 4: 985020442

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.
 Stephanie Claire

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: Thurston
 Position number: 7
 Term begins: 1/1/05 ends: 12/31/08

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 _____ 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 2/23/04. 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 | Capitol Playhouse | Music Director | B |
| 1. | SP | Evergreen State College | Faculty | B |
| 1. | SP | Ballet Northwest | Accompanist | A |
| 1 | S | Thurston County/State of Washington | Judge | 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.

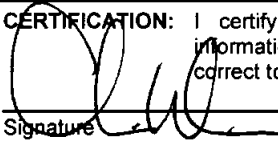
Date Received	Donor's Name, City and State	Brief Description	Actual Dollar Amount	Value (Use Code)
4/5/06	SCJA, Olympia, WA	Tuition and travel for Judicial College	500.00	
4/5/06	National Judicial College Reno, NV	Scholarship for Judicial College	244.00	

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  Date 4/7/06

Contact Telephone: (360) 786-5560
Email: wickhac@co.thurston.wa.us (work)
Email: _____ (Home)

Report Not Acceptable Without Filer's Signature

RECEIVED

APR 10 2006

Public Disclosure Commission



PUBLIC DISCLOSURE COMMISSION
 711 CAPITOL WAY RM 206
 PO BOX 40908
 OLYMPIA WA 98504-0908
 (360) 753-1111
 TOLL FREE 1-877-601-2828

PDC FORM
F-1A
 (9/02)

PERSONAL FINANCIAL AFFAIRS STATEMENT
 Short Form

P M PDC OFFICE USE
 O A
 S R
 T K

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 RECEIVED
 Public Disclosure Commission

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: Wickham
 First: Chris
 Middle Initial: _____
 Mailing Address (Use PO Box or Work Address):
 P.O. Box 442
 City: Olympia County: Thurston Zip + 4: 985070442

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.
 Stephanie Claire

- 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: Thurston County
 Position number: 7
 Term begins: 1/10/05 ends: 1/10/09

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 2/23/04. 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. Evergreen State College	Adjunct Faculty	A
Unity Church	Music Director	B
Thurston County	Judge	E
Capital Playhouse	Music Director	B

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: Date: 4/5/05

Contact Telephone: (360) 786-5560
 Email: wickhac@co.thurston.wa.us (work)
 Email: hcwickham@aol.com (Home)

Information Continued

F-1A

Name
Chris Wickham

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 2/23/04. 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. Property purchased or interest acquired
Apt 407, Los Angeles Apartments, a residential

cooperative located at

214 Summit Avenue East, Seattle, Washington

Value E

Purchased for cash

RECEIVED

APR 6 2005

Public Disclosure Commission

FOOD
TRAVEL
SEMINARS (Continued)

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



PUBLIC DISCLOSURE COMMISSION
 711 CAPITOL WAY RM 206
 PO BOX 40908
 OLYMPIA WA 98504-0908
 (360) 753-1111
 TOLL FREE 1-877-601-2828

PDC FORM

F-1

(9/02)

PERSONAL FINANCIAL AFFAIRS STATEMENT

P M PDC OFFICE USE
 O A
 S R
 T R K

RECEIVED

FEB 23 2004

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.

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: Wickham
 First: Chris
 Middle Initial:

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.
 Stephanie Claire

Mailing Address (Use PO Box or Work Address)

P.O. Box 442

City: Olympia
 County: Thurston
 Zip + 4: 985070442

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 Sept year 2004
- 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: 1
 Term begins: 1/1/2005 ends: 12/31/2008

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)

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

S

Name and Address of Employer or Source of Compensation	Occupation or How Compensation Was Earned	Amount: (Use Code)
Thurston County	Court Commissioner	E
Unity Church	Music Director	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					
38500700500	E	Olympia Credit Un			D D
37850001000	E	Olympia Fed Savin			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)
Washington Mutual Savings Bank Olympia Federal Savings Bank Olympia Credit Union	Money Market Fund Savings Account Checking	E E D	A A A
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. Massachussetts Mutual	Life Insurance	C	A
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. Vanguard	Mutual Funds	E	A

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
<p>RECEIVED</p> <p>FEB 23 2004</p> <p>Public Disclosure Commission</p>				

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.

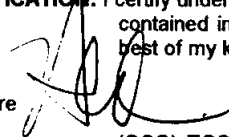
- A. Were you, your spouse or dependents an officer, director, general partner or trustee of any corporation, company, union, association, joint venture or other entity at any time during the reporting period? No If yes, complete Supplement, Part A.
- B. Did you, your spouse or dependents have an ownership 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? Yes 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? ___ 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



2/23/2004
Date 2/23/04

Contact Telephone: (360) 789-4973

Email: wickhac@co.thurston.wa.us

(work)

Email: hwickham@aol.com

(Home)

Information Continued

F-1

Name

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)
RECEIVED FEB 23 2004 Public Disclosure Commission			

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
All Other Property Entirely or Partially Owned				Mortgage Amount - (Use Code) Original Current

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)
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



PUBLIC DISCLOSURE COMMISSION
 711 CAPITOL WAY RM 206
 PO BOX 40908
 OLYMPIA WA 98504-0908
 (360) 753-1111
 TOLL FREE 1-877-601-2628
 EMAIL: pdc@pdc.wa.gov

PDC FORM F-1 SUPPLEMENT (9/02)	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 Wickham	First Chris	Middle Initial	DATE 2/23/04
----------------------	----------------	----------------	-----------------

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 \$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.

RECEIVED
 FEB 23 2004
 Public Disclosure Commission

ENTITY NO. 1 Reporting For: Self Spouse Dependent

LEGAL NAME: Stephanie Claire, LMP **POSITION OR PERCENT OF OWNERSHIP**

TRADE OR OPERATING NAME: Stephanie Claire, LMP **100**

ADDRESS: Marston Center
Lacey, Washington

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:
 Licensed massage therapist

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

Purpose of payments	Amount (actual dollars)
0	\$

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

Customer name:	Purpose of payment (amount not required)
0	

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):

0

Check here if continued on attached sheet



PUBLIC DISCLOSURE COMMISSION

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

PDC FORM
F-1
(11/95)

PERSONAL FINANCIAL
AFFAIRS STATEMENT

P M
O A
R R
T K
PDC OFFICE USE

RECEIVED
AUG 14 1996
Public Disclosure Commis

Refer to instruction manual for detailed assistance and examples.
This form includes changes made by Chapter 397, 1995 Session Laws.

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.

Table with columns: DOLLAR CODE, AMOUNT. Rows: 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

Personal information fields: Last Name (WICKHAM), Middle Initial (H.), First (CHRISTOPHER), Mailing Address (P.O. BOX 442), City (OLYMPIA), County (THURSTON), Zip (98507-0442), Names of Spouse and Dependents (STEPHANIE CLAIRE, AMBER RILEY, LUKE WICKHAM, JOAN WICKHAM), Political Party

Filing Status (Candidate running in an election: Sept 1996), Office Held or Sought (Superior Court Judge), Office title, County, city, district or agency of the office (Thurston), Position number (Seven), Term begins (1/97) ends (12/00)

1 INCOME List each employer, or other source of income (Pension, social security, legal judgment) from which you or a family member received \$1,000 or more during the period. (Report interest and dividends in Item 3 on reverse)

Table with columns: 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). Rows: Thurston County Court Commissioner (E), Law Office of H. Christopher Wickham Attorney (B), Stephanie Claire, LMT Massage Therapist (C)

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 \$5,000 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.)

Table with columns: 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. Row: 5030 Oyster Bay Rd NW Olympia, Washington Mut. Var. rate, Deed of Trust, E, E

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 \$10,000 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 \$10,000 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 \$1,000. Include stocks, bonds, ownership, retirement plan, IRA, notes, and other intangible property.	Retirement plan Retirement account Stock	C C C	
Keogh Plan IRA North Fork BancCorp			
Check here <input type="checkbox"/> if continued on attached sheet			

4 CREDITORS List each creditor you or a family member owed \$1,000 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
USAA Mastercard	var. rate	None	B	B
USAA Creditline	var. rate	None	B	B
VISA	var. rate	None	A	A
Olympia Credit Union	8%	2417 S Cap.	B	B
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? X 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? X If yes, complete Supplement, Part A.
- C. Did you, your spouse or dependents own a business at any time during the reporting period? X 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? _____ 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? _____ 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]
Signature

8/14/96
Date

Daytime Telephone: (360) 754-2899

F-1 H. CHRISTOPHER WICKHAM (cont)

Part 2

2417 S. Capitol Way, Olympia, WA E

Part 1

Sp	Tenino School District	Teacher	B
----	------------------------	---------	---

Sp	Evergreen State College	Teacher	B
----	-------------------------	---------	---